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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545 1150

**2008**Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements

**Open to Public  
Inspection**

**A** For the 2008 calendar year, or tax year beginning 7/01, 2008, and ending 6/30, 2009

**B** Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

**C** Please use IRS label or print or type. See Specific Instructions.  
ATTORNEY GENERAL'S SEXUAL ASSAULT  
TASK FORCE  
859 LIBERTY ST NE  
SALEM, OR 97301

**D** Employer identification number  
27-0056693

**E** Telephone number  
(503) 990-6541

**F** Group Exemption Number ☐

**G** Accounting method ☐ Cash ☒ Accrual  
Other (specify) ►

**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ► WWW.OREGONSATF.ORG

**J** Organization type (check only one) — ☒ 501(c) ( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 839,038.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	820,317.
	2	Program service revenue including government fees and contracts	2	16,140.
	3	Membership dues and assessments	3	
	4	Investment income	4	2,581.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 6)	6a	
	6b	Less: direct expenses other than fundraising expenses	6b	
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe)	8	
	9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	839,038.
	EXPENSES	10	Grants and similar amounts paid (attach schedule) SEE STATEMENT 1	10
11		Benefits paid to or for members	11	
12		Salaries, other compensation, and employee benefits	12	298,581.
13		Professional fees and other payments to independent contractors	13	
14		Occupancy, rent, utilities, and maintenance	14	34,812.
15		Printing, publications, postage, and shipping	15	9,512.
16		Other expenses (describe ► SEE STATEMENT 2)	16	173,435.
17		<b>Total expenses</b> (add lines 10 through 16)	17	796,259.
18		Excess or (deficit) for the year (Subtract line 17 from line 9)	18	42,779.
NET ASSETS		19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	10.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	113,860.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	86,640.	81,902.
23 Land and buildings		
24 Other assets (describe ► SEE STATEMENT 4)	85,129.	158,547.
25 <b>Total assets</b>	171,769.	240,449.
26 <b>Total liabilities</b> (describe ► SEE STATEMENT 5)	100,698.	126,589.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	71,071.	113,860.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

99-12 NE

## Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )

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28a	410,593
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**29a**

30 a

31 a

32	410,593
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[illegible]

**Part V Other Information** (Note the statement requirement in General Instruction V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float: right;">0.</span>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <span style="float: right;">N/A</span>		
<b>39</b> 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 <span style="float: right;">N/A</span>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <span style="float: right;">N/A</span>		
<b>40a</b> 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <span style="float: right;">0.</span> , section 4912 <span style="float: right;">0.</span> , section 4955 <span style="float: right;">0.</span>		
<b>b</b> 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		X
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float: right;">0.</span>		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization <span style="float: right;">0.</span>		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
<b>41</b> List the states with which a copy of this return is filed <span style="float: right;">NONE</span>		

**42a** The books are in care of SAME AS ABOVE Telephone no. (503) 990-6541  
 Located at 859 LIBERTY ST NE SALEM OR ZIP + 4 97301

**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  
 If 'Yes,' enter the name of the foreign country: \_\_\_\_\_

	Yes	No
<b>42b</b>		X
<b>42c</b>		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**

**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.?  
 If 'Yes,' enter the name of the foreign country: \_\_\_\_\_

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year N/A

**43** N/A

**44** Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
<b>44</b>		X
<b>45</b>		X

**45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. **SEE STATEMENT 8****46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
<b>46</b>		X
<b>47</b>		X
<b>48</b>		X
<b>49a</b>		X
<b>49b</b>		

**47** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II**48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E**49a** Did the organization make any transfers to an exempt non-charitable related organization?**b** If 'Yes,' was the related organization(s) a section 527 organization?**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer

Date

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature

BRUCE MARKUSEN

Date

5/12/10

Check if self-employed

Preparer's Identifying Number (See instructions)

N/A

Firm's name (or yours if self-employed), address, and ZIP + 4

MARKUSEN &amp; SCHWING

9725 SW BEAVERTON-HILLSDALE HWY, SUITE 350

BEAVERTON, OR 97005-4757

EIN

N/A

Phone no

(503) 574-4511

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

BAA

Form 990-EZ (2008)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)	944,228.	316,381.	737,753.	591,513.	820,317.	3,410,192.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
<b>3</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
<b>4 Total.</b> Add lines 1-3	944,228.	316,381.	737,753.	591,513.	820,317.	3,410,192.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
<b>6 Public support.</b> Subtract line 5 from line 4						3,410,192.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	944,228.	316,381.	737,753.	591,513.	820,317.	3,410,192.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	675.	3,280.	4,854.	5,063.	2,581.	16,453.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
<b>11 Total support.</b> Add lines 7 through 10						3,426,645.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	0.

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	99.5 %
<b>15</b> Public support percentage for 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	0.0 %

**16a 33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒

**b 33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐

**17a 10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

**b 10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

BAA

Schedule A (Form 990 or 990-EZ) 2008

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> Total. Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8</b> Public support (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
<b>14</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33-1/3 support tests – 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

**b 33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐



**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

[illegible]

FEDERAL STATEMENTS  
ATTORNEY GENERAL'S SEXUAL ASSAULT  
TASK FORCESTATEMENT 1  
FORM 990-EZ, PART I, LINE 10  
GRANTS AND SIMILAR AMOUNTS PAID

DONEE'S NAME:	HAVEN FROM DEMESTIC VIOLENCE	
DONEE'S ADDRESS:	PO BOX 576	
	THE DALLIES, OR 97058	
CASH AMOUNT GIVEN:		\$ 10,662.
DONEE'S NAME:	BREAKING FREE	
DONEE'S ADDRESS:	PO BOX 1023	
	EUGENE, OR 97401	
CASH AMOUNT GIVEN:		\$ 16,083.
DONEE'S NAME:	SEXUAL ASSAULT SUPORT SERVICES	
DONEE'S ADDRESS:	591 WEST 19TH AVE	
	EUGENE, OR 97401	
CASH AMOUNT GIVEN:		\$ 50,989.
DONEE'S NAME:	COLUMBIA COUNTY WOMEN'S RESCORCE CENTER	
DONEE'S ADDRESS:	PO BOX 22	
	ST. HELENS, OR 97051	
CASH AMOUNT GIVEN:		\$ 24,315.
DONEE'S NAME:	HELPING HANDS AGAINST VIOLENCE	
DONEE'S ADDRESS:	PO BOX 441	
	HOOD RIVER, OR 97031	
CASH AMOUNT GIVEN:		\$ 20,000.
DONEE'S NAME:	SAVINGS GRACE	
DONEE'S ADDRESS:	1425 NW KINGSTON AVE	
	BEND, OR 97701	
CASH AMOUNT GIVEN:		\$ 20,000.
DONEE'S NAME:	SHELTER FROM THE STORM	
DONEE'S ADDRESS:	PO BOX 173	
	LA GRANDE, OR 20000	
CASH AMOUNT GIVEN:		\$ 20,000.
DONEE'S NAME:	SEXUAL ASSAULT RESOURCE CENTER	
DONEE'S ADDRESS:	9450 SW BARNES ROAD SUITE 240	
	PORTLAND, OR 97225	
CASH AMOUNT GIVEN:		\$ 18,554.
DONEE'S NAME:	TILLAMOOK COUNTY WOMEN'S CRISIS CENTER	
DONEE'S ADDRESS:	PO BOX	
	TILLAMOOK, OR 97141	
CASH AMOUNT GIVEN:		\$ 20,000.
DONEE'S NAME:	HENDERSON HOUSE	
DONEE'S ADDRESS:	PO BOX 26	
	MCMINNVILLE, OR 97128	
CASH AMOUNT GIVEN:		\$ 20,001.

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**FEDERAL STATEMENTS**  
**ATTORNEY GENERAL'S SEXUAL ASSAULT**  
**TASK FORCE**

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**STATEMENT 1 (CONTINUED)**  
**FORM 990-EZ, PART I, LINE 10**  
**GRANTS AND SIMILAR AMOUNTS PAID**

DONEE'S NAME:	MAY DAY	
DONEE'S ADDRESS:	1931 COURT AVE.	
	BAKER CITY, OR 97814	
CASH AMOUNT GIVEN:		\$ 19,315.
DONEE'S NAME:	LISTEN TO KIDS	
DONEE'S ADDRESS:	5135 NW ST HELENS ROAD	
	PORTLAND, OR 97210	
CASH AMOUNT GIVEN:		\$ 20,000.
DONEE'S NAME:	KLAMATH CRISIS CENTER	
DONEE'S ADDRESS:	PO BOX 1358	
	KLAMATH FALLS, OR 97601	
CASH AMOUNT GIVEN:		\$ 20,000.

**STATEMENT 2**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

ADVERTISING AND PROMOTION	\$ 631.
TRAVEL	40,397.
DEPRECIATION	7,114.
INSURANCE	1,971.
CONTRACTORS	58,879.
EVENT FACILITY COSTS	25,315.
SUPPLIES & MATERIALS	15,575.
TRAINING SCHOLORSHIPS.	7,562.
TELEPHONE & COMMUNICATIONS	6,931.
STAFF TRAINING AND CONVERENCES	4,913.
FEES & LICENSES	1,227.
BOARD EXPENSES	985.
GIFTS & RECOGNITION	748.
STAFF MEETING EXPENSES	550.
ADMINISTRATIVE OTHER	342.
INTEREST EXPENSE	295.
TOTAL	\$ <u>173,435.</u>

**STATEMENT 3**  
**FORM 990-EZ, PART I, LINE 20**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

ADJUST BEG NET ASSETS	\$ 10.
TOTAL	\$ <u>10.</u>

**FEDERAL STATEMENTS**  
**ATTORNEY GENERAL'S SEXUAL ASSAULT**  
**TASK FORCE**

**STATEMENT 4**  
**FORM 990-EZ, PART II, LINE 24**  
**OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
AUTOMOBILES	\$ 14,349.	\$ 13,344.
FURNITURE AND FIXTURES	1,776.	5,074.
ACCOUNTS RECEIVABLE	2,498.	4,280.
PLEDGES AND GRANTS RECEIVABLE	62,631.	126,906.
PREPAID EXPENSES AND DEFERRED CHARGES	3,875.	8,943.
<b>TOTAL</b>	<b>\$ <u>85,129.</u></b>	<b>\$ <u>158,547.</u></b>

**STATEMENT 5**  
**FORM 990-EZ, PART II, LINE 26**  
**TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 6,900.	\$ 49,656.
GRANTS PAYABLE	76,440.	76,933.
VEHICLE LOAN	17,358.	0.
<b>TOTAL</b>	<b>\$ <u>100,698.</u></b>	<b>\$ <u>126,589.</u></b>

**STATEMENT 6**  
**FORM 990-EZ, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

THE MISSION OF THE ATTORNEY GENERAL'S SEXUAL TASK FORCE IS TO IMPROVE THE RESPONSE TO SEXUAL ASSAULT AND TO WORK TOWARDS ITS ELIMINATION.

**STATEMENT 7**  
**FORM 990-EZ, PART III, LINE 28**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

THE TASKFORCE IS A NON-GOVERNMENTAL, NON-PROFIT ORGANIZATION WORKING COLLABORATIVELY WITH THE OREGON ATTORNEY GENERAL AND APPOINTED TASK FORCE MEMBERS TO IMPROVE THE RESPONSE TO AND REDUCTION OF ADULT AND ADOLESCENT SEXUAL ASSAULT IN OREGON. THE TASK FORCE (1) PROVIDES STATEWIDE DICIPLINE-SPECIFIC AND MULTIDISCIPLINARY TRAINING TO ADVOCATES, LAW ENFORCEMENT, PROCECUTORS, HEALTH CARE PROVIDERS, EDUCATIONS AND OTHERS, (2) PROVIDES TECHNICAL ASSISTANCE TO 14 STATEWIDE ASSAULT PROGRAMS, (3) PUBLISHES SEXUAL ASSAULT PREVENTION & RESPONSE LITERATURE, ADVOCANTS FOR LEGISLATIVE CHANGES TO ENHANCE SAFETY FOR ALL OREGONIANS.

2008

**FEDERAL STATEMENTS**  
**ATTORNEY GENERAL'S SEXUAL ASSAULT**  
**TASK FORCE**

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**STATEMENT 8**  
**FORM 990-EZ, PART VI**  
**REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR  
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR  
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	ATTORNEY GENERAL'S SEXUAL ASSAULT TASK FORCE	27-0056693
	Number, street, and room or suite number. If a P.O. box, see instructions	
	859 LIBERTY ST NE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	SALEM, OR 97301	

**Check type of return to be filed** (file a separate application for each return):

- |   |  |                                    |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                    | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► SAME AS ABOVE

Telephone No ► (503) 990-6541 FAX No ► (503) 990-6547

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 10, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- ☐ calendar year 20 \_\_\_\_ or
- ☒ tax year beginning 7/01, 20 08, and ending 6/30, 20 09

- 2** If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

<b>Type or print</b>  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	ATTORNEY GENERAL'S SEXUAL ASSAULT TASK FORCE	27-0056693
	Number, street, and room or suite number. If a P.O. box, see instructions	For IRS use only
	MARKUSEN & SCHWING 9725 SW BEAVERTON-HILLSDALE HWY, SUITE 350	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	BEAVERTON, OR 97005-4757	

**Check type of return to be filed** (File a separate application for each return):

- |   |  |                                      |                                    |
|---|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-PF                                 | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 5227   |                                    |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in care of ☒ SAME AS ABOVE  
Telephone No. (503) 990-6541 FAX No. (503) 990-6547
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 5/15, 20 10
- 5 For calendar year \_\_\_\_\_, or other tax year beginning 7/01, 20 08, and ending 6/30, 20 09.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension TAXPAYER IS UNDERGOING AN AUDIT. TAXPAYER DESIRES TO PREPARE 990 FROM AUDITED RECORDS. THEREFORE TAXPAYER RESPECTIFULLY REQUESTED AN ADDITINAL EXTENSION TO FILE FORM 990 FOR 6-30-09.

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	8c \$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_