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Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2008

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► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations 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

A For the 2008 calendar year, or tax year beginning OCT 1, 2008 and ending SEP 30, 2009

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization OREGON COALITION AGAINST DOMESTIC AND SEXUAL VIOLENCE	D Employer identification number 93-0739389
E Number and street (or P.O. box, if mail is not delivered to street address) 380 S.E. SPOKANE STREET		Room/suite 100
F City or town, state or country, and ZIP + 4 PORLAND, OR 97202		G Telephone number (503) 230-1951

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ►I Website: ► **WWW.OCADSV.COM**H Check ► if the organization is notJ Organization type (check only one) 501(c)(3) (insert no.) 4947(a)(1) or 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF)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 ► **\$ 761,454.****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 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/> a Gross revenue (not including \$ _____ reported on line 1) b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ►) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	1 738,872. 2 4,161. 3 17,535. 4 886. 5a 5b 5c 6a 6b 6c 7a 7b 7c 8 9 761,454.
Expenses	10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ►) 17 Total expenses. Add lines 10 through 16	10 196,128. 11 12 332,955. 13 24,392. 14 31,519. 15 2,448. 16 164,348. 17 751,790.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20	18 9,664. 19 302,822. 20 21 312,486.

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		191,064.	22 178,108.
23 Land and buildings		23	
24 Other assets (describe ►)	SEE STATEMENT 2)	142,134.	24 170,788.
25 Total assets		333,198.	25 348,896.
26 Total liabilities (describe ►)	SEE STATEMENT 3)	30,376.	26 36,410.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		302,822.	27 312,486.

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
 34 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
 35 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.

a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?

b If "Yes," has it filed a tax return on Form 990-T for this year?

SEE STATEMENT 8

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N
 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0.

b Did the organization file Form 1120-POL for this year?

38 a 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?

b If "Yes," complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

38b N/A

39a N/A

39b N/A

40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.

b Section 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

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

► 0.
► 0.

d Enter amount of tax on line 40c reimbursed by the organization

e 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

40b X
40e X

41 List the states with which a copy of this return is filed. ► OR

42 a The books are in care of ► TOM FOY Telephone no. ► (503) 230-1951
Located at ► 380 S.E. SPOKANE STREET, PORTLAND, OR ZIP + 4 ► 97202

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: ► _____

42b X
42c X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of 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

► 43 ► N/A

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

44 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

45 X

OREGON COALITION AGAINST
DOMESTIC AND SEXUAL VIOLENCE

Form 990-EZ (2008)

93-0739389

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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.

	Yes	No
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	46	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization(s) a section 527 organization?	49b	
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 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
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 NONE	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over \$100,000 ►		

Sign Here	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		
	Signature of officer <i>Terrie Quinteros</i>		
Type or print name and title <i>Terrie Quinteros, Executive Director</i>		Date <i>5-10-10</i>	

Paid Preparer's Use Only	Preparer's signature <i>GARY McGEE & CO.</i>	Date <i>5/5/10</i>	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying Number (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <i>522 S.W. FIFTH AVENUE, SUITE 1300 PORTLAND, OREGON 97204-2130</i>		EIN ► <input type="checkbox"/>	Phone no. <i>(503) 222-2515</i>

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2008
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Inspection

Name of the organization	OREGON COALITION AGAINST DOMESTIC AND SEXUAL VIOLENCE	Employer identification number	93-0739389
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Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)

3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H)

4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)

8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)

9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete the Part III.)

10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

LHA

OREGON COALITION AGAINST

Schedule A (Form 990 or 990-EZ) 2008 DOMESTIC AND SEXUAL VIOLENCE

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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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	636,274.	531,159.	611,694.	506,148.	756,407.	3,041,682.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	636,274.	531,159.	611,694.	506,148.	756,407.	3,041,682.
5 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)	---	---	---	---	---	
6 Public Support. Subtract line 5 from line 4						3,041,682.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	636,274.	531,159.	611,694.	506,148.	756,407.	3,041,682.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,806.	2,642.	2,555.	2,341.	886.	10,230.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	50.					50.
11 Total support. Add lines 7 through 10						3,051,962.
12 Gross receipts from related activities, etc (see instructions)					12	53,249.

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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99.66	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99.71	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		►	<input checked="" type="checkbox"/>
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		►	<input type="checkbox"/>
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		►	<input type="checkbox"/>
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		►	<input type="checkbox"/>
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		►	<input type="checkbox"/>

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 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

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

Section D. Computation of Investment Income Percentage

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

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 line 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 ►

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
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DESCRIPTION	AMOUNT
TRAVEL	19,498.
TELEPHONE	5,091.
OFFICE SUPPLIES	11,065.
STAFF TRAINING AND DEVELOPMENT	11,189.
INSURANCE	3,115.
DUES & SUBSCRIPTIONS	2,809.
ANNUAL CONFERENCE	65,923.
EQUIPMENT LEASE	2,973.
OTHER	6,545.
DEPRECIATION	4,732.
BOARD MEETINGS	10,347.
PROGRAM TRAINING	21,061.
TOTAL TO FORM 990-EZ, LINE 16	164,348.

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
GRANTS AND CONTRACT PAYMENTS RECEIVABLE	116,865.	154,749.	
OTHER ACCOUNTS RECEIVABLE	10,584.	120.	
PREPAID EXPENSES	4,841.	3,141.	
FURNITURE AND EQUIPMENT	9,844.	12,778.	
TOTAL TO FORM 990-EZ, LINE 24	142,134.	170,788.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	30,376.	10,400.	
	0.	18,575.	
	0.	7,435.	
TOTAL TO FORM 990-EZ, LINE 26	30,376.	36,410.	

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 4

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
PROGRAM SUPPORT CANYON CRISIS CENTER PO BOX 500 MILL CITY, OR 97360	NONE	5,662.
PROGRAM SUPPORT CENTER AGAINST RAPE AND DOMESTIC VIOLENCE 4786 SW PHILOMATH BLVD. CORVALLIS, OR 97333	NONE	5,162.
PROGRAM SUPPORT CLATSOP CO WOMEN'S RESOURCE CENTER 1361 DUANE STREET ASTORIA, OR 97103	NONE	6,264.
PROGRAM SUPPORT COLUMBIA CO WOMEN'S RESOURCE CENTER PO BOX 22 ST. HELENS, OR 97051	NONE	6,264.
PROGRAM SUPPORT HENDERSON HOUSE 610 SOUTHEAST 1ST STREET MCMINNVILLE, OR 97128-6054	NONE	5,162.
PROGRAM SUPPORT LISTEN TO KIDS 5135 NW ST HELENS RD PORTLAND, OR 97210	NONE	15,358.
PROGRAM SUPPORT MAY DAY 1931 COURT AVE BAKER, OR 97814	NONE	5,018.
PROGRAM SUPPORT MY SISTER'S PLACE PO BOX 2152 NEWPORT, OR 97362	NONE	5,662.
PROGRAM SUPPORT OASIS SHELTER PO BOX 932 GOLD BEACH, OR 97444	NONE	8,768.

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PROGRAM SUPPORT PORLAND WOMEN'S CRISIS LINE PO BOX 42610 PORTLAND, OR 97242	NONE	15,538.
PROGRAM SUPPORT PROJECT DOVE PO BOX 980 ONTARIO, OR 97914	NONE	5,018.
PROGRAM SUPPORT SABLE HOUSE 289 EAST ELLENDALE AVENUE DALLAS, OR 97338-1559	NONE	5,162.
PROGRAM SUPPORT SASS 591 W. 19TH AVENUE EUGENE, OR 97401	NONE	6,566.
PROGRAM SUPPORT SAVING GRACE 1425 NW KINGSTON AVE. BEND, OR 97701	NONE	9,948.
PROGRAM SUPPORT SHELTER FROM THE STORM PO BOX 257 JAFFREY, NH 03452	NONE	5,018.
PROGRAM SUPPORT SIUSLAW AREA WOMEN'S CENTER 1576 W. 12TH STREET FLORENCE, OR 97439	NONE	6,546.
PROGRAM SUPPORT TILLAMOOK CO WOMEN'S RESOURCE CENTER 1902 2ND STREET TILLAMOOK, OR 97141-2206	NONE	6,264.
PROGRAM SUPPORT WSRC 20259 SOUTHWEST 70TH AVENUE TUALATIN, OR 97062	NONE	8,768.
PROGRAM SUPPORT OTHER VARIOUS ORGANIZATIONS < \$5K	NONE	63,980.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

196,128.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . . [] YES [X] NO

PUBLIC AWARENESS - PUBLIC AWARENESS ENCOMPASSES COMMUNITY EDUCATION AND OUTREACH. THE COALITION'S PURPOSE IS TO INCREASE THE COMMUNITY'S AWARENESS OF DOMESTIC AND SEXUAL VIOLENCE, PROVIDE INFORMATION AND TECHNICAL ASSISTANCE TO SUPPORT AGENCIES AND PROGRAMS THROUGH VARIOUS PUBLIC AWARENESS ACTIVITIES, AND PROVIDE SUPPORT AND GUIDANCE TO ITS MEMBERSHIP REGARDING MEDIA AND PUBLIC RELATIONS THROUGH ITS QUARTERLY NEWSLETTER.

TRAININGS AND ANNUAL CONFERENCE - THE COALITION PROVIDES TRAINING ON STATEWIDE AND REGIONAL LEVELS. SPECIALIZED TRAININGS CAN BE DEVELOPED IN RESPONSE TO A DEMONSTRATED NEED IN A REGION OF OREGON. THE COALITION ALSO SPONSORS AN ANNUAL STATEWIDE CONFERENCE AND COORDINATES STATEWIDE TRAINING PROGRAMS.

TECHNICAL ASSISTANCE - THE COALITION PROVIDES INDIVIDUAL TECHNICAL ASSISTANCE TO LOCAL DOMESTIC AND SEXUAL VIOLENCE AGENCIES AND PROGRAMS ON A VARIETY OF SUBJECTS, INCLUDING ORGANIZATIONAL DEVELOPMENT, PROGRAM PLANNING AND MANAGEMENT, INFORMATION SYSTEMS, AND MUCH MORE.

SYSTEMS ADVOCACY - THE GOAL OF SYSTEMS ADVOCACY IS TO IMPROVE SYSTEMIC RESPONSES TO VICTIMS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT. THROUGH PARTICIPATION IN COMMISSIONS, PROJECTS, TASK FORCES, COMMITTEES, AND COLLABORATIVE EFFORTS, THE COALITION IS ABLE TO POSITIVELY IMPACT SYSTEMIC RESPONSES TO VICTIMS. SYSTEMS ADVOCACY PROVIDES SUPPORT TO THE COALITION'S NETWORK OF COMMUNITY PARTNERS AND DOMESTIC VIOLENCE AND SEXUAL ASSAULT SERVICES PROVIDERS ACROSS THE STATE.

THE COALITION'S MISSION IS TO RAISE AWARENESS ABOUT VIOLENCE AGAINST ALL WOMEN AND CHILDREN, AND TO WORK TOWARDS NON-VIOLENCE THROUGH LEADERSHIP IN ADVOCACY, PUBLIC POLICY, TRAINING, RESOURCE DEVELOPMENT AND SOCIAL CHANGE.

FORM 990-EZ

EXPLANATION OF BUSINESS INCOME NOT
REPORTED ON FORM 990-T
PART V, LINE 35

STATEMENT 8

THE ORGANIZATION HOLDS WORKSHOPS TO PROVIDE TRAINING FOR COUNSELORS OF
VICTIMS OF DOMESTIC VIOLENCE AND CHARGES ATTENDEES A MODEST FEE.

Application for Extension of Time To File an
Exempt Organization Return

► 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 and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization OREGON COALITION AGAINST DOMESTIC AND SEXUAL VIOLENCE	Employer identification number 93-0739389
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 380 S.E. SPOKANE STREET, NO. 100	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PORTLAND, OR 97202	

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

<input checked="" 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 (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input 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

TOM FOY

- The books are in the care of ► **380 S.E. SPOKANE STREET - PORTLAND, OR 97202**

Telephone No ► **(503) 230-1951** FAX No ► ►

- 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 MAY 17, 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for ► <input type="checkbox"/> calendar year or ► <input checked="" type="checkbox"/> tax year beginning OCT 1, 2008 , and ending SEP 30, 2009 .		
2	If this tax year is for less than 12 months, check reason: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Change in accounting period		
3a	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	3a	\$
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	3b	\$
c	Balance Due. 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	3c	\$ N/A

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.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)