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Form **990-EZ**Department of the Treasury
Internal Revenue Service**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)

▶ 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.

OMB No 1545-1150

2008Open to Public
Inspection**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 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 380 S.E. SPOKANE STREET 100 City or town, state or country, and ZIP + 4 PORTLAND, OR 97202	D Employer identification number 93-0739389	
			E Telephone number (503) 230-1951
			F Group Exemption Number
			G Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify)

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

I Website: **WWW.OCADSV.COM****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 **\$ 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	1	738,872.
	2	Program service revenue including government fees and contracts	2	4,161.
	3	Membership dues and assessments	3	17,535.
	4	Investment income	4	886.
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	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 \$ of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b		
c	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		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	761,454.	
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 4	10	196,128.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	332,955.
	13	Professional fees and other payments to independent contractors	13	24,392.
	14	Occupancy, rent, utilities, and maintenance	14	31,519.
	15	Printing, publications, postage, and shipping	15	2,448.
	16	Other expenses (describe) SEE STATEMENT 1	16	164,348.
	17	Total expenses. Add lines 10 through 16	17	751,790.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9,664.
	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	302,822.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 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.

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Form **990-EZ** (2008)

Part III	Statement of Program Service Accomplishments (See the instructions for Part III.)
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What is the organization's primary exempt purpose? **SEE STATEMENT 7**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

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

28 SEE STATEMENT 6

(Grants \$ 196,128.) If this amount includes foreign grants, check here

28a	601,742.
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29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32	601.742.
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Part IV	List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)
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[illegible]

**OREGON COALITION AGAINST
DOMESTIC AND SEXUAL VIOLENCE**

93-0739389

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
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		X
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?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	SEE STATEMENT 8	N/A
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	0.	
b	Did the organization file Form 1120-POL for this year?		X
38a	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	If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	N/A	
b	Gross receipts, included on line 9, for public use of club facilities	N/A	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
	section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
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		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.	
d	Enter amount of tax on line 40c reimbursed by the organization	0.	
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		X
41	List the states with which a copy of this return is filed. <u>OR</u>		
42a	The books are in care of <u>TOM FOY</u> Telephone no. <u>(503) 230-1951</u>		
	Located at <u>380 S.E. SPOKANE STREET, PORTLAND, OR</u> ZIP + 4 <u>97202</u>		
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)?		X
	If "Yes," enter the name of the foreign country: _____		
	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.?		X
	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		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		X

Form 990-EZ (2008)

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DOMESTIC AND SEXUAL VIOLENCE**

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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.

- 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
- 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."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(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 & 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 each 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 *Terrie Quinteros* Signature of officer Date *5.10.10*

Terrie Quinteros, Executive Director Type or print name and title

Paid Preparer's Use Only

Preparer's signature *[Signature]* Date *5/5/10* Check if self-employed ☐ Preparer's Identifying Number (See instr.)

Firm's name (or yours if self-employed), address, and ZIP + 4 **GARY MCGEE & CO.**
522 S.W. FIFTH AVENUE, SUITE 1300
PORTLAND, OREGON 97204-2130

EIN **52-222-2515**
Phone no. **(503) 222-2515**

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

☐ Yes ☐ No

Form 990-EZ (2008)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization **OREGON COALITION AGAINST
DOMESTIC AND SEXUAL VIOLENCE**

Employer identification number
93-0739389

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.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports.

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

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 <input type="checkbox"/>						

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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
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
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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.

OREGON COALITION AGAINST DOMESTIC AND SE		93-0739389
PROGRAM SUPPORT PORTLAND 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.

990-EZ PG 2

STATEMENT 7

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
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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

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 ☒ **X**
 - 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 File by the due date for filing your return. See instructions.	Name of Exempt Organization OREGON COALITION AGAINST DOMESTIC AND SEXUAL VIOLENCE	Employer identification number 93-0739389
	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:

► ☐ calendar year _____ or

► ☒ tax year beginning **OCT 1, 2008**, and ending **SEP 30, 2009**.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ 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)