** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public

Department of the Treasury

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

2019 A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number ATTORNEY GENERAL'S SEXUAL Address change ASSAULT TASK FORCE Name change 27-0056693 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 503-990-6541 3625 RIVER ROAD 275 City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ 1,111,359. Amended return 97303 KEIZER, OR H(a) Is this a group return Applica-tion pending F Name and address of principal officer: MICHELE ROLAND-SCHWARTZ for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) (4947(a)(1) or) ◀ (insert no.) If "No," attach a list. (see instructions) J Website: ► WWW.OREGONSATF.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > Year of formation: 2003 M State of legal domicile: OR Trust Part I Summary Briefly describe the organization's mission or most significant activities: THE PURPOSE OF THE TASK FORCE IS Activities & Governance TO SUPPORT AND ADVOCATE FOR MULTI-DISCIPLINARY AND EFFECTIVE if the organization discontinued its operations or disposed of more than 25% of its net assets. 8 3 Number of voting members of the governing body (Part VI, line 1a) 8 Number of independent voting members of the governing body (Part VI, line 1b) 4 14 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 38 0. 7h **Prior Year Current Year** 924,770. 1,041,699. 8 Contributions and grants (Part VIII, line 1h) 44,423. 69,524. 9 Program service revenue (Part VIII, line 2g) 78. 136. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,432. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 971,703. 1,111,359. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 218,726. 274,220. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 447,468. 509,135. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 335,034. 364,299. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,147,654. 1,001,228. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -29,525.-36,295.Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 378,456. 346,296. 20 Total assets (Part X, line 16) 119,508. 123,643. 21 Total liabilities (Part X, line 26) 258,948. 222,653 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block 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 Date Sign MICHELE ROLAND-SCHWARTZ, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature **№**01287653 GERARD DEBLOIS Paid self-employed Firm's name MCDONALD JACOBS, P.C. Firm's EIN ▶ 93-0900579 Preparer Firm's address 520 SW YAMHILL ST., STE 500 Use Only PORTLAND, OR 97204 Phone no. (503) 227-0581

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes

	ATTORNEY GENERAL'S SEXUAL		
	990 (2018) ASSAULT TASK FORCE	27-0056693	Page 2
Par	rt III Statement of Program Service Accomplishments		77
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission: THE PURPOSE OF THE TASK FORCE IS TO SUPPORT AND ADVOCATE	r E/OD	
	MULTI-DISCIPLINARY AND EFFECTIVE PREVENTION OF AND RESPO		т
	VIOLENCE THROUGH COLLABORATIVE, COMPREHENSIVE, SURVIVOR-		. <u>U</u>
	STRATEGIES.	CHRIDKED	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$		 }
	GOVERNMENT GRANT RECEIVED FOR RAPE PREVENTION AND EDUCAT THESE ACTIVITIES ARE ACCOMPLISHED THROUGH SEMINARS, TRAI	NINGS, AND	ES.
	OTHER EDUCATION OPPORTUNITIES. LOCAL GRANTEES CARRY OUT		<u> </u>
	THE WORK.	THE MAUORITI	OF
	III HOIM.		
4b	(Code:) (Expenses \$ 383,894. including grants of \$) (Reve		
	TO PROVIDE COMMUNITIES WITH CRITICAL RESOURCES THAT HELF		
	PARTNERSHIPS ACROSS AGENCIES AND DISCIPLINES TO RESPOND		
	VIOLENT CRIMES AGAINST WOMEN. OVW'S RURAL GRANT AND THE GRANTS ARE DESIGNED TO INCREASE CAPACITY BUILDING AND SU	STATE DOJ VO	
	FOR OREGON'S RURAL AND FRONTIER SANES PROVIDING MEDICAL-		
	BOLSTERING VICTIM ACCESS TO MEDICAL-FORENSIC CARE AND IM		, ند
	COORDINATED COMMUNITY RESPONSE EFFORTS.	1110 / 1110	
	OCCUPATION OCCUPATION IN THE PROPERTY OF THE P		
4c	(Code:) (Expenses \$		524.
	TO ASSIST INSTITUTIONS OF HIGHER EDUCATION TO DEVELOP AN		•
	EFFECTIVE STRATEGIES TO COMBAT VIOLENT CRIMES AGAINST WO		
	PROGRAM ENCOURAGES THE DEVELOPMENT AND IMPLEMENTATION OF		· ~ =
	STUDENT/SURVIVOR-CENTERED STRATEGIES TO ADDRESS VIOLENT		
	WOMEN AND THE DEVELOPMENT AND ENHANCEMENT OF VICTIM SERV	TICES IN CASE	ຽ
	INVOLVING VIOLENT CRIMES AGAINST WOMEN.		

Other program services (Describe in Schedule O.)

93,150 · including grants of \$

1,060,587 ·

Form **990** (2018)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	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	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	_X_	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			7.7
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		37
	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		37
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			37
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		77	
	Part VI	11a	<u> </u>	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100	Х	
L	Schedule D, Parts XI and XII	12a	- 21	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13		14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	מדו		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-10		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_		
	complete Schedule G, Part III	19		Х
20a		20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	

Form 990 (2018)

ASSAULT TASK FORCE

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		x
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? ## "Yes."			
		26		x
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		<u> </u>
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		37	
Pai	Note. All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
Га	Check if Schedule O contains a response or note to any line in this Part V			
	Check if Confedule C contains a response of flote to any line in this Fart V			
_	Estable muse because at all in Day 0 of Form 1000 Fater 0 ff and 1000 Fater 0 ff and 1000 Fater 100		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 24 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Enter the number of Fernie W Za moldada in line fat Enter of infocuspination			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
02000	(gambling) withings to prize withers?		990	(2018)

Form 990 (2018) ASSAULT TASK FORCE

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

b If a No.	nter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, ed for the calendar year ending with or within the year covered by this return at least one is reported on line 2a, did the organization file all required federal employment tax returns? ote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) id the organization have unrelated business gross income of \$1,000 or more during the year? "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O t any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	2b 3a	Yes	No						
b If a No.	at least one is reported on line 2a, did the organization file all required federal employment tax returns? ote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) id the organization have unrelated business gross income of \$1,000 or more during the year? "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O tany time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		Х							
b If a No.	at least one is reported on line 2a, did the organization file all required federal employment tax returns? ote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) id the organization have unrelated business gross income of \$1,000 or more during the year? "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O t any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		X							
No 3a Did	ote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) id the organization have unrelated business gross income of \$1,000 or more during the year? "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O tany time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3a								
3a Did	id the organization have unrelated business gross income of \$1,000 or more during the year? "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O tany time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3a								
	"Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule Ot any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			X						
b If '	t any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b								
fin	nancial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х						
b If "	"Yes," enter the name of the foreign country:									
Se	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a Wa	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?										
	"Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
	oes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		77						
	ny contributions that were not tax deductible as charitable contributions?	6a		<u> </u>						
	"Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch								
	ere not tax deductible? rganizations that may receive deductible contributions under section 170(c).	6b								
	d the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X						
	"Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
	id the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	- 15								
	file Form 8282?	7c		Х						
d If "	"Yes," indicate the number of Forms 8282 filed during the year									
e Did	id the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х						
f Did	id the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X						
g Ift	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h If t										
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
-	sponsoring organization have excess business holdings at any time during the year?									
-	ponsoring organizations maintaining donor advised funds.	_								
	id the sponsoring organization make any taxable distributions under section 4966?	9a								
	id the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
	ection 501(c)(7) organizations. Enter:									
	itiation fees and capital contributions included on Part VIII, line 12 10a ross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
	ection 501(c)(12) organizations. Enter:									
	ross income from members or shareholders									
	ross income from other sources (Do not net amounts due or paid to other sources against									
	mounts due or received from them.)									
	ection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b If "	"Yes," enter the amount of tax-exempt interest received or accrued during the year									
13 Se	ection 501(c)(29) qualified nonprofit health insurance issuers.									
	the organization licensed to issue qualified health plans in more than one state?	13a								
	ote. See the instructions for additional information the organization must report on Schedule O.									
	nter the amount of reserves the organization is required to maintain by the states in which the									
organization is licensed to issue qualified health plans										
	nter the amount of reserves on hand	11-		X						
	id the organization receive any payments for indoor tanning services during the tax year?	14a 14b								
	"Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	140								
excess parachute payment(s) during the year?										
	"Yes," see instructions and file Form 4720, Schedule N.	15		X						
	the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х						
	"Yes," complete Form 4720, Schedule O.									

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
-	more members of the governing body?	7a		х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
Ū	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		x				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
	(This dection b requests information about policies not required by the internal nevertide dode.)		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	la Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b								
12a								
b	and the same of th							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c		Х				
13	Did the organization have a written whistleblower policy?	13		Х				
14	Did the organization have a written document retention and destruction policy?	14		Х				
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Х					
	Other officers or key employees of the organization	15b	X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶OR							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only) a	availat	ole				
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	MICHELE ROLAND-SCHWARTZ - 503-990-6541							
	3625 RIVER ROAD, NO. 275, KEIZER, OR 97303							

27-0056693

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per		not c	Pos	more) than o		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	lustitutional trustee	Officer Officer	Key employee	Highest compensated component of the state o	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MARY WILLIAMS	2.00								•	
BOARD CHAIR	1 2 20	Х		Х				0.	0.	0 .
(2) SARAH NEDEAU	2.00	-		,,					_	
VICE CHAIR (3) TERI LORENZEN	2 00	Х		Х				0.	0.	0
TREASURER	2.00	х		х				0.	0.	0
(4) ROBIN SELIG	2.00	^		^				0.	0.	<u> </u>
SECRETARY	2.00	Х		х				0.	0.	0
(5) DR. KAREN WOOD	1.00	25						•	•	, i
DIRECTOR		х						0.	0.	0
(6) WENDY L. ANDERSON	1.00								<u> </u>	
DIRECTOR		Х						0.	0.	0
(7) RACHEL ROYSTON	1.00									
DIRECTOR		Х						0.	0.	0
(8) GEORGIA GOOTEE	1.00									
DIRECTOR		Х						0.	0.	0
(9) MICHELLE ROLAND-SCHWARTZ EXECUTIVE DIRECTOR	40.00			х				77,303.	0.	2,930
								,		,

Form 990 (2018)

Part VII Section A. Officers, Directors, T	rustees, Key Em	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)							(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable		Es	timate	d
	hours per week		, unles					compensation	compensatio		l an	nount (of
	(list any	- JO.						from the	from related organization		Com	other pensat	tion
	hours for	Individual trustee or director				9		organization	(W-2/1099-MIS		l .	om the	
	related	tee or	ustee			ensate		(W-2/1099-MISC)	`	,	org	anizati	on
	organizations	al trus	nal tri		oyee	ompo:					an	d relate	ed
	below line)	lividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	วทร
	iii ie)	프	Ë	₩	Ke	ぎも	Fo						
		1											
		1											
		1											
		-											
		1											
		-											
		1											
1b Sub-total				<u> </u>			—	77,303.		0.		2,93	30.
c Total from continuation sheets to Par								0.		0.		,	0.
d Total (add lines 1b and 1c)							<u> </u>	77,303.		0.		2,93	30.
2 Total number of individuals (including b	ut not limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	9			
compensation from the organization	<u> </u>											1	0
												Yes	No
3 Did the organization list any former offi			•	•	•			•					Х
line 1a? If "Yes," complete Schedule J f For any individual listed on line 1a. is th								or componentian from t			3		
4 For any individual listed on line 1a, is the and related organizations greater than \$\foatsq\$											4		Х
5 Did any person listed on line 1a receive													
rendered to the organization? If "Yes."					,						5		Х
Section B. Independent Contractors	•												
1 Complete this table for your five highest										pensa	tion fro	om	
the organization. Report compensation	for the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.				
(A) Name and busin	ess address	NIC	ONE	7				(B) Description of s	ervices	C)) eamo	;) nsatior	า
		147)INI				\dashv	2 333	5. 1.000		- Ср С		<u> </u>
							\dashv						
							\dashv						
2 Total number of independent contracto	rs (including but n	ot lir	nited	to t	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the org	,				(<u>, </u>					
											Form	990 ₍₂	2018)

Part VIII Statement of Revenue

		Check if Schedule O contain	ns a response	or note to any lin	e in this Part VIII			
				,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns	1a					
ant		Membership dues	1 1					
J. G.		Fundraising events						
ifts, r Ai		Related organizations						
nila		Government grants (contribution		040,295.				
ons Sir		All other contributions, gifts, grants,		0 - 0 7 - 0 0 0				
uti	•	similar amounts not included above		1,404.				
trib	a	Noncash contributions included in lines 1a-						
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f			1,041,699.			
0 10		Totali / lad lilios Ta Ti		Business Code				
ø.	2 a	PROGRAM SERVICE	FEES	541900	69,524.	69,524.		
vice	b				00,000	777		
Ser	c							
ım (d							
Program Service Revenue	e		_					
Pro	f	All other program service revenu	IE.					
		Total. Add lines 2a-2f			69,524.			
	3	Investment income (including di			,			
		other similar amounts)			136.			136.
	4	Income from investment of tax-e						
	5	Royalties						
		,	(i) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		>				
			(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	a						
		Net gain or (loss)						
ne	8 a	Gross income from fundraising e						
ven		including \$ contributions reported on line 10						
Other Revenu		'	,					
лег	h	Part IV, line 18 Less: direct expenses						
Œ				`				
		Net income or (loss) from fundra	-					
	эa	Gross income from gaming activ						
	h	Part IV, line 19 Less: direct expenses						
		Net income or (loss) from gamin						
		Gross sales of inventory, less ref						
	10 a	and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sales of						
		Miscellaneous Revenue		Business Code				
	11 a							
	b							
	С							
	d	All other revenue						
		Total. Add lines 11a-11d		>				
	12	Total revenue. See instructions			1,111,359.	69,524.	0.	136.

| Part IX | Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons		_		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	274,220.	274,220.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	00 646	70 022	10 (12	
_	trustees, and key employees	90,646.	78,033.	12,613.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	336,797.	289,933.	46,864.	
7	Other salaries and wages	330,191.	409,933.	40,004.	
8	Pension plan accruals and contributions (include	3,202.	2,756.	446.	
^	section 401(k) and 403(b) employer contributions)	40,476.	34,844.	5,632.	
9	Other employee benefits	38,014.	32,724.	5,290.	
10	Payroll taxes	30,014.	J2,124.	3,290.	
11	Fees for services (non-employees):				
a b	Management				
		27,020.	26,541.	479.	
c d	3	27,020.	20,541.		
e	5 / 1 1/ 1 1 1 1 1 1 1 1 1 1 1 1				
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch O.)	176,531.	173,401.	3,130.	
12	Advertising and promotion	270,3321	27072020	3,2301	
13	Office expenses	19,318.	18,487.	831.	
14	Information technology	8,074.	5,402.	2,672.	
 15	Royalties	J , J	7,2021		
16	Occupancy	23,586.	19,841.	3,745.	
17	Travel	69,975.	68,157.	1,818.	
18	Payments of travel or entertainment expenses	,	,	,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,527.	10,077.	450.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,657.	3,917.	740.	
23	Insurance	6,697.	5,634.	1,063.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	14T G G D T 1 1 1 1 D G T G	10,358.	9,788.	570.	
b		7,556.	6,832.	724.	
С		·	·		
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,147,654.	1,060,587.	87,067.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2018)

Part X | Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			10.	1	0.
	2	Savings and temporary cash investments			186,594.	2	26,300.
	3	Pledges and grants receivable, net			180,459.	3	303,712.
	4	Accounts receivable, net			284.	4	1,665.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ted empl	oyees. Complete			
		Part II of Schedule L	-	· F		5	
	6	Loans and other receivables from other disquality					
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect					
S		employees' beneficiary organizations (see instr).		· ·		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	Description of the second state of the second			3,601.	9	7,634.
		Land, buildings, and equipment: cost or other	I I		•		,
		basis. Complete Part VI of Schedule D	10a	46,471.			
	b	Less: accumulated depreciation	10b	46,471. 39,486.	7,508.	10c	6,985.
	11	Investments - publicly traded securities	102		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11	.,,,,,,,,,
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal			378,456.	16	346,296.
	17	Accounts payable and accrued expenses	47,408.	17	123,643.		
	18	Grants payable	,	18	, , , , , ,		
	19	Deferred revenue			72,100.	19	0.
	20	Tax-exempt bond liabilities			/	20	
	21	Escrow or custodial account liability. Complete I				21	
44	22	Loans and other payables to current and former					
ties		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
Lia	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Schedule D	•	·		25	
	26	Total liabilities. Add lines 17 through 25			119,508.	26	123,643.
		Organizations that follow SFAS 117 (ASC 958), check l	nere X and	,		,
S		complete lines 27 through 29, and lines 33 an					
Š	27	Unrestricted net assets			258,948.	27	222,653.
alar	28	Temporarily restricted net assets				28	
B	29					29	
اق		Organizations that do not follow SFAS 117 (A					
F.		and complete lines 30 through 34.					
ts c	30	Capital stock or trust principal, or current funds				30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or ed				31	
Ä	32	Retained earnings, endowment, accumulated in				32	
	I			258,948.	33	222,653.	
Ne	33	Total net assets or fund balances		L	430,340.	აა	444,033.

Form **990** (2018)

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,11						
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,14	7,65 5,29					
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10	222	2,6	<u>53.</u>				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				X				
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			X				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit							
	Act and OMB Circular A-133?		. 3a	X					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х					
			Form	990 ((2018)				

832012 12-31-18

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization ATTORNEY GENERAL'S SEXUAL **Employer identification number** ASSAULT TASK FORCE 27-0056693 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: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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 Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2018 ASSAULT TASK FORCE

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	897,330.	782,441.	774,078.	924,770.	1041699.	4420318.
2	Tax revenues levied for the organ-						
	ization'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 through 3	897,330.	782,441.	774,078.	924,770.	1041699.	4420318.
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)						
	Public support. Subtract line 5 from line 4.						4420318.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	897,330.	782,441.	774,078.	924,770.	1041699.	4420318.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	218.		131.	78.	136.	563.
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 VI.)				2,432.		2,432.
11	Total support. Add lines 7 through 10						4423313.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	264,067.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stor		·····				>
Sec	ction C. Computation of Publi					г	
14	Public support percentage for 2018 (li					14	99.93 %
15	Public support percentage from 2017					15	99.93 %
16a	33 1/3% support test - 2018. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac				-	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	- 2017. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the		•		•		•
	organization meets the "facts-and-circ			·			>
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	· >

Schedule A (Form 990 or 990-EZ) 2018

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	, , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons					1	<u> </u>
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	Τ	T	T	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						_
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						<u> </u>
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain				<u> </u>		
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	the ever-in-ti-	first seemed 41.	d founds as easy t	1		l ntion
14	First five years. If the Form 990 is for check this box and stop here	· ·			•		auon,
Sec	ction C. Computation of Publi		centage				
	Public support percentage for 2018 (li			column (fl)		15	%
	Public support percentage from 2017		•			16	/ 6
	ction D. Computation of Inves					1 10 1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2			(1)		18	%
	33 1/3% support tests - 2018. If the						
_	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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	3с		
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	4b		
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	10b		

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Pai	Tt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	\sqcup	
b	A family member of a person described in (a) above?	11b	\sqcup	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	r		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	ſ		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	_		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3	ш	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	,			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr.	uctions)		No
2 a	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	,			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
b	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20		
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	· '			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
3	activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.	20		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	of its supported organizations? If "Ves " describe in Part VI the released by the expeniention in this regard	3h		

Schedule A (Form 990 or 990-EZ) 2018 ASSAULT TASK FORCE

Part V Ty	pe III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1 Che	ck here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (explain in F	Part VI.) See instructions. A
othe	er Type III non-functionally integrated supporting organizations must	complete Sec	tions A through E.	
Section A - Adj	usted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-	term capital gain	1		
2 Recoverie	s of prior-year distributions	2		
3 Other gros	ss income (see instructions)	3		
4 Add lines	1 through 3	4		
5 Depreciati	on and depletion	5		
6 Portion of	operating expenses paid or incurred for production or			
collection	of gross income or for management, conservation, or			
maintenar	ice of property held for production of income (see instructions)	6		
7 Other exp	enses (see instructions)	7		
8 Adjusted	Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Min	imum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate	fair market value of all non-exempt-use assets (see			
instruction	s for short tax year or assets held for part of year):			
a Average n	nonthly value of securities	1a		
b Average m	nonthly cash balances	1b		
c Fair marke	et value of other non-exempt-use assets	1c		
	lines 1a, 1b, and 1c)	1d		
e Discount	claimed for blockage or other			
factors (ex	plain in detail in Part VI):			
2 Acquisitio	n indebtedness applicable to non-exempt-use assets	2		
3 Subtract li	ne 2 from line 1d	3		
4 Cash deer	ned held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instru	ctions)	4		
5 Net value	of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply lir	ne 5 by .035	6		
7 Recoverie	s of prior-year distributions	7		
8 Minimum	Asset Amount (add line 7 to line 6)	8		
Section C - Dis	tributable Amount			Current Year
1 Adjusted r	net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85%		2		
	asset amount for prior year (from Section B, line 8, Column A)	3		
	ter of line 2 or line 3	4		
	x imposed in prior year	5		
	ble Amount. Subtract line 5 from line 4, unless subject to			
	y temporary reduction (see instructions)	6		
$\overline{}$	ck here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	t V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exer	mpt purposes		
2	Amou				
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose			
4	Amou	nts paid to acquire exempt-use assets			
5		ied set-aside amounts (prior IRS approval required)			
6		distributions (describe in Part VI). See instructions.			
7		annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which th	ne organization is responsive		
•		de details in Part VI). See instructions.	io organization to respensive		
9		outable amount for 2018 from Section C, line 6			
10		amount divided by line 9 amount			
<u></u>	LIIIC C	amount divided by into o amount	(i)	(ii)	(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distrib	outable amount for 2018 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2018 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2018			
а	From	2013			
b	From	2014			
С	From	2015			
d	From	2016			
е	From	2017			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
		ed to 2018 distributable amount			
i	Carry	over from 2013 not applied (see instructions)			
i		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2018 from Section D,			
	line 7:	. *			
а	Applie	ed to underdistributions of prior years			
		ed to 2018 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
		ining underdistributions for years prior to 2018, if			
		Subtract lines 3g and 4a from line 2. For result greater			
	-	ero, explain in Part VI. See instructions.			
6		ining underdistributions for 2018. Subtract lines 3h			
_		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2019. Add lines 3j			
•	and 4c.				
8		down of line 7:			
		s from 2014			
		s from 2015			
		s from 2016			
<u>a</u>	Exces	s from 2017			

Schedule A (Form 990 or 990-EZ) 2018

ATTORNEY GENERAL'S SEXUAL

Schedule A	Form 990 or 990-EZ) 2018 ASSAULT TASK	FORCE	27-0056693 Page
Part VI	Supplemental Information. Provide the ex. Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9 line 1; Part IV, Section D, lines 2 and 3; Part IV, Sec	planations requir 9a, 9b, 9c, 11a, 1 tion E, lines 1c, 2	ired by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, section B, line 1e; Part V, Also complete this part for any additional information.
	(See instructions.)		······

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

ATTORNEY GENERAL'S SEXUAL

ASSAULT TASK FORCE

Employer identification number

27-0056693

Filers of:	Section:					
Form 990 or 990-E	\overline{X} 501(c)($\overline{3}$) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Check if your organization is covered by the General Rule or a Special Rule . Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule						
	ganization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections s	ganization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; m 990-EZ, line 1. Complete Parts I and II.					
year, tota	ganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the I contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the n of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address),					
year, con is checke purpose.	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Eaution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), ut it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ertify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

 $\label{eq:local_local_local_local} \text{LHA} \quad \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization
ATTORNEY GENERAL'S SEXUAL
ASSAULT TASK FORCE

Employer identification number

27-0056693

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	Name, address, and ZIF + 4	\$ 732,518.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$304,793.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c) Total contributions	(d)		
	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization
ATTORNEY GENERAL'S SEXUAL
ASSAULT TASK FORCE

Employer identification number

27-0056693

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

Name of organization **Employer identification number** ATTORNEY GENERAL'S SEXUAL ASSAULT TASK FORCE 27-0056693 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

Tax) (see separate instructions), then			·	
	Section 501(c)(4), (5), or (6) organization			1	
Nan		Y GENERAL'S SEXUA	ΑL	Empl	oyer identification number
Da	ASSAULT	TASK FORCE	or acation FOI(a) a	wie e costion FO7 ou	27-0056693
Pa	ert I-A Complete if the org	janization is exempt unde	er section 50 I(c) o	or is a section 527 org	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		▶\$	
Pa	art I-B Complete if the org	janization is exempt unde	er section 501(c)(3	3).	
1	Enter the amount of any excise tax	incurred by the organization und	er section 4955	▶\$	
	Enter the amount of any excise tax				
	If the organization incurred a section				
4a	Was a correction made?				Yes No
_	If "Yes," describe in Part IV.				
Pa	irt I-C Complete if the org	janization is exempt unde	er section 501(c), o	except section 501(c)(3).
1	Enter the amount directly expended	d by the filing organization for sec	tion 527 exempt function	on activities ▶\$	
2	Enter the amount of the filing organ	ization's funds contributed to oth	ner organizations for sec	ction 527	
	exempt function activities			> \$	
3	Total exempt function expenditures		,		
	line 17b			> \$	
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and en		•	<u> </u>	0 0
	made payments. For each organiza				
	contributions received that were pro-			•	e segregated fund or a
	political action committee (PAC). If	additional space is needed, provi r	de information in Part i	V.	1
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

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Part II-A Complete if the org section 501(h)).	janization is exe	mpt under section	n 501(c)(3) and file	d Form 5768 (ele	ection under	
A Check ► if the filing organiza expenses, and sha	re of excess lobbying	expenditures).	n Part IV each affiliated	group member's nam	e, address, EIN,	
B Check ► if the filing organiza	ation checked box A a	and "limited control" pro	ovisions apply.		1	
	ts on Lobbying Expe ditures" means amo	enditures unts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals	
1a Total lobbying expenditures to influ	uence public opinion	(grass roots lobbying)				
b Total lobbying expenditures to influ						
	otal lobbying expenditures (add lines 1a and 1b)					
d Other exempt purpose expenditure						
e Total exempt purpose expenditure	Total exempt purpose expenditures (add lines 1c and 1d)					
f _Lobbying nontaxable amount. Enter						
If the amount on line 1e, column (a) o		bbying nontaxable am				
Not over \$500,000		the amount on line 1e				
Over \$500,000 but not over \$1,000	0,000 \$100,0	00 plus 15% of the exc	ess over \$500,000.			
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exc	·			
Over \$1,500,000 but not over \$17.	,000,000 \$225,0	<u> </u>				
Over \$17,000,000	\$1,000	,000.				
g Grassroots nontaxable amount (er	nter 25% of line 1f)					
h Subtract line 1g from line 1a. If zer	o or less, enter -0-					
i Subtract line 1f from line 1c. If zero	o or less, enter -0-					
j If there is an amount other than ze	ro on either line 1h or					
reporting section 4911 tax for this	year?				Yes No	
	4-Year Av	eraging Period Under	Section 501(h)			
(Some organizations t		501(h) election do not rate instructions for li	•	f the five columns b	elow.	
	Lobbying Expe	enditures During 4-Ye	ar Averaging Period		_	
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total	
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
Grassroots nontaxable amount Grassroots ceiling amount						
(150% of line 2d, column (e))						
(10070 01 1110 24, 00141111 (0))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018 ASSAULT TASK FORCE 27-0.0566 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)		(k	p)
	e lobbying activity.	Yes	N	o	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Х				
a	Volunteers?	X				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		,	X		
	Media advertisements?			X		
	Mailings to members, legislators, or the public?			X		
	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?		_	X		
	Direct contact with legislators, their staffs, government officials, or a legislative body?	X				456.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		,	X		130.
	Other activities?			X		
	Total. Add lines 1c through 1i		_	_		456.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		2	X		
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			ı		
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
_	t III-A Complete if the organization is exempt under section 501(c)(4), sectio	n 501(c)(5), or	sec	tion	
	501(c)(6).					
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			3		
	t III-B Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," OR	(b) F			e 3, is
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	cal				
а	Current year			2a		
b	Carryover from last year			2b		
С	Total			2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical	ļ			
	expenditure next year?			4		
5	Taxable amount of lobbying and political expenditures (see instructions)			5		
Par Prov	t IV Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list): Part II-	A. line	es 1 ar	nd 2 (see	
	actions); and Part II-B, line 1. Also, complete this part for any additional information.					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ATTORNEY GENERAL'S SEXUAL ASSAULT TASK FORCE

Employer identification number 27-0056693

organization answered "Yes" on Form 990, Part IV, line 6. Total number at end of year	Pai	rt I (Organizations Maintaining Donor Advised	d Funds or Other Similar Funds or	Accounts. Complete if the
Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisers in writing that the assets held in donor advised funds are the organization inform all donors and donor advisers in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisers in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible proposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part			organization answered "Yes" on Form 990, Part IV, line	e 6.	
2 Aggregate value of contributions to (during year) 4 Aggregate value at earl of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of all own or advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of all own or advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of all own or any other purpose conferring magnification in the form of a presentation of an interest that the popy. Part II Conservation Easements. Complete if the organization (check all that apply). Preservation of a for public use (e.g., recreation or education)				(a) Donor advised funds	(b) Funds and other accounts
2 Aggregate value of contributions to (during year) 4 Aggregate value at earl of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of all own or advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of all own or advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of all own or any other purpose conferring magnification in the form of a presentation of an interest that the popy. Part II Conservation Easements. Complete if the organization (check all that apply). Preservation of a for public use (e.g., recreation or education)	1	Total nu	mber at end of year		
A Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is properly, subject to the organization is conservation inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or far my other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Part II Conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land are Preservation of open space Complete inse? 2 athrough 25 if if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. I total number of conservation easements Total number of conservation easements and easterness. Did to the conservation easements included in (a) agriculture included in (a) 2c. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year year work or conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year visit of states where property subject to conservation easement is located visit on the National Repister No destination and enforcement of the conservation easement is located visit of conservation easements during the year visit of the organization have a written policy regarding the periodic monitoring, inspecting, handling of violations, and enforcing conservation easements during the year visit of experiments of experiments and expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year visit of experiments of experiments that describes the organization rep	2				
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is reportly, subject to the organization is reportly, subject to the organization in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible pivitable benefit of the donor or donor advisor, or for any other purpose conferring impermissible pivitable benefit of the donor or donor advisor, or for any other purpose conferring impermissible pivitable benefit of the donor or donor advisor, or for any other purpose conferring. Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(9) of conservation Easements. Complete if the organization on the purpose of the preservation of a large pivilian program of a preservation of a conservation and area Preservation of a confervation and area Preservation of a conservation assement on the last Preservation of a conservation assement on the last day of the tax year. a Total number of conservation easements 2a 2a 3 3 3 3 3 3 3 3 3	3	Aggrega	ate value of grants from (during year)		
are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charidable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable private benefit? Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space 2 Complete lines 2 a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Total number of conservation easements 4 I Held at the End of the Tax Year a Total number of conservation easements. 5 Total acreage restricted by conservation easements 6 Number of conservation easements in on a certified historic structure included in (a) 7 Number of conservation easements model in (c) acquired after 772506, and not on a historic structure listed in the National Register 8 Number of conservation easements in conservation easements in bolds? 9 Number of states where property subject to conservation easements it holds? 1 Number of states where property subject to conservation easements in tholds? 2 Number of states where property subject to conservation easements in tholds? 3 Number of states where property subject to conservation easements in tholds? 4 Number of states where property subject to conservation easements in tholds? 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year Annual of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement	4	Aggrega	ate value at end of year		
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to charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring yes No Part Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of a certified historic structure Preservation of pen space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year A Total number of conservation easements Preservation of a certified historic structure Preservation of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2 b		are the	organization's property, subject to the organization's	exclusive legal control?	Yes No
Purpose(s) of conservation easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements. Complete if the organization (check all that apply).	6	Did the	organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	ed only
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Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Recomplete in the National Register Number of conservation easements on a certified historic structure included in (a) Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located located located in (b) and the national Register Number of states where property subject to conservation easement is located					
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Protection of natural habitat	1	Purpose	e(s) of conservation easements held by the organization	on (check all that apply).	
Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on acertified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organizations accounting for conservation easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes thems. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue s		⊢ P	reservation of land for public use (e.g., recreation or e	·	
Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7725/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)? Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the foothote to the resonance of the service of the foothode of the form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following		=		Preservation of a certifie	d historic structure
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to Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunter hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X III, line 1 if	a				"
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ § 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IVI, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education,					"
listed in the National Register	_			. ,	2c
Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	d				
year ► 4 Number of states where property subject to conservation easement is located ► 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?	_				
Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	3		for conservation easements modified, transferred, rele	eased, extinguished, or terminated by the org	ganization during the tax
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Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?	Ü		a volunteer fleare develor to morntering, inspecting, i	manding of violations, and officially conserv	ation casements during the year
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?	7	Amount	of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easements during the year
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X	-			g or notations, and emotioning content and	, outcome daming the year
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

ASSAULT TASK FORCE

Seginning of programization is acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):	Pai	t III Organizations Maintaining Col	lections of Ar	t, Histo	orical Tre	asures, o	r Other S	Similar As	sets (cont	inued)	
a Public exhibition d Loan or exchange programs b Scholarly research e Other c Provide a description of the organization's collections and explain how they turber the organization's exempt purpose in Part XIII. Part IV Excrow and Custodial Arrangements. Description of the organization soliection of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization collection? Yes No Part IV Excrow and Custodial Arrangements. Description on a pagent, fusues, ousdoin or other intermediary for contributions or other assets not included on Form 990, Part X, line 9. Is the organization and apent, fusues, ousdoin or other intermediary for contributions or other assets not included on Form 990, Part X, line 9. Is explain the arrangement in Part XIII and complete the following table: Amount 10	3								,		,
b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b H *Yes,* explain the arrangement in Part XIII and complete the following table: C Beginning balance C Beginning balance C Beginning balance C Bolistributions during the year I Ending balance C Bolistributions during the year I Ending balance D Birt Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. B Beginning of year balance C Net investment earnings, gains, and losses G Grants or scholarships C Net investment earnings, gains, and losses G Ford year balance C Here reportally restricted endowment M Administrative expenses G End of year balance G Here reportalizes for facilities and programs B Board designated or quasi-endowment M Administrative expenses G Ford of year balance G Temporarily restricted endowment M Administrative expenses G Ford of year balance G Temporarily restricted endowment M Administrative expenses G Ford of year balance G Temporarily restricted endowment M Administrative expenses G Ford of year balance G Temporarily restricted endowment M Administrative expenses G Ford of year balance G Temporarily restricted endowment M Administrative expe		(check all that apply):									
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The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements			 -								
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by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organization's listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Suildings Land b Buildings Leasehold improvements	За		•	tion that	t are held ar	nd administer	red for the	organization			
(ii) unrelated organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements								9		Yes	No
(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements		-							3a(i)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements											
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements	b	If "Yes" on line 3a(ii), are the related organization	ns listed as requir	ed on So	chedule R?				3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements											
Description of property (a) Cost or other basis (other) 1a Land b Buildings c Leasehold improvements (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value											
Description of property (a) Cost or other basis (other) 1a Land b Buildings c Leasehold improvements (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value		Complete if the organization answered "	Yes" on Form 990), Part IV	, line 11a. S	See Form 990	, Part X, lin	e 10.			
b Buildings c Leasehold improvements		-	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	umulated	(d) Bo	ok value	e
b Buildings c Leasehold improvements	1a	Land		-							
c Leasehold improvements	_										
		Equipment			4	6,471.	3	39,486.		6,9	85.
e Other						•		,			
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)			al Form 990 Part	X. colum	n (B) line 1	0c.)				6,9	85.

orm 990	2018	ASSAULT	TASK	FORCE
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(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost of	r end-of-vear market value
	(2) 200K (alao	(c)ca of raidation, cost of	s. jsa manot value
Olasak dadd as vitu istayasta			
Other			
(A)			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part Y line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	r end-of-vear market value
(1)	(-7	(-,	· , ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	11a. 333 1 3111 333, 1 a.e., mio 13.	(b) Book value
(1)			, ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(1)			
(8)			
(8)			
(9)	15)		
(9) otal. (Column (b) must equal Form 990. Part X. col. (B) line	15.)		•
(9) otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	,	11e or 11f See Form 990 Part X lin	e 25
(9) otal. (Column (b) must equal Form 990. Part X. col. (B) line oart X Other Liabilities. Complete if the organization answered "Yes" (on Form 990, Part IV, line		e 25.
(9) Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lin	e 25.
(9) Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line		e 25.
(9) Part X Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability (1) Federal income taxes (2)	on Form 990, Part IV, line		e 25.
(9) Ptal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	on Form 990, Part IV, line		e 25.
(9) Potal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	on Form 990, Part IV, line		e 25.
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	on Form 990, Part IV, line		e 25.
(9) Potal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	on Form 990, Part IV, line		e 25.
(9) Potal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line		e 25.
(9) Ptal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	on Form 990, Part IV, line		e 25.
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	on Form 990, Part IV, line		e 25.
(9) Ital. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	25.)	(b) Book value	

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2 a Net unrealized gains (losses) on investments 2 a 2 b 123,018. b Donated services and use of facilities 2 c 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d	Par	t XI Reconciliation of Revenue per Audited Financial S	Statements With	Revenue per Re	turn.	
2 a Net unrealized gains (losses) on investments 2 a 2 b 123,018. b Donated services and use of facilities 2 c 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d		Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.			
a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) 2 2 2 2 3 3 3 3 1, 111, 35 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 70 4 4 4 4 5 5 Total expenses and included on Form 990, Part VIII, line 70 5 5 1, 111, 35 5 7 1, 111, 35 7 7 1, 111, 35 7 7 1, 111, 35 7 7 1, 111, 35 7 7 1, 111, 35 7 7 1, 111, 35 7 7 1, 111, 35 7 7 1, 111, 35 7 7 1, 111, 35 7 7 1, 111, 35 7 7 1, 111, 35 7 7 1, 111, 35 7 7 1, 111, 35 7	1	Total revenue, gains, and other support per audited financial statements			1	1,234,377.
b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d 2 123,018 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must coust Form 990, Part IV, line 12.) Fart XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered Yes* on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements C Other losses a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IV, line 25: a Donated services and use of facilities b Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IV, line 25: b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must count form 990, Part IV, line 7b b Other (Describe in Part XIII) b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must count form 990, Part IVII, line 7b b Other (Describe in Part XIII) b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must count form 990, Part IVII, lines 1b and 2b; Part IV, line 4; Part X, line 2; Part XI, lines 2d and 4b, Also complete this part to provide any additional information. PART X, LINE 2: THE TASK FORCE FOLLOWS THE PROVISIONS OF FASE ASC TOPIC 740 ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS EVALUATED THE TASK FORCE'S TAX POSITIONS AND CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
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d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 1,111,35 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 7b 4 Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4e. (This must equal Form 990, Part I, line 12) 1 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Priory year adjustments c Other losses d Other (Describe in Part XIII.) 4 Add lines 2a through 2d 2 Add lines 2a through 2d 2 Add lines 2a through 2d 2 Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses, Add lines 3 and 4e. (This must equal Form 990, Part I line 18) 5 Total expenses, Add lines 3 and 4e. (This must equal Form 990, Part IIII Inte 18) 5 Total expenses, Add lines 3 and 4e. (This must equal Form 990, Part IIII Inte 18) 5 Total expenses, Add lines 3 and 4e. (This must equal Form 990, Part IIII Inte 18) 5 Total expenses, Add lines 3 and 4e. (This must equal Form 990, Part IIII Inte 18) 5 Total expenses, Add lines 3 and 4e. (This must equal Form 990, Part IIII Inte 18) 5 Total expenses, Add lines 3 and 4e. (This must equal Form 990, Part IIII Inte 18) 5 Total expenses, Add lines 3 and 4e. (This must equal Form 990, Part IIII Inte 18) 5 Total expenses, Add lines 3 and 4e. (This must equal Form 990, Part IIII Inte 18) 5 Total expenses, Add lines 3 and 4e. (This must equal Form 990, Part IIII Inte 18) 5 Total expenses, Add lines 3 and 4e. (This must	b			123,018.		
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4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I line 12) Part XIII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2b from line 1 3 T., 147, 65 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Provide the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE TASK FORCE FOLLOWS THE PROVISIONS OF FASE ASC TOPIC 740 ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS EVALUATED THE TASK FORCE 'S TAX POSITIONS AND CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH PROVISIONS	d	Other (Describe in Part XIII.)	2d			
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I line 12) Part XIII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2b from line 1 3 T., 147, 65 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Provide the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE TASK FORCE FOLLOWS THE PROVISIONS OF FASE ASC TOPIC 740 ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS EVALUATED THE TASK FORCE 'S TAX POSITIONS AND CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH PROVISIONS	е	-			2e	123,018.
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b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I line 12) 5 Total expenses and losses per audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990. Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990. Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 1, 147, 65 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part Vill, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part III, line 7b 4 Amounts included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 12a 5 1, 147, 65 5 1, 147, 65 5 1, 147, 65 5 1, 147, 65 5 1, 147, 65 6 1	4		1 1			
c Add lines 4a and 4b: 5 1,111,35 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 1,270,67 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 Descriptions of facilities 2a 123,018 2b 2a 23,018 2 Descriptions of facilities 2a 123,018 2a 23,018 2 Descriptions of facilities 2a 23,018 2a 2a 23,018 2 Descriptions of facilities 2a 23,018 2a 2a 23,018 2 Descriptions of facilities 2a 23,018 2a 2a 23,018 2 Descriptions of facilities 2a 23,018 2a 2a 23,018 2 Descriptions of facilities 2a 23,018 2a 2a 23,018 2 Descriptions of facilities 2a 23,018 2a 2a 23,018 2 Descriptions of facilities 2a 23,018 2a 2a 23,018 2 Descriptions of facilities 2a 23,018 2a 2a 23,018 2 Descriptions of facilities 2a 23,018 2a 2a 23,018 2 Descriptions of facilities 2a 23,018 2a 2a 23,018 2 Descriptions of facilities 2a 23,018 2a 2a 23,018 2a 2a 2a 2a 2a 2a 2a 2						
Total revenue. Add lines 3 and 4c. This must equal Form 930. Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1			4b			0
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Cother losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I line 18) 5 Total expenses, Add lines 3 and 4b. Also complete this part to provide any additional information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE TASK FORCE FOLLOWS THE PROVISIONS OF FASB ASC TOPIC 740 ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS EVALUATED THE TASK FORCE 'S TAX POSITIONS AND CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH PROVISIONS	С					0.
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

2018 No. 1545-0047

Inspection

► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.

ž Schedule I (Form 990) (2018) ASSISTANCE WITH RESOURCES **Employer identification number** ASSISTANCE WITH RESOURCES ASSISTANCE WITH RESOURCES ASSISTANCE WITH RESOURCES 27-0056693 OR RAPE PREVENTION AND FOR RAPE PREVENTION AND OR RAPE PREVENTION AND OR RAPE PREVENTION AND (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any EDUCATION EDUCATION EDUCATION EDUCATION Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 Ö o ō (e) Amount of assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 62,773, 631 069 67,925 cash grant 57 62 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEXUAL 501C(3) 501C(3) 501C(3) 93-0900119 501C(3) Enter total number of other organizations listed in the line 1 table ATTORNEY GENERAL'S 47-2845537 TASK FORCE 93-0798451 93-0763734 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization EL PROGRAMA HISPANO CATOLICO HAVEN FROM DOMESTIC VIOLENCE 560 NE F STREET STE A-430 CLACKAMAS WOMENS SERVICES or government WOMEN'S CRISIS SUPPORT GRANTS PASS, OR 97523 OREGON CITY, OR 97045 Name of the organization THE DALLES, OR 97058 256 WARNER MILNE RD 2740 SE POWELL BLVD OR 97202 PO BOX 576 PORTLAND, Part I Part II

Page 2

27-0056693

Schedule | (Form 990) (2018)

ASSAULT TASK FORCE

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in	uired in Part I, lin	e 2; Part III, column	Part I, line 2; Part III, column (b); and any other additional information.	ditional information.	
PART I, LINE 2:					
GRANTEES SUBMIT QUARTERLY PROGRAM AND		L REPORTS.	SATF COND	FISCAL REPORTS. SATF CONDUCTS ANNUAL	
SITE VISITS.					

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) epartment of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

18 Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

ATTORNEY GENERAL'S SEXUAL ASSAULT TASK FORCE

Employer identification number 27-0056693

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PREVENTION OF AND RESPONSE TO SEXUAL VIOLENCE THROUGH COLLABORATIVE, SURVIVOR-CENTERED STRATEGIES. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: TO FUND PROGRAMS THAT ENCOURAGE THE DEVELOPMENT AND STRENGTHENING OF EFFECTIVE LAW ENFORCEMENT, PROSECUTION AND JUDICIAL STRATEGIES TO COMBAT VIOLENT CRIMES AGAINST WOMEN AND THE DEVELOPMENT AND STRENGTHENING OF VICTIM SERVICES IN CASES INVOLVING VIOLENT CRIMES AGAINST WOMEN. THE STOP VAWA FORMULA GRANT PROGRAM SEEKS TO FORGE LASTING PARTNERSHIPS BETWEEN CRIMINAL JUSTICE SYSTEM AND VICTIM ADVOCACY ORGANIZATIONS. IT ALSO ENCOURAGES COMMUNITIES TO LOOK BEYOND TRADITIONAL RESOURCES TO INCLUDE NEW PARTNERS, SUCH AS COMMUNITY AND FAITH-BASED ORGANIZATIONS, IN ORDER TO RESPOND MORE VIGOROUSLY TO DOMESTIC VIOLENCE, SEXUAL ASSAULT, STALKING AND TEEN DATING VIOLENCE CRIMES. INCLUDING GRANTS OF \$ 0. **EXPENSES \$ 93,150.** REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED BY THE TREASURER AND EXECUTIVE DIRECTOR BEFORE IT IS FILED. IT IS ALSO REVIEWED BY THE ENTIRE BOARD AFTER IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12:

CONFLICT OF INTEREST POLICIES ARE PROVIDED TO BOARD MEMBERS AND DIRECTORS. DISCLOSURE IS COMMUNICATED AT THE TIME INTERESTS THAT COULD GIVE RISE TO CONFLICTS OCCUR.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization ATTORNEY GENERAL'S SEXUAL ASSAULT TASK FORCE	Employer identification number 27-0056693
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION PROCESS FOR OFFICIALS AND OFFICERS APPROVED B	Y THE BOARD OF
DIRECTORS.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON	REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
INSTRUCTORS:	
PROGRAM SERVICE EXPENSES	110,837.
MANAGEMENT AND GENERAL EXPENSES	2,001.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	112,838.
OTHER PROGRAM SERVICE EXPENSES:	
PROGRAM SERVICE EXPENSES	62,564.
MANAGEMENT AND GENERAL EXPENSES	1,129.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	63,693.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	176,531.
FORM 990 PART XII, LINE 2C:	
THE PROCESS FOR THE OVERSIGHT OF THE FINANCIAL STATEMENTS	HAS NOT
CHANGED.	

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or ATTORNEY GENERAL'S SEXUAL print ASSAULT TASK FORCE 27-0056693 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 3625 RIVER ROAD, NO. 275 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 97303 KEIZER, OR Enter the Return Code for the return that this application is for (file a separate application for each return) Return **Application Application** Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 MICHELE ROLAND-SCHWARTZ The books are in the care of ► 3625 RIVER ROAD, NO. 275 - KEIZER, OR 97303 Telephone No. $\triangleright 503-990-6541$ 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 . 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. MAY 15, 2020 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or $\underline{\hspace{0.5cm}}$, and ending $\underline{\hspace{0.5cm}}$ JUN $\hspace{0.1cm}$ 30 , $\hspace{0.1cm}$ 2019 ► X tax year beginning JUL 1, 2018 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period

Caution: If you are going to make an electronic funds withdrawal (direct debit) 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.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

any nonrefundable credits. See instructions

If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

If this application is for Forms 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.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2019)

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