

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

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.

2022

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BASIC RIGHTS OREGON		D Employer identification number 93-1108531
	Doing business as		E Telephone number 503 222-6151
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 476,020.
	P.O. BOX 40625		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code PORTLAND, OR 97240		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: KYNDALL MASON SAME AS C ABOVE		If "No," attach a list. See instructions	
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.BASICRIGHTS.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1996	M State of legal domicile: OR

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ENSURE THAT ALL LESBIAN, GAY, BISEXUAL, AND TRANSGENDER OREGONIANS EXPERIENCE EQUALITY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	11
	6 Total number of volunteers (estimate if necessary)	6	150
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	192,802.	299,255.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	200.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12.	14.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	60,354.	120,536.
		253,368.	419,805.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	500.	93,550.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	83,022.	222,693.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	100,796.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	97,233.	212,592.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	180,755.	528,835.	
19 Revenue less expenses. Subtract line 18 from line 12	72,613.	-109,030.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	222,545.	252,108.
	22 Net assets or fund balances. Subtract line 21 from line 20	76,342.	214,935.
	146,203.	37,173.	

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.

Sign Here	Signature of officer		Date		
	KYNDALL MASON, EXECUTIVE DIRECTOR				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	SANG AHN				P00540880
Preparer Use Only	Firm's name	Firm's EIN			
	MCDONALD JACOBS, P.C.	93-0900579			
Preparer Use Only	Firm's address		Phone no. (503) 227-0581		
	520 SW YAMHILL ST., STE 500 PORTLAND, OR 97204				

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: BASIC RIGHTS OREGON WILL ENSURE THAT ALL LESBIAN, GAY, BISEXUAL, AND TRANSGENDER OREGONIANS EXPERIENCE EQUALITY BY BUILDING A BROAD AND INCLUSIVE POLITICALLY POWERFUL MOVEMENT, SHIFTING PUBLIC OPINION, AND ACHIEVING POLICY VICTORIES.

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 others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 92,397. including grants of \$ 1,050.) (Revenue \$) TRANSGENDER JUSTICE WORK: BASIC RIGHTS IS A LEADER WITHIN THE LGBTQ EQUALITY MOVEMENT, TAKING A LABORATORY APPROACH TO CREATING CHANGE, AND SHARING BEST PRACTICES WITH PARTNER ORGANIZATIONS ACROSS THE COUNTRY, SO THAT OUR WORK CONTRIBUTES TO THE NATIONAL MOVEMENT FOR EQUALITY. IN 2019 WE PASSED THE STATEWIDE SUICIDE PREVENTION & POSTVENTION BILL, "ADIS ACT", IN HONOR OF A TRANSGENDER TEEN THAT DIED BY SUICIDE. IN 2021 WE PASSED A BAN ON THE LGBTQ+ PANIC DEFENSE, SO THAT NO MEMBER OF OUR COMMUNITY THAT ENCOUNTERS VIOLENCE BASED ON THEIR IDENTITY CAN BE HELD RESPONSIBLE FOR WHAT HAPPENED TO THEM. THE ORGNIZATION CONTINUES TO MONITOR THE IMPLEMENTATION OF THESE BILLS AS WELL AS PARTICPATING IN THE FOSTER HOMES OF HEALING COALITION TO CREATE MORE AFFIRMING AND SAFE FOSTERHOME ENVIRNMENTS FOR LGBTQ+ YOUTH.

4b (Code:) (Expenses \$ 218,953. including grants of \$ 92,500.) (Revenue \$) ELECTORAL CANDIDATE WORK: THE BASIC RIGHTS OREGON EQUALITY PAC SEEKS TO END DISCRIMINATION BASED ON SEXUAL ORIENTATION AND GENDER IDENTITY IN OREGON BY ELECTING PRO-EQUALITY CANDIDATES TO ALL LEVELS OF OFFICE AND ELEVATING OUT LGBTQ CANDIDATES WHENEVER POSSIBLE. WE ARE A NON-PARTISAN POLITICAL ACTION COMMITTEE FOCUSED ON STATEWIDE AND LEGISLATIVE OFFICES. OUR VOLUNTEER PAC BOARD MEMBERS INTERVIEW CANDIDATES AND ISSUE ENDORSEMENTS TO ELECTED LEADERS AND HOPEFULS WHO ARE DEDICATED CHAMPIONS FOR EQUALITY. OUR ENDORSEMENT CRITERIA SPANS BASIC RIGHTS OREGON'S PROGRAM PRIORITIES, INCLUDING RACIAL JUSTICE AND JUSTICE FOR TRANSGENDER OREGONIANS. IN 2022 BRO ALSO WORKED WITH LOCAL ADVOCATES AND COMMUNITY MEMBERS TO ELECT SCHOOL BOARD REPRESENTATIVES WHO WOULD CREATE AFFIRMING ENVIRONMENTS FOR LGBTQ+ STUDENTS.

4c (Code:) (Expenses \$ 13,545. including grants of \$) (Revenue \$) CIVIC ENGAGEMENT WORK: BUILDING POLITICAL POWER FOR LGBTQ OREGONIANS HAS LONG BEEN A CORE OBJECTIVE FOR BASIC RIGHTS. TO THAT END, NONPARTISAN CIVIC ENGAGEMENT CONTINUES TO BE A KEY STRATEGY AS WE WORK TO SECURE LEGAL EQUALITY BY PASSING LEGISLATION, MOBILIZE LGBTQ OREGONIANS AND THEIR ALLIES TO INFLUENCE DECISION MAKERS AND BUILD COALITIONS THAT CONTRIBUTE TO LASTING, VIBRANT MOVEMENTS FOR LGBTQ JUSTICE AND PROGRESSIVE ORGANIZING. FUNDAMENTAL TO BASIC RIGHTS' WORK IS A PRINCIPLED COMMITMENT TO PARTNERSHIPS AMONG THOSE, OUR DECADES-LONG VALUES-BASED COLLABORATIONS WITH RACIAL AND ECONOMIC JUSTICE ORGANIZATIONS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 6,639. including grants of \$) (Revenue \$ 2,168.)

4e Total program service expenses 331,534.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

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

Section 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 on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on 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?		X
16b	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?		

Section 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) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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
MCKEE TODD ADDAMS - (503) 222-6151
620 SW 5TH AVENUE STE 1210, PORTLAND, OR 97204

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) YASMIN NANCY HAQUE EXECUTIVE DIRECTOR (JAN-SEPT)	8.00 32.00			X				19,067.	76,268.	4,975.
(2) MCKEE TODD ADDAMS INTERIM EXEC DIRECTOR (OCT-DEC)	15.35 24.65			X				39,968.	64,168.	6,709.
(3) JACKIE YERBY BOARD CO-CHAIR (JAN-DEC)	2.00 2.00	X		X				0.	0.	0.
(4) ROWAN EVERARD BOARD CO-CHAIR (JAN-DEC)	2.00 2.00	X		X				0.	0.	0.
(5) AL MACHEMEHL BOARD TREASURER (JAN-DEC)	2.00 2.00	X		X				0.	0.	0.
(6) BROOK SHELLY BOARD SECRETARY (JAN-DEC)	2.00 2.00	X		X				0.	0.	0.
(7) WALTER ROBINSON BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(8) RISHI PURI BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(9) BEN HSU MEMBER - EQUALITY PAC	1.00 0.00	X						0.	0.	0.
(10) DWIGHT HOLTON MEMBER - EQUALITY PAC	1.00 0.00	X						0.	0.	0.
(11) KRIS ELLIOT MEMBER - EQUALITY PAC	1.00 0.00	X						0.	0.	0.
(12) KRISTINA MUCKER MEMBER - EQUALITY PAC	1.00 0.00	X						0.	0.	0.
(13) SCOTT VIGNOS MEMBER - EQUALITY PAC	1.00 0.00	X						0.	0.	0.
(14) SHANE DEVINS MEMBER - EQUALITY PAC	1.00 0.00	X						0.	0.	0.
(15) SHANI HARRIS BAGWELL MEMBER - EQUALITY PAC	1.00 0.00	X						0.	0.	0.
(16) MEGAN MYER MEMBER - EQUALITY PAC	1.00 0.00	X						0.	0.	0.
(17) BRYN THOMAS MEMBER - EQUALITY PAC	1.00 0.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JACQUELINE ALACOR MEMBER - EQUALITY PAC	1.00 0.00	X						0.	0.	0.
(19) KARIN POWER MEMBER - EQUALITY PAC	1.00 0.00	X						0.	0.	0.
(20) RISHI PURI BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(21) AZAD ABASSI-RUBY BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(22) DANA COFFMAN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(23) ERIN WATERS BOARD MEMBER	2.00 2.00	X						0.	0.	0.
1b Subtotal								59,035.	140,436.	11,684.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								59,035.	140,436.	11,684.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	299,255.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		299,255.			
Program Service Revenue	2 a	_____	Business Code				
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		14.		14.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)					
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
			174,583.				
b	Less: direct expenses	8b	56,215.				
c	Net income or (loss) from fundraising events		118,368.		118,368.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
			1,018.				
b	Less: cost of goods sold	10b	0.				
c	Net income or (loss) from sales of inventory		1,018.	1,018.			
Miscellaneous Revenue	11 a	MISCELLANEOUS	Business Code	900099	1,150.	1,150.	
	b	_____					
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d			1,150.		
12	Total revenue. See instructions			419,805.	2,168.	0.	
						118,382.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 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 ...	93,550.	93,550.		
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, trustees, and key employees	52,789.	24,982.	12,094.	15,713.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	134,708.	63,750.	30,862.	40,096.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	14,501.	6,863.	3,322.	4,316.
10 Payroll taxes	20,695.	9,794.	4,741.	6,160.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,583.	491.	855.	237.
c Accounting	7,405.	2,297.	3,997.	1,111.
d Lobbying	70,012.	70,012.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,277.		3,277.	
12 Advertising and promotion				
13 Office expenses	12,914.	6,710.	2,747.	3,457.
14 Information technology	4,072.	1,967.	892.	1,213.
15 Royalties				
16 Occupancy	22,323.	9,993.	5,044.	7,286.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	10,117.	9,070.	422.	625.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,516.		3,516.	
23 Insurance	717.	374.	58.	285.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a BANK FEES	53,187.	20,245.	20,919.	12,023.
b DUES AND SUBSCRIPTIONS	15,516.	6,616.	2,969.	5,931.
c _____				
d _____				
e All other expenses _____	7,953.	4,820.	790.	2,343.
25 Total functional expenses. Add lines 1 through 24e	528,835.	331,534.	96,505.	100,796.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	20,940.	1	12,695.
	2 Savings and temporary cash investments	75,209.	2	56,826.
	3 Pledges and grants receivable, net	104,390.	3	39,571.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	14,010.	9	9,903.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 59,323.		
	b Less: accumulated depreciation	10b 51,535.	7,996.	10c 7,788.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0.	15	125,325.
16 Total assets. Add lines 1 through 15 (must equal line 33)	222,545.	16	252,108.	
Liabilities	17 Accounts payable and accrued expenses	76,342.	17	89,610.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	125,325.
	26 Total liabilities. Add lines 17 through 25	76,342.	26	214,935.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	146,203.	27	37,173.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	146,203.	32	37,173.
33 Total liabilities and net assets/fund balances	222,545.	33	252,108.	

Part 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	419,805.
2	Total expenses (must equal Part IX, column (A), line 25)	2	528,835.
3	Revenue less expenses. Subtract line 2 from line 1	3	-109,030.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	146,203.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	37,173.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	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:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

BASIC RIGHTS OREGON

Employer identification number

93-1108531

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(4) (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

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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 \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization BASIC RIGHTS OREGON	Employer identification number 93-1108531
--	---

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	N/A <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/>	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A <hr/> <hr/>	\$ 1,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A <hr/> <hr/>	\$ 7,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization BASIC RIGHTS OREGON	Employer identification number 93-1108531
--	---

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
7	N/A <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	N/A <hr/> <hr/>	\$ <u>5,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	N/A <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	N/A <hr/> <hr/>	\$ <u>5,550.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization BASIC RIGHTS OREGON	Employer identification number 93-1108531
--	---

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
13	N/A 	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	N/A 	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	 	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	 	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	 	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	 	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization BASIC RIGHTS OREGON	Employer identification number 93-1108531
--	---

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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization BASIC RIGHTS OREGON	Employer identification number 93-1108531
--	---

Part III 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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

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) organizations: Complete Part III.

Name of organization BASIC RIGHTS OREGON	Employer identification number 93-1108531
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures	\$	<u>92,500.</u>
3 Volunteer hours for political campaign activities		<u>100.</u>

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 92,500.
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ 0.
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ 92,500.
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(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-.
ANNESSA HARTMAN FOR OREGON	PO BOX 42307 PORTLAND, OR 9724	87-4315582	0.	500.
ANNESSA HARTMAN FOR OREGON	PO BOX 42307 PORTLAND, OR 9724	87-4315582	0.	1,000.
CHAICHI FOR OREGON	PO BOX 6671 ALOHA, OR 97007	87-3957918	0.	500.
CHRISTINA STEPHENSON	PO BOX 42307 PORTLAND, OR 9724	82-0851832	0.	1,000.
COMMITTEE TO ELECT JANELLE BYNUM	PO BOX 42307 PORTLAND, OR 9724	81-2159438	0.	1,000.
COMMITTEE TO ELECT ZELOSZELOS MARCH	PO BOX 6536 P ORTLAND,, OR 9707	88-0826692	0.	2,000.

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

Schedule C (Form 990) 2022

LHA SEE PART IV FOR CONTINUATION

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media advertisements, mailings, publications, grants, direct contact, rallies, and other activities.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover of lobbying and political campaign activity.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include questions about dues, section 162(e) nondeductible lobbying and political expenditures, and taxable amount of lobbying and political expenditures.

Part IV Supplemental Information

Provide 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, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART I-A, LINE 1:

BASIC RIGHTS OREGON IS DEDICATED TO INCREASING THE NUMBER OF OPENLY LGBT CANDIDATES AND ELECTED REPRESENTATIVES IN LOCAL AND STATE GOVERNMENT, AS WELL AS ELECTING ADVOCATES FOR LGBT RIGHTS. BASIC RIGHTS OREGON RECRUITS, ENDORSES, AND SUPPORTS CANDIDATES AND PUBLISHES A STATEWIDE VOTER GUIDE.

Part IV Supplemental Information (continued)

PART I-C CONTINUATION:

COMMITTEE TO ELECT ZELOSZELOS MARCHADT

PO BOX 6536 P ORTLAND,, OR 97078

EIN: 88-0826692 COL (D) AMOUNT: 0. COL (E) AMOUNT: 5000.

CS FOR OREGON

PO BOX 42307 PORTLAND, OR 97242

EIN: 82-0851832 COL (D) AMOUNT: 0. COL (E) AMOUNT: 2500.

CS FOR OREGON

PO BOX 42307 PORTLAND, OR 97242

EIN: 82-0851832 COL (D) AMOUNT: 0. COL (E) AMOUNT: 2000.

DACIA FOR OREGON

PO BOX 42307 PORTLAND, OR 97242

EIN: 84-4270914 COL (D) AMOUNT: 0. COL (E) AMOUNT: 500.

ELECT ZACH HUDSON

755 SE BEAVER CREEK LN TROUTDALE, OR 97060

EIN: 87-2492750 COL (D) AMOUNT: 0. COL (E) AMOUNT: 500.

FRIEND OF PAUL EVANS

PO BOX 42307 PORTLAND, OR 97242

EIN: 81-1848170 COL (D) AMOUNT: 0. COL (E) AMOUNT: 500.

FRIEND OF RJ NAVARRO

PO BOX 6536 PORTLAND, OR 97078

Part IV Supplemental Information (continued)

EIN: 86-1408661 COL (D) AMOUNT: 0. COL (E) AMOUNT: 500.

FRIENDS OF BEN BOWMAN

10540 SW KIOWA STREET TUALATIN, OR 97062

EIN: 88-2685485 COL (D) AMOUNT: 0. COL (E) AMOUNT: 500.

FRIENDS OF COURTNEY NERON

PO BOX 42307 PORTLAND, OR 97242

EIN: 83-2042057 COL (D) AMOUNT: 0. COL (E) AMOUNT: 1000.

FRIENDS OF DAN RAYFIELD

PO BOX 2284 C ORVALLIS, OR 97339

EIN: 27-1422275 COL (D) AMOUNT: 0. COL (E) AMOUNT: 1000.

FRIENDS OF DEB PATTERSON

PO BOX 42307 PORTLAND, OR 97242

EIN: 84-4040175 COL (D) AMOUNT: 0. COL (E) AMOUNT: 1000.

FRIENDS OF DEB PATTERSON

PO BOX 42307 PORTLAND, OR 97242

EIN: 84-4040175 COL (D) AMOUNT: 0. COL (E) AMOUNT: 1000.

FRIENDS OF ELIZABETH STEINER HAYWARD

PO BOX 42307 PORTLAND, OR 97242

EIN: 90-0821006 COL (D) AMOUNT: 0. COL (E) AMOUNT: 1000.

FRIENDS OF EM LEVY

3270 N VANCOUVER STREET UNIT 512 PORTLAND, OR 97227

Part IV Supplemental Information (continued)

EIN: 87-2913542 COL (D) AMOUNT: 0. COL (E) AMOUNT: 500.

FRIENDS OF HOA

PO BOX 42307 PORTLAND, OR 97242

EIN: 86-1348611 COL (D) AMOUNT: 0. COL (E) AMOUNT: 500.

FRIENDS OF MARK MEEK

PO BOX 42307 PORTLAND, OR 97242

EIN: 47-3061375 COL (D) AMOUNT: 0. COL (E) AMOUNT: 1000.

FRIENDS OF MARK MEEK

PO BOX 42307 PORTLAND, OR 97242

EIN: 47-3061375 COL (D) AMOUNT: 0. COL (E) AMOUNT: 1000.

FRIENDS OF MARK MEEK

PO BOX 42307 PORTLAND, OR 97242

EIN: 47-3061375 COL (D) AMOUNT: 0. COL (E) AMOUNT: 1500.

FRIENDS OF RICH WALSH

PO BOX 6536 PORTLAND, OR 97078

EIN: 87-4705870 COL (D) AMOUNT: 0. COL (E) AMOUNT: 1000.

FRIENDS OF RICH WALSH

PO BOX 6536 PORTLAND, OR 97078

EIN: 87-4705870 COL (D) AMOUNT: 0. COL (E) AMOUNT: 1000.

FRIENDS OF ROB NOSSE

PO BOX 42307 PORTLAND, OR 97242

Part IV Supplemental Information (continued)

EIN: 36-4771917 COL (D) AMOUNT: 0. COL (E) AMOUNT: 1000.

FRIENDS OF ROB WAGNER

PO BOX 1893 PORTLAND, OR 97035

EIN: 82-4973387 COL (D) AMOUNT: 0. COL (E) AMOUNT: 500.

FRIENDS OF TINA KOTEK

PO BOX 42307 PORTLAND, OR 97242

EIN: 20-4265904 COL (D) AMOUNT: 0. COL (E) AMOUNT: 5000.

FRIENDS OF TINA KOTEK

PO BOX 42307 PORTLAND, OR 97242

EIN: 20-4265904 COL (D) AMOUNT: 0. COL (E) AMOUNT: 5000.

FRIENDS OF TINA KOTEK

PO BOX 42307 PORTLAND, OR 97242

EIN: 20-4265904 COL (D) AMOUNT: 0. COL (E) AMOUNT: 10000.

FRIENDS OF TINA KOTEK

PO BOX 42307 PORTLAND, OR 97242

EIN: 20-4265904 COL (D) AMOUNT: 0. COL (E) AMOUNT: 15000.

FRIENDS OF TINA KOTEK

PO BOX 42307 PORTLAND, OR 97242

EIN: 20-4265904 COL (D) AMOUNT: 0. COL (E) AMOUNT: 10000.

FRIENDS OF TINA KOTEK

PO BOX 42307 PORTLAND, OR 97242

Part IV Supplemental Information *(continued)*

EIN: 20-4265904 COL (D) AMOUNT: 0. COL (E) AMOUNT: 10000.

FRIENDS OF TOM ANDERSON

PO BOX 42307 PORTLAND, OR 97242

EIN: 46-4692704 COL (D) AMOUNT: 0. COL (E) AMOUNT: 500.

FRIENDS OF TRAVIS NELSON

PO BOX 42307 PORTLAND, OR 97242

EIN: 87-2645513 COL (D) AMOUNT: 0. COL (E) AMOUNT: 500.

FRIENDS OF JULIE FAHEY

245 SUNNYSIDE DR EUGENE, OR 97404

EIN: 47-4664041 COL (D) AMOUNT: 0. COL (E) AMOUNT: 500.

GOMBERG FOR STATE REP

PO BOX 42307 PORTLAND, OR 97242

EIN: 36-4720518 COL (D) AMOUNT: 0. COL (E) AMOUNT: 500.

KATE LIEBER FOR STATE SENATE

PO BOX 42307 PORTLAND, OR 97242

EIN: 84-3548522 COL (D) AMOUNT: 0. COL (E) AMOUNT: 500.

LAIY FOR COMMUNITY

PO BOX 6536 P PORTLAND, OR 97228

EIN: 88-2961933 COL (D) AMOUNT: 0. COL (E) AMOUNT: 500.

MEDINA FOR OREGON

PO BOX 42307 PORTLAND, OR 97242

Part IV Supplemental Information *(continued)*

EIN: 88-3461597 COL (D) AMOUNT: 0. COL (E) AMOUNT: 500.

MEDINA FOR OREGON

PO BOX 42307 PORTLAND, OR 97242

EIN: 88-3461597 COL (D) AMOUNT: 0. COL (E) AMOUNT: 1000.

RICKI FOR OREGON

PO BOX 42307 PORTLAND, OR 97242

EIN: 85-0686092 COL (D) AMOUNT: 0. COL (E) AMOUNT: 1000.

TAWNA SANCHEZ FOR OREGON

PO BOX 42307 PORTLAND, OR 97242

EIN: 81-1409527 COL (D) AMOUNT: 0. COL (E) AMOUNT: 500.

VOTE FOR DARCY LONG

PO BOX 42307 PORTLAND, OR 97242

EIN: 88-2685520 COL (D) AMOUNT: 0. COL (E) AMOUNT: 500.

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

2022

Open to Public Inspection

Name of the organization BASIC RIGHTS OREGON Employer identification number 93-1108531

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions about monitoring, expenses, and reporting requirements.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting requirements for art and historical treasures, and a table for revenue and assets included.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 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 solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if 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? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- 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:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 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) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		5,620.	5,620.	0.
d Equipment		52,105.	44,317.	7,788.
e Other		1,598.	1,598.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,788.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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.

(a) Description	(b) Book value
(1) OPERATING RIGHT OF USE ASSET	125,325.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	125,325.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE	125,325.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	125,325.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XIII Supplemental 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; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION FOLLOWS THE PROVISIONS OF FASB ASC TOPIC 740S ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH PROVISIONS OF THIS TOPIC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		IGNITE FALL GALA		1	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	174,583.			174,583.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	174,583.			174,583.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	6,488.			6,488.
	6 Rent/facility costs	3,559.			3,559.
	7 Food and beverages	5,891.			5,891.
	8 Entertainment	1,850.			1,850.
	9 Other direct expenses	38,427.			38,427.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				56,215.
11 Net income summary. Subtract line 10 from line 3, column (d)				118,368.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**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.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

BASIC RIGHTS OREGON

Employer identification number
93-1108531

Part I General Information on Grants and Assistance

- 1** 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 criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FRIENDS OF TINA KOTEK PO BOX 42307 PORTLAND, OR 97242	20-4265904	527	55,000.	0.			CANDIDATE SUPPORT
COMMITTEE TO ELECT ZELOSZELOS MARCHADT - PO BOX 6536 - PORTLAND, OR 97078	88-0826692	527	7,000.	0.			CANDIDATE SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **0.**
- 3** Enter total number of other organizations listed in the line 1 table **2.**

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

Schedule I (Form 990) 2022

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 Part I, line 2; Part III, column (b); and any other additional information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

BASIC RIGHTS OREGON

Employer identification number

93-1108531

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

RACIAL JUSTICE WORK: SINCE 2007, BASIC RIGHTS HAS WORKED TO COUNTERACT

OPPOSITION STRATEGIES PITTING COMMUNITIES OF COLOR AGAINST LGBTQ

COMMUNITIES. WE WORK TO CENTER THE LEADERSHIP OF PEOPLE OF COLOR,

LARGELY THROUGH OUR ONGOING OUR FAMILIES PROGRAM FOR LGBTQ AND ALLIED

PEOPLE OF COLOR. WE CONTINUE TO BE KEY PUBLIC ALLIES, INVESTING STAFF

TIME AND RESOURCES IN CAMPAIGNS TO ADDRESS XENOPHOBIA AND POLICE

ACCOUNTABILITY. IN 2017 WE DEEPEDED OUR LONG-TERM ALLIANCE WITH KEY

COMMUNITY PARTNERS ASIAN PACIFIC AMERICAN NETWORK OF OREGON (APANO),

UNITE OREGON, AND OREGON VOICE TO FORM ONE OREGON, A STATEWIDE

COALITION THAT DEFENDS AGAINST ANTI-IMMIGRANT AND ANTI-MUSLIM POLICIES

AND BALLOT MEASURES AND WORKS TO ENSURE THAT ALL OREGONIANS, REGARDLESS

OF COUNTRY OF BIRTH, ARE TREATED WITH DIGNITY AND RESPECT.

EXPENSES \$ 6,639. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,168.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 WILL BE REVIEWED BY THE BOARD AT THE NEXT SEMI-MONLTHY BOARD

MEETING AFTER THE RETURN IS FILED WITH THE IRS.

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

NO MEMBER OF THE BOARD OF DIRECTORS OF THE ORGANIZATION OR STAFF MEMBERS

THEREOF SHALL, EITHER DIRECTLY OR DIRECTLY, BE A PARTY TO OR BE IN ANY

MANNER INTERESTED IN ANY CONTRACT OR AGREEMENT WITH THE ORGANIZATION FOR

ANY MATTER, CAUSE, OR THING WHATSOEVER BY REASON WHEREOF ANY LIABILITY OF

INDEBTEDNESS SHALL IN ANY WAY TO BE CREATED AGAINST THE ORGANIZATION. IF

ANY AGREEMENT OR CONTRACT SHALL BE MADE IN VIOLATION OF THESE REGULATIONS,

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

Schedule O (Form 990) 2022

Name of the organization BASIC RIGHTS OREGON	Employer identification number 93-1108531
---	--

THE SAME SHALL BE NULL AND VOID, AND NO ACTION SHALL BE MAINTAINED THEREON AGAINST THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 15:

BASIC RIGHTS OREGON RECEIVES AN ANNUAL COMPENSATION SURVEY COMPLETED FOR NON-PROFIT ORGANIZATIONS IN OREGON. THIS DATA IS USED TO DETERMINE SALARY RANGES FOR EACH OF THE STAFF POSITIONS.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Dividends from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o Sharing of paid employees with related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
r Other transfer of cash or property to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for providing supplemental information.

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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.

Type or print	Name of exempt organization or other filer, see instructions. BASIC RIGHTS OREGON	Taxpayer identification number (TIN) 93-1108531
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 40625	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PORTLAND, OR 97240	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
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
Form 990-T (corporation)	07		

MCKEE TODD ADDAMS

• The books are in the care of ▶ **620 SW 5TH AVENUE STE 1210 - PORTLAND, OR 97204**

Telephone No. ▶ **(503) 222-6151** Fax No. ▶ _____

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

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2022** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b 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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.