Form 990

Т

EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

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.



Depa	rtment	of the Treasury	Go to www.irs.gov/Form990 for instructions and the late		Open to Public Inspection	
		enue Service	ar year, or tax year beginning and ending		Inspection	
_	Check if		organization	D Employer identificati	on number	
	pplicab	ole:				
	Addre	ge BASI	C RIGHTS OREGON			
	Name	e ge Doing bi	usiness as	93-1108531		
	Initial returr	Number	and street (or P.O. box if mail is not delivered to street address) Room/	suite E Telephone number		
	Final returr		BOX 40625	503 222-61	51	
	termi ated		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	476,020.	
	Amer returr		LAND, OR 97240	H(a) Is this a group retur	n	
	Appli tion	F Name a	nd address of principal officer: KYNDALL MASON	for subordinates?	Yes X No	
	pendi	SAME	AS C ABOVE	H(b) Are all subordinates includ	ed? Yes No	
11	Tax-ex	empt status:	501(c)(3) X 501(c) (4) (insert no.) 4947(a)(1) or	527 If "No," attach a list	. See instructions	
	Nebsi		BASICRIGHTS.ORG	H(c) Group exemption n		
		of organization:	X Corporation Trust Association Other L	Year of formation: 1996 M St	ate of legal domicile: OR	
Pa	art I	Summary				
đ	1		e the organization's mission or most significant activities: TO ENSUR		IAN, GAY,	
Š		BISEXUA	L, AND TRANSGENDER OREGONIANS EXPERIE			
erne	2	Check this bo	if the organization discontinued its operations or disposed of r	more than 25% of its net assets		
No.	3				9 9	
ي م	4		ependent voting members of the governing body (Part VI, line 1b)			
es	5			11		
Activities & Governance	6		of volunteers (estimate if necessary)		150	
Act					0.	
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	Prior Year	0 . Current Year	
		O I I I I		100.000	299,255.	
ne	8		and grants (Part VIII, line 1h)	200	<u> </u>	
Revenue	9	0	ce revenue (Part VIII, line 2g)	10	14.	
Bei	10		come (Part VIII, column (A), lines 3, 4, and 7d)		120,536.	
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	253,368.	419,805.	
	12 13		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	500	93,550.	
	13		nilar amounts paid (Part IX, column (A), lines 1-3) o or for members (Part IX, column (A), line 4)	0	0.	
	40		o or for members (Part IX, column (A), line 4) compensation, employee benefits (Part IX, column (A), lines 5-10)	0.0.000	222,693.	
ses	162		undraising fees (Part IX, column (A), line 11e)	0.	0.	
Expenses	h		ng expenses (Part IX, column (D), line 25) 100,796.			
Ă	17		(Part IX column (A) lines 11a,11d, 11f,24e)	97,233.	212,592.	
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	180,755.	528,835.	
	19		expenses. Subtract line 18 from line 12	72,613.	-109,030.	
or				Beginning of Current Year	End of Year	
ets (20	Total assets (F	art X, line 16)	222,545.	252,108.	
Ass	21		(Part X, line 26)	76,342.	214,935.	
Net Assets or	22		fund balances. Subtract line 21 from line 20	146,203.	37,173.	
	art II			· · · · ·	•	

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	Signature of officer			Date		
Here	KYNDALL MASON, EXECUTIVE	DIRECTOR				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN		
Paid	SANG AHN			self-employed P00540880		
Preparer	Firm's name MCDONALD JACOBS,	P.C.		Firm's EIN 93-0900579		
Use Only	Firm's address 520 SW YAMHILL ST	., STE 500				
	PORTLAND, OR 9720	4		Phone no. (503) 227-0581		
May the IF	May the IRS discuss this return with the preparer shown above? See instructions					
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2022)		

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Par	t 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, E	TSEXIIAL AND	
	TRANSGENDER OREGONIANS EXPERIENCE EQUALITY BY BUILDING A		
			<u> </u>
	INCLUSIVE POLITICALLY POWERFUL MOVEMENT, SHIFTING PUBLIC	OPINION, ANI	<u> </u>
	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	XNo
	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	XNo
	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 othe		d
	revenue, if any, for each program service reported.		u
4.0		•	
4a	(Code:) (Expenses \$92,397. including grants of \$1,050. (Reve TRANSGENDER JUSTICE WORK: BASIC RIGHTS IS A LEADER WITHI)
	EQUALITY MOVEMENT, TAKING A LABORATORY APPROACH TO CREAT	•	
	SHARING BEST PRACTICES WITH PARTNER ORGANIZATIONS ACROSS		
	SO THAT OUR WORK CONTRIBUTES TO THE NATIONAL MOVEMENT FO		[N
	2019 WE PASSED THE STATEWIDE SUICIDE PREVENTION & POSTVE	ENTION 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 THA	AT NO MEMBER O)F
	OUR COMMUNITY THAT ENCOUNTERS VIOLENCE BASED ON THEIR II	ENTITY CAN BE	3
		TION CONTINUE	
	TO MONITOR THE IMPLEMENTATION OF THESE BILLS AS WELL AS		
	THE FOSTER HOMES OF HEALING COALITION TO CREATE MORE AFF		
	FOSTERHOME ENVIROMENTS FOR LGBTQ+ YOUTH.	INHING AND SP	71.17
			<u>`</u>
4b	(Code:) (Expenses \$ 218,953. including grants of \$ 92,500.) (Reve)
	ELECTORAL CANDIDATE WORK: THE BASIC RIGHTS OREGON EQUALI		
	END DISCRIMINATION BASED ON SEXUAL ORIENTATION AND GENDE		
	OREGON BY ELECTING PRO-EQUALITY CANDIDATES TO ALL LEVELS		
	ELEVATING OUT LGBTQ CANDIDATES WHENEVER POSSIBLE. WE ARE	<u>E A NON-PARTIS</u>	SAN
	POLITICAL ACTION COMMITTEE FOCUSED ON STATEWIDE AND LEGI	SLATIVE	
	OFFICES. OUR VOLUNTEER PAC BOARD MEMBERS INTERVIEW CANDI	DATES AND ISS	SUE
	ENDORSEMENTS TO ELECTED LEADERS AND HOPEFULS WHO ARE DEL	DICATED	
	CHAMPIONS FOR EQUALITY. OUR ENDORSEMENT CRITERIA SPANS E		
	OREGON'S PROGRAM PRIORITIES, INCLUDING RACIAL JUSTICE AN		2
	TRANSGENDER OREGONIANS.IN 2022 BRO ALSO WORKED WITH LOCA		
	COMMUNITY MEMBERS TO ELECT SCHOOL BOARD REPRESENTATIVES		
	CREATE AFFIRMING ENVIRONMENTS FOR LGBTQ+ STUDENTS.	WIIO WOOLD	
			<u>`</u>
4C	(Code:) (Expenses \$13,545. including grants of \$) (Reve)
	CIVIC ENGAGEMENT WORK: BUILDING POLITICAL POWER FOR LGBT		
	HAS LONG BEEN A CORE OBJECTIVE FOR BASIC RIGHTS. TO THAT		
	NONPARTISAN CIVIC ENGAGEMENT CONTINUES TO BE A KEY STRAT		<u>RK</u>
	TO SECURE LEGAL EQUALITY BY PASSING LEGISLATION, MOBILIZ	LE LGBTQ	
	OREGONIANS AND THEIR ALLIES TO INFLUENCE DECISION MAKERS	S AND BUILD	
	COALITIONS THAT CONTRIBUTE TO LASTING, VIBRANT MOVEMENTS	5 FOR LGBTQ	
	JUSTICE AND PROGRESSIVE ORGANIZING. FUNDAMENTAL TO BASIC	C RIGHTS' WORK	ζ
	IS A PRINCIPLED COMMITMENT TO PARTNERSHIPS AMONG THOSE,		
	DECADES-LONG VALUES-BASED COLLABORATIONS WITH RACIAL AND		
	JUSTICE ORGANIZATIONS.		
4d	Other program services (Describe on Schedule O.)	0 4 5 0	
	(Expenses \$ 6,639. including grants of \$) (Revenue \$	2,168.)	
4e	Total program service expenses 331,534.		
		Form 9	90 (2022)
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 BASIC
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 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		_X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		NT /	7
_	during the tax year? If "Yes," complete Schedule C, Part II	4	N/	A
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	•		v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		х
•	Schedule D, Part III	8		<u> </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?	•		х
10	If "Yes," complete Schedule D, Part IV	9		Λ
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Δ
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.			
~	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes, " complete Schedule D,			
а		110	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 23
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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	110		
u		11d	х	
۵	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12u	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
.e 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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			
	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			
	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. See instructions	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? // "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	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	
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 OREGON

 Part IV
 Checklist of Required Schedules (continued)

	Continued)		Yes	N
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	2
	Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		╧
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		
	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	24a		
	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		f
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			T
	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		_
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		
	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25a		ť
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II	26		
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	<u>28a</u>		
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		╧
C	"Yes," complete Schedule L, Part IV	28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		
	Schedule N, Part II	32		ť
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
	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	+
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		1
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	330		+
	If "Yes," complete Schedule R, Part V, line 2	36	N/	A
	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		
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	38	Х	_
	Check if Schedule O contains a response or note to any line in this Part V			Г
			Yes	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 13	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4.6		₽
	(gambling) winnings to prize winners?	1c Form	990	(20
	5			,_0
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Par					
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
			<u>6a</u>	Х	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts		37	
	were not tax deductible?		6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).		_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices provided to the payor?	7a		X
			7b		<u> </u>
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 20202		-		x
	to file Form 8282?		7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7e		X
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7e 7f		X
t a	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g	N/	<u> </u>
g h	If the organization received a contribution of qualified intellectual property, did the organization me received a contribution of cars, boats, airplanes, or other vehicles, did the organization		79 7h	N/	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			117	
Ŭ		N/A	8		
9	Sponsoring organizations maintaining donor advised funds.				
a		N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/A	9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12N/A	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders N/A	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 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 M/A	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	l l			
	organization is licensed to issue qualified health plans	13b	-		
	Enter the amount of reserves on hand	13c			v
14a			14a		X
. –	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		├──
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		4-		x
	excess parachute payment(s) during the year?		15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	t incomo?	16		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		Δ
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		1
	If "Yes," complete Form 6069.		.,		
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BASIC RIGHTS OREGON

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.

	tion A. Governing Body and Management		Yes
4		9	Yes
Та	Enter the number of voting members of the governing body at the end of the tax year 1a	괵	
	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.	9	
		획	
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	
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?		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	
6	Did the organization have members or stockholders?	6	
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	
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	
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	Х
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	9	
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		
			Ye
0a	Did the organization have local chapters, branches, or affiliates?	10a	
	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	
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	114	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
			X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i>		
C		12c	x
3	on Schedule O how this was done Did the organization have a written whistleblower policy?	13	X
			X
4 5	Did the organization have a written document retention and destruction policy?	14	
5	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?	45	v
	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization	15b	X
_	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
ба	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	
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	
	tion C. Disclosure		
7	List the states with which a copy of this Form 990 is required to be filed OR		
8	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)s only)	avai
	for public inspection. Indicate how you made these available. Check all that apply.		
	Own website X Another's website X Upon request Other (explain on Schedule O)		
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finan	cial
	statements available to the public during the tax year.		
	State the name, address, and telephone number of the person who possesses the organization's books and records		
0	MCKEE TODD ADDAMS - (503) 222-6151		
0			
0	620 SW 5TH AVENUE STE 1210, PORTLAND, OR 97204		n 99

Form 990	(2022)
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Part VII	Compensation of Officers, D	Directors, Trustees,	, Key Employees,	Highest Compensated
	Employees, and Independer	nt 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)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week		cer an	aad	recto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			sated		organization	(W-2/1099-MISC/	from the
	related organizations	trustee or director	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual tr	tional		nploy	st con yee	L	1033-1120)		organizations
	line)	Individual t	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizatione
(1) YASMIN NANCY HAQUE	8.00									
EXECUTIVE DIRECTOR (JAN-SEPT)	32.00			Х				19,067.	76,268.	4,975.
(2) MCKEE TODD ADDAMS	15.35									
INTERIM EXEC DIRECTOR (OCT-DEC)	24.65			Х				39,968.	64,168.	6,709.
(3) JACKIE YERBY	2.00									_
BOARD CO-CHAIR (JAN-DEC)	2.00	Х		Х				0.	0.	0.
(4) ROWAN EVERARD	2.00									_
BOARD CO-CHAIR (JAN-DEC)	2.00	Х		Х				0.	0.	0.
(5) AL MACHEMEHL	2.00									•
BOARD TREASURER (JAN-DEC)	2.00	Х		Х				0.	0.	0.
(6) BROOK SHELLY	2.00									•
BOARD SECRETARY (JAN-DEC)	2.00	Х		Х				0.	0.	0.
(7) WALTER ROBINSON	1.00								•	•
BOARD MEMBER	0.00	X						0.	0.	0.
(8) RISHI PURI	1.00								0	0
BOARD MEMBER	0.00	X						0.	0.	0.
(9) BEN HSU	1.00							0	0	0
MEMBER - EQUALITY PAC	0.00	X						0.	0.	0.
(10) DWIGHT HOLTON	1.00							0	0	0
MEMBER - EQUALITY PAC	0.00	X						0.	0.	0.
(11) KRIS ELLIOT	1.00							0	0	0
MEMBER - EQUALITY PAC	0.00	Х						0.	0.	0.
(12) KRISTINA MUCKER	1.00							0.	0.	0
MEMBER - EQUALITY PAC (13) SCOTT VIGNOS	1.00	Х						0.	0.	0.
MEMBER - EQUALITY PAC	0.00	x						0.	0.	0.
(14) SHANE DEVINS	1.00	^						0.	0.	0.
MEMBER - EQUALITY PAC	0.00	х						0.	0.	0.
(15) SHANI HARRIS BAGWELL	1.00	^						0.	0.	0.
MEMBER - EQUALITY PAC	0.00	x						0.	0.	0.
(16) MEGAN MYER	1.00	^			<u> </u>	-		0.	0.	<u> </u>
MEMBER - EQUALITY PAC	0.00	х						0.	0.	0.
(17) BRYN THOMAS	1.00	^			<u> </u>	-		0.	0.	<u> </u>
MEMBER - EQUALITY PAC	0.00	x						0.	0.	0.
	0.00	11				1		0.	0.	Eorm 990 (2022)

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BASIC RIGHTS OREGON

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Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	t Co	ompensated Employee	s (continued)			
(A)	(B) (C)				(D)	(E)		(F)				
Name and title	Desition		ne	Reportable Reportabl			Estimated					
	hours per	box	, unles	s per	rson i	is both pr/trus	an	compensation	compensation		amoun	
	week (list any			uau	reciu	i/irus	ee)	from	from related		othe	
	hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC	.,	compens from t	
	related	e or c	stee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)	″	organiza	
	organizations	truste	al tru:		yee	um per		1099-NEC)			and rela	
	below	/idual	Institutional trustee	er	Key employee	lest co	ner				organiza	tions
	line)	Indi	Insti	Officer	Key	High	Former					
(18) JACQUELINE ALACOR	1.00											_
MEMBER - EQUALITY PAC	0.00	Х						0.		0.		0.
(19) KARIN POWER	1.00											-
MEMBER - EQUALITY PAC	0.00	Х						0.	(0.		0.
(20) RISHI PURI	1.00											•
BOARD MEMBER	0.00	Х						0.	(0.		0.
(21) AZAD ABASSI-RUBY	1.00											•
BOARD MEMBER	0.00	Х						0.	(0.		0.
(22) DANA COFFMAN	1.00											0
BOARD MEMBER	0.00	Х				-		0.	(0.		0.
(23) ERIN WATERS	2.00											0
BOARD MEMBER	2.00	Х				<u> </u>		0.	(0.		0.
						-				\dashv		
						<u> </u>				-+		
								59,035.	140,430	<u>_</u>	11 (584.
1b Subtotal	L Castion A							0.		0.	,(0.
c Total from continuation sheets to Part VI								59,035.	140,430		11,6	
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but n 										J•	,	/0 - •
compensation from the organization		use	liste	u al	Jove	<i>)</i> wii	ore	ceived more than \$100,				0
compensation norm the organization											Yes	<u> </u>
3 Did the organization list any former officer.	director truste	⊳ k		mnl	ove	e or	hia	hest compensated empl	ovee on	ſ		
line 1a? If "Yes," complete Schedule J for s	-		•	•			Ŭ	• •		ľ	3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										ľ	4	X
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." con	•				-						5	X
Section B. Independent Contractors										<u> </u>		
1 Complete this table for your five highest co	mpensated ind	ере	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of compe	nsat	ion from	
the organization. Report compensation for	the calendar ye	ear e	endin	g w	rith c	or wi	thin	the organization's tax ye	ear.			
(A)								(B)			(C)	
Name and business	address	NC	ONE					Description of s	ervices	С	ompensati	on
							\square					
							-					
2 Total number of independent contractors (i		ot lin	nited	l to i			ted	above) who received mo	ore than			
\$100,000 of compensation from the organi	zation				(,						

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			BASIC RIGHT	S OREGON			93-1108	531 Page 9
Pa	rt \	/	Statement of Revenue					
			Check if Schedule O contains a respor	ise 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	а	Federated campaigns 1a					
ant		b						
<u> </u>			Membership dues 1b Fundraising events 1c					
Å,			J					
ia i			e					
Sin's,			Government grants (contributions) 1e					
er		т	All other contributions, gifts, grants, and	299,255.				
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included above 1f	299,255.				
ont		g	Noncash contributions included in lines 1a-1f		299,255.			
0 0		h	Total. Add lines 1a-1f		<u> </u>			
				Business Code				
Program Service Revenue	2	а						
er v		b						
n S en		С						
Jev		d						
rog		е						
Δ.			All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, in	terest, and				
					14.			14.
	4		Income from investment of tax-exempt bon	-				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		с	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securitie	es (ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
ani			and sales expenses					
evenue		с	Gain or (loss) 7c					
Be		d	Net gain or (loss)					
Other R	8	а	Gross income from fundraising events (not					
đ			including \$ of					
			contributions reported on line 1c). See					
				_{8a} 174,583.				
		b	Less: direct expenses	8b 56,215.				
		с	Net income or (loss) from fundraising event	S	118,368.			118,368.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19	9a				
				9b				
		с	Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances	10a 1,018.				
		b		10b 0.				
		с	Net income or (loss) from sales of inventory	/	1,018.	1,018.		
				Business Code				
ŝno e	11	а	MISCELLANEOUS	900099	1,150.	1,150.		
scellaneo Revenue		b						
sell: eve		с						
Miscellaneous Revenue		d	All other revenue					
2			Total. Add lines 11a-11d		1,150.			
	12		Total revenue. See instructions		419,805.	2,168.	0.	118,382.
23200	9 12	2-13-						Form 990 (2022)

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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				
Ũ	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.	<u>4,316</u> 6,160.
11		20,055.	5,7540		0,100.
	Fees for services (nonemployees):				
	Management	1,583.	491.	855.	237.
		7,405.	2,297.	3,997.	1,111.
	Accounting	70,012.		5,997.	1,11.
	Lobbying	70,012.	70,012.		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	2 2 2 7 7		2 2 2 2 2	
	column (A), amount, list line 11g expenses on Sch 0.)	3,277.		3,277.	
12	Advertising and promotion	10.014	6 810	0 848	2 455
13	Office expenses	12,914.	6,710.	2,747.	3,457. 1,213.
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 0.)				
а	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				
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	11 10110Willig SUP 98-2 (ASU 958-720)				Form 990 (2022)

7b, 8b, 9b, and 10b of Part VIII.

1

2

Do not include amounts reported on lines 6b,

Grants and other assistance to domestic organizations

and domestic governments. See Part IV, line 21

Grants and other assistance to domestic individuals. See Part IV, line 22

BASIC RIGHTS OREGON 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)

(A) Total expenses

93,550.

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

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(C) Management and general expenses

(B) Program service expenses

93,550.

(D) Fundraising expenses

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Form 9	990 (2	022) BASIC RIGHTS OREGON	
Part	Χ	Balance Sheet	
		Check if Schedule O contains a response or note to any line in this Part X	
			(A) Beginning of year
	1	Cash - non-interest-bearing	20,94
			^

Savings and temporary cash investments

Accounts receivable, net

3 Pledges and grants receivable, net

Loans and other receivables from any current or former officer, director,

(B) End of year

20,940.

75,209.

104,390.

1

2

3

4

1321___1

		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described	l in section	n 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				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		51,535.	7,996.	10c	7,788.
	11	Investments - publicly traded securities			-	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			0.	15	125,325.
	16	Total assets. Add lines 1 through 15 (must equa			222,545.	16	252,108.
	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 F			21		
s	22	Loans and other payables to any current or form					
itie		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes	e persons	·		22	
Ë	23	Secured mortgages and notes payable to unrela	ted third p	parties		23	
	24	Unsecured notes and loans payable to unrelated	third part	ies		24	
	25	Other liabilities (including federal income tax, page					
		parties, and other liabilities not included on lines	17-24). Co	omplete Part X			
		of Schedule D			0.	25	125,325.
	26	Total liabilities. Add lines 17 through 25			76,342.	26	214,935.
		Organizations that follow FASB ASC 958, che	ck here	X			
Balances		and complete lines 27, 28, 32, and 33.					
ano	27	Net assets without donor restrictions			146,203.	27	37,173.
Ba	28	Net assets with donor restrictions				28	
nd D		Organizations that do not follow FASB ASC 9					
Ľ.		and complete lines 29 through 33.					
5 O	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq	uipment fu	und		30	
Net Assets or Fund	31	Retained earnings, endowment, accumulated in	come, or o	other funds		31	
Net	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.
							Form 990 (2022)

2

4

5

12,695.

56,826.

39,571.

	1990 (2022) BASIC RIGHTS OREGON	<u>93-11</u>	.08531	Pag	_{ge} 12
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	419		
2	Total expenses (must equal Part IX, column (A), line 25)	2	528	<u> </u>	
3	Revenue less expenses. Subtract line 2 from line 1	3	-109		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	146	,20	03.
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	,1	73.
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 on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2</u> a		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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	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:				
	Separate basis X 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	,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule 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?		<u>3a</u>		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u>3b</u>	000	(0000)

Form **990** (2022)

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

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

Employer identification number

93-1108531

BASIC	RIGHTS	OREGON
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Filers of:	Section:
Form 990 or 990-EZ	X 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

X 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).

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

BASIC RIGHTS OREGON

Name of organization

Employer identification number

Page 2

93-1108531

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 N/A X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 2 N/A X Person Payroll 5,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 N/A X Person Payroll 1,100. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 N/A Person X Payroll 7,700. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 N/A X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution X 6 N/A Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022)

08581113 781409 1321

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Schedule B (Form 990) (2022)

BASIC RIGHTS OREGON

Name of organization

Employer identification number

93-1108531

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 N/A X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 N/A X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 N/A X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 N/A Person X Payroll 5,250. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 N/A X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 12 X N/A Person Payroll 5,550. Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22

Schedule B (Form 990) (2022)

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Schedule B (Form 990) (2022)

BASIC RIGHTS OREGON

Name of organization

Employer identification number

93-1108531

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 13 N/A X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 14 N/A X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22

Schedule B (Form 990) (2022)

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Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I 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
		\$	

BASIC RIGHTS OREGON

Name of organization

Employer identification number

93-1108531

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08581113 781409 1321

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Schedule B (Form 990) (2022)

ame of orga	nization		Employe	r identification numbe
ASIC R	RIGHTS OREGON		93-	1108531
Part III E	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, cl Use duplicate copies of Part III if additional s	through (e) and the following line entr haritable, etc., contributions of \$1,000 or l	tion 501(c)(7), (8), or (10) that total mo	re than \$1,000 for the yea
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, ar	nd 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, ar	nd ZIP + 4	Relationship of transferor to	transferee
-				
) No. rom 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, ar	nd ZIP + 4	Relationship of transferor to	transferee
) No				
) No. [.] om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of	how gift is held
		(e) Transfer of gift		
-	Transferee's name, address, ar	Ind ZIP + 4	Relationship of transferor to	transferee
454 11-15-22		19	s	chedule B (Form 990) (2

2022.05000 BASIC RIGHTS OREGON



SCHEDULE C	Political Campaign and Lobbying Activities OMB No. 1545-0047								
(Form 990)	For Organizations Exempt From Income Tax Under section 501(c) and section 527						2022		
	Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.								
Department of the Treasury Internal Revenue Service	ury						Open to Public Inspection		
		Form 990, Part IV, line				ian Ac	-		
-		plete Parts I-A and B. Do				iigii Ac	uvites), tien		
		•			o not complete Part	I-B.			
 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) org 	anizations that	have NOT filed Form 5768	3 (election	under section 501(h)):	Complete Part II-B.	Do not	complete Part II-A.		
If the organization answ	vered "Yes," or	n Form 990, Part IV, line	5 (Proxy ⁻	Гах) (See separate ins	structions) or Form	990-EZ	Z, Part V, line 35c (Proxy		
Tax) (See separate inst									
	, or (6) organizat	tions: Complete Part III.							
Name of organization						Employ	yer identification number		
Dort I A Comple		IGHTS OREGON anization is exemp	tundor	agation E01(a) or	in a postion 52	7 orac	<u>93-1108531</u>		
Part I-A Comple	ete il the org	anization is exemp	t under	section 501(c) of	is a section 52	rorga			
4 Deside a desidatio		and the set of the set of the set of the set			D-+ N/				
•	0	ation's direct and indirect	•			¢	92,500.		
 2 Political campaign a 2 Volunteer bours for 	, ,						<u> </u>		
3 Volunteer hours for	political campa	gn activities				·· –	100.		
Part I-B Comple	ete if the org	anization is exemp	t under	section 501(c)(3)					
		incurred by the organizat				\$			
		incurred by organization							
		n 4955 tax, did it file Forn							
4a Was a correction m		, 					Yes No		
b If "Yes," describe in	Part IV.								
Part I-C Comple	ete if the org	anization is exemp	t under	section 501(c), e	xcept section 50	01(c)(•		
1 Enter the amount d	rectly expended	d by the filing organizatior	n for sectio	on 527 exempt functio	n activities	\$_	92,500.		
2 Enter the amount o	f the filing organ	ization's funds contribute	ed to othe	r organizations for sect	ion 527				
exempt function ac						. \$_	0.		
-	-	. Add lines 1 and 2. Enter					00 500		
							92,500.		
		1120-POL for this year?					Yes X No		
		nployer identification num							
	•	tion listed, enter the amou omptly and directly delive	•						
	•	additional space is neede			, ,	Jarace	segregated fund of a		
(a) Name		(b) Address	-, [(c) EIN	(d) Amount paid fr	om	(e) Amount of political		
(a) Name					filing organization		contributions received and		
					funds. If none, ente	r -0	promptly and directly		
							delivered to a separate political organization.		
							If none, enter -0		
ANNESSA HARTI	MAN FOR	PO BOX 42307							
OREGON		PORTLAND, OR	9724	87-4315582		0.	500.		
ANNESSA HARTI	MAN FOR	PO BOX 42307							
OREGON		PORTLAND, OR	9724	87-4315582		0.	1,000.		
		PO BOX 6671							
CHAICHI FOR (ALOHA , OR 97	7007	87-3957918		0.	500.		
	PO BOX 42307								
							1,000.		
COMMITTEE TO		PO BOX 42307	0004	01 01 50 400			4		
JANELLE BYNU		PORTLAND, OR		81-2159438		0.	1,000.		
COMMITTEE TO		PO BOX 6536 P					2 000		
ZELOSZELOS M		ORTLAND, OR				0.	2,000.		
	on Act Notice,	see the Instructions for מרד סאסת		or 990-EZ. OR CONTINUAT	TON	Sc	hedule C (Form 990) 2022		
LHA		JEE FART	то цо	ON CONTINUAL					

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Schedule C (Form 990) 2022	BASIC RIGHT	S OREGON		93-1	L108531 Page 2
Part II-A Complete if the orga	anization is exe	mpt under sectio	n 501(c)(3) and file	d Form 5768 (el	ection under
section 501(h)).					
			n Part IV each affiliated g	group member's nam	ne, address, EIN,
expenses, and share					
B Check if the filing organizat	ion checked box A a	and "limited control" pr	ovisions apply.		
Limit	s on Lobbying Expe	enditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expend	itures" means amo	unts paid or incurred	.)	totals	totals
d - Takal lakk in a sura dikuma ka indu		(
1a Total lobbying expenditures to influ	• •		•••••••••••••••••••••••••••••••••••••••		
b Total lobbying expenditures to influc Total lobbying expenditures (add lir			•		
 c Total lobbying expenditures (add ling d Other exempt purpose expenditure) 					
e Total exempt purpose expenditures					
f_Lobbying nontaxable amount. Ente					
If the amount on line 1e, column (a) or		bbying nontaxable an			
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000	,000 \$100,0	00 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,50	0,000 \$175,0	00 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000 \$225,0	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
g Grassroots nontaxable amount (ent	er 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			•		
j If there is an amount other than zer		line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this y					Yes No
(Some organizations th		veraging Period Unde		f the five columns h	elow
		rate instructions for li			
	Lobbying Expe	enditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
(or fiscal year beginning in)					
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					
		1	1	Sched	lule C (Form 990) 2022

Schedule C (Form 990) 2022

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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)).

		(a)		(b)		
of the lobbying activity.		Yes	No	Amo		
local legislation, in or referendum, th	0					
b Paid staff or man	agement (include compensation in expenses reported on lines 1c through 1i)?					
	ents?					
	ers, legislators, or the public?					
	ublished or broadcast statements?					
	ganizations for lobbying purposes?					
	h legislators, their staffs, government officials, or a legislative body?					
	ations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?						
	c through 1i					
	n line 1 cause the organization to be not described in section 501(c)(3)?					
	amount of any tax incurred under section 4912					
	amount of any tax incurred by organization managers under section 4912					
Part III-A Comp	eation incurred a section 4912 tax, did it file Form 4720 for this year? ete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	i), or sec	tion		
501(c)	0).			Vee	Na	
				Yes	No	
	/ all (90% or more) dues received nondeductible by members?					
-	on make only in-house lobbying expenditures of \$2,000 or less?					
	on agree to carry over lobbying and political campaign activity expenditures from the ete if the organization is exempt under section 501(c)(4), section			tion		
501(c)	6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " red "Yes."				3, is	
1 Dues, assessmen	ts and similar amounts from members		1			
	ndeductible lobbying and political expenditures (do not include amounts of politic					
expenses for wh	ch the section 527(f) tax was paid).		00			
	st year					
4 If notices were se	nt and the amount on line 2c exceeds the amount on line 3, what portion of the exce		3			
	tion agree to carryover to the reasonable estimate of nondeductible lobbying and po	mucai				
expenditures nex	f lobbying and political expenditures. See instructions					
	emental Information		5			
Provide the description	s required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group -B, line 1. Also, complete this part for any additional information.	list); Part II-/	A, lines 1 a	nd 2 (See		
BASIC RIGHTS	OREGON IS DEDICATED TO INCREASING THE NUM	BER OF	OPEN	LY		
LGBT CANDIDA	TES AND ELECTED REPRESENTATIVES IN LOCAL A	ND STA	TE			
GOVERNMENT,	AS WELL AS ELECTING ADVOCATES FOR LGBT RIG	HTS.	BASIC			
RIGHTS OREGO	N RECRUITS, ENDORSES, AND SUPPORTS CANDIDA	TES AN	D PUB	LISHES		
A STATEWIDE	VOTER GUIDE.					

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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

232044 11-08-22

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

Schedule C (Form 990) 2022

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08581113 781409 1321

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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

<u>PO BOX 6536</u> 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

232044 11-08-22

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

<u>PO BOX 42307 PORTLAND</u>, 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

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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.

FRIIENDS OF JULIE FAHEY

245 SUNNYSIDE DR EUGENE, OR 97404

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

GOMBERG FOR STATE REP

<u>PO BOX 42307 PORTLAND, OR 97242</u>

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.

LAITY 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

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Part IV	Supplemental	Information (continued)				
<u>EIN: 8</u>	8-3461597	COL (D) AMOUNT:	0.	COL (E)	AMOUNT:	500.
MEDINA	FOR OREGO	N				
PO BOX	42307 POR	TLAND, OR 97242				
<u>EIN: 8</u>	8-3461597	COL (D) AMOUNT:	0.	COL (E)	AMOUNT:	1000.
RICKI	FOR OREGON					
PO BOX	42307 POR	TLAND, OR 97242				
<u>EIN: 8</u>	5-0686092	COL (D) AMOUNT:	0.	COL (E)	AMOUNT:	1000.
TAWNA	SANCHEZ FO	R OREGON				
PO BOX	42307 POR	TLAND, OR 97242				
<u>EIN: 8</u>	1-1409527	COL (D) AMOUNT:	0.	COL (E)	AMOUNT:	500.
VOTE F	OR DARCY L	ONG				
PO BOX	42307 POR	TLAND, OR 97242				
<u>EIN: 8</u>	8-2685520	COL (D) AMOUNT:	0.	COL (E)	AMOUNT:	500.

BASIC RIGHTS OREGON

Schedule C (Form 990) 2022

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		Supplement	al Financial Statements		OMB No. 1545-0047
	HEDULE D		2022		
(Forr	n 990)		nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		
	ment of the Treasury I Revenue Service	A	ttach to Form 990. 0 for instructions and the latest information.		Open to Public Inspection
	e of the organizatio	Em	ployer identification number		
Nam		BASIC RIGHTS OREGO	N		93-1108531
Pa	t I 🛛 Organiza		d Funds or Other Similar Funds or Ac	cour	
	organizatior	n answered "Yes" on Form 990, Part IV, lin	e 6.		
			(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at en	d of year			
2		contributions to (during year)			
3	Aggregate value of	grants from (during year)			
4	Aggregate value at	end of year			
5	Did the organizatio	n inform all donors and donor advisors in	writing that the assets held in donor advised fund	ds	
	are the organization	n's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organizatio	n inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used o	nly	
	for charitable purpo	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose conferr	ing	
Dee	impermissible priva				
Pa			ganization answered "Yes" on Form 990, Part IV,	line 7	
1		ervation easements held by the organization	11 57		
		of land for public use (for example, recrea	·	-	•
	—	f natural habitat	Preservation of a cert	fied hi	storic structure
_		of open space			
2			fied conservation contribution in the form of a co	nserva	
	day of the tax year.				Held at the End of the Tax Year
a				2a	
b	-			2b	
C			ucture included in (a)	2c	
d		vation easements included in (c) acquired a		0.4	
3			and outinguished or terminated by the organ	2d	l during the tex
3		ation easements modified, transferred, rel	eased, extinguished, or terminated by the organi	Zation	during the tax
4	year	 where property subject to conservation eas	sement is located		
5		ion have a written policy regarding the per			
•		procement of the conservation easements it			Yes No
6	,		handling of violations, and enforcing conservation		
		5, T 5,	5		5
7	Amount of expense	 es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation ea	semen	ts during the year
8	Does each conserv	/ation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)	(i)	
	and section 170(h)	(4)(B)(ii)?			Yes 📃 No
9	In Part XIII, describ	e how the organization reports conservation	on easements in its revenue and expense statem	ient an	d
	balance sheet, and	l include, if applicable, the text of the footr	note to the organization's financial statements the	at deso	cribes the
	organization's acco	ounting for conservation easements.			• •
Pa	_	_	Art, Historical Treasures, or Other S	imila	r Assets.
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.		
1 a			8, not to report in its revenue statement and bala		
	·	· · ·	blic exhibition, education, or research in furtherar	nce of	public
	•		ncial statements that describes these items.		
b	-		8, to report in its revenue statement and balance		
			exhibition, education, or research in furtherance	e of pu	blic service,
	-	ng amounts relating to these items:			•
~	.,				\$
2			asures, or other similar assets for financial gain,	provide	9
_	•	Ints required to be reported under FASB A	C C		۴
а	Revenue included	on Form 990, Part VIII, line 1			\$

b)	Assets	included	in	Form	990,	Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22 \$

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29 2022.05000 BASIC RIGHTS OREGON

Sche	dule D (Form 990) 2022 BASIC R	IGHTS OREGO	ON		_		93-11	08531	- Pa	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historica	l Treasures, o	r Othe	r Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any c	f the following that	t make si	ignificant ι	ise of its			
	collection items (check all that apply):									
а	Public exhibition	d		or exchange progra						
b	Scholarly research	e	Other							
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explair	n how they fur	ther the organization	on's exer	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of				er similar	assets		_		-
	to be sold to raise funds rather than to be many							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the orga	nization answered	"Yes" on	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa									
1 a	Is the organization an agent, trustee, custod							٦		1
_	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					A.m.o		
	2 · · · · ·							Amount		
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIII.						L]
Par						10.				
		(a) Current year	(b) Prior ye			(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance								-	
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, colu	mn (a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
с	Term endowment	<u>_</u> %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiza	tion that are h	eld and administer	red for th	ne		r		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza			le R?				3b		
	Describe in Part XIII the intended uses of the		wment funds.							
Fai	t VI Land, Buildings, and Equipm		Dout IV line		Dout V	line 10				
	Complete if the organization answere						.	() = .		
	Description of property	(a) Cost or o basis (investr	•) Cost or other basis (other)		ccumulate preciation	d	(d) Book	value	3
1a	Land									
	Buildings									
	Leasehold improvements			5,620.		5,62				0.
d	Equipment			52,105.		44,31		7	7,78	
	Other			1,598.		1,59	98.			0.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part	<u>X. column (B).</u>	line 10c.)					7,78	
							Cabadula	D (E	000	0000

Schedule D (Form 990) 2	BASIC	RIGHTS	OREGON
Part VII Investme	ents - Other Secu	rities.	

(w) D00011	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1) Financ	ial derivatives			
(2) Closely	/ held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VII	I Investments - Program Related.			
	Complete if the organization answered "Yes" of	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 e	end-of-vear market value
(1)		(2) 2001 1000		
(1)			1	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col.	(b) must equal Form 990, Part X, col. (B) line 13.)			
Total. (Col.	Other Assets.	5 000 D 10/ 1		
Total. (Col.	Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
Fotal. (Col. Part IX	Other Assets. Complete if the organization answered "Yes" of (a) [Description	11d. See Form 990, Part X, line 15.	(b) Book value
Fotal. (Col. Part IX	Other Assets. Complete if the organization answered "Yes" of	Description	11d. See Form 990, Part X, line 15.	
Fotal. (Col. Part IX	Other Assets. Complete if the organization answered "Yes" of (a) [Description	11d. See Form 990, Part X, line 15.	
Total. (Col. Part IX (1) OI	Other Assets. Complete if the organization answered "Yes" of (a) [Description	11d. See Form 990, Part X, line 15.	
(1) OF	Other Assets. Complete if the organization answered "Yes" of (a) [Description	11d. See Form 990, Part X, line 15.	
[otal. (Col. Part IX (1) OI (2) (3)	Other Assets. Complete if the organization answered "Yes" of (a) [Description	11d. See Form 990, Part X, line 15.	
(1) OI (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" of (a) [Description	11d. See Form 990, Part X, line 15.	
(1) OI (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" of (a) [Description	11d. See Form 990, Part X, line 15.	
(1) OI (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" of (a) [Description	11d. See Form 990, Part X, line 15.	
(1) OI (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" of (a) [Description	11d. See Form 990, Part X, line 15.	
(1) OI (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Color	Other Assets. Complete if the organization answered "Yes" o (a) I PERATING RIGHT OF USE ASS	Description	11d. See Form 990, Part X, line 15.	125,325
(1) OI (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Color	Other Assets. Complete if the organization answered "Yes" of (a) [Description	11d. See Form 990, Part X, line 15.	(b) Book value 125,325
(1) OI (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Color	Other Assets. Complete if the organization answered "Yes" of (a) I PERATING RIGHT OF USE ASS Umm (b) must equal Form 990. Part X, col. (B) line	Description SET 15.)		125,325
Iotal. (Col. Part IX (1) OI (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll.) Part X	Other Assets. Complete if the organization answered "Yes" of (a) I PERATING RIGHT OF USE ASS Umm (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description SET 15.)		125,325
Iotal. (Col. Part IX (1) OI (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll Part X 1.	Other Assets. Complete if the organization answered "Yes" of (a) I PERATING RIGHT OF USE ASS Pumm (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description SET 15.)		125,325 125,325 125,325 25.
Iotal. (Col. Part IX (1) OI (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll Part X 1. (1) Feat	Other Assets. Complete if the organization answered "Yes" of (a) I PERATING RIGHT OF USE ASS Pumm (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability deral income taxes	Description SET 15.)		125,325 125,325 125,325 25. (b) Book value
Image: Total. (Col. Part IX (1) OI (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll Part X 1. (1) Fee (2) OI	Other Assets. Complete if the organization answered "Yes" of (a) I PERATING RIGHT OF USE ASS Pumm (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description SET 15.)		125,325 125,325 125,325 25. (b) Book value
Fotal. (Col. Part IX (1) OI (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fea (2) OI (3)	Other Assets. Complete if the organization answered "Yes" of (a) I PERATING RIGHT OF USE ASS Pumm (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability deral income taxes	Description SET 15.)		125,325 125,325 125,325 25. (b) Book value
Total. (Col. Part IX (1) OI (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Cola Part X 1. (1) Fee (2) OI (3) (4)	Other Assets. Complete if the organization answered "Yes" of (a) I PERATING RIGHT OF USE ASS Pumm (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability deral income taxes	Description SET 15.)		125,325 125,325 125,325 25. (b) Book value
Iotal. (Col. Part IX (1) OI (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll Part X 1. (1) Fee (2) OI (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" of (a) I PERATING RIGHT OF USE ASS Person of the second	Description SET 15.)		125,325 125,325 125,325 25. (b) Book value
Total. (Col. Part IX (1) OI (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll (8) (9) Total. (Coll (7) (8) (9) Total. (Coll (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (7) (8) (7) (7) (8) (7) (7) (8) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered "Yes" of (a) I PERATING RIGHT OF USE ASS Person of the second	Description SET 15.)		125,325 125,325 125,325 25. (b) Book value
Total. (Col. Part IX (1) OI (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll (7) (8) (9) Total. (Coll (7) (8) (9) Total. (Coll (7) (6) (3) (4) (5) (6) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" of (a) I PERATING RIGHT OF USE ASS Person of the second	Description SET 15.)		125,325 125,325 125,325 25. (b) Book value
Iotal. (Col. Part IX (1) OI (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll Coll (1) Fer (1) Fer (2) OI (3) (4) (5) (6) (7) (8) (6) (7) (8) (7) (8) (7) (8) (7)	Other Assets. Complete if the organization answered "Yes" of (a) I PERATING RIGHT OF USE ASS Person of the second	Description SET 15.)		125,325 125,325 125,325 25. (b) Book value
Total. (Col. Part IX (1) OI (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll Part X 1. (1) Fer (2) OI (3) (4) (5) (6) (7) (3) (4) (5) (6) (7) (8) (9) (6) (7) (8) (9) (9)	Other Assets. Complete if the organization answered "Yes" of (a) I PERATING RIGHT OF USE ASS Person of the second	Description 3ET <i>15.)</i> on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line :	125,325 125,325 125,325 25.

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 📖 🔀

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 BASIC RIGHTS OREGON		93-1108531 Page 4
	t XI Reconciliation of Revenue per Audited Financial State	ments With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d			
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat		nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		
Pa	rt 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.

232054 09-01-22

SCHEDULE G	Suppleme	ntal Info	rmation Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)			ion answered "Yes" on n entered more than \$1				r 19,	or if the	2022
Department of the Treasury		-	Attach to Form 990 d						Open to Public
Internal Revenue Service Name of the organization		o www.irs.	gov/Form990 for instrue	ctions	and th	ne latest information	n.	Employer ide	Inspection entification number
	BASIC R							93-1108	531
	complete this part		if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	Z filers are not
 Indicate whether th X Mail solicitat X Internet and X Phone solici X Phone solici X In-person so 2 a Did the organization key employees list 	e organization rais email solicitations tations licitations on have a written o ed in Form 990, Pa) highest paid indiv	ed funds th r oral agree art VII) or er viduals or er	f Solicita g X Special ement with any individual ntity in connection with p ntities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-ge govern iising e ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye:	
(i) Name and addres or entity (fund			(ii) Activity	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				
Total									
			red or licensed to solicit o		utions	I or has been notified	it is (exempt from re	l egistration
or licensing.									
HA For Paperwork R	eduction Act Noti	ce. see the	Instructions for Form 9	990 or	990-F	7.		Schedul	e G (Form 990) 2022

232081 10-27-22

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.

		of fundraising event contributions and gro				ts greater than \$5,000.
			(a) Event #1 IGNITE FALL GALA	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
ē			(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.
	4	Cash prizes				
	5	Noncash prizes	6,488.			6,488.
penses	6	Rent/facility costs	3,559.			3,559.
Direct Expenses	7	Food and beverages	5,891.			5,891.
ā	8	Entertainment	1,850.			1,850.
	9	Other direct expenses	38,427.			38,427.
		Direct expense summary. Add lines 4 through				56,215.
_	<u>11</u> rt I					118,368.
-a	rt I	C	answered "Yes" on Form	1990, Part IV, line 19, or i	reported more than	
nue		\$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				
	2	Cash prizes				
Direct Expenses		Noncash prizes				
ict Exp						
Dire	4	Rent/facility costs				
	E	Other direct expenses	1	1		1

Dire	4	Rent/facility costs					
ō							
	5	Other direct expenses					
			Yes %	Yes	% Yes%		
	6	Volunteer labor	No	No	□ 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	En	ter the state(s) in which the organization condu	cts gaming activities:				
а	ls t	he organization licensed to conduct gaming ac	tivities in each of these s	states?		Yes	No
		No," explain:					
10a	We	re any of the organization's gaming licenses re	voked, suspended, or te	erminated during the	ax vear?	Yes	No
		Yes," explain:	, ,		,		

232082 10-27-22

Sch	edule G (Form 990) 2022	BASIC	RIGHTS	OREGON		93-13	108	531	Page 3
11	Does the organization conduct ga	ming activitie	s with nonme	mbers?			,,	Yes	No
					of a partnership or other entity formed				
							· ·	Yes	No
13	Indicate the percentage of gaming								
							13a		%
							13b		%
					s gaming/special events books and record				
		- [F F		- 3				
	Name								
	Address								
15a	Does the organization have a cont	tract with a th	ird party from	whom the or	ganization receives gaming revenue?		·	Yes	No No
	5				5 5 5				
b	If "Yes," enter the amount of gami	ing revenue re	eceived by the	e organization	and the am	nount			
	of gaming revenue retained by the		\$						
c	If "Yes," enter name and address								
-		or the time pe							
	Name								
	Address								
	Address								
16	Gaming manager information:								
10	Gaming manager information.								
	Nemo								
	Name								
		¢							
	Gaming manager compensation	\$							
	Description of services provided								
		— .		<u> </u>					
	Director/officer	Employ	ee		endent contractor				
17	Mandatory distributions:								
a	Is the organization required under	state law to r	nake charitat	le distributior	ns from the gaming proceeds to		<u> </u>	.,	
								Yes	└── No
b		•			d to other exempt organizations or spent i	n the			
De	organization's own exempt activiti			\$					
Pa					uired by Part I, line 2b, columns (iii) and (v)	; and Part	III, line	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. A	lso provide a	ny additional	information. See instructions.				
2320	33 10-27-22			_		Schedu	le G (F	Form	990) 2022
				25					

(continued)	
	Schedule G (Form 990)
	Schedule (; (Form 990)

232084 04-01-22

SCHEDULE I (Form 990)		GO Comple	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.}	er Assistand d Individuals ^{answered "Yes"}	to Organi s in the Unit on Form 990, Part	zations, ed States :IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.irs.	Attach to Form 990. gov/Form990 for the la	Attach to Form 990. www.irs.gov/Form990 for the latest information.	tion.		Open to Public Inspection
Name of the organization	ion BASIC RIGHTS	TS OREGON						Employer identification number 93-1108531
Part I General In	General Information on Grants and Assistance	Assistance						
1 Does the organiz	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	substantiate the	amount of the grants c	r assistance, the g	irantees' eligibility f	or the grants or assis	tance, and the selectic	[
criteria used to a	criteria used to award the grants or assistance?	nce?						Yes X No
2 Describe in Part I	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	edures for monito	ring the use of grant fu	unds in the United	States.			
Part II Grants and recipient the	Grants and Other Assistance to Domestic Organizations and Domestic Governments. recipient that received more than \$5,000. Part II can be duplicated if additional space is nee	mestic Organiz 000. Part II can t	ations and Domestic be duplicated if additio	omestic Governments. Con if additional space is needed.	omplete if the orga d.	nization answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any ded.	IV, line 21, for any
1 (a) Name and ac or gov	1 (a) Name and address of organization or government	(q)	(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 DOPTIAND OP 97242	COTEK	20-4265904	5.2.7	یں ۵۵۵	c			падать апалтика
	7		1 70	••••				TADAJOS AIRUTUMAD
COMMITTEE TO ELECT ZELOSZELOS MARCHADT - PO BOX 6536 - PORT OR 97078	T ZELOSZELOS (6536 – PORTLAND,	88-0826692	527	7,000.	0.			CANDIDATE SUPPORT
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	government org	anizations listed in the	line 1 table	-			•0
3 Enter total numb	Enter total number of other organizations listed in the line 1 table	sted in the line 1	table					2.
LHA For Paperwork	For Paperwork Reduction Act Notice, see the Instructions for Form	ee the Instructic	ins for Form 990.					Schedule I (Form 990) 2022

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Schedule I (Form 990) 2022 BASIC RIGHTS OREGON Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (a) Type of grant or assistance (b) Number of control for the organization answered "Yes" on Form 990, Part IV, line 22.	OREGON uals. Complete if the ed. (b) Number of recipients	organization answe (c) Amount of cash grant	ered "Yes" on Form 9 (d) Amount of non- cash assistance	90, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other)	93-1108531 Page 2 (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.	uired in Part I, line	e 2; Part III, column	(b); and any other ad	ditional information.	
232102 10-31-22					Schedule I (Form 990) 2022

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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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 DEEPENED 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

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Schedule O (Form 990) 2022	Page 2
Name of the organization BASIC RIGHTS OREGON	Employer identification number 93-1108531
THE SAME SHALL BE NULL AND VOID, AND NO ACTION SHALL BE MAI	INTAINED 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.

Schedule O (Form 990) 2022

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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.	ons and Unrelated Pa ed "Yes" on Form 990, Part IV, lir Attach to Form 990. 90 for instructions and the latest	r tnerships e 33, 34, 35b, 36 information.	or 37.		OMB No. 1545-0047 2022 Open to Public Inspection
Name of the organization BASIC RIGHTS (OREGON				Employer identi 93-1108	Employer identification number 93-1108531
Part I Identification of Disregarded Entities. Complete if the organization	lete if the organization answered "Yes"	answered "Yes" on Form 990, Part IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	r Total income	(e) End-of-year assets		(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations. part II organizations during the tax year.	zations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	answered "Yes" on Form 990	, Part IV, line 34, t	because it had one	or more related tax-ex	empt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?
BASIC RIGHTS EDUCATION FUND - 93-1266613 PO BOX 40625 PORTLAND, OR 97240	EDUCATION PROGRAMS TO END DISCRIMINATION BASED ON SEXUAL ORIENTATION	OREGON	501(C)(3)	LINE 7	N/A	-
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ons for Form 990.				Schedule F	Schedule R (Form 990) 2022

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Schedule R (Form 990) 2022 BASIC	C RIGHTS OF	OREGON							93-11	-1108531	Page 2
Part III Identification of Related Organizations Taxable as a Partnership. organizations treated as a partnership during the tax year.	ganizations Taxable . .rtnership during the ta	as a Partne ax year.		the organiza	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	es" on Form 990,	Part IV, line	34, becaus	e it had one or m	iore relate	Π
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under		(f) Share of total S income en	(g) Share of end-of-year assets		(i) Code V-UBI amount in box 20 of Schedule	(j) General or F managing e partner?	(k) Percentage ownership
		country)			(+1 6-21 6			Ves No			
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.	ganizations Taxable	as a Corpo ng the tax y	or Trust.	omplete if the	Complete if the organization answered "Yes"	wered "Yes" on F	⁻ orm 990, Pa	art IV, line 3⁄	on Form 990, Part IV, line 34, because it had one or more related	one or m	ore related
(a) Name, address, and EIN of related organization	Zg	Prin	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	f total me	(g) Share of F end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No
232162 09-14-22				40			-	-	Sched	ule R (For	Schedule R (Form 990) 2022

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Schedule R (Form 990) 2022 BASIC RIGHTS OREGON

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

	Ŷ	×	Х	×	×	×	х	Х	×	X	Х	X	×	×						X	×								
ſ	Yes														X	X		X	Х										
		1a	1b	4	19	1e	1f	1g	₽	1i	1j	¥	=	3	1	9	2	ę	19	٦r	1s		lved						
	n Parts II-IV?																					elationships and transaction thresholds.	(d) Method of determining amount involved						
	ated organizations listed i)																				s line, including covered r	(c) Amount involved						
	s with one or more rel	V											inization(s)	nization(s)	ion(s)							/ho must complete thi	(b) Transaction type (a-s)						
	 Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 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? 	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	b Gift, grant, or capital contribution to related organization(s)	c Gift, grant, or capital contribution from related organization(s)			f Dividends from related organization(s)	g Sale of assets to related organization(s)	Purchase of assets from related organization(s)		j Lease of facilities, equipment, or other assets to related organization(s)	k Lease of facilities, equipment, or other assets from related organization(s)	I Performance of services or membership or fundraising solicitations for related organization(s)		n Sharing of facilities. equipment. mailing lists. or other assets with related organization(s)			p Reimbursement paid to related organization(s) for expenses		r Other transfer of cash or property to related organization(s)	s Other transfer of cash or property from related organization(s)	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	(1)	(2)	(3)	(4)	(5)	

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(6) 232163 09-14-22

Page 4		(ənı	(k) Percentage ownership				90) 2022
531		ss rever	(j) General or P managing partner? Ves NO				(Form \$
93-110853		otal assets or gro	(i) Code V-UBI Ge amount in box 20 ma of Form 1065) Ves				Schedule R (Form 990) 2022
		ured by t	Dispropor- tionate allocations?				
	37.	which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) tain investment partnerships.	(g) Share of end-of-year assets				
	990, Part IV, line	than five percent	(f) Share of total income				
	n Form (d more t	(e) Are all 501(c)(3) orgs.?				
	"Yes" o	onducte ps.	d, parti nder 0, 50 t) ∀e .				
	e organization answered "Yes" on Form 990, Part IV, line 37	ne organization co stment partnershi	(cd) Predominant income pa (related, unrelated, excluded from tax under – sections 512-514)				
И		ip through which the ion for certain inve	(c) Legal domicile (state or foreign country)				
BASIC RIGHTS OREGON	le as a Partnership. Co	ntity taxed as a partnersh ructions regarding exclus	(b) Primary activity				
Schedule R (Form 990) 2022 BASIC	Part VI Unrelated Organizations Taxable as a Partnership. Complete if the	Provide the following information for each entity taxed as a partnership through which the organization cond that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	(a) Name, address, and EIN of entity				

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Page 4

BASIC RIGHTS OREGON

Part VII Supplemental Information

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

Schedule R (Form 990) 2022

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(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

File a	senarate	application	for	each return.
гие а	Separate	application	101	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	Name of exempt organization or other filer, see instructions.				Taxpayer identification number (TIN)				
print	BASIC RIGHTS OREGON				93-1108531				
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 40625								
return. See instructions	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 separat	e application for each return)						
Application		Return	Application			Return			
Is For			Is For			Code			
Form 990 or Form 990-EZ			Form 1041-A	08					
Form 4720 (individual)			Form 4720 (other than individual)			09			
Form 990-PF			Form 5227			10			
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069			11			
Form 990-T (trust other than above)			Form 8870			12			
Form 990	D-T (corporation) MCKEE TODD ADDA	07							
 If the If this box 1 I re the 2 If t 	he tax year entered in line 1 is for less than 12 months, ch	Aroup Exe and atta NOVEN unization's , an neck reasc	mption Number (GEN) I <u>ch a list with the names and TINs of</u> <u>1BER 15, 2023, to file return for: d ending on: Initial return</u>	f this is for all membe	r the whole gr ers the extens upt organizatio	sion is for.			
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.					0.			
	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.					0.			
usi	lance due. Subtract line 3b from line 3a. Include your pain ng EFTPS (Electronic Federal Tax Payment System). See	instructio	ns.	3c	\$	0.			
Caution: instruction	If you are going to make an electronic funds withdrawal ons.	(direct det	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879-	TE for payment			
LHA F	or Privacy Act and Paperwork Reduction Act Notice.	see instru	ictions.		Form 88	368 (Rev. 1-2022)			