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Dependence of the Teatury inspection Go to wrww.irs.gov/Form990 for instructions and the latest information. Dependence inspection A For the 2022 calendar year, or tax year beginning intermediate of the 2022 calendar year, or tax year beginning of calendar year, or tax year beginning of the 2022 calendar year 2020 for the 2022 for the 2020 for the 2022 for the 2020 for		-		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C	Code (exc	ept private foundatior	¹⁵⁾ 2022
B Chart I employer identification number OREGON CONSUMER JUSTICE 82-0850234 Doing business as Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number Origin business as Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number Origin business as Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number Origin business Same and address of principal officer: JAGJ IT NAGRA High is this a group return for subordinates includer? Ves N I Tax-exempt status: X IS DI(c)(1) (insert no.) 4947(a)(1) or Szzr N High is state of legal domicile? Part II Summary High describe the organization's mission or most significant activities: SEE SCHEDULE 0 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of independent voting members of the governing body (Part VI, line 1a) 4 4 Number of independent voting members of the governing body (Part VI, line 2a) 5 1 5 To				Go to www.irs.gov/Form990 for instructions and the	ne latest in	formation.	
approximation OREGON CONSUMER JUSTICE 82-0850234 Doing business as Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number association 3055 NW YEADN AVENUE 1336 503-406-3311 City or town, state or province, country, and ZIP or foreign postal code G Grass compts a 7,116,411 Manage and address of principal officer: JAGJIT NAGRA SAME AS C ABOVE H(b) ke at abcontrate includer? Ves [] N I Tax-exempt status: [] Sol1(c)(3) 501(c)(.) (insert no.) 4947(a)(1) or 527 J Website: WWW OCJ-ORG H(c) ke at abcontrate includer? Ves [] N N Y Corporation [] Trust Association Other L var of formation: 2016 [] M state of legal domicile: C Pertil Summary 1 Briefly describe the organization is mission or most significant activities: SEE SCHEDULE O 1 Briefly describe the organization is mission or most significant activities: SEE SCHEDULE O 2 Check this box if the organization is (locumn (C), line 12 1 4 Number of independent voting members of the governing body (Part V, line 1a) 3 4 Number o	AF	or the	e 2022 calend	ar year, or tax year beginning $ m JUL1,2022$ and e	ending J	UN 30, 2023	
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Structure City or town, state or province, country, and ZIP or foreign postal code G Gross receipts 3 7, 116, 411 PORTLAND, OR 97210 Hall is this a group return for subordinates 7 It is a group return Preferring SAME AS C ABOVE H(a) Is this a group return for subordinates 7 If is a directory of the subordinates for compensation: Yes N J website: WWW-OCJ-ORG (insert no.) 4947(a)(1) or 527 If "No." attach a list. See instructions K form of organization: [X] corporation Trust Association Other L year of formation: 2016 M State of legal domicite: C Part I Summary 1 Briefly describe the organization is mission or most significant activities: SEE SCHEDULE O If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 4 4 Number of volunteers (estimate if necessary) 7 7 1 7 Total number of volunteers (estimate if necessary) 7 7 7 0 0 0 9 Pogram service revenue (Part VIII, column (C), line 12 5 0 0]return]Final	3055				
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2月 22 Net assets or fund balances. Subtract line 21 from line 20 1,463,352。 5,006,202 Part II Signature Block						1,40J,JJZ.	5,000,2020
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			-		and stateme	ents, 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	JAGJIT NAGRA, EXECUTIVE DI										
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN						
Paid	SANG AHN			self-employed	200540880						
Preparer	Firm's name MCDONALD JACOBS,	P.C.		Firm's EIN 93-0	900579						
Use Only	Firm's address 121 SW SALMON ST.	, STE 1100									
PORTLAND, OR 97204 Phone no. (503) 22											
May the IF	May the IRS discuss this return with the preparer shown above? See instructions 🛛 🚺 Yes 🗌 No										
232001 12-1	x32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

ral	1990 (2022) OREGON CONSUMER JUSTICE 82-0850234 Page rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	WE ENVISION A VIBRANT OREGON WHERE ALL PEOPLE LIVE WITH DIGNITY AND
	ABUNDANCE AND EXPERIENCE HEALTH, JOY, AND ECONOMIC OPPORTUNITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?Yes X N
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$956, 587. including grants of \$106, 490.) (Revenue \$
	LAW: OCJ HAS PROVIDED EDUCATION AND ACCESS TO RESOURCES TO EXPAND THE
	POOL AND INCREASE THE CAPABILITIES OF SKILLED ATTORNEYS PRACTICING
	CONSUMER LAW IN OREGON. OVER THE PAST YEAR, WE HAVE DILIGENTLY LAID THE
	NECESSARY FOUNDATIONS TO LAUNCH A MULTI-FACETED LAW FIRM, OCJ LAW, TO
	USE THE LAW TO CENTER CONSUMERS, ENSURING THEY CAN ACCESS AND WIN
	JUSTICE THROUGH THE COURT. IN EARLY 2024, OUR LEGAL SERVICES WILL
	LAUNCH, BEGINNING WITH DIRECT REPRESENTATION. LATER IN THE YEAR, WE
	WILL ALSO TAKE ON IMPACT LITIGATION (E.G., CLASS ACTIONS) TO AFFECT
	LARGE-SCALE CHANGE.
4b	(Code:) (Expenses \$540,882. including grants of \$) (Revenue \$)
	POLICY: THE 2023 LEGISLATIVE SESSION SAW IMPORTANT VICTORIES THAT WILL
	BENEFIT OREGON FAMILIES IMMEDIATELY AND LONG TERM. OCJ'S POLICY TEAM
	HELPED PASS EIGHT NEW LAWS TO PROTECT OREGON CONSUMERS. THESE WINS
	INCLUDE LAWS TO PROTECT AGAINST TOXIC CHEMICALS, EXPAND BROADBAND
	ACCESS, ENACT SAFEGUARDS FOR PERSONAL DATA, AND TAKE ACTION ON OREGON'S
	HOUSING CRISIS. ADDITIONALLY, THE OCJ POLICY TEAM ENGAGED IN COALITIONS
	AND HELPED CREATE SPACES FOR PARTNER ORGANIZATIONS TO LEARN ABOUT
	STATE-LEVEL POLICY AND ADVOCACY.
4c	(Code:) (Expanses) = 990.868 , including grants of $(40.000.)$ (Revenue)
4c	(Code:) (Expenses \$990,868. including grants of \$40,000.) (Revenue \$ COMMUNITY: OCJ SPENT 2023 BUILDING CONNECTIONS WITH CONSUMERS AND
4c	COMMUNITY: OCJ SPENT 2023 BUILDING CONNECTIONS WITH CONSUMERS AND
4c	COMMUNITY: OCJ SPENT 2023 BUILDING CONNECTIONS WITH CONSUMERS AND COMMUNITY-BASED ORGANIZATIONS. WE HAVE ALSO FOSTERED RELATIONSHIPS WITH
4c	COMMUNITY: OCJ SPENT 2023 BUILDING CONNECTIONS WITH CONSUMERS AND COMMUNITY-BASED ORGANIZATIONS. WE HAVE ALSO FOSTERED RELATIONSHIPS WITH THE CONSUMER BAR, LEGAL SERVICE ORGANIZATIONS, NATIONAL CONSUMER
4c	COMMUNITY: OCJ SPENT 2023 BUILDING CONNECTIONS WITH CONSUMERS AND COMMUNITY-BASED ORGANIZATIONS. WE HAVE ALSO FOSTERED RELATIONSHIPS WITH THE CONSUMER BAR, LEGAL SERVICE ORGANIZATIONS, NATIONAL CONSUMER ORGANIZATIONS, AND GOVERNMENT PARTNERS AT THE STATE AND NATIONAL
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			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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
-	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		X
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			x
~	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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi endowments? If "Yes," complete Schedule D, Part V			
	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,			
a		11a		x
h	Part VI			<u> </u>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			_ <u></u>
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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		X
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		X
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		<u> </u>
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		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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	X	(0000)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	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		X
27	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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see 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	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
-	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 26			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
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Form	990 (2022) OREGON CONSUMER JUSTICE 82-0850	234	P	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			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 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? ${ m N/A}$	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? 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 12 N/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:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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 yearN/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	<u>13a</u>		
	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			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
<i></i>	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes," complete Form 6069.	Г-···	990	(2022)
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Form 990	(2022)
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Part VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b be	elow, and for a "No"	response
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instruct		
	Check if Schedule O contains a response or note to any line in this Part VI		X

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 taxable entity during the year? b If "Yes," did the organization follow a writter in joint venture arrangements under applical exempt status with respect to such arrange Section C. Disclosure 17 List the states with which a copy of this Formation 100 and the states with which a copy of this Formation 100 and the states are an organization to make the public inspection. Indicate how you made IX Own website Another's we statements available to the public during the states are address, and telephone number of the public during the state the name, address, and telephone number of the states of the states of the states of the public during the states of the public during the states are address, and telephone number of the states of the states of the public during the states of the public during the states are address, and telephone number of the states of the public during the states of the public during the states of the public during the states are provided and the states are address. 	ess on Schedule O. See instructions.				
 b If "Yes," did the organization follow a writter in joint venture arrangements under applical exempt status with respect to such arrange Section C. Disclosure 17 List the states with which a copy of this Formation Section 6104 requires an organization to may for public inspection. Indicate how you mad X Own website Another's we 19 Describe on Schedule O whether (and if so, statements available to the public during the 20 State the name, address, and telephone number 10 State the name, address, and telephone number 20 State the name, address, and telephone number 20 State the name is a statement available to the public during the statement available to the statement available to the public during the statement available to the statement ava	ets to, or participate in a joint venture or similar arrangem	nent with a			
 in joint venture arrangements under applicat exempt status with respect to such arrange Section C. Disclosure List the states with which a copy of this Formation Section 6104 requires an organization to may for public inspection. Indicate how you mad X Own website Another's we Describe on Schedule O whether (and if so, statements available to the public during the Section State the name, address, and telephone number (and the states) 			16a		X
 exempt status with respect to such arrange Section C. Disclosure List the states with which a copy of this Formation 6104 requires an organization to may for public inspection. Indicate how you mad Source Another's we Describe on Schedule O whether (and if so, statements available to the public during the statement available to the statem	policy or procedure requiring the organization to evaluate	e its participation			
 Section C. Disclosure List the states with which a copy of this Form Section 6104 requires an organization to may for public inspection. Indicate how you mad X Own website Another's we Describe on Schedule O whether (and if so, statements available to the public during the State the name, address, and telephone number (and the son statement) 	le federal tax law, and take steps to safeguard the organi	ization's			
 If List the states with which a copy of this Form Section 6104 requires an organization to may for public inspection. Indicate how you mad Image: Comparison of the statement of the st	nents?		16b		
 18 Section 6104 requires an organization to match for public inspection. Indicate how you made to match with the match of the					
 18 Section 6104 requires an organization to match for public inspection. Indicate how you made to match with the match of the	n 990 is required to be filedOR				
 Own website Another's we Describe on Schedule O whether (and if so, statements available to the public during the State the name, address, and telephone numbers 	ke its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990-T (section 501(c)(3	s) only)	availat	ole
 Own website Another's we Describe on Schedule O whether (and if so, statements available to the public during the State the name, address, and telephone numbers 	e these available. Check all that apply.				
 Describe on Schedule O whether (and if so, statements available to the public during the 20 State the name, address, and telephone nur 		on Schedule O)			
statements available to the public during the State the name, address, and telephone nur	now) the organization made its governing documents, cor	,	nd financ	cial	
20 State the name, address, and telephone nur					
		ks and records			
3055 NW YEON AVENUE, 1					
32006 12-13-22			Earr	990	(00

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average	(do		Pos	C) ition	l than d	ne	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box	oox, unless person officer and a directed					compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JAGJIT NAGRA	40.00									
EXECUTIVE DIRECTOR				Х				193,023.	0.	10,173.
(2) CHRIS COUGHLIN	40.00									
POLICY DIRECTOR						X		122,349.	0.	25,964.
(3) AMANDA GREEN	40.00									
DIRECTOR OF FINANCE AND ADMINISTRATI				Х				52,495.	0.	8,844.
(4) SEE-AH-DOM EDMO	1.00									
BOARD CHAIR		Х		Х				4,250.	0.	0.
(5) JENNIFER POOL RADWAY	1.00									_
SECRETARY		Х		X				4,250.	0.	0.
(6) SAYER JONES	1.00							4 9 5 9	•	•
TREASURER	1 00	Х		Х				4,250.	0.	0.
(7) EMILY REIMAN	1.00							4 959	0	0
DIRECTOR	1 0 0	Х			<u> </u>			4,250.	0.	0.
(8) JUSTIN BAXTER	1.00							4 959	0	0
DIRECTOR	1 00	Х						4,250.	0.	0.
(9) KATRINA HOLLAND DIRECTOR	1.00	х						4,250.	0.	0
(10) MARCUS MUNDY	1.00	Δ						4,250.	0.	0.
DIRECTOR 8/1/2022 - 6/30/2023	1.00	х						4,250.	0.	0.
(11) HENRY KANTOR	1.00	Δ						4,230.	0.	0.
DIRECTOR 7/1/2022 - 11/30/2022	1.00	х						3,750.	0.	0.
(12) SYBIL HEBB	1.00							577500		
DIRECTOR	100	х						0.	0.	0.
									•••	
232007 12-13-22										Form 990 (2022)

7

232007 12-13-22

	990 (2022) OREGON CO	ONSUMER	JU	SI	IC	E				82-08	3502	234	Page 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees,			ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week (list any	(do not check more that box, unless person is b officer and a director/tr			than c s both	an	(D) Reportable compensation from the	(E) Reportable compensatio from related organization	on d	am	(F) timated ount of other pensation	
		hours for related organizations below line)	In dividual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)	SC/	fro orga anc	om the anization I related nizations
											_		
			-										
1h	Subtotal		-						401,367.		0.	44	1,981.
c d	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	l, Section A	·····	· · · · · · ·	·····				0. 401,367.		0.		0. 1,981.
2	compensation from the organization		ose	liste	u ac	Jove) wri	ore	ceived more than \$100,		;		4
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si				•	•		Ŭ	• •		ſ	3	Yes No
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		4	x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com	iccrue comper	isati	on fr	rom	any	unre	late	ed organization or individ	dual for services		5	X
1	tion B. Independent Contractors Complete this table for your five highest con	-	-								pensat	ion fro	m
	the organization. Report compensation for t (A) Name and business		ear e	nair	<u>ig w</u>		or wi		the organization's tax y (B) Description of s		C	(C omper) Isation
119	QUELINE D. JENKINS, EA TOWNE ST. APT 570, ST RANT FUTURE LLC		•			90	2		DEI CONSULTI ORGANIZATION			125	5,050.
200	4 NE 37TH AVE, PORTLAN	id, or 9	72	12					CONTRACT CFO			122	2,189.
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lir	niteo	d to i	thos 2		ted	above) who received mo	ore than			
											ŀ	Form 9	990 (2022

8 2022.05050 OREGON CONSUMER JUSTICE 71201_1

		(2022) OREGON CONSUMER JUSTIC	CE		82-08502	234 Page 9
Par	t VI	II Statement of Revenue				
		Check if Schedule O contains a response or note to any lin	(A) Total revenue Rel	(B) ated or exempt nction revenue b	(C) Unrelated usiness revenue	(D) Revenue excluded from tax under sections 512 - 51
Service Contributions, Girts, Grants and end Other Similar Amounts	2 a	Business Code	7,034,433.			sections 512 - 51
Program Service Revenue	f	All other program service revenue				
	3 4 5	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties	81,978.			81,978
	((a Gross rents 6a b Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) 6c a Gross amount from sales of (i) Securities				
r Revenue	0	assets other than inventory 7a b Less: cost or other basis and sales expenses 7b c Gain or (loss) 7c d Net gain or (loss) 7c				
Other Re	ł	a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 8b				
	9 a	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 Less: direct expenses Net income or (loss) from gaming activities				
	ł	a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory				
Miscellaneous Revenue	C	·				
-		• Total. Add lines 11a-11d			^	01 070
232009	12 12-1		7,116,411.	0.	0.	81,978 Form 990 (202

^{232009 12-13-22}

Form 990 (2022)

OREGON CONSUMER JUSTICE Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	(X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	340,000.	340,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	106,490.	106,490.		
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,	410 000	215 200	04 000	
_	trustees, and key employees	410,280.	315,398.	94,882.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1 005 027	040 400		
7	Other salaries and wages	1,095,937.	842,489.	253,448.	
8	Pension plan accruals and contributions (include	102 244	78 500	23 615	
~	section 401(k) and 403(b) employer contributions)	<u>102,244</u> . 221,713.	78,599. 170,439.	<u>23,645.</u> 51,274.	
9	Other employee benefits	129,132.	99,269.	29,863.	
0	Payroll taxes	149,134.	99,209.	29,003.	
1	Fees for services (nonemployees):				
	Management	74,096.	1,735.	72,361.	
		28,625.	3,407.	25,218.	
	Accounting	20,025.	5,407.	25,210.	
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
י g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	412,220.	332 138.	80,082.	
2	Advertising and promotion	181,119.	332,138. 175,191.	5,928.	
3	Office expenses	147,722.	102,171.	45,551.	
4	Information technology	62,270.	51,183.	11,087.	
5	Royalties	•= / = / • •			
16	Occupancy	28,034.	21,051.	6,983.	
7	Travel	72,814.	62,648.	10,166.	
8	Payments of travel or entertainment expenses		. ,		
-	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	54,328.	43,712.	10,616.	
20	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	24,553.	20,332.	4,221.	
4	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.)	75,319.	48,893.	26,426.	
a h	TRAINING & DEVELOPMENT	6,009.	1,691.	4,318.	
u u		0,005.	±,0)±•	Ŧ, J10•	
c d	-				
	All other expenses				
е 5	Total functional expenses. Add lines 1 through 24e	3,572,905.	2,816,836.	756,069.	0
. <u>5</u> 6	Joint costs. Complete this line only if the organization	-,-,-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_,,		0
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2022)

Part X Balance Sheet

OREGON CONSUMER JUSTICE

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

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	3,573,337.	1	161,116.
	2	Savings and temporary cash investments	25,392.	2	4,898,761.
	3	Pledges and grants receivable, net	2373521	3	1/030//010
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,		-	
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		e entre lle el entre en fermile un embra ef entre ef these energies e		5	
	6	Loans and other receivables from other disqualified persons (as defined			
	Ŭ	(1, 2)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9		3,546.	9	49,802.
		Prepaid expenses and deterred charges Land, buildings, and equipment: cost or other	0,0101	- T	1570011
	100	basis. Complete Part VI of Schedule D 10a			
	Ь	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,602,275.	16	5,109,679.
	17	Accounts payable and accrued expenses	57,551.	17	103,477.
	18	Grants payable	2,081,372.	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	2,138,923.	26	103,477.
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.	4 4 6 9 9 5 9		
Ilan	27	Net assets without donor restrictions	1,463,352.	27	5,006,202.
l Ba	28	Net assets with donor restrictions		28	
pun		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ťΑ	31	Retained earnings, endowment, accumulated income, or other funds	1 462 250	31	E 00C 000
Ne	32	Total net assets or fund balances	1,463,352.	32	5,006,202.
	33	Total liabilities and net assets/fund balances	3,602,275.	33	5,109,679.

	1990 (2022) OREGON CONSUMER JUSTICE	82-08	350234	Pag	_{le} 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	7,116		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,572		
3	Revenue less expenses. Subtract line 2 from line 1	3	3,543		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,463	, 35	<u>52.</u>
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		-65	56.
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	5,006	,20)2.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	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 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	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?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
				200	

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

1

Name of the organization

Nam	Name of the organization Employer identification number												
	OREGON CONSUMER JUSTICE								2-0850234				
Pa	rt I	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.					
The	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)							
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
		city, and state:											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	Χ												
		section 170(b)(1)(A)(vi). (C	omplete Part II.)		-								
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)								
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a	land-grant	college				
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or				
		university:				-		-					
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	is, membersh	ip fees, and	d gross receipts from				
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fi	om gross investment				
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	fter June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)										
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	9(a)(4).						
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functior	ns of, or to ca	rry out the	purposes of one or				
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section &	509(a)(3). (Check the box on				
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.					
а		Type I. A supporting orga	anization operated, si	upervised, or controlled	by its supp	orted orga	anization(s), ty	pically by	giving				
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	ipporting				
		organization. You must o	omplete Part IV, Se	ctions A and B.									
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ing				
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported				
		organization(s). You mus	t complete Part IV,	Sections A and C.									
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	nd functional	ly integrate	d with,				
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.						
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	ation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	uirement and	an attentiv	reness				
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.						
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type	I, Type III					
		functionally integrated, or	Type III non-functior	nally integrated supporting	ng organiz	ation.							
f	Ente	er the number of supported o	organizations										
g		vide the following information			(iv) Is the orga	nization listed							
	(i) Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi		(v) Amount of support (see ir	,	(vi) Amount of other support (see instructions)				
		organization		above (see instructions))	Yes	No	support (see in	istructions)	support (see instructions)				
Tota	ıl 🔤												

Schedule	A (Form 990) 2022
Part II	Support Sc

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		450,092.	5969140.	5000000.	7034433.	18453665.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3		450,092.	5969140.	5000000.	7034433.	18453665.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						18453665.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4		450,092.	5969140.	5000000.	7034433.	18453665.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots		757.	3,188.	3,764.	81,978.	89,687.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			526.	376.		902.
11	Total support. Add lines 7 through 10						18544254.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third, f	ourth, or fifth tax y	vear as a section 50	D1(c)(3)	
	organization, check this box and stop	<u>here</u>					
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (I					14	%
	Public support percentage from 2021					15	%
16 a	33 1/3% support test - 2022. If the c	organization did no	ot check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the o	organization did no	ot check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the fact			-	-	VI how the organiz	zation
	meets the facts-and-circumstances te	•	•		•		
b	10% -facts-and-circumstances test	•					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu		•				
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s
						Schedule A	(Form 990) 2022

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

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

Sec	ction A. Public Support	-	-		_	_	_		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus- iness under section 513								
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and 3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Amounts from line 6		, ,						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
	Add lines 10a and 10b				-	-			
	activities not included on line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizati	on,		
	check this box and stop here	<u>.</u>		<u></u>	<u></u>				
Sec	ction C. Computation of Publi	c Support Per	rcentage						
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%		
<u>16</u> Sec	Public support percentage from 2021					16	%		
	Investment income percentage for 20			ine 1.3 column (f))		17	%		
18	Investment income percentage from					18	%		
	33 1/3% support tests - 2022. If the			on line 14 and line					
130									
h	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
Ň	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
20	Private foundation. If the organization								
-	23 12-09-22						A (Form 990) 2022		
20202			15			Concudio			

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2022 OREGON CONSUMER JUSTICE

1

2

Yes No

Part IV Supporting Organizations (continued)			
	Y	Y es	Ν
1 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	1a		
b A family member of a person described on line 11a above?	1b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	1c		
ection B. Type I Supporting Organizations			
	Y	Yes	Ν
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i>			

	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the				
supported organizations and what conditions or restrictions, if any, applied to such powers during the tax					
2	Did the organization operate for the benefit of any supported organization other than the supported				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in				
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,				

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(a)	1

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions)	
---	--	---	--	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

3b | | Schedule A (Form 990) 2022

2a

2b

3a

15080221 781409 71201

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Yes No

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in</i> Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations mu		•		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
_7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see	

Schedule A (Form 990) 2022

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instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Section D - Distributions

3

4

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6 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10 (i) (ii) (ii) (iii) (iii) Distributable Section E - Distributions (see instructions)	5	Qualified set-aside amounts (prior IRS approval required - pro	5			
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributions is part VI). See instructions. 9 10 Line 8 amount divided by line 9 amount 10 10 Line 8 amount divided by line 9 amount 10 Section E - Distribution Allocations (see instructions) Excess Distributions Underdistributions Pre-2022 1 Distributions, if any, for years prior to 2022 (reason- able cause required - aging in Part VI). See instructions. 4 3 Excess distributions caryover, if any, to 2022 4 a From 2018 4 c From 2019 4 d From 2021 4 f Total of lines 3a, through 3e 4 g Applied to 2022 (reason- able cause required - aging in Part VI). See instructions. 4 d From 2019 4 4 d From 2020 4 4 e From 2021 4 4 f Total of lines 3a, nh and 3 from line 3t. 4 d Distributions for 2022 from Section D, line 7: \$ a <td< td=""><td>6</td><td></td><td>6</td><td></td></td<>	6		6			
(provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10 Section E - Distribution Allocations (see instructions) (i) Underdistributions 1 Distributable amount for 2022 from Section C, line 6 10 2 Underdistributions, if any, for years prior to 2022 (reason- able cause require) - applain in Part VI). See instructions. 10 3 Excess distributions carryover, if any, to 2022 10 a From 2017 10 b From 2018 10 c From 2020 10 f Total of lines 3a through 3e 10 a Applied to underdistributions of prior years 10 h Applied to underdistributions of prior years 10 a Applied to underdistributions for years 10 b Applied to underdistributibable amount 10 <th>7</th> <th>Total annual distributions. Add lines 1 through 6.</th> <th>7</th> <th></th>	7	Total annual distributions. Add lines 1 through 6.	7			
9 Distributable amount for 2022 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount (i) (ii) Section E - Distribution Allocations (see instructions) Excess Distributions (ii) (iii) Distributable amount for 2022 from Section C, line 6 2 2 2 2 1 Distributions, if any, for years prior to 2022 (reasonable cause required - <i>sxplain in</i> Part VI). See instructions. 3 2 2 3 Excess distributions carryover, if any, to 2022 2 2 2 2 4 From 2017 5 2	8	Distributions to attentive supported organizations to which the	ne organization is responsive			
10 Line 8 amount divided by line 9 amount (i) Underdistributions (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) Excess Distributions Underdistributions Distributable 1 Distributable amount for 2022 from Section C, line 6 Image: Comparison of the Comparison o		(provide details in Part VI). See instructions.			8	
Section E - Distribution Allocations (see instructions) (i) (ii) (iii) (iii) 1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reason-able cause required - <i>explain in</i> Part VI). See instructions. 2	9	Distributable amount for 2022 from Section C, line 6			9	
Section E - Distribution Allocations (see instructions) Excess Distributions Underdistributions Pre-2022 1 Distributable amount for 2022 from Section C, line 6 Image: Construction of Constr	10	Line 8 amount divided by line 9 amount			10	
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017 b From 2018 c From 2019 d From 2020 e From 2020 g Applied to underdistributions of prior years h Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 30, 30, and 3i from line 3f. 4 Distributions of prior years j Naminder Subtract lines 30, 30, and 3i from line 3f. 4 Distributions of prior years j Remainder. Subtract lines 30, 30, and 3i from line 3f. 4 Distributions of prior years j Applied to underdistributions of prior years j Applied to 2022 distributable amount c Remaining underdistributions for years prior to 2022, if any. Subtract lines 4a and 4b from line 4. S 5 Remaining underdistributions for 2022. Subtract lines 3h and 4b f	Sect	ion E - Distribution Allocations (see instructions)		Underdistribution	าร	
able cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017 b From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 distributable amount iline 7: \$ a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. c Remainder. Subtract lines 4a and 4b from line 4. c Remaining underdistributions for 2022, if and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. f<	_1	Distributable amount for 2022 from Section C, line 6				
3 Excess distributions carryover, if any, to 2022 a From 2017 b From 2018 c From 2019 d Form 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 form Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to underdistributions of prior years b Applied to underdistributions of prior years a Applied to 2022 distributable amount c Remaining underdistributions of prior years b Applied to 2022 distributable amount c Remaining underdistributions of prior years b Applied to 2022 distributable amount c Remaining underdistributions for 2022, if any. Subtract lines 4a and 4b from line 4. c f Remaining underdistributions for 2022. Subtr	2	Underdistributions, if any, for years prior to 2022 (reason-				
a From 2017 a b From 2018 a c From 2019 a d From 2020 a e From 2021 a f Total of lines 3a through 3e a g Applied to underdistributions of prior years b h Applied to 2022 distributable amount a i Carryover from 2017 not applied (see instructions) a j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. a d Distributions for 2022 from Section D, a line 7: \$ a Applied to underdistributions of prior years b b Applied to 2022 distributable amount b c Remainder. Subtract lines 3g and 4 from line 4. c c Remaining underdistributions for years prior to 2022, if any. Subtract lines 4a and 4b from line 4. c Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. f 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. f f 7 Excess distributions carryover to 2023. Add lines 3j and 4c.		able cause required - explain in Part VI). See instructions.				
b From 2018	3	Excess distributions carryover, if any, to 2022				
c From 2019 Image: Stript of the structure st	a	From 2017				
d From 2020 e e From 2021 e f Total of lines 3a through 3e g g Applied to underdistributions of prior years e h Applied to 2022 distributable amount e i Carryover from 2017 not applied (see instructions) e j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. e 4 Distributions for 2022 from Section D, line 7: \$ a Applied to underdistributions of prior years e b Applied to 2022 distributable amount e c Remainder. Subtract lines 4a and 4b from line 4. e 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. e 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI. See instructions. e 7 Excess distributions carryover to 2023. Add lines 3j and 4c. and 4c. 8 Breakdown of line 7: e	b	From 2018				
e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 form Section D, line 7: § a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in</i> Part VI. See instructions. 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7:	C	From 2019				
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g Applied to underdistributions of prior years	e	From 2021				
h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: s a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in</i> Part VI. See instructions. 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7:	f	Total of lines 3a through 3e				
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j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7:	h	Applied to 2022 distributable amount				
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line 7: \$ Image: Constraint of the state of the	j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
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b Applied to 2022 distributable amount		line 7: \$				
c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7:	<u>a</u>	Applied to underdistributions of prior years				
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than zero, explain in Part VI. See instructions. Image: Construction of the second	5	Remaining underdistributions for years prior to 2022, if				
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. Part VI. See instructions. 8 Breakdown of line 7: Part VI.		any. Subtract lines 3g and 4a from line 2. For result greater				
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Part VI. See instructions. Image: Second s	6	-				
7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7:		and 4b from line 1. For result greater than zero, <i>explain in</i>				
and 4c. Image: Constraint of the second se						
8 Breakdown of line 7:	7					
a Excess from 2018						
b Excess from 2019						
c Excess from 2020						
d Excess from 2021						
e Excess from 2022	e	Excess from 2022				hedule A (Form 990) 2022

OREGON CONSUMER JUSTICE Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Amounts paid to acquire exempt-use assets

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

Administrative expenses paid to accomplish exempt purposes of supported organizations

82-0850234 Page 7

1

2

3 4 Current Year

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

REBATE CREDIT

MISCELLANEOUS

Schedule A (Form 990) 2022

15080221 781409 71201

** PUBLIC DISCLOSURE COPY **

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

82-0850234

Department of the	Treasur

(Form 990)

Internal Revenue Service

Schedule B

Name of the organization

0

REGON	CONSUMER	JUSTICE	

organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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 for an *exclusively* set in the set of t

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)

Name of organization

Employer identification number

-

82-0850234

OREGON CONSUMER JUSTICE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$6,734,516.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$295,384.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and Zir + 4	\$	Person Payroll OK Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

15080221 781409 71201

22 2022.05050 OREGON CONSUMER JUSTICE 71201_1

Schedule B (Form 9	990) ((2022)
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Name of organization

Page 3

Employer identification number

82-0850234

OREGON CONSUMER JUSTICE

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

23

Name of or	ganization			Employer identification number		
REGON	I CONSUMER JUSTICE			82-0850234		
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,) through (e) and the following line e charitable, etc., contributions of \$1,000 c	ntry. For organizations	(10) that total more than \$1,000 for the year		
(a) No.	Use duplicate copies of Part III if additional	space is needed.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held		
		(e) Transfer of				
-	Transferee's name, address, a 	Ind 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				
	Transferee's name, address, a	Ind 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		
	Transferee's name, address, a	(e) Transfer of g		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, a	Ind ZIP + 4	Relationship	of transferor to transferee		
223454 11-15-				Schedule B (Form 990) (202		

24

2022.05050 OREGON CONSUMER JUSTICE 71201_1

SCHEDULE C	Po	litical Campaign a	and Lobbyin	g Activities		OMB No. 1545-0047
(Form 990)						2022
	•	anizations Exempt From Income f the organization is described I		.,		LULL
Department of the Treasury Internal Revenue Service	-	to www.irs.gov/Form990 for in			0-22.	Open to Public Inspection
If the organization answ	vered "Yes," on	Form 990, Part IV, line 3, or For	m 990-EZ, Part V, lir	ne 46 (Political Camp	baign Ac	tivities), then
-		plete Parts I-A and B. Do not com			C	"
 Section 501(c) (other 	r than section 50	1(c)(3)) organizations: Complete F	Parts I-A and C below.	Do not complete Par	t I-B.	
 Section 527 organization 	ations: Complete	Part I-A only.				
If the organization answ	wered "Yes," on	Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, li	ne 47 (Lobbying Act	ivities), t	hen
.,.,	•	nave filed Form 5768 (election unc		•	•	
	•	ave NOT filed Form 5768 (electio				•
Tax) (See separate inst		Form 990, Part IV, line 5 (Proxy	Tax) (See separate i	nstructions) or Forn	n 990-EZ	, Part V, line 35c (Proxy
		ions: Complete Part III.				
Name of organization	,, or (o) or gaminat				Employ	ver identification number
	OREGON	CONSUMER JUSTICE				82-0850234
Part I-A Comple	ete if the org	anization is exempt unde	r section 501(c) o	or is a section 5	27 orga	nization.
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in	n Part IV.		
2 Political campaign					\$_	
3 Volunteer hours for	political campaig	gn activities				
Part I-B Comple	oto if the ora	anization is exempt unde	r section 501/c)/	3)		
		ncurred by the organization unde		-	¢	
	•	ncurred by organization manager				
		n 4955 tax, did it file Form 4720 fo				
						Yes No
b If "Yes," describe ir	n Part IV.					
Part I-C Comple	ete if the org	anization is exempt unde	r section 501(c),	except section a	501(c)(3	3).
1 Enter the amount d	lirectly expended	by the filing organization for sect	ion 527 exempt funct	ion activities	\$ _	
2 Enter the amount o	f the filing organi	zation's funds contributed to othe	er organizations for se	ection 527		
exempt function ac					\$_	
-	-	Add lines 1 and 2. Enter here and			•	
		1400 DOL for this way?				Yes No
00		1120-POL for this year? ployer identification number (EIN)	of all agotion 597 pol			
		ion listed, enter the amount paid		•		
		omptly and directly delivered to a				
political action com	mittee (PAC). If a	additional space is needed, provid	le information in Part	IV.		
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid filing organizatio funds. If none, ent	on's c	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
		and the Instructions for Form 00				hadula C (Farm 000) 2022

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

Schedule C (Form 990) 2022

232041 11-08-22

Schedule C (Form 990) 2022	OREGO	N CONSU	JMER JUSTICE		82-0	850234 Page 2	
Part II-A Complete if the org	anizatio	n is exem	pt under section	501(c)(3) and file	ed Form 5768 (ele	ction under	
section 501(h)).							
		-	ated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,	
expenses, and shar		, 0	, ,				
B Check if the filing organiza	tion check	ed box A and	d "limited control" prov	visions apply.			
Limit	ts on Lobl	oying Expen	ditures		(a) Filing organization's	(b) Affiliated group totals	
(The term "expend	litures" m	eans amour	nts paid or incurred.)		totals	totalo	
1a Total lobbying expenditures to influ	ience pub	ic opinion (a	rassroots lobbying)		7,550.		
b Total lobbying expenditures to influ	-				20,997.		
c Total lobbying expenditures (add lin					28,547.		
d Other exempt purpose expenditure					3,577,973.		
e Total exempt purpose expenditure					3,606,520.		
f Lobbying nontaxable amount. Ente	er the amo	unt from the	following table in both	columns.	330,326.		
If the amount on line 1e, column (a) o	r (b) is:	The lobb	ying nontaxable amo	ount is:			
Not over \$500,000		20% of t	he amount on line 1e.				
Over \$500,000 but not over \$1,000	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,						
Over \$1,000,000 but not over \$1,5		ss over \$1,000,000.					
Over \$1,500,000 but not over \$17,	000,000		0 plus 5% of the exces	s over \$1,500,000.			
Over \$17,000,000		\$1,000,0	00.				
					02 502		
g Grassroots nontaxable amount (en		,			82,582. 0.		
 h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c. If zero 		-+ 0			0.		
j If there is an amount other than zer			ne 1i, did the organizat				
reporting section 4911 tax for this					Г	Yes No	
			raging Period Under S		L		
(Some organizations th		a section 50		ave to complete all o	of the five columns be	low.	
	Lobi	oying Expen	ditures During 4-Year	r Averaging Period			
Calendar year	(2)	2019	(b) 2020	(c) 2021	(d) 2022	(e) Total	
(or fiscal year beginning in)	(u)		(0) 2020	(0) 2021	(4) 2022	(0) Fotal	
			207 007	427,669.	220 226	1 065 900	
2a Lobbying nontaxable amount			307,827.	427,009.	550,520.	1,065,822.	
 b Lobbying ceiling amount (150% of line 2a, column(e)) 						1,598,733.	
						1,390,733.	
c Total lobbying expenditures			14,543.	314,301.	28,547.	357,391.	
d Grassroots nontaxable amount			76,957.	106,917.	82,582.	266,456.	
e Grassroots ceiling amount							
(150% of line 2d, column (e))						399,684.	
f Grassroots lobbying expenditures				919.	7,550.	8,469.	

Schedule C (Form 990) 2022

232042 11-08-22

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	led description (a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
_3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		. 2a		
	Carryover from last year				
	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditures next year?		. 4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (See	

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

Schedule C (Form 990) 2022

SCHEDULE I (Form 990)	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.									
Department of the Treasury	Comp		Attach to Form		(1 4 , 111 6 2 1 01 22.		Open to	Public		
Internal Revenue Service		Go to www.irs	.gov/Form990 for		ation.		Inspe			
Name of the organization			-				Employer identification	n number		
OREGON CO	NSUMER JU	STICE					82-08	50234		
Part I General Information on Grants a	nd Assistance									
1 Does the organization maintain records t	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	tance, and the selection				
criteria used to award the grants or assis							X Yes	No		
2 Describe in Part IV the organization's pro										
Part II Grants and Other Assistance to recipient that received more than S	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
					ourier)					
AMERICAN LEADERSHIP FORUM OF OREGON - 221 NW 2ND AVE. #306 -										
PORTLAND, OR 97209	94-3106407	501(C)(3)	10,000.	0.			CONSUMER ADVOCACY			
,,										
BIENESTAR										
PO BOX 665										
HILLSBORO, OR 97123	93-0860753	501(C)(3)	10,000.	0.			CONSUMER ADVOCACY			
OREGON CONSUMER LEAGUE 2727 SE 16TH AVE. PORTLAND, OR 97202	93-0653300	501(C)(3)	10,000.	0.			CONSUMER ADVOCACY			
,,			,							
STREET ROOTS										
211 NW DAVIS										
PORTLAND, OR 97209	93-1271399	501(C)(3)	10,000.	0.			CONSUMER ADVOCACY			
UNIVERSITY OF OREGON PO BOX 3237	46 4727800		200,000					NOCEAG		
EUGENE, OR 97403	46-4727800		300,000.	0.			LEGAL EDUCATION &	ACCESS		

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

3 Enter total number of other organizations listed in the line 1 table

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Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
LAW CONFERENCE ATTENDANCE & TRAVEL	34	106,490.	0.		
Part IV Supplemental Information. Provide the information requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	•
PART I, LINE 2:					
FOR RESTRICTED GRANTS, STATUS UPDAT	TES ARE R	EQUESTED S	SIX TO TWEL	VE MONTHS	
AFTER DISBURSEMENT. IF APPLICABLE,	GRANT SI	ATUS UPDAT	'ES ARE REV	IEWED IN	
ADVANCE OF EACH INSTALLMENT PAYMENT	r to ensu	RE THE TER	MS OF THE	AGREEMENT	
ARE BEING MET. FOR LARGE GRANTS, RE	EPORTS AR	E REQUIRED) TO BE REC	EIVED AND	
REVIEWED TO DETERMINE WHETHER OR NO					
OBJECTIVES AS WELL AS WHETHER THE H	UNDS WER	E EXPENDED	APPROPRIA	TELY. FOR	
LARGE GRANTS, EXECUTIVE MANAGEMENT	REMAINS	ENGAGED WI	TH THE REC	IPIENT AS	

THE PROJECT PROCEEDS AND EVALUATES PROGRESS AND EXPENDITURES.

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	17
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	ົງງ)
		Compensated Employees		20	22	
Dono	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organization	1		identificatio		nber
		OREGON CONSUMER JUSTICE	82-0	085023	4	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s			
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, chef)			
b	•					
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	•					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	,					
			on to			
	L Form 990 of o	ther organizations [A] Approval by the board or compensation c	ommittee			
4	During the year dia	any parson listed on Form 990. Part VII. Section A line 1a with respect to the filing				
4						
-	-	a second s		4a		x
b						X
	-	· · · · · · · · · · · · · · · · · · ·				X
U						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee X Written employment contract X Independent compensation consultant X Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan?					
а	•					X
						X
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the n	et earnings of:				
а	The organization?			6a		X
		ation?				X
		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on lir	ies 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	ne			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		d the organization also follow the rebuttable presumption procedure described in				
	Regulations section	53.4958-6(c)?		9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990)	2022

232111 10-18-22

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Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	ompensation incentive reportable compensation compensation				reported as deferred on prior Form 990	
(1) JAGJIT NAGRA	(i)	193,023.	0.	0.	9,479.	694.	203,196.	0.
EXECUTIVE DIRECTOR	(ii)		0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



82-0850234

OREGON CONSUMER JUSTICE

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OREGON CONSUMER JUSTICE (OCJ) ORGANIZES, ADVOCATES, AND SUPPORTS

LITIGATION TO ADVANCE A JUSTICE MOVEMENT THAT PUTS PEOPLE FIRST,

ENSURING ALL HAVE THE FREEDOM TO THRIVE AND EQUITABLY SHARE IN OUR

ABUNDANCE OF RESOURCES. FOR TOO LONG, FLAWED SYSTEMS AND ECONOMIC

POLICIES THAT FAVOR PROFITS OVER PEOPLE HAVE STOOD IN THE WAY OF THIS

REALITY, WITH COMMUNITIES OF COLOR MOST OFTEN EXPERIENCING THE MOST

SIGNIFICANT HARM. STRENGTHENED THROUGH RESPONSIVE AND ECIPROCAL

COMMUNITY RELATIONSHIPS, OCJ IS BUILDING A FUTURE WHERE FINANCIAL AND

BUSINESS TRANSACTIONS CAN BE RELIED UPON AS SAFE AND WHERE ALL

OREGONIANS KNOW AND HAVE RECOURSE TO EXERCISE THEIR CONSUMER RIGHTS.

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

CONSUMER: OCJ FOCUSED ON ELEVATING THE CONSUMER EXPERIENCE THROUGH

RESEARCH. OCJ'S RESEARCH INITIATIVES WERE TWOFOLD THIS PAST YEAR. THE

FIRST COMES THROUGH A PARTNERSHIP WITH THE UNIVERSITY OF OREGON THROUGH

CONSUMER PROTECTION GRANTS AS OUTLINED IN OUR FOUNDING COURT ORDER.

FURTHER, IN SPRING 2023, OCJ CONDUCTED PRELIMINARY RESEARCH WITH THE

OREGON VALUES AND BELIEFS CENTER TO UNDERSTAND CONSUMER PROTECTION

MATTERS THROUGH THE LENS OF A REPRESENTATIVE SURVEY SAMPLE OF

OREGONIANS.

EXPENSES \$ 328,499. INCLUDING GRANTS OF \$ 300,000. REVENUE \$ 0.

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

THE FORM IS SHARED WITH BOARD MEMBERS BEFORE FILING AND REVIEWED BY THE

FINANCE COMMITTEE BEFORE FILING.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22 33 Schedule O (Form 990) 2022

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

PERSONS INVOLVED WITH THE APPROVAL OR PAYMENT OF EXPENSES ARE PROVIDED WITH

THE IDENTITY OF PERSONS WITH A CONFLICT OF INTEREST SO THAT TRANSACTIONS

CAN BE MONITORED FOR COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

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

OCJ HIRED AN HR FIRM AND PAID THE FIRM TO CONDUCT A COMPENSATION REVIEW FOR

THE EXECUTIVE DIRECTOR POSITION.

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

FINANCIAL STATEMENTS AVAILABLE ON OUR WEBSITE; UPON REQUEST

FORM 990, PART IX, LINE 11G, OTHER FEES:

ADVISORY:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES

OTHER CONTRACTED SERVICES:PROGRAM SERVICE EXPENSES81,739.MANAGEMENT AND GENERAL EXPENSES64,474.FUNDRAISING EXPENSES0.TOTAL EXPENSES146,213.TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A412,220.

232212 10-28-22

250,399.

15,608.

266,007.

0.