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CLIENT'S COPY

GREENWOOD OHLUND, PS 4241 21ST AVE W SUITE 400 SEATTLE, WA 98199

BASEL ACTION NETWORK 80 YESLER WAY, 300 SEATTLE, WA 98104

Haladaaliillaadaalladal



November 8, 2023

Basel Action Network 80 Yesler Way 300 Seattle, WA 98104

Dear Jim:

Enclosed is the organization's 2022 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. Please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2023.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Amanda O'Rourke, CPA

Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

ntity	

For calendar year 2022, or fiscal year beginning

, 2022, and ending

2022

OMB No. 1545-0047

Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN BASEL ACTION NETWORK 01-0918435 JIM PUCKETT Name and title of officer or person subject to tax EXECUTIVE DIRECTOR Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) ______ **1b** ______ **1,013,604.** Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) _______ **2b** 2a Form 990-EZ check here **b Total tax** (Form 1120-POL, line 22) Form 1120-POL check here 3a **b Tax based on investment income** (Form 990-PF, Part V, line 5) 4a Form 990-PF check here b Balance due (Form 8868, line 3c) 5b Form 8868 check here 5a **b Total tax** (Form 990-T, Part III, line 4) Form 990-T check here 6a Form 4720 check here 7a b Total tax (Form 4720, Part III, line 1) 7b 8a Form 5227 check here **b FMV of assets at end of tax year** (Form 5227, Item D) Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9a 9b **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here 10b **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the processing the restriction account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return. financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only 12345 X Lauthorize GREENWOOD OHLUND, PS to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I will enter my PIN on the return's disclosure consent screen. **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 91504212345 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. AMANDA O'ROURKE 11/08/23 ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8879-TE** (2022)

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2022 calendar year, or tax year beginning	and	ending					
В	Check if opplicable	C Name of organization			D Employer identific	cation number			
	Addres	BASEL ACTION NETWORK							
F	Name change	5			01-09184	35			
F	Initial	Number and street (or P.O. box if mail is not delivered to st	reet address)	Room/suite	E Telephone numbe				
	Final return/	80 YESLER WAY	,	300	(206) 652-5555				
	termin- ated	City or town, state or province, country, and ZIP or fore	eign postal code		G Gross receipts \$	1,013,604.			
	Ameno				H(a) Is this a group re	eturn			
	Application	F Name and address of principal officer: O IM FOCK	ETT		for subordinates	? Yes X No			
	pendin	SAME AS C ABOVE			H(b) Are all subordinates in	ncluded? Yes No			
1 7	ax-exe	mpt status: X 501(c)(3) 501(c) () (insert	no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions			
	Nebsit				H(c) Group exemptio				
K F	orm of	organization: X Corporation Trust Association	Other	L Year	of formation: 2008 N	M State of legal domicile: WA			
Pa	art I	Summary							
Ф		Briefly describe the organization's mission or most significan			TO PREVENT	PHE			
auc	1 .	GLOBALIZATION OF THE TOXIC CHEN							
Activities & Governance	l	Check this box if the organization discontinued its	• • • • • • • • • • • • • • • • • • • •		1 _				
<u>3</u> 6	1	Number of voting members of the governing body (Part VI, lir	,		3	3			
ø		Number of independent voting members of the governing bo				8			
ties		Total number of individuals employed in calendar year 2022 (3			
ξį		Total number of volunteers (estimate if necessary)				0.			
Ac		Net unrelated business taxable income from Form 990-T, Par				0.			
		vet unrelated business taxable moonie nom rom over 1, 1 an	<u> </u>		Prior Year	Current Year			
_	8	Contributions and grants (Part VIII, line 1h)			258,067.	234,625.			
Revenue	9	. (5 1) (8)			830,296.	778,923.			
eve	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			86.	56.			
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c,			0.	0.			
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, o			1,088,449.	1,013,604.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-	3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.			
S	15	Salaries, other compensation, employee benefits (Part IX, co			523,457.	607,125.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) $_{\dots}$	<u>.</u> .		0.	0.			
xbe	b	Total fundraising expenses (Part IX, column (D), line 25)		63.		1=0.010			
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			346,010.	479,340.			
		Total expenses. Add lines 13-17 (must equal Part IX, column	(A), line 25)		869,467.	1,086,465.			
, (/	19	Revenue less expenses. Subtract line 18 from line 12			218,982.	-72,861.			
t Assets or		5 (D			ginning of Current Year 485, 205.	End of Year 402,350.			
SSE	20	Total assets (Part X, line 16)			204,421.	194,427.			
let /	21 22	Fotal liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20			280,784.	207,923.			
	art II	Signature Block			20077011	20773230			
		ties of perjury, I declare that I have examined this return, including a	ccompanying schedule	s and stateme	ents, and to the best of my	/ knowledge and belief, it is			
		and complete. Declaration of preparer (other than officer) is based				,			
		,							
Sig	n	Signature of officer			Date				
Her		JIM PUCKETT, EXECUTIVE DIRECTOR	₹.						
		Type or print name and title							
		Print/Type preparer's name Preparer's	signature	l l	Date Check	PTIN			
Paid	ı		A O'ROURKE	, CPA 1	$\lfloor 1/08/23 vert$ self-employ				
Prep	arer	Firm's name GREENWOOD OHLUND, PS			Firm's EIN 9	1-0873571			
Use	Only	Firm's address 4241 21ST AVE W SUITE	400						
		SEATTLE, WA 98199			Phone no. (2	<u>06) 782-1767</u>			
Maν	the IF	S discuss this return with the preparer shown above? See in	structions			X Yes No			

	1 990 (2022) BASEL ACTION NETWORK	01-0918435	Page 2
Pa	Tt III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission: THE BASEL ACTION NETWORK CHAMPIONS CLORAL ENVIRONMENT	ייאו עיאו אויי	

	Check if Schedule O contains a response of note to any line in this Fart in
1	Briefly describe the organization's mission: THE BASEL ACTION NETWORK CHAMPIONS GLOBAL ENVIRONMENTAL HEALTH AND
	JUSTICE BY ENDING TOXIC TRADE, CATALYZING A TOXICS-FREE FUTURE, AND
	CAMPAIGNING FOR EVERYONE'S RIGHT TO A CLEAN ENVIRONMENT.
	Did the executation undertake any significant average continued during the year which were not listed on the
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	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.
 4а	(Code:) (Expenses \$ 306, 782 • including grants of \$) (Revenue \$ 636, 074 •)
	ELECTRONICS STEWARDSHIP: WE CONTINUE TO SPUR MARKET INCENTIVES AND
	ENCOURAGE SOCIALLY AND ENVIRONMENTALLY CONSCIOUS BEHAVIOR IN
	RESPONSIBLE ELECTRONICS REUSE AND RECYCLING WORLDWIDE THROUGH OUR
	E-STEWARDS PROGRAM. OUR E-STEWARDS ADVANCE+ PROGRAM IS AN INITIATIVE
	FOCUSED ON PROVIDING JOBS FOR INDIVIDUALS WITH AUTISM AND OTHER
	DISABILITIES WHILE CREATING BOTTOM-LINE BENEFITS FOR CERTIFIED
	E-STEWARDS. OUR COMMERCIAL TRACKING PROGRAM, EARTHEYE, PROVIDES MAJOR
	CORPORATIONS WITH A DUE DILIGENCE AND LEGAL COMPLIANCE TOOL FOR THEIR
	E-WASTE.
4b	(Code:) (Expenses \$
	GREEN SHIP RECYCLING: WORKING IN A COALITION WITH THE NGO SHIPBREAKING
	PLATFORM, WE SEEK TO ATTACK THE ROOT OF THE HUMAN RIGHTS ABUSE AND
	ENVIRONMENTAL INJUSTICE THE ECONOMIC ENGINE OF THE SHIPPING INDUSTRY.
	WE CONTINUE OUR WORK TO ENSURE THAT SHIP RECYCLING MOVES OFF THE
	BEACHES OF SOUTH ASIA AND IS CONDUCTED FOLLOWING INTERNATIONAL LAW AND
	IN A MANNER THAT PROTECTS HUMAN RIGHTS AND THE ENVIRONMENT.
4c	(Code:) (Expenses \$21,283. including grants of \$) (Revenue \$)
	BASEL CONVENTION ADVOCACY: THE BASEL CONVENTION REMAINS A BEACON FOR
	ENVIRONMENTAL JUSTICE FOR ONE OF THE MOST DIFFICULT ISSUES FACING THE
	WORLD TODAY. BAN ACTIVELY SUPPORTS DELEGATES FROM LESS DEVELOPED
	COUNTRIES IN PROMOTING THE BASEL BAN AMENDMENT AND FIGHT A POWERFUL
	OPPOSITION WITH A STAKE IN THE STATUS QUO.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 3,215. including grants of \$) (Revenue \$)
4e	Total program service expenses 636,853.

Form 990 (2022) BASEL ACTION NETWORK Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	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			
	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,			
	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			
	Schedule D, Part III	8		X
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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	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			37
_	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			1 37
	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			_v
45	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	4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		v
17	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,	47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		├^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	0.4		x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	L	lacksquare

Form 990 (2022) BASEL ACTION NETWORK
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			٦,
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	050		x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	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	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	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? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			х
07	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	ů .	27		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
30		38	Х	
Par		00		
	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 12			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
			000	

Form 990 (2022) BASEL ACTION NETWORK

Part 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 8								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X					
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
4a	4a 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)?									
b	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 Ad	counts (FBAR).								
5a			5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				٦,					
	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 contribution	· ·								
_	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).		_		v					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X					
b			7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•	- .		x					
لم	to file Form 8282?	7d	7c							
d	If "Yes," indicate the number of Forms 8282 filed during the year	•	7e		Х					
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit control to provide the organization during the year pay promiums directly or indirectly on a personal benefit control.		76 7f		X					
g										
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
_	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
			8							
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the agreement in a constitution made and the distribution and according 40000		9a							
b	Did the constraint and in the contract of the		9b							
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	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?		13a							
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the	المدا								
	organization is licensed to issue qualified health plans	13b								
	Enter the amount of reserves on hand	13c	44-		v					
			14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul le the exception subject to the section 4060 tax on payment(s) of more than \$1,000,000 in remuner		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		15		x					
	excess parachute payment(s) during the year?		15		_^					
16	If "Yes," see the instructions and file Form 4720, Schedule N.	income?	16		Х					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	IIICOITIC!	10		-23					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any actions.	tivities								
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17							
	If "Yes." complete Form 6069									

BASEL ACTION NETWORK 01-0918435 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 3 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b

Sec	tion C. Disclosure
17	List the states with which a copy of this Form 990 is required to be filed NONE
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.
	X Own website Another's website X Upon request Other (explain on Schedule O)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records

HAYLEY PALMER - (206) 652-5555

80 YESLER WAY, 300, SEATTLE, 98104

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)	(B)	l		((C)		out	(D)	(E)	(F)	
Name and title	Average hours per	Position (do not check more than on box, unless person is both a						Reportable compensation	Reportable compensation	Estimated amount of	
	week	offic	cer an	d a d	lirecto	or/trus	tee)	from	from related	other	
	(list any hours for	r direct				ted		the organization	organizations (W-2/1099-MISC/	compensation from the	
	related organizations	rustee c	l truste		ee/	npensa		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) JIM PUCKETT	40.00										
EXECUTIVE DIRECTOR	1 00	Х	_	Х		_		106,590.	0.	25,722.	
(2) SHAWN DREW	1.00	37						_	_	0	
OIRECTOR (3) YUYUN ISMAWATI	1.00	Х						0.	0.	0.	
DIRECTOR	1.00	Х						0.	0.	0.	
(4) ROBERTO FERRIGNO	1.00								•		
DIRECTOR		Х						0.	0.	0.	
		1									

232007 12-13-22 Form **990** (2022)

Section A. Officers, Directors, Tru	istees, Key Em	ploy	ees,	and	ΙΗίζ	gnes	t C	ompensated Employee	s (continued)				
(A)	(B)			(C				(D)	(E)			(F)	
Name and title	Average hours per		not cl		more '	than c		Reportable	Reportable			timate nount (
	week		, unles cer an					compensation from	compensation from related			other	OI
	(list any	ector						the	organization			pensa	
	hours for related	e or dir	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)			om the anizati	
	organizations	truste	al trus		yee	mpen		1099-NEC)	1099-1120,	'		d relate	
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former	·			orga	anizatio	ons
	line)	ip i	lnst	Officer	Key	Hig	For						
								106 500					20
1b Subtotal	/// O A							106,590.		0.	2	5,72	0.
c Total from continuation sheets to Part de Total (add lines 1b and 1c)								106,590.		0.	2	5,72	
Total number of individuals (including but									000 of reportable			<u> </u>	
compensation from the organization													1
												Yes	No
3 Did the organization list any former office		,	,	•	,	,	•		•		3		Х
line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the											3		
and related organizations greater than \$1								<u>-</u> '	-		4		Х
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes," co	mplete Schedul	e J f	or su	ıch r	ers	on .					5		X
Section B. Independent Contractors 1 Complete this table for your five highest of	compensated inc	lana	nder	nt co	ntra	actor	re th	ast received more than \$	100 000 of com	nanca	tion fro	.m	
the organization. Report compensation for	•	-								репза	LIOIT IIC	7111	
(A) Name and busines	ss address	NC	ONE	7.				(B) Description of s	ervices	C	(C ompe	;) nsatior	n
		-110											
							+						
							\neg						
2 Total number of independent contractors	(including but n	ot lin	nited	to t	thos	e lis	ted	above) who received mo	ore than				

01-0918435

Form 990 (2022) BASEL ACTION NETWORK
Part VIII Statement of Revenue

		Check if Schedule O con	tains a respo	nse	or note to any lin	e in this Part VIII			
			•		•	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							lunction revenue	business revenue	sections 512 - 514
ants	1 a	Federated campaigns	1a						
ran		Membership dues							
⊋,g		Fundraising events							
ifts ar A		Related organizations							
s, G		Government grants (contribut							
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, gifts, gran							
		similar amounts not included abo			234,625.				
	g	Noncash contributions included in lines		6					
Sol	h	Total. Add lines 1a-1f				234,625.			
					Business Code				
ø	2 a	LICENSING FEES, RECYCL		900099	619,783.	619,783.			
ξ	b	SERVICE FEES, WASTE TR		900099	51,737.	51,737.			
Se	С	LICENSING FEES, ENTERP		900099	39,758.	39,758.			
am	d	d PERFORMANCE VERIFICATION FEES			900099	28,750.	28,750.		
Program Service Revenue	е	LICENSING FEES, CERTIFYING BODY			900099	20,000.	20,000.		
Ā	f	All other program service reve	enue		900099	18,895.	18,895.		
	g	Total. Add lines 2a-2f				778,923.			
	3	Investment income (including	dividends, i	ntere	st, and				
		other similar amounts)				56.			56.
	4	Income from investment of ta	ax-exempt bo	nd p	roceeds				
	5	Royalties							
			(i) Rea		(ii) Personal				
	6 a	Gross rents 6a	a						
	b	Less: rental expenses 6k	o						
	С	Rental income or (loss) 60							
	d	Net rental income or (loss)							
	7 a	Gross amount from sales of	(i) Securi	ies	(ii) Other				
		assets other than inventory 72	а						
	b	Less: cost or other basis							
e		and sales expenses 7t	o						
Revenue	С	Gain or (loss) 70							
	d	Net gain or (loss)							
ther	8 a	Gross income from fundraising e	events (not						
₹		including \$	of						
		contributions reported on line	e 1c). See						
		Part IV, line 18		8a					
	b	Less: direct expenses		8b					
	С	Net income or (loss) from fund	draising ever	nt <u>s</u>					
	9 a	Gross income from gaming a							
		Part IV, line 19		9a					
	b	Less: direct expenses		9b					
	С	Net income or (loss) from gan	ning activitie	s					
	10 a	Gross sales of inventory, less							
		and allowances		10a					
		Less: cost of goods sold		10b	•				
	С	Net income or (loss) from sale	es of invento	ry					
က္					Business Code				
eon Ie	11 a								
lan en	b								
Miscellaneous Revenue	С								
Mis		All other revenue							
		Total. Add lines 11a-11d				4 040 701		_	
	12	Total revenue. See instructions				1,013,604.	778,923.	0.	56.

Form 990 (2022) BASEL ACTION NETWORK
Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
	Check if Schedule O contains a respon	se or note to any line in							
	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								
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22								
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees	132,312.		132,312.					
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)		100 000	100 100					
7	Other salaries and wages	385,745.	199,278.	186,467.					
8	Pension plan accruals and contributions (include	4 600		1 600					
	section 401(k) and 403(b) employer contributions)	1,608. 51,062.	02.001	1,608. 27,241.					
9	Other employee benefits	51,062.	23,821.	27,241.					
10	Payroll taxes	36,398.	10,576.	25,822.					
11	Fees for services (nonemployees):								
a	Management	300.	300.						
b	Legal	4,450.	300.	4,450.					
C	Accounting	4,430.		4,450.					
a	Lobbying Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25,								
9	column (A), amount, list line 11g expenses on Sch 0.)	94,668.	91,368.	3,300.					
12	Advertising and promotion	14,935.	14,935.	,					
13	Office expenses	5,793.	283.	5,510.					
14	Information technology	24,241.	1,462.	22,779.					
15	Royalties								
16	Occupancy	56,277.	38,831.	16,883.	563.				
17	Travel	50,520.	50,149.	371.					
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	18,646.	18,646.	1.50					
20	Interest	160.		160.					
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	9,318.		9,318.					
23	Other expenses. Itemize expenses not covered	9,310.		9,310.					
24	above. (List miscellaneous expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)								
а	RESEARCH & INVESTIGATIO	150,717.	150,717.						
b	MISC. EXPENSES	23,320.	11,305.	12,015.	_				
c	FILM, VIDEO, PHOTO SERV	17,952.	17,898.	54.					
d	DUES & SUBSCRIPTIONS	8,043.	7,284.	759.					
е	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	1,086,465.	636,853.	449,049.	563.				
26	Joint costs. Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)				E 000 (2222)				

Form 990 (2022)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	177,630.	1	54,105.		
	2	Savings and temporary cash investments			289,199.	2	229,256.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	13,667.	4	114,280.		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial o	contributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqui					
		under section 4958(f)(1)), and persons describ				6	
S	7	Notes and loans receivable, net		Г		7	
Assets	8	Inventories for sale or use				8	
As	9	5				9	
	10a	Land, buildings, and equipment: cost or other	·	1			
		basis. Complete Part VI of Schedule D	. 10a	5,273. 5,273.			
	b	Less: accumulated depreciation		5,273.	0.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			4,709.	15	4,709.
	16	Total assets. Add lines 1 through 15 (must ed		l l	485,205.	16	402,350.
	17	Accounts payable and accrued expenses	25,413.	17	43,110.		
	18	Grants payable		18			
	19	Deferred revenue			179,008.	19	151,317.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
Se	22	Loans and other payables to any current or fo	rmer offic	cer, director,			
Liabilities		trustee, key employee, creator or founder, sub	ostantial o	contributor, or 35%			
iab		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	es 17-24). Complete Part X			
		of Schedule D		·····	204 421	25	104 407
	26	Total liabilities. Add lines 17 through 25		77	204,421.	26	194,427.
Ø		Organizations that follow FASB ASC 958, c	heck her	e X			
ဥ		and complete lines 27, 28, 32, and 33.			200 704		207 022
ala	27				280,784.	27	207,923.
ă	28					28	
Ě		Organizations that do not follow FASB ASC	958, ch	eck here			
<u> </u>		and complete lines 29 through 33.					
jts (29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			280,784.	31	207 022
ž	32				485,205.	32	207,923.
	33	Total liabilities and net assets/fund balances			403,203.	33	402,350.

Pa	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)		L,01		
2	Total expenses (must equal Part IX, column (A), line 25)	2 1	1,08	6,4	<u>65.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>61.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	28	0,7	84.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	20	7,9	23.
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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	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?		За		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Name of the organization BASEL ACTION NETWORK Employer identification number 01-0918435

Pa	ırt I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.			
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12. c	heck only	one box.)				
1		•	•	•	•	•	ινανί)			
2	H	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
	H	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
3	H									
4		A medical research organiz	ation operated in cor	njunction with a nospital	aescribea	in sectio	n 1/0(b)(1)(A)(III). Enter	the nospital's name,		
		city, and state:								
5		An organization operated for	or the benefit of a col	llege or university owned	d or operat	ed by a go	vernmental unit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local government	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7		An organization that norma	Illy receives a substa	ntial part of its support fr	rom a gove	ernmental	unit or from the general	public described in		
		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				ed in conju	inction with a land-grant	college		
		or university or a non-land-g				-	-	-		
		university:	, a conego or agrio				, and state of the somega			
10	X	An organization that norma	Illy receives (1) more	than 33 1/3% of its sunn	ort from c	ontribution	ns membershin fees an	d aross receints from		
10		activities related to its exen								
				•				•		
		income and unrelated busin		(less section 511 tax) irc	om busines	sses acqui	red by the organization a	alter June 30, 1975.		
		See section 509(a)(2). (Con					20()(4)			
11	\square	An organization organized a						_		
12		An organization organized a	•	•	•		•			
		more publicly supported or	•					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.			
a	ı		anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), typically by	giving		
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting		
		organization. You must o	complete Part IV, Se	ections A and B.						
k		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organization(s), by hav	ving		
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the sup	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.						
c	: [Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,		
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ctions A,	D, and E.			
c	. [Type III non-functionally		·				zation(s)		
	-	that is not functionally int					• • • • •			
		requirement (see instructi	•	• ,	•		•			
e		Check this box if the orga	•	= '						
•	· L	functionally integrated, or					Type I, Type III, Type III			
	Ent	er the number of supported of	• •	nally integrated supporting	ng organiz	ation.				
1										
		vide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other		
	•	organization	(,	(described on lines 1-10	in your governi		support (see instructions)	support (see instructions)		
				above (see instructions))	Yes	No	,	,		
T-4	-1						I	1		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion 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	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						
5	The portion of total contributions						_
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion 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						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	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 5	01(c)(3)	
	organization, check this box and stor						
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	%
	Public support percentage from 2021					15	%
16a	33 1/3% support test - 2022. If the o	-			14 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the o				l line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact		•	•	•	VI how the organiz	ation
	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	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<u> </u>

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

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

Se	quality under the tests listed by	elow, please comp	lete Part II.)				_
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	99,526.	83,351.	• •		• •	793,390.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	669,553.	754,607.	761,813.		778,923.	
3	Gross receipts from activities that are not an unrelated trade or business 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	769,079.	837,958.	879,634.	1088363.	1013548.	4588582.
	A Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	30,052.	39,808.	75 426.	415,723.	403 815.	964 824.
,	Add lines 7a and 7b	30,052.	39,808.	75,426.	415,723.	403,815.	
	Public support. (Subtract line 7c from line 6.)			, , , , , ,			3623758.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	769,079.	837,958.	879,634.	1088363.	1013548.	4588582.
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	81.	400.	300.	86.	56.	923.
k	Unrelated business taxable income (less section 511 taxes) from businesses	021	1000	3000		301	
	acquired after June 30, 1975	81.	400.	300.	86.	56.	923.
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	01.	400.	300.	00.	50.	923.
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.)	769,160.	838,358.	879,934.	1088449.	1013604.	4589505.
14	First 5 years. If the Form 990 is for the	ie organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,
<u>C-</u>		- Compart Day					
	ction C. Computation of Publi			- L (5)		45	78.96 %
	Public support percentage for 2022 (li					16	
	Public support percentage from 2021 ction D. Computation of Inves					16	87.26 %
	Investment income percentage for 20			ne 13 column (f))		17	.02 %
	Investment income percentage from 2					18	.02 %
	a 33 1/3% support tests - 2022. If the						,-
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualif	ies as a publicly s	upported organizat	tion	X
r	33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV Supporting Organizations

(Complete only if you checked a box 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.)

	Yes	No
1		
2		
3a		
3b		
3с		
40		
4a		
4b		
-tu		
4c		
Ŧ		
5a		
5b		
5c		
6		
J		
7		
7		
8		
9a		
9b		
9с		
30		
10a		
10b		

Pai	t IV	Supporting Organizations (continued)			
	•			Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	11 how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed	_		
202	the su	pported organization(s). D. All Type III Supporting Organizations	1		
	tion L	7. All Type III Supporting Significations		Vaa	Na
4	Did th	a arganization provide to each of its supported arganizations, by the last day of the fifth month of the		Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	•	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	ason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
_	-	cant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec	tion E	. Type III Functionally Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		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 ins	truction	s).	
2	Activit	ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		ipported 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 th	he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in	<u>.</u>		
_		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
h		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
D		e organization exercise a substantial degree of direction over the policies, programs, and activities of each supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	OI ILO S	supported organizations: II Tes, describe in Fait VI the role played by the organization in this regard.	JU		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualif	ying trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations m		•	
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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	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	nally integrated	d Type III supporting orga	ınization (see

Schedule A (Form 990) 2022

instructions).

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	ınizations _{(continu}	ıed)				
Secti	on D - Distributions		·		Current Year			
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1				
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported						
	organizations, in excess of income from activity		2					
3	Administrative expenses paid to accomplish exempt purpose	S	3					
4	Amounts paid to acquire exempt-use assets		4					
5	Qualified set-aside amounts (prior IRS approval required - pro	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)						
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	ne 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				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022			
1	Distributable amount for 2022 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2022 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2022							
a	From 2017							
b	From 2018							
с	From 2019							
d	From 2020							
е	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 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
<u>b</u>	Applied to 2022 distributable amount							
с	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.							
88	Breakdown of line 7:							
a	Excess from 2018							
b	Excess from 2019							
с	Excess from 2020							
d	Excess from 2021							

Schedule A (Form 990) 2022

e Excess from 2022

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,
	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

Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2022

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
ABINGTON RELDAN					
METALS	0.	0.	0.	0.	0.
APTO SOLUTIONS	0.	0.	0.	1,866.	7,614.
BLOOMBERG LP	2,308.	0.	0.	0.	0.
BLUE STAR RECYCLERS CASCADE ASSET	0.	11,616.	0.	1,416.	5,494.
MANAGEMENT	0.	0.	0.	0.	7,614.
CLOUDBLUE	0.	0.	0.	84,116.	0.
DYNAMIC LIFECYCLE					
INNOVATIONS	0.	0.	0.	66,616.	0.
E-CYCLE	0.	0.	0.	19,866.	0.
ELECTRONIC RECYCLERS INTL	0.	0.	0.	82,116.	82,864.
EPC	0.	0.	0.	74,116.	81,614.
ER2	0.	0.	0.	0.	0.
GRID	0.	0.	16,823.	0.	0.
GRID-ARENDAL	0.	0.	0.	16,611.	0.
INGRAM MICRO SERVICES	0.	0.	0.	0.	82,364.
KUUSAKOSKI	0.	0.	0.	8,866.	2,364.
LIQUID TECHNOLOGY	0.	0.	0.	6,616.	19,364.
MARISLA FOUNDATION	17,308.	0.	41,201.	0.	0.
NOVAMONT	0.	21,576.	0.	0.	0.
POWERHOUSE RECYCLING	0.	0.	0.	12,616.	25,364.
ROCKEFELLER PHILANTHROPY ADVISOR	0.	0.	16,201.	0.	0.
SAGE	0.	0.	0.	20,116.	34,364.
SAMSUNG	0.	6,616.	1,201.	0.	19,659.
SIMS METAL MANAGEMENT	2,308.	0.	0.	0.	0.
SIPI ASSET RECOVERY	0.	0.	0.	17,116.	0.
Total to Schedule A, Part III, Line 7b					

Schedule A

Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2022

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
WELLS FARGO	2,308.	0.	0.	0.	0.
WISETEK SOLUTIONS	0.	0.	0.	0.	5,044.
WMMFA	0.	0.	0.	3,670.	0.
WYNG FOUNDATION	5,820.	0.	0.	0.	0.
COMPUCYCLE	0.	0.	0.	0.	1,614.
FULL CIRCLE ELEC.	0.	0.	0.	0.	26,864.
GREEN CHIP INC. MITSUBISHI ELECTRIC	0.	0.	0.	0.	0.
AMERICA FOUNDATION NCS GLOBAL SERVICES	0.	0.	0.	0.	0.
LLC	0.	0.	0.	0.	0.
RSR PARTNERS, DBA REGENCY TECHNOLOGIES	0.	0.	0.	0.	1,614.
Total to Schedule A, Part III, Line 7b	30,052.	39,808.	75,426.	415,723.	403,815.

Schedule A

Identification of Excess Support Payments Included on Part III, Line 7b, column (e)

2022

** Do Not File ** *** Not Open to Public Inspection ***

Payer's Name	Amount Received in 2022	2022 Excess Payments
ABINGTON RELDAN METALS	8,550.	0.
APTO SOLUTIONS	17,750.	7,614.
BLUE STAR RECYCLERS	15,630.	5,494.
CASCADE ASSET MANAGEMENT	17,750.	7,614.
ELECTRONIC RECYCLERS INTL	93,000.	82,864.
EPC	91,750.	81,614.
INGRAM MICRO SERVICES	92,500.	82,364.
KUUSAKOSKI	12,500.	2,364.
LIQUID TECHNOLOGY	29,500.	19,364.
POWERHOUSE RECYCLING	35,500.	25,364.
SAGE	44,500.	34,364.
SAMSUNG	29,795.	19,659.
WISETEK SOLUTIONS	15,180.	5,044.
COMPUCYCLE	11,750.	1,614.
FULL CIRCLE ELEC.	37,000.	26,864.
GREEN CHIP INC.	8,800.	0.
MITSUBISHI ELECTRIC AMERICA FOUNDATION	10,000.	0.
NCS GLOBAL SERVICES LLC	8,550.	0.
RSR PARTNERS, DBA REGENCY TECHNOLOGIES	11,750.	1,614.
Total Excess Payments to Schedule A, Part III, Line 7b, column (e)		403,815.

Schedule B

Department of the Treasury

(Form 990)

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

Schedule B (Form 990) (2022)

Internal Revenue Service

Name of the organization

BASEL ACTION NETWORK

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

Employer identification number

01-0918435

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

Name of organization Employer identification number

BASEL ACTION NETWORK

01-0918435

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,000.	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		\$\$	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
3		\$125,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 55,000.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

BASEL ACTION NETWORK

01-0918435

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							
		\$								

Employer identification number Name of organization BASEL ACTION NETWORK 01-0918435 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

BASEL ACTION NETWORK

Employer identification number 01-0918435

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		imilar Funds o	or Accoun	ts. Complete if the
	organization answered Tee Sitt offit 600, Fart IV, IIII	(a) Donor advise	d funds	(b) Fun	ds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v		ld in donor advise	d funds	
	are the organization's property, subject to the organization's	exclusive legal control?			Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for an	y other purpose c	onferring	
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes	s" on Form 990, P	art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	_		
	Preservation of land for public use (for example, recreated	tion or education)	Preservation of	a historically	important land area
	Protection of natural habitat		Preservation of	a certified his	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribu	ition in the form o	f a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b					
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c	
d	Number of conservation easements included in (c) acquired a				
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the o	organization	during the tax
	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per		ion, handling of		
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, an	d enforcing conse	ervation ease	ments during the year
_					
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and en	orcing conservati	on easement	is during the year
•	Door and accounting account was acted as line O(d) about		fti 170/b	\/4\/D\/;\	
8	Does each conservation easement reported on line 2(d) above				□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footn	iote to the organization's	imanciai statemer	nts that desc	ribes trie
Par	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art. Historical Trea	sures, or Oth	ner Simila	r Assets.
	Complete if the organization answered "Yes" on Form	•	,		
1a	If the organization elected, as permitted under FASB ASC 95		nue statement an	d balance sh	neet works
	of art, historical treasures, or other similar assets held for pub	•			
	service, provide in Part XIII the text of the footnote to its finan			-	
b	If the organization elected, as permitted under FASB ASC 95				works of
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items:	,			,
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical trea			gain, provide	
	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				\$

Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Other	Simila	r Asset	S (continu	ıed)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the t	following that	t make siç	gnificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	i	Loan or exc	hange progra	am					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how th	ey further th	ne organizatio	on's exem	pt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations o	of art, his	storical treas	sures, or othe	er similar a	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered	"Yes" on I	Form 990	D, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for o	contribution	s or other ass	sets not ir	ncluded		_		
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for 6	escrow or cu	ustodial acco	unt liabilit	ty?	L	Yes	Щ	No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i								1		<u> </u>
		(a) Current year	(b) ⊦	rior year	(c) Two yea	rs back ((d) Three	years back	(e) Four y	ears b	ack_
	Beginning of year balance										
	Contributions					+					
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1g	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c shou	•									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation tha	t are held ar	nd administer	red for the	€			7 1	<u> </u>
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)	_	
_	(ii) Related organizations								3a(ii)	-	
_	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Dar	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment f	unds.							
ı aı	Complete if the organization answered) Dart IV	/ line 11a S	ee Form 990	Dart V I	ine 10				
								- I	(al) Da ali	val···	
	Description of property	(a) Cost or o		` '	or other (other)		cumulat reciation	II	(d) Book	value	
4-	Land	· ·	nen)	Dasis	(ou ioi)	uep	n c ciatioi				
	Land										
	Buildings										
	Leasehold improvements				5,273.		5,2	73			0.
	Equipment				J, 41J.		J, <u>Z</u>	7.5.			<u>.</u>
	Other		V a=1	nn /D\ !: 1	00)						0.
uldi	. AUU IIIES TA HITUUUH TE. ILAHIMA IALMIST A	oual Form 990 Part	x collin	iri (K) IINA 1	UC: 1						•

Schedule D (Form 990) 2022 BASEL ACTION	NETWORK	01	-0918435 Page
Part VII Investments - Other Securities.	n Form 000 Dort IV line	11b See Form 000 Bort V line 12	
Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(1) Financial derivatives	(2) 20011 14140	(0)	. e. year mamer raide
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	
(a) D	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>15.)</u>		
	n Form 000 Port IV line	110 or 11f Soo Form 000 Part V line 25	
Complete if the organization answered "Yes" o (a) Description of liability	n Form 990, Part IV, line	TTE OF TTI. See FORTI 990, Part X, IIIIe 25	
., , ,			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			ı

(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Pai	rt XI Reconciliation of Revenue per Audited	ا Financial Statements With Revenue	oer Return.	
	Complete if the organization answered "Yes" on For	m 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financia	al statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII,	ine 12:		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d				
е	A 1 1 1: 0 11 1 0 1		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not o			
а	Investment expenses not included on Form 990, Part VIII, li	ne 7b 4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 9	90. Part I. line 12.)	5	
Pa	rt XII Reconciliation of Expenses per Audited		s per Return.	
	Complete if the organization answered "Yes" on For			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	,			
е				
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on	1 1		
а	Investment expenses not included on Form 990, Part VIII, li	ne 7b 4a		
b				
	,	4b		
	Add lines 4a and 4b			
c 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form			
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form rt XIII Supplemental Information.	990. Part I. line 18.)	5	
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form rt XIII Supplemental Information. This ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 3, 5, and 9; Part II, lines 3, and 9; Part II, line	990. Part I. line 18.) : III, lines 1a and 4; Part IV, lines 1b and 2b; Part	5	
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form rt XIII Supplemental Information.	990. Part I. line 18.) : III, lines 1a and 4; Part IV, lines 1b and 2b; Part	5	
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form rt XIII Supplemental Information. This ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 3, 5, and 9; Part II, lines 3, and 9; Part II, line	990. Part I. line 18.) : III, lines 1a and 4; Part IV, lines 1b and 2b; Part	5	
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form rt XIII Supplemental Information. This ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 3, 5, and 9; Part II, lines 3, and 9; Part II, line	990. Part I. line 18.) : III, lines 1a and 4; Part IV, lines 1b and 2b; Part	5	
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form rt XIII Supplemental Information. This ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 3, 5, and 9; Part II, lines 3, and 9; Part II, line	990. Part I. line 18.) : III, lines 1a and 4; Part IV, lines 1b and 2b; Part	5	
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form rt XIII Supplemental Information. This ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 3, 5, and 9; Part II, lines 3, and 9; Part II, line	990. Part I. line 18.) : III, lines 1a and 4; Part IV, lines 1b and 2b; Part	5	
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form rt XIII Supplemental Information. This ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 3, 5, and 9; Part II, lines 3, and 9; Part II, line	990. Part I. line 18.) : III, lines 1a and 4; Part IV, lines 1b and 2b; Part	5	
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form rt XIII Supplemental Information. This ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 3, 5, and 9; Part II, lines 3, and 9; Part II, line	990. Part I. line 18.) : III, lines 1a and 4; Part IV, lines 1b and 2b; Part	5	
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form rt XIII Supplemental Information. This ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 3, 5, and 9; Part II, lines 3, and 9; Part II, line	990. Part I. line 18.) : III, lines 1a and 4; Part IV, lines 1b and 2b; Part	5	
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form rt XIII Supplemental Information. This ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 3, 5, and 9; Part II, lines 3, and 9; Part II, line	990. Part I. line 18.) : III, lines 1a and 4; Part IV, lines 1b and 2b; Part	5	
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form rt XIII Supplemental Information. This ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 3, 5, and 9; Part II, lines 3, and 9; Part II, line	990. Part I. line 18.) : III, lines 1a and 4; Part IV, lines 1b and 2b; Part	5	
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form rt XIII Supplemental Information. This ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 3, 5, and 9; Part II, lines 3, and 9; Part II, line	990. Part I. line 18.) : III, lines 1a and 4; Part IV, lines 1b and 2b; Part	5	
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form rt XIII Supplemental Information. This ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 3, 5, and 9; Part II, lines 3, and 9; Part II, line	990. Part I. line 18.) : III, lines 1a and 4; Part IV, lines 1b and 2b; Part	5	
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form rt XIII Supplemental Information. This ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 3, 5, and 9; Part II, lines 3, and 9; Part II, line	990. Part I. line 18.) : III, lines 1a and 4; Part IV, lines 1b and 2b; Part	5	
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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

BASEL ACTION NETWORK

Employer identification number 01-0918435

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: PLASTIC POLLUTION PREVENTION: WITHIN THREE STRATEGIC AREAS (TRACKING, MOVEMENT BUILDING, AND POLICY IMPLEMENTATION), BAN WILL SPEARHEAD THE BFFP MOVEMENT'S RESPONSE TO THE INTERNATIONAL PLASTIC WASTE TRADE. WE AIM TO GATHER VITAL AND UNIQUE DATA FOR TRACKING AND EXPOSING THE PLASTIC WASTE TRADE USING OUR PIONEERING GPS TRACKING SYSTEM. WE WILL BE LAUNCHING A LARGE-SCALE PLASTIC WASTE TRANSPARENCY PROJECT IN 2021 IN NORTH AMERICA TO RAISE AWARENESS ON WASTE TRADE TRENDS. IN ADDITION, WE ARE ACTIVE MEMBERS OF THE BASEL CONVENTION'S PLASTIC WASTE PARTNERSHIP AND HOPE TO CARRY OUT REGIONAL TRACKING PROJECTS WITH MULTIPLE BASEL REGIONAL CENTERS. THIS DATA WILL ASSIST THESE REGIONS IN CONTROLLING AND MANAGING THEIR WASTE TRADE, BY HELPING THEM UNDERSTAND HOW MUCH IS HAPPENING, WHERE IT COMES FROM, WHERE IT GOES. THE LIKELY LEGALITY OF IT, AND ASSESS WHETHER THE FINAL MANAGEMENT OF THE WASTE IS ESM OR NOT. EXPENSES \$ 3,215. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS SENT TO THE EXECUTIVE DIRECTOR FOR REVIEW PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST IS ASSESSED ON AN ANNUAL BASIS. IF A CONFLICT OF INTEREST ARISES, THE INTERESTED PERSON SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT. POSSIBLE, EFFORTS ARE MADE TO AVOID CONFLICTS OF INTEREST.

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
1	FURNITURE AND EQUIPMENT	01/01/15		.000	ну1	16	5,273.				5,273.	5,273.		0.	5,273.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						5,273.				5,273.	5,273.		0.	5,273.
	* GRAND TOTAL 990 PAGE 10 DEPR						5,273.				5,273.	5,273.		0.	5,273.