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EXTENDED TO NOVEMBER 15, 2021

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



Department of the Treasury Internal Revenue Service

AF	or th	e 2020 calendar year, or tax year beginning and er	nding		
B C	heck if pplicab	e: C Name of organization		D Employer identific	ation number
	Addre chang Name chang			27-502640	<pre>co</pre>
	⊐Initial		,		
	_returr Final		oom/suite 03B	E Telephone number 617-261-4	
	returr∟ termi		036		$\frac{1595}{2,468,760.}$
	ated Amer	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	
	_lreturr]Appli	BOSION, MA UZIII		H(a) Is this a group re	
	_tion pend	F Name and address of principal officer: DIAMA SAFARASAM		for subordinates'	
<u> </u>		$\begin{array}{c c c c c c c c c c c c c c c c c c c $	507	H(b) Are all subordinates in	
<u> </u>	ax-ex	empt status: $501(c)(3)$ X $501(c)(4) \lt$ (insert no.) 4947(a)(1) or te: WWW • DRAFUND • ORG	527		list. See instructions
				H(c) Group exemption	
	orm o Irt I		L Year of	of formation: ZUII M	State of legal domicile: MA
Pa		Summary		DEDCONC WIT	חט
e	1	Briefly describe the organization's mission or most significant activities: TO SU DISABILITIES IN THE DEVELOPING WORLD TO A	DUANC	PERSONS WIT	MEWORKS TO
าลท					
/err		Check this box Check this box		1 1	sets. 10
Go	3				9
8	4	Number of independent voting members of the governing body (Part VI, line 1b)			<u>9</u> 11
ties	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0
Activities & Governance	6	Total number of volunteers (estimate if necessary)			0.
Ac					0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u> </u>		
				Prior Year 3,835,160.	Current Year 2,468,760.
anı	8	Contributions and grants (Part VIII, line 1h)		0.	2,400,700.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,835,160.	2,468,760.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,432,347.	1,661,275.
	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)		138,282.	166,386.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	·····	130,202.	0.
nəc		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	8	••	••
EX		Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		397,771.	104,421.
	17 18			3,968,400.	1,932,082.
	19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-133,240.	536,678.
or ces	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
sets c alance	20	Total assets (Part X, line 16)		762,105.	1,531,402.
Assu Bal	20			167,848.	400,467.
Net , und		Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		594,257.	1,130,935.
Pa	irt II			55272574	1,100,000
		alties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of my	knowledge and belief, it is
	· · ·	, , , ,		,	

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date
Here	DIANA SAMARASAN, FOUNDING EXECUTIVE DIRECTOR	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature Date	Check PTIN
Paid	SANDRA M. BROWN, CPA SANDRA M. BROWN, CPA10/18	/21 self-employed P01614103
Preparer	Firm's name SMITH, SULLIVAN & BROWN, P.C.	Firm's EIN 43-1985162
Use Only	Firm's address 💊 80 FLANDERS ROAD – SUITE #200	
	WESTBOROUGH, MA 01581	Phone no. (508) 871-7178
May the I	RS discuss this return with the preparer shown above? See instructions	X Yes No
032001 12-2	3-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2020)
q	ΕΕ ΟΟΥΕΝΙΙΕ Ο ΕΟΡ ΟΡΟΔΝΤΖΑΤΙΟΝ ΜΤΟΟΙΟΝ ΟΠΑΤΕΜΕΝΗ Ο	ωνωτηγια τη των

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2020) DISABILITY RIGHTS ADVOCACY FUND, INC. 27-5026463 Page 2
Pa	t III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:
	THE DISABILITY RIGHTS ADVOCACY FUND, INC. SUPPORTS PERSONS WITH
	DISABILITIES IN THE DEVELOPING WORLD TO ADVANCE LEGAL FRAMEWORKS TO
	REALIZE THEIR RIGHTS.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ? Yes LA No If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
Ū	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses 1,836,043. including grants of 1,661,275.) (Revenue \$
	ADVOCATING FOR THE HUMAN RIGHTS OF PEOPLE WITH DISABILITIES WORLDWIDE,
	PROVIDING GRANTS AND ASSISTANCE TO DISABLED PERSONS' ORGANIZATIONS
	ENGAGED IN ADVOCACY, AND SUPPORTING, ENHANCING AND FACILITING THE MISSION AND OBJECTIVES OF DISABILITY RIGHTS FUND, INC., THE SOLE MEMBER
	OF THE CORPORATION.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4-	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,836,043.
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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-		v
	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			
F	during the tax year? If "Yes," complete Schedule C, Part II	4		
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 Revenue Procedure 98-19? <i>If</i> " <i>Yes</i> ," <i>complete Schedule C, Part III</i>	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		Х
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			v
	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	11c		x
А	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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	TIC		- 23
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	L
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		77	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	<u> </u>
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	45	х	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	~	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
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? <i>If</i> " <i>Yes</i> ," <i>answer lines 24b through 24d and complete</i>	046		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		11
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	2 5a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	2 8a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f			v
2	"Yes," complete Schedule L, Part IV	28c		X X
29 80	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
•	contributions? If "Yes," complete Schedule M	30		x
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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	
85a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	x	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	30	- 23	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1a 1b 1b			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c		
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Form 990 (2	2020)	DISABILITY	RIGHTS	ADVOCACY	FUND,	INC.
Part V	Statements	Regarding Other I	RS Filings	and Tax Com	oliance (co	ontinued)

			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 1	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	. 3b		
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)?	. 4a		X
b	If "Yes," enter the name of the foreign country	-		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. 5 c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		v	
	any contributions that were not tax deductible as charitable contributions?	. <u>6a</u>	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch	x	
7	were not tax deductible?	. 6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payo	? 7 a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
v	to file Form 8282?	. 7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
	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			
	sponsoring organization have excess business holdings at any time during the year?	. 8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	. 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	. 9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	- 10-		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
ы 13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	. 1 4a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	. 15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

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DISABILITY RIGHTS ADVOCACY FUND, INC.

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

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X

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.

			-		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	1(2		
	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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	-	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under t	he direo	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a more members of the governing body?			7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	persons other than the governing body?		•	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					
а	The governing body?			8a	X	
	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal F					
				_	Yes	No
0a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such o					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to con	flicts?	12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>in Schedule O how this was done</i>			12c	x	
3	Did the organization have a written whistleblower policy?			13	X	
4	Did the organization have a written document retention and destruction policy?			14	X	
5	Did the process for determining compensation of the following persons include a review and approv					
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					
а	The organization's CEO, Executive Director, or top management official			15a	X	
	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement w	vith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anizatio	n's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright MA$					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, i	and 990)-T (Section 501(c)(3)s only	/) avai	lable
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain	n on Sc	hedule ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or			nd fina	ncial	
-	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 b	ooks ar	d records ►			
	ALICE PHINIZY - 617-261-4593	o u				
2006	89 SOUTH STREET, NO. 203B, BOSTON, MA 02111			Forn	1 990	(2020
	7					,
91	018 807818 DIS6463 2020.04030 DISABILITY RIG	HTS	ADVOCACY	DTS	564	631

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest Comp	ensated
	Employees, and Independe	ent Contra	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per week					is bot pr/trus		compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	or dire				ted		organization	(W-2/1099-MISC)	from the
	related	stee c	rustee		a)	pensa		(W-2/1099-MISC)		organization
	organizations below	ual tru	onal t		ploye	t com				and related
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DIANA SAMARASAN	9.00				×	1 0				
FOUNDING EXECUTIVE DIR/ASST CLERK	26.00	x		x				26,105.	137,587.	36,115.
(2) KAI DICKERSON	2.00									
TREASURER (FORMER)	2.00	X						0.	0.	0.
(3) WILLIAM ROWLAND	2.00									
CO-CHAIR/PRESIDENT DRAF (FORMER)	2.00	Х						0.	0.	0.
(4) ANDREW FERREN	2.00									
CO-CHAIR, CLERK	2.00	Х		Х				0.	0.	0.
(5) LORRAINE WAPLING	2.00									
CO-CHAIR/PRESIDENT DRAF	2.00	х		X				0.	0.	0.
(6) OLA ABU AL GHAIB	2.00									
DIRECTOR (FORMER)	2.00	X						0.	0.	0.
(7) KRISTEN PRATT	2.00									0
DIRECTOR	2.00	X						0.	0.	0.
(8) CHARLIE CLEMENTS	2.00									0
DIRECTOR	2.00	X						0.	0.	0.
(9) ELIZABETH MACNAIRN	2.00	v						0.	0.	0.
DIRECTOR	2.00	X						0.	0.	0.
(10) SETAREKI MACANAWAI DIRECTOR	2.00	x						0.	0.	0.
(11) ADITI JUNEJA	2.00							0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(12) MARIEL GONZALES	2.00								Ŭ.	
TREASURER	2.00	x		x				0.	0.	0.
(13) MARIA NI FHLATHARTA	2.00									
DIRECTOR	2.00	x						0.	0.	0.
		1								
		1								
022007 12 22 20										Earm 990 (2020)

032007 12-23-20

Form **990** (2020)

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2020.04030 DISABILITY RIGHTS ADVOCACY

8

DIS64631

	990 (2020) DISABILIT										27-5	026	463	P	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C		mploye				(5)	
	(A) Name and title	(B) Average hours per week	box offic	not c , unle	ss pe	ition more rson i	than is bot or/trus	h an	(D) Reportabl compensat from		(E) Reportable compensati from relate	on d	an	(F) stimate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organizatic (W-2/1099-M		organizatior (W-2/1099-MI		fr org an	pensa om th anizat d relat anizati	e ion ed
1b	Subtotal		<u> </u>	<u> </u>	L	<u> </u>	<u> </u>		26,2		137,5		3	6,1	
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								26,2	0. 105.	137,5	0. 87.	3	6,1	0. 15.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed al	bove	e) wł	וס r	eceived more tha	an \$100	,000 of reportat	ole			0
3	Did the organization list any former officer,			key e	emp	loye	e, oi	r hig	hest compensat	ed emp	oloyee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su	im of reportab	le co	omp	ensa	atior	n and	d ot		n from	the organization	1	3	x	X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	/ unr	elat	ed organization	or indivi	dual for service	S	4	Δ	x
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors												5		Δ
1	Complete this table for your five highest co the organization. Report compensation for	-	-									mpens			
	(A) Name and business	address	NC	ONI	3				Descript	(B) tion of s	ervices	с) ompe		n
2	Total number of independent contractors (i	ncluding but n	ot lii	mite	d to	tho	se li	stec	l above) who rec	eived m	nore than				
	\$100,000 of compensation from the organiz	zation 🕨				(0						Form	990 (2020)

032008 12-23-20

Form **990** (2020)

9

Set Units Table Holds				/	SABILITY	RI	GHTS ADV	OCACY H	TUND	, INC.	27-5026	463 Page 9
Particle of control Control Patiation of control Pation of control	Pa	rt \	/111									
Total revenue Petitoto revenue Provided function revenue Previded function revenue Previded function funct				Check if Schedule O	contains a respo	nse	or note to any lir		VIII	(B)	(C)	
generation 1a Teleforded campaigne 1a 1b 1c									nue	Related or exempt	Unrelated	Revenue excluded
generation 1 a Federated campaigne 1 a 1 b b Membership date 1 b 1 b 1 b 1 b d Hothership date 1 b 1 c 1 d 1 c d Related organizations 1 d 2 d. 68 , 760 . 1 d 1 d d Normers grants contributions of the strutt 1 g 2 d. 68 , 760 . 1 d generating works Image: strutter strutt 1 g 2 d. 68 , 760 . 1 d generating works and strutter strutter strutt 1 g 2 d. 68 , 760 . 1 d 1 d generating works and strutter strutt										function revenue	business revenue	sections 512 - 514
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geogram 2 a a b a	ធីប័		h	Total. Add lines 1a-1f				2,468,1	/60.		-	
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DISABILITY RIGHTS ADVOCACY FUND, INC.

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).

Do I	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21	114,377.	114,377.		
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	1,546,898.	1,546,898.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	24 54 5	10.070	<pre>c</pre>	<i>c</i>
	trustees, and key employees	31,616.	18,970.	6,323.	6,323
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	104 040		20.000	11 004
7	Other salaries and wages	104,942.	54,670.	39,208.	11,064
8	Pension plan accruals and contributions (include	1 6 9 7	000	702	1 0
_	section 401(k) and 403(b) employer contributions)	1,627.	908.	703. 7,355.	16
9	Other employee benefits	19,501. 8,700.	11,082.	3,208.	1,064 1,243
0	Payroll taxes	8,700.	4,249.	3,208.	1,243
1	Fees for services (nonemployees):				
	Management	1,793.	1,788.	5.	
	Legal	5,060.	1,700.	5,060.	
	Accounting	5,000.		5,000.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	65,831.	64,071.	1,106.	654
•	column (A) amount, list line 11g expenses on Sch 0.)	05,051.	01,0710	1,100.	054
2	Advertising and promotion	8,735.	1,828.	5,511.	1,396
3 4	Office expenses	0,755.	1,020.	5,511.	1,550
	Information technology				
5 6	Royalties	4,735.		4,735.	
7	Occupancy Travel	11,685.	11,268.	119.	298
' 8	Payments of travel or entertainment expenses				
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	648.		648.	
4	Other expenses. Itemize expenses not covered				
-	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROGRAMMATIC EXPENSES	5,934.	5,934.		
b					
с					
d					
	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	1,932,082.	1,836,043.	73,981.	22,058
<u> </u>	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)				

13591018 807818 DIS6463

11 2020.04030 DISABILITY RIGHTS ADVOCACY

DIS64631

13591018 807818 DIS6463

Savings and temporary cash investments 3 Pledges and grants receivable, net Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)

Cash - non-interest-bearing

Part X	Balance Sheet		
	Check if Schedule O contains a response or note to any line in this Part X		
		(A) Beginning of year	

DISABILITY RIGHTS ADVOCACY FUND,

27-5026463 Page 11

(B)

End of year

1,428,175.

INC.

762,105.

1

2

3

4

5

~

Form **990** (2020)

	under section 4956(I)(T)), and persons describe	C IN SECTION 4956(C)(S)(B)		0	
7	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges			9	
10a	Land, buildings, and equipment: cost or other				
	basis. Complete Part VI of Schedule D	10a			
b	Less: accumulated depreciation	10b		10c	
11	Investments - publicly traded securities			11	
12	Investments - other securities. See Part IV, line	11		12	
13	Investments - program-related. See Part IV, line	11		13	
14	Intangible assets			14	
15	Other assets. See Part IV, line 11		0.	15	103,227.
16	Total assets. Add lines 1 through 15 (must equ	al line 33)	762,105.	16	1,531,402.
17	Accounts payable and accrued expenses		723.	17	277.
18	Grants payable		159,500.	18	400,190.
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
22	Loans and other payables to any current or form	mer officer, director,			
	trustee, key employee, creator or founder, subs	tantial contributor, or 35%			
	controlled entity or family member of any of the	se persons		22	
23	Secured mortgages and notes payable to unrel	ated third parties		23	
24	Unsecured notes and loans payable to unrelate	d third parties		24	
25	Other liabilities (including federal income tax, pa	ayables to related third			
	parties, and other liabilities not included on line	s 17-24). Complete Part X			
	of Schedule D		7,625.	25	0.
26	Total liabilities. Add lines 17 through 25		167,848.	26	400,467.
	Organizations that follow FASB ASC 958, che	eck here 🕨 🔀			
	and complete lines 27, 28, 32, and 33.				
27	Net assets without donor restrictions		9,912. 584,345.	27	9,912. 1,121,023.
28	Net assets with donor restrictions		584,345.	28	1,121,023.
	Organizations that do not follow FASB ASC 9	958, check here 🕨 📖			
	and complete lines 29 through 33.				
29	Capital stock or trust principal, or current funds			29	
30	Paid-in or capital surplus, or land, building, or eq			30	
31	Retained earnings, endowment, accumulated in			31	
32	Total net assets or fund balances		594,257.	32	1,130,935.
33	Total liabilities and net assets/fund balances .		762,105.	33	1,531,402.
					Earm 990 (2020

1

2

Assets

Liabilities

Net Assets or Fund Balances

Form	990 (2020) DISABILITY RIGHTS ADVOCACY FUND, INC.	27-50	026463	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,46		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,932		
3	Revenue less expenses. Subtract line 2 from line 1	3			78.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	594	<u>4,2</u>	57.
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	1,13),9	35.
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 in Schedule	О.			
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	d 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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			1
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
				000	

Form **990** (2020)

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.



Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	organization answered "Yes" on Form 990, Part IV, line 6.	
		b) Funds and other accounts
1	Total number at end of year	
	Aggregate value of contributions to (during year)	
	Aggregate value of grants from (during year)	
	Aggregate value at end of year	
	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fun	nds
	are the organization's property, subject to the organization's exclusive legal control?	
	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used of	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	•
	impermissible private benefit?	°
Parl		
	Purpose(s) of conservation easements held by the organization (check all that apply).	,
-		prically important land area
	Protection of natural habitat	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the las
	day of the tax year.	Held at the End of the Tax
	Total number of conservation easements	2a
	Total acreage restricted by conservation easements	2b
	Number of conservation easements on a certified historic structure included in (a)	2c
	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	20
	listed in the National Register	2d
		24
		nization during the tax
3 4 5	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orgar year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
3 4 5	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orgar year ▶ Number of states where property subject to conservation easement is located ▶	Yes
3 4 5 6	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orgar year ▶	on easements during the year
3 4 5 6 7	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ very subject to conservation easement is located	on easements during the year
3 4 5 6 7 8	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ year ▶	on easements during the year asements during the year B)(i)
3 4 5 6 7	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ year	On easements during the year asements during the year (i) (i) (i) (i) (i) (i) (i) (i) (i) Yes (ii) Yes
3 4 5 6 7	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ year ▶	On easements during the year asements during the year (i) (i) (i) (i) (i) (i) (i) (i) (i) Yes (ii) Yes
3 4 5 6 7	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ year	Yes on easements during the year asements during the year B)(i) Yes ment and hat describes the
3 4 5 6 7	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ year	Yes on easements during the year asements during the year B)(i) Yes ment and hat describes the
3 4 5 6 7 8 8 9 9	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ very subject to conservation easement is located	On easements during the year asements during the year B)(i) Ment and hat describes the Similar Assets.
3 4 5 6 7 8 8 9 9 Part	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ year	Yes on easements during the year asements during the year 3)(i) Yes ment and hat describes the Similar Assets. lance sheet works
3 4 5 6 7 8 9 Dar 1a	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ year	Yes Yes on easements during the year asements during the year (i) Yes ment and hat describes the Similar Assets. lance sheet works
3 4 5 6 7 8 9 9 Dart 11a	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ year	Yes Yes on easements during the year asements during the year (i) Yes ment and hat describes the Similar Assets. lance sheet works ince of public se sheet works of
3 4 5 6 7 8 9 9 Dart 11a	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ year ▶	Yes Yes on easements during the year asements during the year (i) Yes ment and hat describes the Similar Assets. lance sheet works ince of public se sheet works of
3 4 5 6 7 7 8 9 2 art 1a b	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	Yes on easements during the year asements during the year asements during the year 3)(i) Yes ment and hat describes the Similar Assets. lance sheet works ince of public xe sheet works of e of public service,
3 4 5 6 7 8 9 9 Part 1a b	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orgar year year year year year year year ye	Yes on easements during the year asements during the year asements during the year 3)(i) Yes ament and hat describes the Similar Assets. Iance sheet works ince of public se sheet works of se of public service,
3 4 5 6 7 8 9 9 Part 1a b	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	Yes on easements during the year asements during the year asements during the year 3)(i) Yes ament and hat describes the Similar Assets. Iance sheet works ince of public se sheet works of se of public service,
3 4 5 6 7 8 9 9 Darl 1a b	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orgar year year year year year year year ye	Yes on easements during the year asements during the year asements during the year 3)(i) Yes ament and hat describes the Similar Assets. Iance sheet works ince of public es sheet works of e of public service,
3 4 5 6 7 8 9 9 Part 1a b	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orgar year ▶	Yes on easements during the year asements during the year asements during the year 3)(i) Yes ment and hat describes the Similar Assets. lance sheet works unce of public we sheet works of e of public service, > \$ > \$ provide
3 4 5 6 7 8 9 2 2 a	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orgar year	Yes on easements during the year asements during the year asements during the year asements during the year (i) Yes (ii) Yes (iii) Yes (iiii) Yes (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii
3 4 5 6 7 8 9 Darl 1a b 2 2 a b	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orgar year ▶	Yes on easements during the year asements during the year asements during the year asements during the year (i) Yes (ii) Yes (iii) Yes (iiii) Yes (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii

Sche		ITY RIGHTS			-					2646		age 2
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	reasures,	or Othe	er Si	milar	Asse	ts (contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following th	at make s	signific	cant us	se of its			
	collection items (check all that apply):											
а	Public exhibition	d		Loan or exc	change progr	ram						
b	Scholarly research	e		Other								
С	Preservation for future generations											
4	Provide a description of the organization's co	ellections and explai	n how t	hey further t	the organizat	tion's exe	empt p	urpose	e in Par	t XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical trea	asures, or oth	ner simila	r asse	ts		-		_
	to be sold to raise funds rather than to be ma									Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	on answered	"Yes" on	1 Form	990, I	Part IV,	line 9, or		
	reported an amount on Form 990, Par											
1a	Is the organization an agent, trustee, custodi		-							7.		٦.,
	on Form 990, Part X?								L	Yes		No
D	If "Yes," explain the arrangement in Part XIII a	and complete the to	llowing	table:						A		
•	Paginning balance									Amount		
	Beginning balance							lc Id				
	Additions during the year							le				
f	Ending balance							lf				
	Did the organization include an amount on Fo									Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Par												
		(a) Current year	(b) F	Prior year	(c) Two yea	ars back	(d) Th	ree yea	rs back	(e) Four	years	back
1a	Beginning of year balance											
b	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	ent year end balanc	e (line 1	1g, column (a)) held as:							
а	Board designated or quasi-endowment		_%									
b	Permanent endowment	%										
С	· · · · · · · · · · · · · · · · · · ·	6										
	The percentages on lines 2a, 2b, and 2c show											
3a	Are there endowment funds not in the posse	ssion of the organiz	ation th	at are held a	and administ	ered for t	he org	ganizat	tion	г		
	by:										Yes	No
	(i) Unrelated organizations									3a(i)		
	(ii) Related organizations				· · · · · · · · · · · · · · · · · · ·					3a(ii)		
р 4	If "Yes" on line 3a(ii), are the related organiza				·					3b		
	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		owment	iunus.								
	Complete if the organization answered). Part l'	V. line 11a. S	See Form 99	0. Part X.	. line 1	0.				
	Description of property	(a) Cost or o			t or other	1	ccum			(d) Bool	< value	e
	· · · · · · · · · · · · · · · · · · ·	basis (investr			(other)		precia			.,		
1a	Land											
	Buildings											
	Leasehold improvements											
	Equipment											
	Other											
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colui	mn (B), line	10c.)							0.
								Sc	hedule	D (Form	n 990)	2020

032052 12-01-20

Schedule D	(Form 990) 2020	DISABILITY	RIGHTS	ADVOCA	СХ	FUND,	INC.	27-	5026463	Page 3
		Other Securities.								
	Complete if the ord	anization answered "Yes"	on Form 990	. Part IV. line	11b.	See Form 9	90. Part X. li	ne 12.		
(a) Descript		, GOTY (including name of security)	(b) Boo						f-year market \	/alue
		s								
	neia equity interests	·								
(3) Other										
(A)										
(B)										
(C)										
(D)										
(E)										
(F)										
(G)										
(H)										
Total. (Col. (b) must equal Form 990	D, Part X, col. (B) line 12.)								
		Program Related.	I							
		anization answered "Yes"	on Form 990	Part IV line	110	See Form 9	00 Part X lii	ne 13		
	(a) Description of		(b) Boc		110.	(c) Method	of valuation:	Cost or end-o	f-year market \	/alue
(1)	(4) 2000		(,			(0)				
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
Total. (Col. (b) must equal Form 990	D, Part X, col. (B) line 13.) 🕨								
Part IX	Other Assets.									
	Complete if the org	anization answered "Yes"	on Form 990	, Part IV, line	11d.	See Form 9	90, Part X, li	ne 15.		
			Description						(b) Book va	lue
(1) DU	E FROM DIS	ABILITY RIGHT	S FUND	. INC					103	,227.
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)									100	
		orm 990, Part X, col. (B) lin	e 15.)					🕨	103	,227.
Part X	Other Liabilitie	es.								
	Complete if the org	anization answered "Yes"	on Form 990	, Part IV, line	11e	or 11f. See F	⁻ orm 990, Pa	art X, line 25.		
1.	(a) De	escription of liability							(b) Book va	lue
(1) Fed	eral income taxes									
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)	<i>a</i>) · · · · · -		0.5.1							
		orm 990, Part X, col. (B) lin								
-	-	sitions. In Part XIII, provide				-			-	
organiza	ation's liability for un	certain tax positions unde	r FASB ASC 7	740. Check he	ere if	the text of t	he footnote	has been prov	ided in Part XI	Ⅱ 🖂

Schedule D (Form 990) 2020

27-5026463 Page 3

032053 12-01-20

Sche	dule D (Form 990) 2020 DISABILITY RIGHTS ADVOCACY	FUND,	INC.	27-50264	63 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	n Revenue pe	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a			
b	Donated services and use of facilities	. 2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				
Pa	t XII Reconciliation of Expenses per Audited Financial Stater		h Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a			
b	Prior year adjustments	. 2b			
с	Other losses	. 2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4 a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b				
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
Pa	t XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Department of the Treasury								
Internal Revenue Service	Go to v	www.irs.gov/Fo	rm990 for instructions and the lates	t information.		Inspection		
Name of the organization					Employer	identification number		
DISABILITY RIGH	ITS ADVOC	ACY FUND	, INC.		27-502	26463		
			tside the United States. Complete	ete if the orgar				
Form 990, Part I	V, line 14b.			-				
1 For grantmakers. Doe	s the organizatior	n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance,			
the grantees' eligibility	for the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance?	🔟 Yes 📖 No		
2 For grantmakers. Dese United States.	cribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistan	ce outside the		
			an be duplicated if additional space is					
(a) Region	(b) Number of	(c) Number of employees,	(d) Activities conducted in the region		vity listed in (
	offices in the region	agents, and independent contractors in the region	(by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	describe	gram service e specific typ (s) in the reg	e for and investments		
CENTRAL AMERICA AND								
THE CARIBBEAN -								
ANTIGUA & BARBUDA,								
ARUBA, BAHAMAS,	0	1	GRANTS TO RECIPIENTS	HUMAN RIGHT	IS ADVOCAC	Y 170,968.		
EAST ASIA AND THE								
PACIFIC - AUSTRALIA,								
BRUNEI, BURMA,		_						
CAMBODIA,	0	5	GRANTS TO RECIPIENTS	HUMAN RIGHT	'S ADVOCAC	Y 524,260.		
SUB-SAHARAN AFRICA -								
ANGOLA, BENIN, BOTSWANA, BURKINA								
	1	6	GRANTS TO RECIPIENTS	HUMAN RIGHT		Y 260,881.		
FASO, EUROPE (INCLUDING		0	GRANIS TO RECIFIENTS	HOMAN KIGHI	IS ADVOCAC	200,001		
ICELAND & GREENLAND)								
- ALBANIA, ANDORRA,								
AUSTRIA, BELGIUM	0	0	GRANTS TO RECIPIENTS	HUMAN RIGHT	S ADVOCAC	Y 658,018.		
2 a Subtatal	1	12				1,614,127		
3 a Subtotal b Total from continuation						1,014,127,		
sheets to Part I	0	, c				0.		
c Totals (add lines 3a								
and 3b)	1	12				1,614,127.		

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

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

Schedule F (Form 990) 2020

OMB No. 1545-0047

032071 12-03-20

13591018 807818 DIS6463

SCHEDULE F

(Form 990)

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA						
		AND THE CARIBBEAN						
		- ANTIGUA &						
		BARBUDA, ARUBA,	PROGRAM SUPPORT	40,000.	WIRE	Ο.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN						
		- ANTIGUA &						
		BARBUDA, ARUBA,	PROGRAM SUPPORT	12,500.	WIRE	Ο.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN						
		- ANTIGUA &						
		BARBUDA, ARUBA,	PROGRAM SUPPORT	30,000.	WIRE	Ο.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN						
		- ANTIGUA &						
		BARBUDA, ARUBA,	PROGRAM SUPPORT	3,000.	WIRE	Ο.		
		CENTRAL AMERICA						
				20 000	NTDE	0.		
		AND THE CARIBBEAN CENTRAL AMERICA	PROGRAM SUPPORT	30,000.	WIRE	0.		
		AND THE CARIBBEAN						
		- ANTIGUA &						
		BARBUDA, ARUBA,	PROGRAM SUPPORT	2,500.	WTDF	0.		
		DARBODA, AROBA,	FROGRAM SOFFORI	2,500.	WIKE	0.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN	PROGRAM SUPPORT	30,000.	WIRE	Ο.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN	PROGRAM SUPPORT	13,000.	WIRE	0.		
2 Enter total number of			recognized as charities by the			-		<u> </u>
exempt 501(c)(3) orga	anization by the IRS,	or for which the grantee	or counsel has provided a sec	ction 501(c)(3) ed	quivalency letter			52
3 Enter total number of	other organizations	or entities				🕨		

Schedule F (Form 990) 2020

DISABILITY RIGHTS ADVOCACY FUND, INC.

27-5026463

Part II	Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	1 ugo 2
1 (a) Nam	e of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EAST ASIA AND THE						
			PACIFIC	PROGRAM SUPPORT	41,000.	WIRE	0.		
			EAST ASIA AND THE						
			PACIFIC -						
			AUSTRALIA,						
			BRUNEI, BURMA,	PROGRAM SUPPORT	17,000.	WIRE	0.		
			EAST ASIA AND THE						
			PACIFIC -						
			AUSTRALIA,						
			, ,	PROGRAM SUPPORT	40,000.	WIRE	0.		
			EAST ASIA AND THE						
			PACIFIC -						
			AUSTRALIA,						
			, ,	PROGRAM SUPPORT	18,000.	WIRE	0.		
			EAST ASIA AND THE						
			PACIFIC -						
			AUSTRALIA,						
			BRUNEI, BURMA,	PROGRAM SUPPORT	1,000.	WIRE	0.		
			EAST ASIA AND THE						
			PACIFIC -						
			AUSTRALIA,						
			BRUNEI, BURMA,	PROGRAM SUPPORT	14,000.	WIRE	0.		
			EAST ASIA AND THE						
			PACIFIC -						
			AUSTRALIA,						
			BRUNEI, BURMA,	PROGRAM SUPPORT	18,000.	WIRE	0.		
			EAST ASIA AND THE						
			PACIFIC -						
			AUSTRALIA,						
			, ,	PROGRAM SUPPORT	1,000.	WIRE	0.		
			EAST ASIA AND THE						
			PACIFIC -						
			AUSTRALIA,						
			BRUNEI, BURMA,	PROGRAM SUPPORT	40,000.	WIRE	٥.		

DISABILITY RIGHTS ADVOCACY FUND, INC.

27-5026463

Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	-
I a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		EAST ASIA AND THE						
	-	PACIFIC	PROGRAM SUPPORT	2,000.	WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	PROGRAM SUPPORT	20,000.	WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	PROGRAM SUPPORT	12,000.	WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	PROGRAM SUPPORT	2,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	20,000.	MIDE	ο.		
		PACIFIC	PROGRAM SUPPORT	20,000.	WIKE	0.		
		L						
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	1,000.	WIRE	٥.		
				,				
		EAST ASIA AND THE						
			PROGRAM SUPPORT	12,000.	WIRE	٥.		
		EAST ASIA AND THE						
			PROGRAM SUPPORT	1,000.	WIRE	٥.		
		EAST ASIA AND THE						
		PACIFIC	PROGRAM SUPPORT	50,000.	WIRE	0.		

DISABILITY RIGHTS ADVOCACY FUND, INC.

27-5026463

	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	. (Schedule F (Form S		1)	-
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		EAST ASIA AND THE						
		PACIFIC	PROGRAM SUPPORT	2,000.	WIRE	0.		
		EAST ASIA AND THE						
			PROGRAM SUPPORT	18,500.	WIRE	0.		
		EAST ASIA AND THE						
			PROGRAM SUPPORT	500.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	20,000.	WIDE	0.		
			INGGRAM BUITORI	20,000.	WINE	0.		
		EAST ASIA AND THE						
		PACIFIC	PROGRAM SUPPORT	20,000.	WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	PROGRAM SUPPORT	1,000.	WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	PROGRAM SUPPORT	11,000.	WIRE	0.		
		EAST ASIA AND THE						
			PROGRAM SUPPORT	2,000.	WIRE	0.		
				,				
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	20,000.	WIDE	0.		
		FUCTURE	LUGUNI SUFFURI		MTVE	υ.		

DISABILITY RIGHTS ADVOCACY FUND, INC.

27-5026463

Part II Continuation	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	990), Part II, line 1	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EAST ASIA AND THE						
		PACIFIC	PROGRAM SUPPORT	20,000.	WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	PROGRAM SUPPORT	2,000.	WIRE	٥.		
		EAST ASIA AND THE						
			PROGRAM SUPPORT	39,000.	WIRE	0.		
		EAST ASIA AND THE						
			PROGRAM SUPPORT	32,000.	WIRE	٥.		
		EUROPE (INCLUDING						
		ICELAND & GREENLAND)	PROGRAM SUPPORT	58,777.	WIRE	0.		
				, -				
		EUROPE (INCLUDING						
		ICELAND & GREENLAND)	PROGRAM SUPPORT	599,242.	WIRE	0.		
				555,242.		•.		
		SUB-SAHARAN		C 000	NTDE			
		AFRICA	PROGRAM SUPPORT	6,000.	WIKE	0.		
		SUB-SAHARAN						
		AFRICA	PROGRAM SUPPORT	2,000.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA	PROGRAM SUPPORT	50,000.	WIRE	0.		

DISABILITY RIGHTS ADVOCACY FUND, INC.

27-5026463

	Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	I (Schedule F (Form S			1
l a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FN appraisal, other)
		SUB-SAHARAN						
		AFRICA	PROGRAM SUPPORT	3,000.	WIRE	0.		
		SUB-SAHARAN						
			PROGRAM SUPPORT	20,000.	WIRE	ο.		
				,				
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	20,000.	WIDE	Ο.		
		AFRICA	FROGRAM SOFFORI	20,000.	MIKE			
		SUB-SAHARAN						
		AFRICA	PROGRAM SUPPORT	18,880.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA	PROGRAM SUPPORT	50,000.	WIRE	0.		
		SUB-SAHARAN						
			PROGRAM SUPPORT	8,000.	WIRE	Ο.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	11,000.	WIRE	Ο.		
				11,000.		••		
		SUB-SAHARAN						
		AFRICA	PROGRAM SUPPORT	1,000.	WIRE	0.		+
		SUB-SAHARAN						
		AFRICA	PROGRAM SUPPORT	19,500.	WIRE	Ο.		

DISABILITY RIGHTS ADVOCACY FUND, INC.

27-5026463

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	. (Schedule F (Form §	90), Part II, line	1)	1 490 2
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	500	WIRE	0		
		AFRICA	PROGRAM SUPPORT	500.	WIKE	0.		
		SUB-SAHARAN						
		AFRICA	PROGRAM SUPPORT	20,000.	WIRE	0.		

27-5026463

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020	DISABILITY	RIGHTS	ADVOCACY	FUND,	INC.	27-5026463	Page 4
Part IV Foreign Form	S						

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund</i> (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2020	DISABILITY	RIGHTS	ADVOCACY	FUND,	INC.	27-5026463	Page 5
Part V Supplementa	al Information						
Provide the infor	nation required by Parl	I, line 2 (moni	itoring of funds); Pa	art I, line 3, d	column (f) (acco	ounting method; amounts of	
investments vs. e	expenditures per region); Part II, line 1	1 (accounting meth	od); Part III	(accounting me	ethod); and Part III, column (c	c)
(estimated numb	er of recipients), as app	licable. Also c	complete this part	to provide a	ny additional in	formation. See instructions.	
PART I, LINE 2:							
		ות היח שנ					

GRANTMAKING PROCESSES ADHERE TO DUE DILIGENCE PROCEDURES, INCLUDING AN

INTENSIVE APPLICATION REVIEW PROCESS (WITH TECHNICAL AID IN PROJECT

DESIGN), ONE-ON-ONE RELATIONSHIPS WITH THE OVERSIGHT OF GRANTEES, AND AN

EXTENSIVE NETWORK AND PARTNERSHIPS IN AND WITH THE BROADER DISABILITY

COMMUNITY TO ASSESS AND MONITOR VIABILITY AND IMPACT OF APPLICANTS AND

PROJECTS.

PART I, LINE 3:

ALL RECIPIENTS ARE PROVIDED MINIMAL CASH ON HAND WITH PERIOD BUDGET TO

ACTUAL EXPENDITURES.

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		Go	irants and Oth vernments, an ete if the organization Go to www.ir	d Individua	ls in the Ŭni ' on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047
Name of the organiza	Employer identification number							
	27-5026463							
-	Information on Grants a							
criteria used to	nization maintain records to award the grants or assis	stance?						
	rt IV the organization's pro					· · · · · · · · · · · · · · · · · · ·		
	and Other Assistance to that received more than \$	-				anization answered "Y	res" on Form 990, Par	t IV, line 21, for any
1 (a) Name and a	address of organization overnment	(b) EIN	(if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DISABILITY RIGHT 89 SOUTH STREET, BOSTON, MA 02111	, SUITE 203	27-5026293	501(C)(3)	114,377.	0.		N/A	PROGRAM SUPPORT/HUMAN RIGHTS ADVOCACY
3 Enter total num	nber of section 501(c)(3) a nber of other organization rk Reduction Act Notice	s listed in the line	1 table	e line 1 table				Schedule I (Form 990) 2020

27-5026463

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANTMAKING PROCESSES ADHERE TO DUE DILIGENCE PROCEDURES, INCLUDING AN

INTENSIVE APPLICATION REVIEW PROCESS (WITH TECHNICAL AID IN PROJECT

DESIGN), ONE-ON-ONE RELATONSHIPS WITH AN OVERSIGHT OF GRANTEES, AND AN

EXTENSIVE NETWORK AND PARTERSHIPS IN AND WITH THE BROADER DISABILITY

COMMUNITY TO ASSESS AND MONITOR VIABILITY AND IMPACT OF APPLICANTS AND

PROJECTS.

sc	HEDULE J	1	OMB No.	1545-00	5-0047			
(Fo	rm 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest		20	20			
		Compensated Employees		20	ZU)		
Dena	tment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe				
Nan	e of the organizatio		Employer i			mber		
		DISABILITY RIGHTS ADVOCACY FUND, INC.	27-5	602646	3			
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,					
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c		nal use					
	X Travel for com	sidence						
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S					
	Discretionary :	spending account Personal services (such as maid, chauffer	ur, chef)					
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or						
		rovision of all of the expenses described above? If "No," complete Part III to explain		1b	Х			
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			37			
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х			
-								
3		ny, of the following the organization used to establish the compensation of the organization?						
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to					
	·	ation of the CEO/Executive Director, but explain in Part III.						
	Compensation							
		compensation consultant						
	X Form 990 of o	ther organizations Approval by the board or compensation of	committee					
4	During the year dia	any person listed on Ferm 000. Port VII. Section A line to with respect to the filing						
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
2	organization or a re			4a		x		
a b		e payment or change-of-control payment? eive payment from a supplemental nonqualified retirement plan?				X		
c		eive payment from an equity-based compensation arrangement?				X		
C		hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	In res to any or in							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on					
-	contingent on the r							
а	•			5a		X		
b	Any related organiz	ation?		5b		X		
-		r 5b, describe in Part III.						
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on					
	contingent on the r							
а	The organization?	~		6a		X		
b	Any related organiz	ation?		6b		X		
		r 6b, describe in Part III.						
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	s					
		nes 5 and 6? If "Yes," describe in Part III		7		X		
8	3 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the							
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III							
9		id the organization also follow the rebuttable presumption procedure described in						
		1 53.4958-6(c)?		9				
LHA		eduction Act Notice, see the Instructions for Form 990.		ule J (Forr	n 990) 2020		

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) DIANA SAMARASAN	(i)	26,105. 137,587.	0.	0.	1,032.	4,827.	31,964. 167,843.	0.
	(ii)	137,587.	0.	0.	5,440.	24,816.	167,843.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
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	(i)							
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	(ii)							
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	(i) (i)							
	(i) (ii)							
	(i) (i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

DRF PAYS TRAVEL EXPENSES FOR PERSONAL ASSISTANTS AND SIGN LANGUAGE

INTERPRETERS FOR PERSONNEL AND DIRECTORS WITH DISABILITIES.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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

OMB No. 1545-0047

Employer identification number 27-5026463

INC.

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

DISABILITY RIGHTS ADVOCACY FUND,

REALIZE THEIR RIGHTS.

FORM 990, PART VI, SECTION A, LINE 6:

DISABILITY RIGHTS FUND, INC., A TAX EXEMPT CHARITABLE NONPROFIT CORPORATION

ORGANIZED UNDER THE LAWS OF MASSACHUSETTS, ACTING THROUGH ITS BOARD OF

DIRECTORS, IS THE SOLE MEMBER OF DRAF. THE SOLE MEMBER HAS THE RIGHT TO

ELECT THE DIRECTORS OF DRAF.

FORM 990, PART VI, SECTION A, LINE 7A:

DISABILITY RIGHTS FUND, INC., A TAX EXEMPT CHARITABLE NONPROFIT CORPORATION ORGANIZED UNDER THE LAWS OF MASSACHUSETTS, ACTING THROUGH ITS BOARD OF DIRECTORS, IS THE SOLE MEMBER OF DRAF. THE SOLE MEMBER HAS THE RIGHT TO ELECT THE DIRECTORS OF DRAF.

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

IRS FORM 990 IS REVIEWED WITH PREPARER AND PROVIDED TO THE FINANCE/AUDIT

TASK FORCE FOR REVIEW AND APPROVAL PRIOR TO SUBMISSION.

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

THE ORGANIZATION MAINTAINS A WRITTEN CONFLICT OF INTEREST POLICY. THE BOARD

REVIEWS THE POLICY EVERY THREE YEARS AND IT IS SIGNED ANNUALLY

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

THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD

ANNUALLY AGAINST INDUSTRY STANDARD. OTHER KEY EMPLOYEE COMPENSATION IS

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

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 11-20-20

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13591018 807818 DIS6463

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2020.04030 DISABILITY RIGHTS ADVOCACY DIS64631

INDIF	RECTL	Y RI	EVIEWE	ED A	ND Z	APPRO	VED	BY	THE	BOAI	RD	THROUG	нт	HE	EXE	CUTI
DIREC	CTOR '	S RI	EVIEW	AND	THI	E BUD	GET	REV	VIEW	PRO	CES	SS.				
FORM	990,	PAI	RT VI	, SE	CTI	ON C,	LI	NE 1	19:							
UPON	WRIT	TEN	REQUI	EST (OR I	ROM	MAS	SACI	HUSE	TTS :	SEC	RETARY	OF	SI	ATE	WEB

DISABILITY RIGHTS ADVOCACY FUND, INC. Employer identification number 27-5026463

OF STATE WEBSITE.

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020 35

13591018 807818 DIS6463

2020.04030 DISABILITY RIGHTS ADVOCACY DIS64631

SCH	IEDULE R
-	

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No. 1545-0047

2020 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

DISABILITY RIGHTS ADVOCACY FUND, INC.

Employer identification number 27-5026463

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	3) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
DISABILITY RIGHTS FUND, INC 27-5026293							
89 SOUTH STREET, SUITE 203							
BOSTON, MA 02111	DISABILITY ADVOCACY	MASSACHUSETTS	501(C)(3)	LINE 7	N/A		Х

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

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)		(e)		(f)	((g)	()	ר)	(i)		(j)		k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predomin (related, excluded fr	nant income unrelated, rom tax under s 512-514)	Share inc	e of total come	end-	are of of-year sets	alloca	ortionate tions?	Code V-U amount in 20 of Scher K-1 (Form 1	BI ^G box ⁿ dule	eneral o nanaging partner?	r Perce owne	entag ersh
		country)		sections	\$ 512-514)					Yes	No	K-1 (Form 1	065) Y	′es No		
	_															
	-															
	-															
	_															
	-															
	-															
	-															
t IV Identification of Related O organizations treated as a c	rganizations Taxable orporation or trust duri	as a Corpo	pration or Trust. Co year.	omplete if t	he organizati	ion ansv	wered "Yes	s" on Fo	rm 990, Pa	art IV,	line 34	4, because it	had or	ne or m	nore rel	late
(a)			(b)	(c)	(d)		(e)		(f)			(g)		(h)	(i) tion
(a) Name, address, and of related organizati	EIN	Prim		egal domicile (state or foreign	(d) Direct cont entity	trolling	Type of (C corp, S	entity S corp,	(f) Share o inco	f total		(g) Share of end-of-year	Perce	(h) entage ership	Sec 512(l contr ent	b)(13
Name, address, and	EIN	Prim		_egal domicile (state or	Direct cont	trolling	Type of	entity S corp,	Share o	f total		(g) Share of	Perce	entage	512(1	b)(10 rolle tity?
Name, address, and	EIN	Prim		egal domicile (state or foreign	Direct cont	trolling	Type of (C corp, S	entity S corp,	Share o	f total		(g) Share of end-of-year	Perce	entage	e 512(l contr ent	b)(1: rolle tity?
Name, address, and	EIN	Prim		egal domicile (state or foreign	Direct cont	trolling	Type of (C corp, S	entity S corp,	Share o	f total		(g) Share of end-of-year	Perce	entage	e 512(l contr ent	b)(1: rolle tity?
Name, address, and	EIN	Prim		egal domicile (state or foreign	Direct cont	trolling	Type of (C corp, S	entity S corp,	Share o	f total		(g) Share of end-of-year	Perce	entage	e 512(l contr ent	b)(1: rolle tity?
Name, address, and	EIN	Prim		egal domicile (state or foreign	Direct cont	trolling	Type of (C corp, S	entity S corp,	Share o	f total		(g) Share of end-of-year	Perce	entage	e 512(l contr ent	b)(13 rolle tity?
Name, address, and	EIN	Prim		egal domicile (state or foreign	Direct cont	trolling	Type of (C corp, S	entity S corp,	Share o	f total		(g) Share of end-of-year	Perce	entage	e 512(l contr ent	b)(13 rolle tity?
Name, address, and	EIN	Prim		egal domicile (state or foreign	Direct cont	trolling	Type of (C corp, S	entity S corp,	Share o	f total		(g) Share of end-of-year	Perce	entage	e 512(l contr ent	b)(10 rolle tity?
Name, address, and	EIN	Prim		egal domicile (state or foreign	Direct cont	trolling	Type of (C corp, S	entity S corp,	Share o	f total		(g) Share of end-of-year	Perce	entage	e 512(l contr ent	b)(10 rolle tity?

Schedule R (Form 990) 2020 DISABILITY RIGHTS ADVOCACY FUND, INC.

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transaction:	a with one or more r	latad arganizations listed i	n Dorta III. 1/2		165	
'					10		x
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	x	- 23
a	Gift, grant, or capital contribution to related organization(s)				1b		x
С	Gift, grant, or capital contribution from related organization(s)				1c	v	
	Loans or loan guarantees to or for related organization(s)				1d	X	37
е	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1 j		Х
-							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
Т	Performance of services or membership or fundraising solicitations for related orga	nization(s)			11		Х
m	Performance of services or membership or fundraising solicitations by related orga				1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organizati				1n	Х	
					10	Х	
n	Reimbursement paid to related organization(s) for expenses				1p	x	
	Reimbursement paid to related organization(s) for expenses				1q		x
ч					- Y		
	Other transfer of each or even extended even sizetion (a)						х
r	Other transfer of cash or property to related organization(s)				1r		X
-	Other transfer of cash or property from related organization(s)				1s		
2	If the answer to any of the above is "Yes," see the instructions for information on w	/ho must complete tl	nis line, including covered r	elationships and transaction thresholds.			
	(a)	(b)	(c)	(d)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DISABILITY RIGHTS FUND, INC.	в	114,377.	AMOUNT OF GRANT PAID
(2) DISABILITY RIGHTS FUND, INC.	Р	289,773.	SHARED COSTS
(3) DISABILITY RIGHTS FUND, INC.	D	103,227.	END OF YEAR BALANCE
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2020 DISABILITY RIGHTS ADVOCACY FUND, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs. Yes I) (3) .? No	(f) Share of total income	(g) Share of end-of-year assets	(H Dispr tior alloca Yes	n) opor- nate tions? No	(j) General o managing partner? Yes NO	(k) ^r Percentage ownership

Schedule R (Form 990) 2020

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Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

DISABILITY RIGHTS FUND, INC.

EIN: 27-5026293

89 SOUTH STREET, SUITE 203

BOSTON, MA 02111

PRIMARY ACTIVITY: DISABILITY ADVOCACY

DIRECT CONTROLLING ENTITY: N/A

032165 10-28-20