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Form	330	

# EXTENDED TO NOVEMBER 15, 2022

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.

OMB No. 1545-0047 **•** ſ l Open to Public Inspection

	y
Internal Revenue Service	

АГ	or un	e 202 i Calendar year, or tax year beginning and	a enaing		
B c	Check if	le: C Name of organization		D Employer identifie	cation number
	Addre				
				27-50264	63
	Initial		Room/suite		
	Final		203B	(857) 26	
	⊥returr termii ated			G Gross receipts \$	1,892,242.
	Amer			H(a) Is this a group re	
	Appli tion	F Name and address of principal officer: CATALINA DEVANDAS	AGUIL	for subordinates	
	pend	<sup>ng</sup> SAME AS C ABOVE		H(b) Are all subordinates in	
11	Tax-ex	empt status: 501(c)(3) X 501(c) ( 4 ) ◀ (insert no.) 4947(a)(1)	) or 52		list. See instructions
J١	Nebsi	te: ▶ WWW.DRAFUND.ORG	·	H(c) Group exemptio	
κF	orm o	forganization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year		State of legal domicile: MA
	art I	Summary			
0	1	Briefly describe the organization's mission or most significant activities: $\underline{TO}$	SUPPOR'	r persons wi	ТН
nce		DISABILITIES IN THE DEVELOPING WORLD TO	ADVAN	CE LEGAL FRA	MEWORKS TO
Activities & Governance	2	Check this box      if the organization discontinued its operations or disposed of the organization discontinued its operations or disposed of the organization discontinued its operations of the organization discontingeneeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeee	osed of mor	e than 25% of its net as	ssets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	12
5	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	11
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0	
viti	6	Total number of volunteers (estimate if necessary)		6	0
Acti	7a			7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		2,468,760.	1,892,242.
ent	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	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)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,468,760.	1,892,242.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,661,275.	1,496,750.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	)	166,386.	212,611.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 30, 2		0.	0.
ц.				104 401	165 630
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		104,421.	165,632.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,932,082.	1,874,993.
<u>, (</u>	19	Revenue less expenses. Subtract line 18 from line 12		536,678.	17,249.
Net Assets or Fund Balances				eginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)	·····	1,531,402.	1,920,764.
et A ind I	21	Total liabilities (Part X, line 26)		400,467.	772,580.
	22	Net assets or fund balances. Subtract line 21 from line 20		1,130,935.	1,148,184.
	art II	Signature Block	and states	nonto and to the bast of	u knowledge and helief it i-
		alties of perjury, I declare that I have examined this return, including accompanying schedul			y knowledge and bellet, it is
uue,	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of v	vilich prepare	n nas any knowledge.	

Sign Here	Here CATALINA DEVANDAS AGUILAR, EXECUTIVE DIRECTOR Type or print name and title						
Paid	Print/Type preparer's name SANDRA M. BROWN, CPA		Date Check PTIN 1/11/22 self-employed P01614103				
Preparer	arer Firm's name SMITH, SULLIVAN & BROWN, P.C. Firm's EIN 43-1985162						
Use Only							
	WESTBOROUGH, MA 01581 Phone no. (508) 871-7178						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions						
132001 12-0	9-21 LHA For Paperwork Reduction Act Not	ce, see the separate instructions.	Form <b>990</b> (2021)				
C	<u> ΔΕΕΕ ΔΟΥΤΕΛΙΙΤΕ Ο ΕΟΟ ΟΟΟΧΝΤΖΑΠΤΟΝ ΜΤΟΟΤΟΝ ΔΠΑΜΕΝΕΝΕ ΟΟΝΠΤΝΙΙΑΠΤΟΝ</u>						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III       Statement of Program Service Accomplishments         Check if Schedule O contains a response or note to any line in this Part III	
<ul> <li>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.</li> <li>Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? If "Yes," describe these new services on Schedule 0.</li> <li>Did the organization cease conducting, or make significant changes in how it conducts, any program services;</li></ul>	
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-E2?       Image: Comparison of the second services on Schedule 0.         3       Did the organization cease conducting, or make significant changes in how it conducts, any program services?       Image: Comparison of the second 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, an revenue, if any, for each program service reported.         4a       (code:	
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?         If "Yes," describe these new services on Schedule 0.       If "Yes," describe these new services on Schedule 0.         3       Did the organization cease conducting, or make significant changes in how it conducts, any program services?       If "Yes," describe these changes on Schedule 0.         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, an revenue, if any, for each program service reported.         4a       (Code:) (Revenues \$1, 736, 348. including grants of \$1, 496, 750.) (Revenue \$1, 736, 348. including grants of \$1, 496, 750.) (Revenue \$	
<ul> <li>2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?</li></ul>	
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PROVIDING GRANTS AND ASSISTANCE TO ORGANIZATIONS OF PERSONS WITH DISABILITIES ENGAGED IN ADVOCACY, AND SUPPORTING, ENHANCING AND FACILITING THE MISSION AND OBJECTIVES OF DISABILITY RIGHTS FUND, INC THE SOLE MEMBER OF THE CORPORATION.	/
FACILITING THE MISSION AND OBJECTIVES OF DISABILITY RIGHTS FUND, INC THE SOLE MEMBER OF THE CORPORATION.	
THE SOLE MEMBER OF THE CORPORATION.	
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4b       (Code:) (Expenses \$ including grants of \$) (Revenue \$)	
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4b       (Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4b       (Code:) (Expenses \$ including grants of \$) (Revenue \$)	
	)
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 ►     1,736,348.	
Form 99	<b>)</b> (2021)
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2021.05000 DISABILITY RIGHTS ADVOCACY DIS

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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		
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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			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			
	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	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		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
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	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		77	
	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	. –	v	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			- v
	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,			v
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> . See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			x
00-	complete Schedule G, Part III	19 20a		X
		20a 20b		- 22
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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1 01				
<b>00</b>			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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	00	x	
04.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
248				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	040		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		- 23
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C		24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2 <del>4</del> 0		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
D	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	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
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? <i>If "Yes," 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 the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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?			
	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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
132004	↓ 12-09-21 <b>Б</b>	Form	990	(2021)
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021)	DISABILITY				
Statements	Regarding Other I	RS Filings	and Tax Com	pliance (co	ontinued)

Form 990 (2021)

Part V

					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	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	x	
~	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction					
3a				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	its (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
	were not tax deductible?		-	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	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 of		xt?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation fi	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e			
	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		
0	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
3	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					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	ıle O		14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eration	or			
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
6	Is the organization an educational institution subject to the section 4968 excise tax on net investmer	nt inco	me?	16		X
	If "Yes," complete Form 4720, Schedule O.					
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
32005	5 12-09-21 <b>6</b>			Form	990	(202
81	111 807818 DIS6463 2021.05000 DISABILITY RIG	ITS	ADVOCACY	DI	5640	53

Form 990	(2021)	)
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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

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.

			<b>.</b> - I		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12			
	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	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o 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 the					
	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 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			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 ap more members of the governing body?			7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the following:				
	The governing body?			8a	Х	
	Each committee with authority to act on behalf of the governing body?			8b	Х	
)	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	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 Re	evenue Code.)				
					Yes	
Da	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before filing th	e form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye					
	on Schedule O how this was done			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 approva	al by independer	nt			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				v	
	The organization's CEO, Executive Director, or top management official			15a	X X	
b	Other officers or key employees of the organization			15b	<u> </u>	
_	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
ьа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger			40-		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			16a		
b			er i			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			16b		
<u>er</u>	exempt status with respect to such arrangements?			100		
<u>ec</u> 7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ MA					
, 8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-T (section	-501(c)(3)	s only	) avail	ahla
0	for public inspection. Indicate how you made these available. Check all that apply.		1001(0)(0)	3 Only	) avan	abic
		on Schedule O)				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	,	policy an	d finai	ncial	
-	statements available to the public during the tax year.		, , un	u		
0	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records				
-	ALICE PHINIZY, FINANCE DIRECTOR - (857) 265-2365					
	89 SOUTH STREET, 203B, BOSTON, MA 02111					
2006	3 12-09-21			Form	<b>990</b>	(2021
	7					
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Part VII	Co	npensation of Officers, Directors, Trustees, Key Employees, Highest Compensat	ted
	<sup>•</sup> Em	ployees, 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

т

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

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

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one			than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week		cer an	d a d	recto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	8			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	ional		yolqr	t con /ee	_	1099-NEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) DIANA SAMARASAN	9.00				-		-			
FOUNDING EXECUTIVE DIRECTOR	26.00	Х		Х				27,326.	143,464.	43,828.
(2) ROGER FALCON	5.00									
DEPUTY DIRECTOR	30.00					Х		15,799.	105,730.	24,972.
(3) JENNIFER BOKOFF	7.00									
DIRECTOR OF DEVELOPMENT	28.00					Х		11,673.	105,061.	27,988.
(4) MICHAEL NJENGA	2.00									
DIRECTOR	2.00	Х						0.	0.	0.
(5) ALBERTO VASQUEZ	2.00									
DIRECTOR	2.00	Х						0.	0.	0.
(6) ANDREW FERREN	2.00									
CLERK	2.00	X		X				0.	0.	0.
(7) LORRAINE WAPLING	2.00									
DRAF PRESIDENT	2.00	X		X				0.	0.	0.
(8) ALEX MSITSHANA	2.00									
DIRECTOR	2.00	X						0.	0.	0.
(9) KRISTEN PRATT	2.00									•
FORMER DIRECTOR	2.00	X						0.	0.	0.
(10) CHARLIE CLEMENTS	2.00									•
DIRECTOR	2.00	X						0.	0.	0.
(11) ELIZABETH MACNAIRN	2.00									•
DIRECTOR	2.00	X						0.	0.	0.
(12) SETAREKI MACANAWAI	2.00								0	0
DIRECTOR	2.00	Х						0.	0.	0.
(13) ADITI JUNEJA	2.00								0	0
DIRECTOR	2.00	X						0.	0.	0.
(14) MARIEL GONZALES	2.00								0	0
TREASURER	2.00	X		X				0.	0.	0.
(15) MARIA NI FHLATHARTA	2.00								0	0
DIRECTOR	2.00	X						0.	0.	0.
										<b>– – – – – – – – – –</b>

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8 2021.05000 DISABILITY RIGHTS ADVOCACY

DIS64631

									FUND, INC.	27-50	)26	463	P	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em (B)	ploy	ees			ghe	st C					(5)	
	<b>(A)</b> Name and title	(B) Average hours per week (list any	box, offic	not c , unle	ss pe	ition more rson i	than of is both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	in I	an	(F) timate nount other	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)		fr org and	pensa om th anizat d relat anizati	e ion ed
			Ind	lns	Off	Key	Higen	For						
									E4 709	254 25	5.5	0	<u>с 7</u>	00
с	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							54,798. 0. 54,798.	354,25 354,25	0.		6,7 6,7	88. 0. 88.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	),000 of reportabl	e		Yes	0 No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If "Yes," complete Schedule J for s</i>	uch individual								•		3		x
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual	-		4	X	
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	e J f	or su	uch	pers	son .					5		Х
1	Complete this table for your five highest con the organization. Report compensation for										ipens	ation f	rom	
	(A) Name and business	address	NC	ONE	3				(B) Description of s	services	С	(C ompei		n
								_						
2	Total number of independent contractors (ii \$100,000 of compensation from the organiz	•	ot lir	nite	d to		se lis 0	stec	d above) who received n	nore than				
	wroe,ood of compensation nom the organiz						-					Form	<b>990</b> (	2021)

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Form	ו 99	0 (2	2021) DISAB	ILITY :	RI	GHTS	ADV	OCACY	FUND	, INC.	27-5026	463 Page 9
Pa	rt V	/	Statement of Reven	ue								
			Check if Schedule O conta	ains a respor	nse	or note to	o any lin					
								(A	.)	(B)	<b>(C)</b> Unrelated	(D) Revenue excluded
								Total re	venue	Related or exempt function revenue		
												sections 512 - 514
nts nts	1	а	Federated campaigns	1a								
an our			Membership dues									
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events									
ar			Related organizations									
s, C			Government grants (contributi		1,	601,5	767.					
rsi			All other contributions, gifts, grant									
the			similar amounts not included abov			290,4	475.					
ų dri		q	Noncash contributions included in lines									
ang		-	Total. Add lines 1a-1f					1,892	,242.			
						Busines	<i>,</i>	-	•			
Ð	2	а										
Program Service Revenue	-	b			-							
Ser		c										
E S		d										
Bes		e e			_							
Pro			All other program service rever	<u></u>	-							
			Total. Add lines 2a-2f									
	3		Investment income (including									
	3											
			other similar amounts) Income from investment of tax									
	4			-	-							
	5		Royalties	(i) Real		(ii) Pers						
	~						SUITAI					
	6		Gross rents 6a									
			Less: rental expenses 6b									
			Rental income or (loss) 6c				•					
	_			(i) Securitie		(ii) Ot						
	1	а	Gross amount from sales of		55	(11) (11)	.ner					
			assets other than inventory <b>7a</b>									
Ð		b	Less: cost or other basis									
evenue			and sales expenses 7b									
eve			Gain or (loss) 7c									
r Re			Net gain or (loss)				🕨					
Other	8	а	Gross income from fundraising ev									
0			including \$									
			contributions reported on line		_							
			Part IV, line 18									
			Less: direct expenses	····· I	8b							
	-		Net income or (loss) from fund		ts		🕨					
	9	а	Gross income from gaming ac									
			Part IV, line 19									
			Less: direct expenses	· · · · · · · · · · · · · · · · · · ·	9b							
			Net income or (loss) from gam				🕨					
	10	а	Gross sales of inventory, less i									
			and allowances									
			Less: cost of goods sold	-	10b							
		С	Net income or (loss) from sales	s of inventor	y							
sn						Busines	s Code					
Miscellaneous Revenue	11	а			_							
llan		b			_					ļ	ļ	
Jev Se		С			_							
Mis			All other revenue									
		е	Total. Add lines 11a-11d					1	0.1.5			
	12		Total revenue. See instructions				🕨	1,892	,242.	0.	0.	0.
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Form	990	(2021)	
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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).

	Check if Schedule O contains a response	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 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			<b>J</b>	
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	1,496,750.	1,496,750.		
4	Benefits paid to or for members	1,190,190.	1,490,790.		
4 5	Compensation of current officers, directors,				
5	trustees, and key employees	32,433.	18,039.	7,197.	7,197
6	Compensation not included above to disqualified	52,155.	10,000.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,19,
0	persons (as defined under section 4958(f)(1)) and				
	persons (as defined under section 4958(r)(1)) and persons described in section 4958(c)(3)(B)				
-		141,532.	73,959.	52,774.	14,799
7	Other salaries and wages	141, 332.	15,55.	52,774.	
8	Pension plan accruals and contributions (include	2 7/1	1,613.	936.	100
~	section 401(k) and 403(b) employer contributions)	2,741. 23,817.	13,528.	7,693.	192 2,596 1,486
9	Other employee benefits	12,088.	5,982.	4,620.	1 / 96
0	Payroll taxes	12,000.	J,902.	4,020.	1,400
1	Fees for services (nonemployees):				
	Management	3,403.	2,494.	909.	
		5,403.	2,494.	5,123.	
		5,125.		5,125.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	S H				
g	Other. (If line 11g amount exceeds 10% of line 25,	100 525	107 472	11 100	1 07/
	column (A), amount, list line 11g expenses on Sch 0.)	120,535.	107,473.	11,188.	1,874
12	Advertising and promotion	22 562	10 0/1	10 170	551
3	Office expenses	23,562.	10,841.	12,170.	551
4	Information technology				
5	Royalties	4 0 2 0		4 0 2 0	
16	Occupancy	4,920.	2 2 2 0	4,920.	EOO
7	Travel	4,662.	3,328.	754.	580
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	2 400	0 0 4 1	150	0.2.6
а		3,427.	2,341.	150.	936
b					
С					
d					
е	All other expenses	1 084 000		100 101	
5	Total functional expenses. Add lines 1 through 24e	1,874,993.	1,736,348.	108,434.	30,211
6	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)				

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DIS64631

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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	103,227.	15	80,026.
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,531,402.		1,920,764.
17	Accounts payable and accrued expenses	277.	17	48,285.
18	Grants payable	400,190.	18	724,295.
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	400,467.	26	772,580.
	Organizations that follow FASB ASC 958, check here 🕨 🗴			
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	9,912.	27	9,912.
28	Net assets with donor restrictions	1,121,023.	28	1,138,272.
	Organizations that do not follow FASB ASC 958, check here 🕨 🗌			
	and complete lines 29 through 33.			

DISABILITY RIGHTS ADVOCACY FUND, INC.

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net

5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%

(A)

Beginning of year

1,428,175.

1

2

3

4

5

6

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1,130,935.

1,531,402.

27-5026463 Page 11

(B)

End of year 1,695,500.

145,238.

1,148,184.

1,920,764.

Form 990 (2021)

Form 990 (2021) Part X Balance Sheet

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Assets

Liabilities

Net Assets or Fund Balances

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	990 (2021) DISABILITY RIGHTS ADVOCACY FUND, INC.	27-5	026463	Pa	ge <b>12</b>
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	1,89		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,87		
3	Revenue less expenses. Subtract line 2 from line 1	3			49.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,13	0,9	35.
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	1,14	8,1	84.
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 Schedul	e O.			
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 reviewer	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?		<b>2</b> b	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
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			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

132012 12-09-21

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form	990)
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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.



Name of the organization

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

		(a) Donor a	dvised funds	(b) Fu	unds 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		ets held in donor adv	vised funds	
	are the organization's property, subject to the organization's	exclusive legal con	trol?		Yes 🗌
6	Did the organization inform all grantees, donors, and donor ad				
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or	for any other purpos	e conferring	
	impermissible private benefit?				🗌 Yes 🗌
Pai	t II Conservation Easements. Complete if the org	anization answered	d "Yes" on Form 990	, Part IV, line	7.
1	Purpose(s) of conservation easements held by the organization		oply).		
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of	of a historical	ly important land area
	Protection of natural habitat		Preservation of	of a certified	historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation co	ontribution in the form	n of a co <u>nse</u> i	
	day of the tax year.				Held at the End of the Tax
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
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	after 7/25/06, and r	ot on a historic struc	cture	
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguishe	d, or terminated by t	he organizati	on during the tax
	year 🕨				
4	Number of states where property subject to conservation eas	bottoni is located			
5	Does the organization have a written policy regarding the per			- f	
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation eccements it	iodic monitoring, in	spection, handling o		Ves
	violations, and enforcement of the conservation easements it	iodic monitoring, in holds?	spection, handling o		
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6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,	iodic monitoring, in holds? handling of violatio	spection, handling o	nservation ea	asements during the year
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	dule D (Form 990) 2021 DISABIL t III Organizations Maintaining C	ITY RIGHTS						27-50 ar Asse			age <b>2</b>
3	Using the organization's acquisition, accessi								quonni	lucu)	
Ŭ	collection items (check all that apply):			carry of the	following that		iginioan	000 01 10			
а	Public exhibition	d	1 🗆 I	_oan or exc	hange progra	m					
b	Scholarly research	e									
c	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	in how th	ev further t	he organizatio	on's exe	mpt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit of			-	-						
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran								line 9, o	r	
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for o	contributior	ns or other ass	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
с	Beginning balance						. 1c				
d	Additions during the year						. 1d				
е	Distributions during the year						. 1e				
f	Ending balance										
	Did the organization include an amount on F						• • • • • • • • • • • • • • • • • • • •	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete							aara baak	(-) [00	r. 1/0.0 FO	haali
		(a) Current year	(D) P	rior year	(c) Two years	S DACK	( <b>a)</b> Three y	ears Dack	(e) rou	years	DACK
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
-	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland		y, column (a	a)) neiù as.						
	Board designated or quasi-endowment ► Permanent endowment ►	%	_%								
		70 %									
C	The percentages on lines 2a, 2b, and 2c sho										
32	Are there endowment funds not in the posse	•	ation tha	t are held a	and administer	red for t	he organi	zation			
ou	by:						ne organiz	Lation		Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	chedule R?	)				3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV	/, line 11a. S	See Form 990,	, Part X,	line 10.				
	Description of property	(a) Cost or o		. ,	t or other	.,	ccumulate	ed	(d) Boo	k valu	e
		basis (investr	nent)	Dasis	(other)	aep	preciation				
	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other		X and	··· (D) // ··· ·	10-1						0.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, COlun	nn (B), line i	I UC.)				D (5	0001	• •

132052 10-28-21

Schedule D		DISABILITY Other Securities.					27-5026463 P	age <b>3</b>
(a) Descrip		ganization answered "Yes" gOry (including name of security)	on Form 990				or end-of-year market valu	
		gory (including hame or security)				of valuation. Cost of	or end-or-year market valu	
	held equity interest							
(3) Other								
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
		0, Part X, col. (B) line 12.)						
Part VIII	1	Program Related.						
		ganization answered "Yes"						
	(a) Description o	finvestment	(b) Boo	k value	(c) Method o	of valuation: Cost o	or end-of-year market valu	ie
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
	a) must aqual Form 00	0, Part X, col. (B) line 13.) ►						
Part IX	Other Assets.							
		ganization answered "Yes"	on Form 990	. Part IV. line 11d	I. See Form 99	90. Part X. line 15.		
		-	Description	, ,		, ,	(b) Book value	<u> </u>
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
		Form 990, Part X, col. (B) lin	ie 15.)				►	
Part X	Other Liabiliti							
		ganization answered "Yes"	on Form 990	, Part IV, line 11e	or 11f. See F	orm 990, Part X, li		
1.	(a) D	Description of liability					(b) Book value	;
(1) Fed	eral income taxes							
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
		Form 990, Part X, col. (B) lin					<b>P</b>	
-	-	ositions. In Part XIII, providencertain tax positions unde			-		-	X

132053 10-28-21

Sche	dule D	(Form 990) 2021	DISABILITY	RIGHTS	ADVOCACY	FUND,	INC.	27-	5026463	Page 4
Par	t XI	Reconciliation o	f Revenue per Au	dited Finar	ncial Stateme	nts With	Revenue	per Returr	ı.	
		Complete if the organ	ization answered "Yes"	' on Form 990,	, Part IV, line 12a.					
1	Total	revenue, gains, and oth	ner support per audited	financial state	ements			1		
2	Amou	ints included on line 1 k	out not on Form 990, Pa	art VIII, line 12	:					
а	Net u	nrealized gains (losses)	on investments			2a				
b	Donat	ted services and use of	facilities			2b				
с	Reco	veries of prior year gran	its			2c				
d	Other	(Describe in Part XIII.)				2d				
е	Add li	nes 2a through 2d						2e		
3	Subtr	act line <b>2e</b> from line <b>1</b>						3		
4	Amou	ints included on Form 9	990, Part VIII, line 12, bi	ut not on line 1	:					
а	Invest	tment expenses not inc	luded on Form 990, Pa	rt VIII, line 7b						
b	Other	(Describe in Part XIII.)				4b				
С										
5		revenue. Add lines <b>3</b> ar								
Pa	rt XII	Reconciliation o				ents With	h Expense	es per Retu	rn.	
			ization answered "Yes"							
1		expenses and losses p						1		
2		ints included on line 1 k	,	,						
а		ted services and use of								
b		year adjustments								
с		losses								
d		(Describe in Part XIII.)								
е		nes 2a through 2d								
3	Subtr	act line <b>2e</b> from line <b>1</b>						3		
4		ints included on Form 9								
а		tment expenses not inc								
b		(Describe in Part XIII.)				4b				
С										
5		expenses. Add lines 3		al Form 990, P	art I, line 18.)					
Pa	rt XIII	Supplemental In	formation.							

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

## PART X, LINE 2:

TAX POSITION:

THE ORGANIZATION CURRENTLY EVALUATE ALL TAX POSITIONS, AND MAKE A DETERMINATION REGARDING THE LIKELIHOOD OF THOSE POSITIONS BEING UPHELD UNDER REVIEW. THE PRIMARY TAX POSITIONS MADE BY THE ORGANIZATION IS THE ORGANIZATION'S STATUS AS TAX-EXEMPT ORGANIZATIONS UNDER IRC SECTIONS 501(C)(4). FOR THE YEARS PRESENTED, THE ORGANIZATION HAS NOT RECOGNIZED ANY TAX BENEFITS OR LOSS CONTINGENCIES FOR UNCERTAIN TAX POSITIONS BASED ON THIS EVALUATION.

132054 10-28-21

Schedule D (Form 990) 2021	DISABILITY	RIGHTS	ADVOCACY	FUND,	INC.	27-5026463 Pag	ge <b>5</b>
Schedule D (Form 990) 2021 Part XIII Supplemental Infor	mation (continued)						
						Schedule D (Form 990)	2021
132055 10-28-21						- <b>·</b>	
			22				

15281111 807818 DIS6463 2021.05000 DISABILITY RIGHTS ADVOCACY DIS64631

SCHEDULE F (Form 990)			ivities Outside the Ur n answered "Yes" on Form 990, Part			OMB No. 1545-0047
Department of the Treasury	<b>N</b> 0.44	· · · · / -	Attach to Form 990.			Open to Public
Internal Revenue Service Name of the organization	GO 10	www.irs.gov/Fo	orm990 for instructions and the lates	t information.	Employer i	Inspection dentification number
DISABILITY RIG	איזער איזיי	ACV FIIND			27-502	6463
			tside the United States. Complete	ete if the organ		
Form 990, Part				ete il tile orgai		
,	,	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 X No
-	cribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistand	ce outside the
United States.	The following Ded	t L line 2 table e	an be duplicated if additional appear is	noodod )		
3 Activities per Region. ( (a) Region	(b) Number of		an be duplicated if additional space is (d) Activities conducted in the region	· · · · · · · · · · · · · · · · · · ·	vity listed in (	d) (f) Total
(-) 3	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures
	in the region	independent	gram services, investments, grants to		e specific type	Investments
		contractors in the region	recipients located in the region)	of service	(s) in the regio	in the region
EAST ASIA AND THE						
PACIFIC - AUSTRALIA,						
BRUNEI, BURMA,						
CAMBODIA,	0	4	GRANTS TO RECIPIENTS	HUMAN RIGHT	S ADVOCACY	764,650.
SUB-SAHARAN AFRICA -	-					,
ANGOLA, BENIN,						
BOTSWANA, BURKINA						
FASO,	1	5	GRANTS TO RECIPIENTS	HUMAN RIGHT	S ADVOCACY	377,100.
CENTRAL AMERICA AND						
THE CARIBBEAN	0	1	NON-GRANT EXPENSES	HUMAN RIGHT	S ADVOCACY	11,145.
EAST ASIA AND THE						
PACIFIC	0	o	NON-GRANT EXPENSES	HUMAN RIGHT	יפ אדעסרארז	27,745.
		0	NON GRANT EXTENSES	HOMAN KIGH	.5 ADVOCACI	27,715.
SUB-SAHARAN AFRICA	0	0	NON-GRANT EXPENSES	HUMAN RIGHT		20.246
SOB-SANARAN AFRICA	0	0	NON-GRANT EAFENSES	HOMAN KIGHI	.5 ADVOCACI	29,346.
NORTH AMERICA	0	1	GRANTS TO RECIPIENTS	HUMAN RIGHT	S ADVOCACY	355,000.
3 a Subtotal	1	11	-			1,564,986.
<b>b</b> Total from continuation						
sheets to Part I	0	(				0.
c Totals (add lines 3a						
and 3b)	1	11	-			1,564,986.

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

Schedule F (Form 990) 2021

OMB No. 1545-0047

132071 12-20-21

15281111 807818 DIS6463

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.

	sol	UTH ASIA					
	so	UTH ASIA					
			PROGRAM SUPPORT	76,000.	WIRE	0.	
	SO	UTH ASIA	PROGRAM SUPPORT	51,000.	WIRE	٥.	
		B-SAHARAN RICA	PROGRAM SUPPORT	43,000.	WIRE	0.	
		B-SAHARAN RICA	PROGRAM SUPPORT	55,000.	WIRE	0.	
		B-SAHARAN RICA	PROGRAM SUPPORT	43,000.	WIRE	٥.	
		B-SAHARAN RICA	PROGRAM SUPPORT	50,000.	WIRE	0.	
	sui	B-SAHARAN					
			PROGRAM SUPPORT	20,000.	WIRE	0.	
	RA:	ST ASIA AND THE					
			PROGRAM SUPPORT	41,000.	WIRE	0.	
2 Enter total number of recipien							20
exempt 501(c)(3) organization 3 Enter total number of other or			or counsel has provided a sec			<u>}</u> .	 <u>39</u> 0

DISABILITY RIGHTS ADVOCACY FUND, INC.

27-5026463

and the (in qubrached)     grant     or cash grant     cash discursement     assistance     assistance     appraisal, other)       RAST ASIA AND THE PACEFIC     PACEFIC     PROGRAM SUPPORT     55,000, WIRE     0.	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)	
Image: Constraint of the second support     55,000.WIRE     0.       PACTFIC     PACTFIC     PACTFIC       AUSTRALIA, BRUNET, BURNA, PROGRAM SUPPORT     25,000.WIRE     0.       PACTFIC     PACTFIC     PACTFIC       AUSTRALIA, BRUNET, BURNA, PROGRAM SUPPORT     23,500.WIRE     0.       PACTFIC     PACTFIC     PACTFIC       AUSTRALIA, BRUNET, BURNA, PROGRAM SUPPORT     23,500.WIRE     0.       PACTFIC     PACTFIC     PACTFIC       AUSTRALIA, BRUNET, BURNA, PROGRAM SUPPORT     23,000.WIRE     0.       PACTFIC     PACTFIC     PACTFIC       AUSTRALIA, BRUNET, BURNA, PROGRAM SUPPORT     23,000.WIRE     0.       PACTFIC     PACTFIC     PACTFIC       AUSTRALIA, BRUNET, BURNA, PROGRAM SUPPORT     21,000.WIRE     0.       PACTFIC     PACTFIC     PACTFIC       AUSTRALIA, BRUNET, BURNA, PROGRAM SUPPORT     21,500.WIRE     0.       PACTFIC     PACTFIC     PACTFIC       AUSTRALIA, BRUNET, BURNA, PROGRAM SUPPORT     21,500.WIRE     0.       PACTFIC     PACTFIC     PACTFIC       AUSTRALIA, BRUNET, BURNA, PROGRAM SUPPORT     21,500.WIRE     0.       PACTFIC     PACTFIC     PACTFIC       AUSTRALIA, BRUNET, BURNA, PROGRAM SUPPORT     21,000.WIRE     0.       PACTFIC     PACTFIC </th <th></th> <th>e of organization</th> <th></th> <th>(c) Region</th> <th></th> <th></th> <th></th> <th>non-cash</th> <th>of non-cash</th> <th>valuation (book, FMV,</th>		e of organization		(c) Region				non-cash	of non-cash	valuation (book, FMV,
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BAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,       PROGRAM SUPPORT       22,500, WIRE       0.         BAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,       PROGRAM SUPPORT       21,500, WIRE       0.         BRUNEI, BURMA, PROGRAM SUPPORT       PROGRAM SUPPORT       21,500, WIRE       0.         BRUNEI, BURMA, PROGRAM SUPPORT       PROGRAM SUPPORT       20,000, WIRE       0.         BRUNEI, BURMA, PROGRAM SUPPORT       20,000, WIRE       0.         BRUNEI, BURMA, BRUNEI, BURMA, PROGRAM SUPPORT       20,000, WIRE       0.         BRUNEI, BURMA, BRUNEI, BURMA, BRUNEI, BURMA, PROGRAM SUPPORT       14,000, WIRE       0.						22.000	MTDE	0		
PACIFIC -       AUSTRALIA,       PROGRAM SUPPORT       22,500. WIRE       0.         BRUNEI, BURMA,       PROGRAM SUPPORT       22,500. WIRE       0.         AUSTRALIA,       PROGRAM SUPPORT       22,500. WIRE       0.         AUSTRALIA,       PROGRAM SUPPORT       22,500. WIRE       0.         BRUNEI, BURMA,       PROGRAM SUPPORT       21,500. WIRE       0.         BRUNEI, BURMA,       PROGRAM SUPPORT       21,500. WIRE       0.         BRUNEI, BURMA,       PROGRAM SUPPORT       20,000. WIRE       0.         BRUNEI, BURMA,       PROGRAM SUPPORT       14,000. WIRE       0.         BRUNEI, BURMA,       PROGRAM SUPPORT       14,000. WIRE       0.					PROGRAM SUPPORT	23,000.	WIRE	υ.		
AUSTRALIA, BRUNEI, BURMA,       PROGRAM SUPPORT       22,500. WIRE       0.         AUSTRALIA, BACIFIC - AUSTRALIA,       PROGRAM SUPPORT       21,500. WIRE       0.         BRUNEI, BURMA,       PROGRAM SUPPORT       21,500. WIRE       0.         BRUNEI, BURMA,       PROGRAM SUPPORT       21,500. WIRE       0.         BRUNEI, BURMA,       PROGRAM SUPPORT       20,000. WIRE       0.         BRUNEI, BURMA,       PROGRAM SUPPORT       14,000. WIRE       0.										
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AUSTRALIA,       PROGRAM SUPPORT       21,500.WIRE       0.         BRUNEI, BURMA,       PROGRAM SUPPORT       21,500.WIRE       0.         PACIFIC -       AUSTRALIA,       PACIFIC -       AUSTRALIA,         BRUNEI, BURMA,       PROGRAM SUPPORT       20,000.WIRE       0.         BRUNEI, BURMA,       PROGRAM SUPPORT       20,000.WIRE       0.         BRUNEI, BURMA,       PROGRAM SUPPORT       20,000.WIRE       0.         BRUNEI, BURMA,       PROGRAM SUPPORT       14,000.WIRE       0.         BRUNEI, BURMA,       PROGRAM SUPPORT       14,000.WIRE       0.										
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PACIFIC -       AUSTRALIA,       AUSTRALIA,       AUSTRALIA,       AUSTRALIA,       BRUNEI, BURMA,       PROGRAM SUPPORT       20,000.WIRE       0.       0.         BRUNEI, BURMA,       PROGRAM SUPPORT       20,000.WIRE       0.       0.       0.       0.         AUSTRALIA,       PACIFIC -       AUSTRALIA,       AUSTRALIA,       0.       0.       0.       0.         BRUNEI, BURMA,       PROGRAM SUPPORT       14,000.WIRE       0.       0.       0.       0.         BRUNEI, BURMA,       PROGRAM SUPPORT       14,000.WIRE       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0. <td></td> <td></td> <td></td> <td></td> <td>PROGRAM SUPPORT</td> <td>21,500.</td> <td>WIKE</td> <td>υ.</td> <td></td> <td></td>					PROGRAM SUPPORT	21,500.	WIKE	υ.		
AUSTRALIA,       PROGRAM SUPPORT       20,000.WIRE       0.         BRUNEI, BURMA,       PROGRAM SUPPORT       20,000.WIRE       0.         PACIFIC -       AUSTRALIA,       PACIFIC -       AUSTRALIA,         BRUNEI, BURMA,       PROGRAM SUPPORT       14,000.WIRE       0.         BRUNEI, BURMA,       PROGRAM SUPPORT       14,000.WIRE       0.         AUSTRALIA,       AUSTRALIA,       0.       0.         BRUNEI, BURMA,       PROGRAM SUPPORT       14,000.WIRE       0.										
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EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, PROGRAM SUPPORT 14,000.WIRE 0. EAST ASIA AND THE PACIFIC - AUSTRALIA,						20 000	WIDE	0		
PACIFIC -       AUSTRALIA,       Height and the sector of the sec					INGRAM SUITORI	20,000.	MIKE	0.		
AUSTRALIA, BRUNEI, BURMA, PROGRAM SUPPORT 14,000.WIRE 0.										
BRUNEI, BURMA,     PROGRAM SUPPORT     14,000.WIRE     0.       EAST ASIA AND THE PACIFIC - AUSTRALIA,     AUSTRALIA,     AUSTRALIA,     AUSTRALIA,										
EAST ASIA AND THE PACIFIC - AUSTRALIA,					PROGRAM SUPPORT	14 000	WIRE	n		
PACIFIC - AUSTRALIA,					INCOMIN DOLLOKI	14,000.	MTICE	0.		
AUSTRALIA,										
BRUNEI BURMA PROGRAM SUPPORT 1 13 UUU.WIRE 0.1				· ·	PROGRAM SUPPORT	13,000.	WIRE	0.		

DISABILITY RIGHTS ADVOCACY FUND, INC.

27-5026463

Part II Continu	ation of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
<b>1</b> (a) Name of organi	ization (b) IRS code section and EIN (if applicable)		<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,						
		BRUNEI, BURMA,	PROGRAM SUPPORT	11,500.	WIRE	٥.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,						
		BRUNEI, BURMA,	PROGRAM SUPPORT	11,000.	WIRE	٥.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,						
		BRUNEI, BURMA,	PROGRAM SUPPORT	11,000.	WIRE	٥.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,						
		BRUNEI, BURMA,	PROGRAM SUPPORT	50,000.	WIRE	Ο.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,						
		BRUNEI, BURMA,	PROGRAM SUPPORT	45,000.	WIRE	Ο.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,						
		BRUNEI, BURMA,	PROGRAM SUPPORT	21,900.	WIRE	Ο.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,						
		BRUNEI, BURMA,	PROGRAM SUPPORT	20,000.	WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,						
			PROGRAM SUPPORT	20,000.	WIRE	Ο.		
		EAST ASIA AND THE		,				
		PACIFIC -						
		AUSTRALIA,						
			PROGRAM SUPPORT	19,700.	WIRE	Ο.		

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 §	990), Part II, line 1	1)	r ugo z
<b>1</b> (a) Nam	e of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
			EAST ASIA AND THE						
			PACIFIC -						
			AUSTRALIA,						
			BRUNEI, BURMA,	PROGRAM SUPPORT	18,000.	WIRE	0.		
			EAST ASIA AND THE						
			PACIFIC -						
			AUSTRALIA,						
			BRUNEI, BURMA,	PROGRAM SUPPORT	18,000.	WIRE	Ο.		
			EAST ASIA AND THE						
			PACIFIC -						
			AUSTRALIA,						
			BRUNEI, BURMA,	PROGRAM SUPPORT	16,000.	WIRE	Ο.		
			EAST ASIA AND THE						
			PACIFIC -						
			AUSTRALIA,						
			BRUNEI, BURMA,	PROGRAM SUPPORT	12,250.	WIRE	Ο.		
			EAST ASIA AND THE						
			PACIFIC -						
			AUSTRALIA,						
			BRUNEI, BURMA,	PROGRAM SUPPORT	11,350.	WIRE	Ο.		
			EAST ASIA AND THE						
			PACIFIC -						
			AUSTRALIA,						
			BRUNEI, BURMA,	PROGRAM SUPPORT	7,600.	WIRE	Ο.		
			NORTH AMERICA	PROGRAM SUPPORT	355,000.	WIRE	Ο.		
			SOUTH ASIA	PROGRAM SUPPORT	51,000.	WIRE	0.		
			SUB-SAHARAN						
			AFRICA	PROGRAM SUPPORT	40,000.	WIRE	Ο.		

DISABILITY RIGHTS ADVOCACY FUND, INC.

27-5026463

Part II Continuation of			ations or Entities Outside the			90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		SUB-SAHARAN						
		AFRICA	PROGRAM SUPPORT	30,000.	WIRE	0.		
		SUB-SAHARAN		25 000				
		AFRICA	PROGRAM SUPPORT	35,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	20,000.	WIRE	0.		
				,				
		SUB-SAHARAN						
			PROGRAM SUPPORT	18,600.	WIRE	0.		

27-5026463

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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) 2021

Schedule F (Form 990) 2021	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

132074 12-20-21

Schedule F (Form 990) 2021	DISABILITY	RIGHTS A	DVOCACY	FUND,	INC.	27-5026463	Page 5					
Part V Supplementa	I Information											
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of												
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)												
(estimated numb	(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.											
PART I, LINE 2:												
GRANTMAKING PRO	CESSES ADHER	E TO DUE	DILIGE	ICE PR	OCEDURES,	INCLUDING AN	I					

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.

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SC	HEDULE J	1	OMB No. 1545-0047					
(Fo	rm 990)	<b>Compensation Information</b> For certain Officers, Directors, Trustees, Key Employees, and Highest		20	21			
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		LU		l		
Dena	tment of the Treasury	Attach to Form 990.		Open to				
	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe				
Nam	e of the organizatio		Employer ide			mber		
_		DISABILITY RIGHTS ADVOCACY FUND, INC.	27-50	)2646	3			
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,					
		line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c							
	X Travel for com							
		ation and gross-up payments Health or social club dues or initiation fee						
		spending account Personal services (such as maid, chauffer	ur, chet)					
D	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain							
2				<b>1</b> b	Х			
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors, rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х			
	trustees, and onice							
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization?	e					
Ŭ		ector. Check all that apply. Do not check any boxes for methods used by a related organization						
		ation of the CEO/Executive Director, but explain in Part III.						
	Compensation							
		compensation consultant $X$ Compensation survey or study						
	X Form 990 of o		ommittee					
		, , , , , , , , , , , , , , , , ,						
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a re	lated organization:						
а	Receive a severand	e payment or change-of-control payment?		4a		X		
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X		
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		<b>4c</b>		X		
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
		)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on					
	contingent on the r							
а	The organization?			<b>5</b> a		X		
b		ation?		<b>5b</b>		X		
c		or 5b, describe in Part III.						
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on					
	contingent on the r					v		
a	The organization?			6a		X X		
b		ation?		<b>6b</b>				
7		or 6b, describe in Part III.	-					
1	7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III							
8								
0		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x		
9		id the organization also follow the rebuttable presumption procedure described in						
3		a 53.4958-6(c)?		9				
ΙНΔ		eduction Act Notice, see the Instructions for Form 990.		j 9 le J (Forr	n 990	02021		
			Schedu			, 2021		

## 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.

27-5026463

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DIANA SAMARASAN	(i)	27,326.	0.	0.		5,535.	33,897.	0.
FOUNDING EXECUTIVE DIRECTOR	(ii)	27,326. 143,464.	0.	0.	5,875.	31,382.	180,721.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(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:

#### DRAF PAYS TRAVEL EXPENSES FOR PERSONAL ASSISTANTS AND SIGN LANGUAGE

INTERPRETERS FOR PERSONNEL AND DIRECTORS WITH DISABILITIES.

SCHEDULE O (Form 990)

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number
27-5026463

DISABILITY RIGHTS ADVOCACY FUND, INC.

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

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

COMMITTEE 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) 2021

 132211
 11-11-21
 Schedule O (Form 990) 2021

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2021.05000 DISABILITY RIGHTS ADVOCACY DIS64631

		, LINE 19		~~~~~				
PON WRITTEN REQUE	ST OR FROM	MASSACHU	JSETTS	SECRETARY	OF	STATE	WEBS	ITE.

DISABILITY RIGHTS ADVOCACY FUND,

INDIRECTLY REVIEWED AND APPROVED BY THE BOARD THROUGH THE EXECUTIVE

Page 2

Employer identification number

27-5026463

INC.

Schedule O (Form 990) 2021

Name of the organization

SCH	EDULE 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

2021 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.

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	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) 2021

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	Predomir (related, excluded fr	nant income , unrelated, rom tax under s 512-514)	Share inc	e of total come	end-	are of of-year sets	Disprop alloca	tions?	Code V-U amount in 20 of Sche K-1 (Form 1	BI <sup>Ge</sup> box <sup>m</sup> dule <u>p</u>	eneral or anaging artner?	Percent owners
	_	country)		sections	\$ 512-514)					Yes	No	K-1 (Form 1	065) <b>Y</b> (	es No	
	-														
														_	
														_	
														_	
	-														
t IV Identification of Related O organizations treated as a c	rganizations Taxable	as a Corpo	pration or Trust. Co	omplete if t	he organizat	ion ansv	wered "Yes	s" on Fo	rm 990, Pa	art IV,	line 34	4, because it	had on	e or m	ore relat
(a)			(b)	(c)	(d)		(e)		(f)			(g)	()	h)	(i) Sectio
Name, address, and of related organizati	EIN on	Prim	ary activity	Legal domicile (state or foreign	Direct cont entity	trolling y	Type of (C corp, s or tru	S corp,	Share o incoi	f total me		Share of end-of-year assets	Perce owne	entage ership	512(b)( control entity
				country)				,							Yes

## Schedule R (Form 990) 2021 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 transactions with one or more related organizations listed in Parts II-IV?								
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х					
	Gift, grant, or capital contribution to related organization(s)	1b		Х					
с	Gift, grant, or capital contribution from related organization(s)	1c		Х					
	Loans or loan guarantees to or for related organization(s)	1d	Х						
e Loans or loan guarantees by related organization(s)									
				x					
f Dividends from related organization(s)									
g Sale of assets to related organization(s)									
h Purchase of assets from related organization(s)									
i Exchange of assets with related organization(s)									
j Lease of facilities, equipment, or other assets to related organization(s)									
				1					
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х					
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х					
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х					
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х						
o	Sharing of paid employees with related organization(s)	10	Х						
р	Reimbursement paid to related organization(s) for expenses	1p	Х						
q	Reimbursement paid by related organization(s) for expenses	1q		Х					
				x					
r Other transfer of cash or property to related organization(s)									
s	Other transfer of cash or property from related organization(s)	1s		Х					
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.								
	(a) (b) (c) (d)								

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) DISABILITY RIGHTS FUND, INC.	P	298,201.	SHARED COSTS
(2) DISABILITY RIGHTS FUND, INC.	D	80,026.	END OF YEAR BALANCE
(3)			
(5)			
_(6)			

## Schedule R (Form 990) 2021 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>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs. Yes	) 3 sec. )(3) .? No	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(F Dispr tior alloca	opor- iate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes NO	(k) Percentage ownership

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 DISABILITY RIGHTS ADVOCACY FUND, INC. 27-5026463 Page 5

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

132165 11-17-21