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Department of the Treasury

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

OMB No. 1545-0047

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. 2022 Open to Public Inspection

Internal Revenue Service and ending A For the 2022 calendar year, or tax year beginning C Name of organization D Employer identification number В Check if applicable: Address change ELDER LAW & DISABILITY RIGHTS CENTER Name change 81-4128457 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 1535 E. 17TH STREET 110 714-617-5353 452,921. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended SANTA ANA, CA 92705 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: BROOKE WEITZMAN __Yes X No for subordinates? SAME AS C ABOVE Yes **H(b)** Are all subordinates included? No Tax-exempt status: X 501(c)(3) 501(c) (527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.ELDRCENTER.ORG J Website: H(c) Group exemption number **K** Form of organization: **X** Corporation Association Other L Year of formation: 2016 M State of legal domicile: CA Trust Part I Summary Briefly describe the organization's mission or most significant activities: THROUGH ADVOCACY, EDUCATION, AND 1 Activities & Governance THE PROVISION OF FREE AND LOW-COST LEGAL SERVICES, THE ELDR CENTER 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 7 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 7 4 4 8 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 5 0 Total number of volunteers (estimate if necessary) 6 6 Ò. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 227,513. 240,863. Contributions and grants (Part VIII, line 1h) 8 Revenue 153,075 200,475. 9 Program service revenue (Part VIII, line 2g) 5. 37. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 11,546. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 380,593. 452,921 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Ο. 0. 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) 262,630. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 310,943. 15 Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 69,008. 105,843. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 416,786. 331,638. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 36,135. 48,955. Revenue less expenses. Subtract line 18 from line 12 19 **Beginning of Current Year** End of Year P 369,485. 513,591. 20 Total assets (Part X, line 16) 652. 108,623 21 Total liabilities (Part X, line 26) El det 404,968 368, 833. Net assets or fund balances. Subtract line 21 from line 20 22 Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of offi	cer			Date	
	BROOKE W	VEITZMAN, EXECUTIVE	E DIRECTOR			
	Type or print na	me and title				
	Print/Type prepa	arer's name	Preparer's signature	Date	Check	PTIN
Paid	KERMITH	BOFFILL			if self-employed	₽00958329
Preparer	Firm's name	GROBSTEIN TEEPLE,	LLP		Firm's EIN 46-	1955807
Use Only	Firm's address	23832 ROCKFIELD B	LVD, STE 245			
		LAKE FOREST, CA 92	2630		Phone no.818-	532-1020
May the IF	RS discuss this	return with the preparer shown abo	ve? See instructions			X Yes No
232001 12-1	3-22 LHA F a	or Paperwork Reduction Act Notic	e, see the separate instructions.			Form 990 (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1990 (2022) ELDER LAW & DISABILITY RIGHTS CENTER 81-4128457 Page
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III X
1	Briefly describe the organization's mission:
•	THROUGH ADVOCACY, EDUCATION, AND THE PROVISION OF FREE AND LOW-COST
	LEGAL SERVICES, THE ELDR CENTER STRIVES TO ENSURE DIGNITY AND JUSTICE
	FOR MEMBERS OF OUR COMMUNITIES WHO ARE ELDERLY, LIVING WITH
	DISABILITIES, OR EXPERIENCING HOMELESSNESS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	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?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	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	
	IN 2022, ELDER LAW DISABILITY RIGHTS CENTER CONTINUED ITS UNIQUE LEGAL
	SERVICES TO THE MOST VULNERABLE MEMBERS OF THE COMMUNITY.
	THROUGH ADVOCACY, EDUCATION, AND THE PROVISION OF FREE AND LOW-COST
	LEGAL SERVICES, THE ELDR CENTER STRIVES TO ENSURE DIGNITY AND JUSTICE
	FOR MEMBERS OF OUR COMMUNITIES WHO ARE ELDERLY, LIVING WITH
	DISABILITIES, OR EXPERIENCING HOMELESSNESS. WE PROVIDED SERVICES TO PEOPLE WHO COULD NOT OTHERWISE OBTAIN HELP AND COULD NOT AFFORD A
	PRIVATE ATTORNEY. DESPITE SO MANY CHALLENGES RELATED TO COVID-19, WE
	CONTINUED SERVICES UNINTERRUPTED INTO 2022 AND INCREASED AVAILABLE
	SERVICES. OUR OFFICE PRIORITIZES SERVICES TO THOSE EXPERIENCING
	HOMELESSNESS. WE MEET OUR CLIENTS WHERE THEY ARE TO OVERCOME LEGAL
	BARRIERS TO SHORT AND LONG-TERM HOUSING, INCLUDING DEPRIVATION OF
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe on Schedule O.)
4d	(Expenses \$ including grants of \$) (Revenue \$)
4d 4e	

Form 990 (2022)	ELDER	LAW &
Part IV	Checklist o	f Required S	chedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
6	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	6		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			- 23
0	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	-		
5	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			<u> </u>
	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, VII, 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	Х	
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	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			
	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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
a	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			
		14b		x
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u> </u>
	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,			<u> </u>
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part 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			
	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		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
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? <i>If</i>			
u		28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		- 23
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	000		x
00	"Yes," complete Schedule L, Part IV	28c 29		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
• •	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		
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Form	990 (2022) ELDER LAW & DISABILITY RIGHTS CENTER 81-412845	P	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		
		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		
	filed for the calendar year ending with or within the year covered by this return 2a 8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b		Х
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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		
	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)?		X
b	If "Yes," enter the name of the foreign country		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a			Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		Х

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	If "Yes," complete Form 6069.			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17	
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act			
	If "Yes," complete Form 4720, Schedule O.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16	X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
	excess parachute payment(s) during the year?		15	<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			<u></u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b	<u> </u>
			14a	<u> </u>
		13c		
	organization is licensed to issue qualified health plans	13b		
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1		
	Note: See the instructions for additional information the organization must report on Schedule O.			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	
	amounts due or received from them.)	11b		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
а	Gross income from members or shareholders	11a		
11	Section 501(c)(12) organizations. Enter:			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
a	Initiation fees and capital contributions included on Part VIII, line 12	<u>10a</u>		
10	Section 501(c)(7) organizations. Enter:			
b			9b	
a			9a	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
~			8	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	
g k	If the organization received a contribution of qualified intellectual property, did the organization file For		7g 7b	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f	<u> </u>
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contraction during the year pay promiums directly or indirectly on a personal benefit contra			
d			7e	
Ч		7d		
С		•	7c	x
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s roquirod		<u> </u>
a h			7a 7b	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the pavor?	7a	X
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			
U			6b	
h	If "Yes," did the organization include with every solicitation an express statement that such contribution			
0a	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	x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b	
			5a	
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).		v
a	If "Yes," enter the name of the foreign country			

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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.

Check if Schedule O contains a response or note to any line in this Part VI	 X
Section A. Governing Body and Management	

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	· · · · · ·	7		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	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	e direct	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 9					X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		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, st					
~	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
	The governing body?	-	-	8a	х	
	Each committee with authority to act on behalf of the governing body?			8b	X	1
9 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					1
J				9		x
60	organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i>			19	I	1 1
	tion B. Policies (This Section B requests information about policies not required by the Internal Re-	venue	Code.)		V	
0-	Did the exception have local chapters, burnships, or officience			40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		⊢ ^
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	•				
				10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	11a	Х	
	Describe on 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 rise	to conf	licts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," de	escribe			
	on Schedule O how this was done			12c	Х	
3	Did the organization have a written whistleblower policy?			13	Х	
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 approval	l by ind	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					1
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16b		
ec	tion C. Disclosure			1.00	1	
7	List the states with which a copy of this Form 990 is required to be filed CA					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	T (section 501(c)(3	3)s onlvi	availal	ble
-	for public inspection. Indicate how you made these available. Check all that apply.			, y)		
	Own website Another's website X Upon request Other (explain		hadula ()			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, col		,	nd finan	rial	
3		rinict 0	a meresi policy, ar	iu iiiali	lai	
	statements available to the public during the tax year.					
0	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	a records			
20	PPOOKE WETTURNI = 711 - 617 - 5353					
20	BROOKE WEITZMAN - 714-617-5353 1535 E. 17TH STREET, SANTA ANA, CA 92705					

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

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

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

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

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

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

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

• 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.

hours per week (list any hours for related organization below line)best, unless parcents to both and officer and a director/trustee)compensation from the organization (W-2/1099-MISC/ 1099-NEC)compensation from related organizations (W-2/1099-MISC/ 1099-NEC)amount of other compensation from the organization (W-2/1099-MISC/ 1099-NEC)amount of other organizations(1) BROKE WEITZMAN40.00x88,292.0.939.(2) WILLIAM WISE40.00x73,124.0.2,261.(3) CAROL SOBEL1.000x0.0.0.(4) RICHARD MCNEIL1.000x0.0.0.DIRECTORx0.0.0.0.(5) DENISE CARTER1.000x0.0.0.DIRECTORx0.0.0.0.(6) JORDANA FURMAN1.000x0.0.0.DIRECTORx0.0.0.0.(6) JORDANA FURMAN1.000x0.0.0.DIRECTORx0.0.0.0.(6) JORDANA FURMAN1.000x0.0.0.DIRECTORx0.0.0.0.(6) JORDANA FURMAN1.000x0.0.0.DIRECTORx0.0.0.0.(6) JORDANA FURMAN1.000x0.0.0.DIRECTOR0.0.0.0.0.(9)	(A) Name and title	(B) Average			(C Pos	ition	1		(D) Reportable	(E) Reportable	(F) Estimated
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Form 990 (2022)

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	990 (2022) ELDER LAV	V & DISA	BI	LI	ГΥ	R	IGH	\mathbf{IT}_{i}	S CENTER	81-41	.284	457	P	age 8
Par	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees, a	and	Hig	hest	Co	mpensated Employee	s (continued)				
	(A)	(B)			(C	;)			(D)	(E)			(F)	
	Name and title	Average			Posit				Reportable	Reportable		Es	timate	ed
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		(list any	ctor						the	organizations	I		pensa	tion
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	Total number of individuals (including but n							rec	-	000 of reportable				
-	compensation from the organization		000	10000	1 400	010)		100						0
													Yes	No
											ſ		163	
3	Did the organization list any former officer,	,	,				<i>,</i>	0		,				
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	0,000? If "Yes,	" со	mplei	te S	che	dule	J fo	or such individual			4		X
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com	nolete Schedule	e. I fa	or suc	ch p	ersc	on		-			5		Х
Sect	ion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated ind	ene	nden	t co	ntra	ctors	th:	at received more than \$	100 000 of comp	ensat	ion fro	m	
	the organization. Report compensation for	•	•							•	onoa			
		the calendar ye		- Turing	9 001			T				(C	••	
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2	Total number of independent contractors (ii		στ lin	nited	to ti	~		ed a	above) who received mo	bre than				
	\$100,000 of compensation from the organized structures and the second	zation				0							000	

232008 12-13-22

Part WI Statement of Revenue Check if Schedule O contains a resonage or note to any line in this Part VII (B) (C) (C) If a Federated campaigns 16 (C) (C) (C) (C) If a Federated campaigns 16 (C) (C) </th <th></th> <th></th> <th></th> <th></th> <th></th> <th>-W &</th> <th>DI</th> <th>SABILITY</th> <th>RIGHTS C</th> <th>ENTER</th> <th>81-4128</th> <th>457 Page 9</th>						-W &	DI	SABILITY	RIGHTS C	ENTER	81-4128	457 Page 9
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contributions reported on line 1c). See Ba 11,546. b Less: direct expenses Bb 0. c Net income or (loss) from fundraising events 11,546. 11,546. 9 a Gross income from gaming activities. See 9a 9a 9b b Less: direct expenses 9b 9b 9b 9b c Net income or (loss) from gaming activities. See 9a 9b 9b 9b 10 a Gross sales of inventory, less returns and allowances 10a 10a 10b 10b c Net income or (loss) from sales of inventory Business Code 9a 9a 9a 9b 10a 10b 10b 10b 10b 10b 10b 10b 10b 10b 10c 10c </td <td>Be</td> <td></td>	Be											
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b Less: direct expenses Bb 0 • c Net income or (loss) from fundraising events 11,546 • 11,546 • 9 a Gross income from gaming activities. See 9a 9a b Less: direct expenses 9b 9b c Net income or (loss) from gaming activities 0a 0a 10 a Gross sales of inventory, less returns and allowances 10a 0a b Less: cost of goods sold 10b 0b 0a c Net income or (loss) from sales of inventory Business Code 0a see All other revenue 0a 0a 0a c All other revenue 452, 921. 200, 475. 0. 11, 583.				-	-			11 - 12				
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e Total. Add lines 11a-11d 452,921. 200,475. 0. 11,583.	sn		~					Dusiness Code				
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12 Total revenue. See instructions 452,921. 200,475. 0. 11,583.	Mis											
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Form 990 (2022)

ELDER LAW & DISABILITY RIGHTS CENTER 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 respons			• • • • •	
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
7D,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ŭ	organizations, foreign governments, and foreign				
-	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			1.5.1.0	
	trustees, and key employees	161,416.	145,274.	16,142.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	108,918.	98,026.	10,892.	
8	Pension plan accruals and contributions (include	,		.,	
5	section 401(k) and 403(b) employer contributions)	5,271.	4 745	526.	
~		13,727.	<u>4,745.</u> 12,354.	1,373.	
9	Other employee benefits	21,611.	19,450.	2,161.	
10	Payroll taxes	∠⊥,0⊥⊥•	19,430.	4,101.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	260.	234.	26.	
с	Accounting	1,750.	1,575.	175.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
q	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	23 101	20 791	2 310	
		<u>23,101.</u> 5,248.	20,791. 4,723.	2,310. 525.	
12	Advertising and promotion	J,240.	4,123.	JZJ•	
13	Office expenses	0 1 2 0	1 010	010	
14	Information technology	2,132.	1,919.	213.	
15	Royalties				
16	Occupancy	41,643.	37,479.	4,164.	
17	Travel	118.	106.	12.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	· · · · · · · · · · · · · · · · · · ·				
20 21		3,951.	3,556.	395.	
	Payments to affiliates	5,551.	5,550•		
22	Depreciation, depletion, and amortization	10,840.	9,756.	1 001	
23	Insurance	10,840.	9,/50.	1,084.	
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 O.)				
а	DUES AND MEMBERSHIPS	7,342.	6,608.	734.	
b	BUSINESS LICENSES AND P	1,982.	1,784.	198.	
с	SUPPLIES	1,867.	1,680.	187.	
d	PAYROLL PROCESSING FEES	1,400.	1,260.	140.	
	All other expenses	4,209.	3,789.	420.	
	· · · · · · · · · · · · · · · · · · ·	416,786.	375,109.	41,677.	0.
25	Total functional expenses. Add lines 1 through 24e	410,/00.	575,109.	41,077.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					000

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Form 990 (2022)

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Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 226,000. 362,549. 1 1 Cash - non-interest-bearing Savings and temporary cash investments 2 2 3 3 Pledges and grants receivable, net 126,819. 32,032. 4 4 Accounts receivable, net 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 5 Loans and other receivables from other disgualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 25,985. basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 15,804. 14,132. 10,181. 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 2,534. 108,829. 15 Other assets. See Part IV, line 11 15 369,485. 513,591. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 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 Secured mortgages and notes payable to unrelated third parties 23 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 652. 25 107,001. of Schedule D 652. 108,623. 26 26 **Total liabilities.** Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 404,968. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 368,833. 0. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 404,968. 368,833. Total net assets or fund balances 32 32 369,485. 513,591. 33 Total liabilities and net assets/fund balances 33

Form 990 (2022)

1,622.

Assets

Liabilities

	1990 (2022) ELDER LAW & DISABILITY RIGHTS CENTER	81-4	128457	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	452		
2	Total expenses (must equal Part IX, column (A), line 25)	2	416		
3	Revenue less expenses. Subtract line 2 from line 1	3			35.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	368	3 , 8:	33.
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	404	1,9	68.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

(Fc Depa	orm 99	DULE A 00) f the Treasury nue Service	Co	Public Cha omplete if the organ 49 A Go to www.irs.gov/	OMB No. 1545-0047 2022 Open to Public Inspection					
Nan	ne of t	the organizati	on							identification number
		D			SABILITY RIG					1-4128457
	nrt I				(All organizations must c			ee instructior	IS.	
The 1 2 3 4	organ	A church, co A school des A hospital or A medical res city, and stat	nvention of chi cribed in secti a cooperative search organiza e:	urches, or associatic ion 170(b)(1)(A)(ii). hospital service orga ation operated in co	For lines 1 through 12, c on of churches described (Attach Schedule E (Forn anization described in so njunction with a hospital	l in section n 990).) ection 170 described	on 170(b)(1 0(b)(1)(A)(ii ⊢in sectio	ii). n 170(b)(1)(A		· · · · ·
5		•	•		llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
~				Complete Part II.)	e e set e la comita de la comita e el fre		70/1-1/41/41	4.5		
6 7	\square		-	-	nental unit described in ntial part of its support fi				a anaral i	aublic decoribed in
'		-		omplete Part II.)	intial part of its support if	on a gove	annentai		ie general j	
8					(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research org	anization described	in section 170(b)(1)(A)(sulture (see instructions).	ix) operate	-		-	-
10	X	activities rela	ted to its exem Inrelated busir	npt functions, subjec	than 33 1/3% of its supp t to certain exceptions; (less section 511 tax) fro	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
11		An organizat	on organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organizat	on organized a	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	or section	509(a)(2).	See section	509(a)(3). (Check the box on
		-	-	• •	f supporting organizatior		-		-	
а				-	upervised, or controlled	• • • •	-			
			-		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
h				complete Part IV, Se		tion with it	o ou no outro	d arganizatio	n(a) by bay	vin a
b				-	l or controlled in connect anization vested in the s			•		•
			•	t complete Part IV,		ame perso	ns that co	ntiol of mana	ge the supp	Joned
с		-			g organization operated	in connect	tion with. a	and functiona	llv integrate	ed with.
			-). You must complete l				, ,	
d		Type III no	n-functionally	integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)
		that is not	functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution red	quirement and	d an attentiv	/eness
		requiremer	it (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.		
е			-		written determination fro			Туре I, Туре	II, Type III	
_					nally integrated supporti					Г
t			of supported c	•						
		i) Name of supp		about the supporte	(iii) Type of organization	(iv) Is the organized (iv) (iv) (iv) (iv) (iv) (iv) (iv) (iv)	anization listed	(v) Amount o	f monetary	(vi) Amount of other
		organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
Tot	 al									

	. (-	DISABILITY			81-4128457	Page 2
Part II	Support Schedule for	or Organiz	zations	Des	scribed in Secti	ions 170(b)	(1)(A)(iv) and	d 170(b)(1)(A)(vi)	

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
Ũ	activities, whether or not the						
	business is regularly carried on						
10							
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	I ons)			12	
13		-				<u> </u>	
10	organization, check this box and stor	-			•		
See	ction C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		14	%
15						15	%
16a	33 1/3% support test - 2022. If the o					ore. check this	box and
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-	-				
	meets the facts-and-circumstances te			-	-	triten ale erg	
F	10% -facts-and-circumstances test	-		• • • •			
~	more, and if the organization meets the	-	-				
	organization meets the facts-and-circu						
18	Private foundation. If the organization						
				,,, or 1/1	,		e A (Form 990) 2022

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Schedule A (Form 990) 2022

ELDER LAW & DISABILITY RIGHTS CENTER Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support (c) 2020 (d) 2021 Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 138,177 733,267. 209,522 227,513. 254,604. 1563083. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 82,522. 299,066. 153,075. 234,466. 116,459. 885,588. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 489,070. 254,636. 815,789. 508,588. 380,588. 2448671. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 0 2448671. Public support. (Subtract line 7c from line 6.) Section B. Total Support (d) 2021 Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (e) 2022 (f) Total 815,789. 508,588. 380,588. 2448671. 9 Amounts from line 6 254,636. 489,070. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 37. 37. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 37. 37. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 254,636. 815,789. 508,588. 380,588. 489,107. 2448708. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** Section C. Computation of Public Support Percentage 100.00 % Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 15 100.00 Public support percentage from 2021 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .00 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) % 17 18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is notΧ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2022 232023 12-09-22

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Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2022

81-4128457 Page 5 ELDER LAW & DISABILITY RIGHTS CENTER Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a 11b

- b A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Part VI</u>

Section B. Type I Supporting Organizations

Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

upervised. or controlled the supporting organization. Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- h The organization is the parent of each of its supported organizations. Complete line 3 below.

c		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruction <u>s).</u>	
---	--	---	--	--

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

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

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

3b Schedule A (Form 990) 2022

2a

2b

3a

Yes No

11c

2

Yes No

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

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instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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Schedule A	(Form	990)	2022	

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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ıs	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

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(See instructions.)		L, 11105 2, 0, 210 0. Al			
(See instructions.)	o o, and Part V, Section	E, lines 2, 5, and 6. Als	o complete this part for	any additional information.	

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

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

CENTER

OMB No. 1545-0047

2022

Employer identification number

ELDER	LAW	&	DISABILITY	RIGHTS

81-4128457

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

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)	

ELDER LAW & DISABILITY RIGHTS CENTER

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Name of organization

Part I

Employer identification number

81-4<u>128457</u>

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	JIM AND CHRISTINE KEEGAN 9 CAMEL POINT DRIVE LAGUNA BEACH, CA 92651	\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CENTER FOR HUMAN RIGHTS & CONSTITUTIONAL LAW		Person X Payroll
	256 S. OCCIDENTAL BLVD.	\$20,000.	Noncash
	LOS ANGELES, CA 90057		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	LAW OFFICE OF CAROL A. SOBEL		Person X
	1158 26TH STREET, STE. 552	\$15,000.	Payroll Noncash
	SANTA MONICA, CA 90403-4621		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Type of contribution Person X
No.	Name, address, and ZIP + 4		Type of contribution Person X Payroll
No.	Name, address, and ZIP + 4 JAMES INVESTMENT GROUP, INC.	Total contributions	Type of contribution Person X Payroll
No.	Name, address, and ZIP + 4JAMES INVESTMENT GROUP, INC.673 WESTBURY DRIVE, STE. 101	Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for
<u>No.</u> <u>4</u> (a)	Name, address, and ZIP + 4 JAMES INVESTMENT GROUP, INC. 673 WESTBURY DRIVE, STE. 101 IOWA CITY, IA 52245-2730 (b)	Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 4 (a) No.	Name, address, and ZIP + 4 JAMES INVESTMENT GROUP, INC. 673 WESTBURY DRIVE, STE. 101 IOWA CITY, IA 52245-2730 (b) Name, address, and ZIP + 4 KENNETH AND HARLE MONTGOMERY	Total contributions	Type of contribution Person X Payroll
No. 4 (a) No.	Name, address, and ZIP + 4 JAMES INVESTMENT GROUP, INC. 673 WESTBURY DRIVE, STE. 101 IOWA CITY, IA 52245-2730 (b) Name, address, and ZIP + 4 KENNETH AND HARLE MONTGOMERY FOUNDATION	Total contributions \$ 15,000. (c) Total contributions	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Payroll Image: Complete Part Part Payroll X
No. 4 (a) No.	Name, address, and ZIP + 4 JAMES INVESTMENT GROUP, INC. 673 WESTBURY DRIVE, STE. 101 IOWA CITY, IA 52245-2730 (b) Name, address, and ZIP + 4 KENNETH AND HARLE MONTGOMERY FOUNDATION 135 SOUTH LASALLE, STE. 2350	Total contributions \$ 15,000. (c) Total contributions	Type of contribution Person X Payroll Image: Colspan="2">Image: Colspan="2" Image: Colspan="2" Image
No. 4 (a) No. 5 (a)	Name, address, and ZIP + 4 JAMES INVESTMENT GROUP, INC. 673 WESTBURY DRIVE, STE. 101 IOWA CITY, IA 52245-2730 (b) Name, address, and ZIP + 4 KENNETH AND HARLE MONTGOMERY FOUNDATION 135 SOUTH LASALLE, STE. 2350 (b)	Total contributions \$ 15,000. (c) Total contributions \$ 10,000. (c) (c)	Type of contribution Person X Payroll
No. 4 (a) No. 5 (a) No.	Name, address, and ZIP + 4 JAMES INVESTMENT GROUP, INC. 673 WESTBURY DRIVE, STE. 101 IOWA CITY, IA 52245-2730 (b) Name, address, and ZIP + 4 KENNETH AND HARLE MONTGOMERY FOUNDATION 135 SOUTH LASALLE, STE. 2350 CHICAGO, IL 60603 (b) Name, address, and ZIP + 4	Total contributions \$ 15,000. (c) Total contributions \$ 10,000. (c) (c)	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contribution Complete Part II for noncash Person X Payroll Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (d) Type of contribution

Schedule B (Form 990) (2022)

23

223452 11-15-22

No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
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ELDER LAW & DISABILITY RIGHTS CENTER

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

Schedule B (Form 990) (2022)

Name of organization

(a)

Employer identification number

81-4128457

Schedule B (Form 990) (2022)

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2022.04000 ELDER LAW & DISABILITY RI ELDERLA1

Schedule I	B (Form 990) (2022)			Page 4
Name of o	rganization			Employer identification number
ELDER	LAW & DISABILITY RIGHT	S CENTER		81-4128457
Part III		ons to organizations described in se		
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or I	ess for the year. (Enter th	nis info. once.) \$
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(0	I) Description of how gift is held
		(e) Transfer of gif	I	
	Transferee's name, address, a	nd ZIP + 4	Relationship	of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(c	l) Description of how gift is held
Part I				
		(e) Transfer of gift	I	
·	Transferee's name, address, a	nd ZIP + 4	Relationship	of transferor to transferee
		[
(a) No. from				
Part I	(b) Purpose of gift	(c) Use of gift	(C	I) Description of how gift is held
		(e) Transfer of gif		
	Transferee's name, address, a	nd ZIP + 4	Relationship	of transferor to transferee
		[
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(c	l) Description of how gift is held
		(e) Transfer of gif	t	
	Transferee's name, address, a	nd ZIP + 4	Relationshir	of transferor to transferee
223454 11-15	5-22	I		Schedule B (Form 990) (2022)

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SCHEDULE D Form 990) Department of the Treasury Iternal Revenue Service	Complete if the org Part IV, line 6, 7, 8, 9,	tal Financial Statements ganization answered "Yes" on Form 990, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. 90 for instructions and the latest information.		OMB No. 1545-0047
		so for instructions and the latest information.		•
ame of the organization	ELDER LAW & DISAB	ILITY RIGHTS CENTER		ridentification numbe 1-4128457
	•	ed Funds or Other Similar Funds or A	Accounts.	Complete if the
	ations Maintaining Donor Advis n answered "Yes" on Form 990, Part IV,			Complete if the d other accounts
organizatio	•	line 6.		
organizatio 1 Total number at er	n answered "Yes" on Form 990, Part IV,	line 6. (a) Donor advised funds		
organizatio 1 Total number at er 2 Aggregate value o	n answered "Yes" on Form 990, Part IV, nd of year	line 6. (a) Donor advised funds		
organizatio 1 Total number at er 2 Aggregate value o	n answered "Yes" on Form 990, Part IV, nd of year f contributions to (during year) f grants from (during year)	line 6. (a) Donor advised funds		

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only 6 for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7

	Complete in the organization another			
1	Purpose(s) of conservation easements held by the organization (check all that a	apply).		
	Preservation of land for public use (for example, recreation or education)	Preservation of a histo	orically	important land area
	Protection of natural habitat	Preservation of a certi	fied his	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation of	contribution in the form of a co	nserva	tion easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	

b	Total acreage restricted by conservation easements	2b	
с	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after July 25,2006, and not on a		
	historic structure listed in the National Register	2d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organized	zation	during the tax
	year		

Number of states where property subject to conservation easement is located 4

5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of
	violations, and enforcement of the conservation easements it holds?
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?	Yes	No No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and		

Dart III	II Organizations Maintaining Collections of Art Historical Treasures or Other Similar Assets
orgar	ganization's accounting for conservation easements.
balan	lance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the

Part III	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.
1 de lf the	experience elected as new titled under FACE ACC 059, not to report in its revenue statement and belongs short works

1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of								
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,								
	provide the following amounts relating to these items:								
	(i) Revenue included on Form 990, Part VIII, line 1\$								

	(ii) Assets included in Form 990, Part X	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provid	e
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2022
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Yes

No

		AW & DISAB							81-41			age 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Histe	orical Tre	easures, o	or Othe	er Sin	nilar	Assets	(contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	ls, check	any of the	following that	at make s	signific	ant u	se of its			
	collection items (check all that apply):											
а	Public exhibition	c	d 🗌 b	Loan or exc	hange prog	ram						
b	Scholarly research	e	e 🗌	Other								
с	Preservation for future generations											
4	Provide a description of the organization's c	ollections and explai	n how th	ey further th	ne organizat	ion's exe	mpt p	urpos	e in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, his	storical trea	sures, or oth	ner simila	r asse	ts				
	to be sold to raise funds rather than to be m	aintained as part of t	he orgar	nization's co	llection?				🗌	Yes		No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	e organizatio	on answered	"Yes" or	n Form	n 990,	Part IV,	ine 9, or		
	reported an amount on Form 990, Pa	art X, line 21.										
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for o	contribution	s or other as	ssets not	incluc	ded		_		_
	on Form 990, Part X?								🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:			_					
										Amoun	t	
С	Beginning balance						L	1c				
d	Additions during the year						L	1d				
е	Distributions during the year						L	1e				
f	Ending balance						L	1f		_		
2a	Did the organization include an amount on F	Form 990, Part X, line	e 21, for e	escrow or cu	ustodial acc	ount liab	ility?		L	Yes		No
	If "Yes," explain the arrangement in Part XIII.											
Par	t V Endowment Funds. Complete		1					-				
		(a) Current year	(b) F	Prior year	(c) Two ye	ars back	(d) ∣	hree ye	ars back	(e) Four	years	back
1 a	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 cur	rent year end balanc	e (line 1g	g, column (a)) held as:							
а	Board designated or quasi-endowment		_%									
b	Permanent endowment	%										
с	Term endowment	_%										
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.										
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	t are held a	nd administe	ered for t	he					
	organization by:										Yes	No
	(i) Unrelated organizations									3a(i)		
	(ii) Related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	red on S	chedule R?						3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.								
Par	t VI Land, Buildings, and Equipm											
	Complete if the organization answere	ed "Yes" on Form 990	0, Part IV	/, line 11a. S	See Form 99	0, Part X	, line 1	10.				
	Description of property	(a) Cost or c basis (investr		• •	t or other (other)	1	Accum eprecia		b	(d) Boo	k valu	Ð
1a	Land											
	Buildings											
	Leasehold improvements											
	Equipment		985.				15	,80	4.	1),1	81.
	Other											
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part	X. colun	nn (B), line 1	0c.)					1),1	81.

Schedule D (Form 990) 2022

Schedule D) (Form 990) 2022			DISABILITY	RIGH'	TS C	ENTER	81-4128457 Pag	ge 3
Part VII									
	Complete if the or	ganization answ	ered "Yes"	on Form 990, Part IV,	line 11b. S	See For	m 990, Part X, lin	e 12.	
(a) Descrip	otion of security or cate	GOLY (including nam	e of security)	(b) Book value	((c) Met	nod of valuation: (Cost or end-of-year market value	
(1) Financi	al derivatives								
(2) Closely	held equity interest	s							
(3) Other									
(A)									
(B)									
(C)									
(D)									
(E)									
(F)									
(G)									
(H)									
Total. (Col. (b) must equal Form 99	0, Part X, col. (B)	line 12.)						
Part VIII	Investments -	-							
			ered "Yes"	on Form 990, Part IV,					
	(a) Description o	f investment		(b) Book value	((c) Met	nod of valuation: (Cost or end-of-year market value	
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
Total. (Col. (b) must equal Form 99	0, Part X, col. (B)	line 13.)						
Part IX	Other Assets.		·						
	Complete if the or	ganization answ	ered "Yes"	on Form 990, Part IV,	line 11d. S	See For	m 990, Part X, lin	e 15.	
			(a)	Description				(b) Book value	
(1) RE	ENT SECURIT	Y DEPOS	Т					2,53	4.
(2) TF	RUST ACCOUN	ГТ						23,08	4.
(3) OF	PERATING LE	ASE RIGH	IT-OF-1	USE ASSET				83,21	1.
(4)									
(5)						,			
(6)									
(7)									
(8)									
(9)									
	ımn (b) must equal F	orm 990 Part X	col (B) lin	e 15.)					9.
Part X	Other Liabiliti		0011 (2)					•	
	Complete if the or	ganization answ	ered "Yes"	on Form 990, Part IV,	line 11e or	r 11f. S	ee Form 990, Par	t X, line 25.	
1.		Description of lia						(b) Book value	
	deral income taxes		-						
	RUST ACCOUN	IT PAYABI	ΓE					23,08	4.
	ENSION PAYA								2.
	PERATING LE		BILITY	-CURRENT					
	DRTION							29,06	4.
	PERATING LE	ASE LTAP	אדז.דידע					54,59	
(7)									
(8)									
	······································			- 05)					1
	.,	,	,	e 25.)				atements that reports the	<u> </u>

Schedule D (Form 990) 2022

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organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2022 ELDER LAW & DISABILITY		81-4128457 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue p	er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	
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.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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,	<u>)</u>	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta		per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin		
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		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
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		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	
Pa	rt XIII Supplemental Information.		

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

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SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivities	OMB No. 1545-0047	
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							
	C	organization entered more than \$1 Attach to Form 990 c					Open to Public	
Department of the Treasury Internal Revenue Service	Go t	o www.irs.gov/Form990 for instruct				٦.	Inspection	
Name of the organization	ו					Employe	er identification number	
		AW & DISABILITY RI					128457	
Part I Fundrais	complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ine 17. Form 9	90-EZ filers are not	
 Indicate whether the a Mail solicitat Mail solicitat Internet and Phone solicities In-person so Did the organization key employees list 	e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	ed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes No	
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	(v) Amount p to (or retained fundraised listed in col.	to (or retained by)	
			Yes	No				
Total		1	1	1				
		n is registered or licensed to solicit o		utions	or has been notified	it is exempt fro	om registration	

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

Schedule G (Form 990) 2022

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 Schedule G (Form 990) 2022
 ELDER
 LAW
 & DISABILITY
 RIGHTS
 CENTER
 81-4128457
 Page 2

 Part II
 Fundraising Events.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000
 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

 of fundraising event contribution

		of fundraising event contributions and gro		EZ, IITIES I AND 6D. LIST 6	evenus with gross receipt	s greater than \$5,000.
			(a) Event #1 SPECIAL EVENTS	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	4	Cross respirts	34,816.			34,816.
Be	•	Gross receipts	54,010.			51,010.
	2	Less: Contributions	23,270.			23,270.
	3	Gross income (line 1 minus line 2)	11,546.			11,546.
	4	Cash prizes				
ŝ	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
ē	8	Entertainment				
	9	Other direct expenses				
	10		O is a law (a)			
Da	11 rt	Net income summary. Subtract line 10 from li Gaming. Complete if the organization a		000 Dort IV/ line 10 or		11,546.
10		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Part IV, line 19, or l	reported more than	
enue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac No," explain:				Yes No
10-		ere any of the organization's gaming licenses re	wakad suspandad arta	rminated during the tax	(02r ²	Yes No
		Yes," explain:				
					• •	dule G (Form 990) 2022

Sch	hedule G (Form 990) 2022 ELDER LAW & DISABILITY RIGHTS CENTER 81-4	12845	7 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	a An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
r	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
~	of gaming revenue retained by the third party \$		
c	c) If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Marca		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17			
č	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	🗌 No
h	Pertain the state gaming license?		
~	organization's own exempt activities during the tax year \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	t III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
2320	83 10-27-22 Sched	ule G (Form	n 990) 2022
_020	32		

Schedule G	(Form 990) Supplemental Infor	ELDER	LAW 8	DISABILITY	RIGHTS	CENTER	81-4128457	Page 4
Part IV	Supplemental Infor	mation _{(co}	ntinued)					
							Schedule G (F	orm 000)
232084 04-01-2	22							0111 990)

SCHEDULE O (Form 990)

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



81-4128457

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

STRIVES TO ENSURE DIGNITY AND JUSTICE FOR MEMBERS OF OUR COMMUNITIES

ELDER LAW & DISABILITY RIGHTS CENTER

WHO ARE ELDERLY, LIVING WITH DISABILITIES, OR EXPERIENCING

HOMELESSNESS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PUBLIC BENEFITS, CRIMINALIZATION OF POVERTY, DENIAL OF DUE PROCESS, AND

MORE. WE ALSO MEET OLDER ADULTS WHERE THEY ALLOW OUR CLIENTS TO AGE

WITH DIGNITY AND INDEPENDENCE THROUGH END OF LIFE PLANNING AND

EMPOWERMENT THROUGH EDUCATION. FINALLY, WE SERVE THOSE WHO ARE

HISTORICALLY MARGINALIZED AND UNREPRESENTED IN DISPUTES WITH

INSTITUTIONS INCLUDING JAILS AND SCHOOLS WHOSE NEEDS ARE DIRECTLY

RELATED TO THEIR DISABILITIES.

THE WORK WE DO SAVES LIVES, ALL THE WHILE PRESERVING THE DIGNITY OF

THESE DISENFRANCHISED INDIVIDUALS. NOT ONLY DID WE ADVOCATE AND

REPRESENT THE UNHOUSED DIRECTLY, WE LITIGATED CRITICAL CASES THAT HELD

MUNICIPALITIES ACCOUNTABLE FOR THEIR VIOLATIONS OF CIVIL RIGHTS TO

THEIR CONSTITUENTS AND FAILURES TO MAINTAIN PUBLIC SERVICES REQUIRED BY

LAW. BEYOND REPRESENTING INDIVIDUALS AND KEY ORGANIZATIONS IN IMPACT

LITIGATION, WE EXTEND THE REACH OF OUR SUPPORT BY ENGAGING IN PROJECTS

THAT MAXIMIZE THE EFFICACY OF OUR LIMITED RESOURCES. ELDER LAW CLINICS

ALLOW US TO CONNECT WITH MANY WHO NEEDED BRIEF GUIDANCE IN PARTICULAR

ISSUES, AND QUICKLY SCREEN INDIVIDUALS WHO NEED MORE INTRICATE

SERVICES. WE ALSO PARTNER WITH LARGER ORGANIZATIONS AND GOVERNMENTS TO

IMPROVE POLICY. EVEN MORE, WE BROADENED OUR INFLUENCE ON THE COMMUNITY

THROUGH PRESENTATIONS AND SPEAKING ENGAGEMENTS IN ORANGE COUNTY AND

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990) 202223221110-28-22

Schedule O (Form 990) 2022	Page
Name of the organization ELDER LAW & DISABILITY R	Employer identification numbeIGHTS CENTER81-4128457
BEYOND.	
FORM 990, PART VI, SECTION B, LINE 11B:	:
A COPY OF FORM 990 WAS REVIEWED BY THE	GOVERNING BOARD BEFORE IT WAS FILED.
FORM 990, PART VI, SECTION B, LINE 12C:	:
BOARD MEMBERS ARE REQUIRED TO DISCLOSE	POTENTIAL CONFLICT OF INTEREST
SITUATIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL DOCUMENTS ARE AVAILABLE UPON REQUES	ST.