

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
December 31, 2016

<b>Prepared for</b>	Disability Rights Fund, Inc. 89 South Street No. 203 Boston, MA 02111-2670
<b>Prepared by</b>	Kevin P Martin Associates, P.C. 10 Forbes West Braintree, MA 02184
<b>Amount due or refund</b>	Not applicable
<b>Make check payable to</b>	Not applicable
<b>Mail tax return and check (if applicable) to</b>	Not applicable
<b>Return must be mailed on or before</b>	Not applicable
<b>Special Instructions</b>	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by November 15, 2017.

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning \_\_\_\_\_, 2016, and ending \_\_\_\_\_, 20\_\_\_\_

# 2016

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Name of exempt organization

Employer identification number

**DISABILITY RIGHTS FUND, INC.**

**27-5026293**

Name and title of officer

**DIANA SAMARASAN  
FOUNDING EXECUTIVE DIRECTOR**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>3,897,307.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) .....	<b>5b</b> _____

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize **KEVIN P MARTIN ASSOCIATES, P.C.** to enter my PIN **5555**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**0408305555**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ **09/12/17**

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2016)

623051 09-26-16

15200912 758606 63100000

2016.04020 DISABILITY RIGHTS FUND, INC 63100001

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2016**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2016 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization DISABILITY RIGHTS FUND, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 89 SOUTH STREET 203 City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02111-2670 <b>F</b> Name and address of principal officer: DIANA SAMARASAN SAME AS C ABOVE	<b>D</b> Employer identification number 27-5026293 <b>E</b> Telephone number 617-261-4593 <b>G</b> Gross receipts \$ 3,897,307. <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ DISABILITYRIGHTSFUND.ORG		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: 2011		<b>M</b> State of legal domicile: MA

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>THE DISABILITY RIGHTS FUND, INC. SUPPORTS PERSONS WITH DISABILITIES AROUND THE WORLD TO BUILD DIVERSE</b> 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> 9 4 Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> 9 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) ..... <b>5</b> 7 6 Total number of volunteers (estimate if necessary) ..... <b>6</b> 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> 0. 7b Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> 0.		
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h) ..... <b>1,766,426.</b> 9 Program service revenue (Part VIII, line 2g) ..... <b>0.</b> 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>29.</b> 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>-15,527.</b> 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>1,750,928.</b>	<b>Prior Year</b>	<b>Current Year</b>
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>1,859,639.</b> 14 Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>466,156.</b> 16a Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>187,596.</b> 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>777,363.</b> 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>3,103,158.</b> 19 Revenue less expenses. Subtract line 18 from line 12 ..... <b>-1,352,230.</b>	<b>1,750,928.</b>	<b>3,897,307.</b>
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16) ..... <b>840,715.</b> 21 Total liabilities (Part X, line 26) ..... <b>140,875.</b> 22 Net assets or fund balances. Subtract line 21 from line 20 ..... <b>699,840.</b>	<b>Beginning of Current Year</b>	<b>End of Year</b>
		<b>840,715.</b>	<b>1,638,612.</b>
		<b>140,875.</b>	<b>81,492.</b>
		<b>699,840.</b>	<b>1,557,120.</b>

**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.

<b>Sign Here</b>	Signature of officer DIANA SAMARASAN, FOUNDRING EXECUTIVE DIRECTOR Type or print name and title	Date		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name JOLANTA TUCK, CPA	Preparer's signature JOLANTA TUCK, CPA	Date 09/12/17	Check <input type="checkbox"/> if self-employed PTIN P01340068
	Firm's name ▶ KEVIN P MARTIN ASSOCIATES, P.C. Firm's address ▶ 10 FORBES WEST BRAINTREE, MA 02184	Firm's EIN ▶ 04-3097400 Phone no. (781) 380-3520		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III 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: THE DISABILITY RIGHTS FUND, INC. (DRF) IS A GRANTMAKING COLLABORATIVE THAT EMPOWERS PERSONS WITH DISABILITIES TO ADVOCATE FOR EQUAL RIGHTS AND FULL PARTICIPATION IN SOCIETY. FUELED BY THE MOMENTUM OF THE CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES (CRPD), DRF

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? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 2,489,315. including grants of \$ 1,661,100. ) (Revenue \$ ) IN 2016, DRF (AND SISTER ORGANIZATION, DRAF) MADE A TOTAL OF 92 GRANTS FOR \$1,661,100 TO 78 DIFFERENT ORGANIZATIONS OF PEOPLE WITH DISABILITIES DOING RIGHTS ADVOCACY AT COUNTRY, REGIONAL AND INTERNATIONAL LEVELS.

4b (Code: ) (Expenses \$ 49,572. including grants of \$ ) (Revenue \$ ) THE FUND'S UNIQUE STRUCTURE INCLUDES A GLOBAL ADVISORY PANEL (GAP), GRANTMAKING COMMITTEE AND BOARD OF DIRECTORS. THE GAP CONSISTS OF 12 MEMBERS, THE MAJORITY OF WHOM ARE PEOPLE WITH DISABILITIES, NOMINATED BY INTERNATIONAL AND REGIONAL NETWORKS OF DISABLED PERSONS ORGANIZATIONS, WHICH MAKES GRANTMAKING STRATEGY RECOMMENDATIONS. THE GRANTMAKING COMMITTEE OF THE BOARD IS COMPOSED OF DONOR REPRESENTATIVES AND ADVISORS AND FINALIZES GRANTMAKING GUIDELINES AND GRANTS SELECTION FOR FINAL APPROVAL BY THE FULL BOARD. THE BOARD OF DIRECTORS HAS OVERSIGHT OF THE FUND.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,538,887.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....		X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	X	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

Part 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

Input box for Schedule O check

Main table with columns for question ID, description, sub-questions (1a-14b), and Yes/No columns. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance items.

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 in 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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MA, CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: CORPORATION - 617-261-4593 89 SOUTH STREET, NO. 203, BOSTON, MA 02111-2670



**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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CATHERINE TOWNSEND PRESIDENT/CO-CHAIR	2.00 2.00	X		X				0.	0.	0.
(2) KAI DICKERSON TREASURER	2.00 2.00	X		X				0.	0.	0.
(3) DIANA SAMARASAN CLERK(THRU JUN)/FOUNDING EXEC DIR	26.00 9.00	X		X			97,820.	36,182.	30,635.	
(4) WILLIAM ROWLAND CO-CHAIR	2.00 2.00	X		X			0.	0.	0.	
(5) OLA ABU AL GHAIB DIRECTOR	2.00 2.00	X					0.	0.	0.	
(6) LORRAINE WAPLING DIRECTOR	2.00 2.00	X					0.	0.	0.	
(7) ANDY FERREN DIRECTOR/CLERK(AS OF JUN)	2.00 2.00	X		X			0.	0.	0.	
(8) CHARLIE CLEMENTS DIRECTOR	2.00 2.00	X					0.	0.	0.	
(9) KRISTEN PRATT DIRECTOR	2.00 2.00	X					0.	0.	0.	
(10) BETH MACNAIRN DIRECTOR	2.00 2.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals for lines 1b, 1c, and 1d.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table for independent contractors with columns: (A) Name and business address, (B) Description of services, (C) Compensation.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	3,897,281.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....		3,897,281.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			26.			26.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events .....					
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> _____							
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions. ....				3,897,307.	0.	0.	26.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,661,100.	1,661,100.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	123,835.	47,660.	49,627.	26,548.
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	238,494.	91,789.	95,576.	51,129.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	46,839.	18,027.	18,770.	10,042.
10 Payroll taxes	27,633.	10,635.	11,074.	5,924.
11 Fees for services (non-employees):				
a Management				
b Legal	4,856.	2,428.	2,428.	
c Accounting	23,405.		23,405.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	542,193.	482,045.	22,127.	38,021.
12 Advertising and promotion				
13 Office expenses	117,825.		70,257.	47,568.
14 Information technology				
15 Royalties				
16 Occupancy	39,015.	15,016.	15,635.	8,364.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	4,645.		4,645.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>GRANTEE TRAINING</b>	210,187.	210,187.		
b				
c				
d				
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	3,040,027.	2,538,887.	313,544.	187,596.
26 <b>Joint costs.</b> 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)

**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	715,826.	<b>1</b>	1,626,268.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	1,215.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	9,155.	<b>9</b>	1,287.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	115,734.	<b>15</b>	9,842.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	840,715.	<b>16</b>	1,638,612.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	63,175.	<b>17</b>	20,492.
	<b>18</b> Grants payable .....	77,700.	<b>18</b>	61,000.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	140,875.	<b>26</b>	81,492.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	659,775.	<b>27</b>	942,620.
	<b>28</b> Temporarily restricted net assets .....	40,065.	<b>28</b>	614,500.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	699,840.	<b>33</b>	1,557,120.	
<b>34</b> Total liabilities and net assets/fund balances .....	840,715.	<b>34</b>	1,638,612.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,897,307.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,040,027.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	857,280.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	699,840.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,557,120.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

Name of the organization

DISABILITY RIGHTS FUND, INC.

Employer identification number

27-5026293

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2,470,640.	4,557,517.	1,585,990.	1,766,426.	3,897,281.	14,277,854.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	2,470,640.	4,557,517.	1,585,990.	1,766,426.	3,897,281.	14,277,854.
<b>5</b> 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) .....						3,412,527.
<b>6 Public support.</b> Subtract line 5 from line 4.						10,865,327.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....	2,470,640.	4,557,517.	1,585,990.	1,766,426.	3,897,281.	14,277,854.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	27.	33.		29.	26.	115.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						14,277,969.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	

**13 First five 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**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	76.10 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	%

**16a 33 1/3% support test - 2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test - 2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10% -facts-and-circumstances test - 2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10% -facts-and-circumstances test - 2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions



**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**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five 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**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not 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 - 2015.** 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 qualifies 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 .....

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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 <b>Part VI</b> 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.	Yes	No
<b>b</b> Did the activities described in (a) 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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? Provide details in <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016



**Schedule A**

**Identification of Excess Contributions  
Included on Part II, Line 5**

**2016**

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

Contributor's Name	Total Contributions	Excess Contributions
OPEN SOCIETY FOUNDATIONS	2,500,000.	2,214,441.
JOSEPH P. KENNEDY JR. FOUNDATION	926,601.	641,042.
SIGRID RAUSING TRUST	611,460.	325,901.
TIDES FOUNDATION	516,702.	231,143.
Total Excess Contributions to Schedule A, Part II, Line 5 .....		3,412,527.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Name of the organization

DISABILITY RIGHTS FUND, INC.

Employer identification number

27-5026293

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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**

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 or 990-EZ), 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, II, and III.

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)



Name of organization  <b>DISABILITY RIGHTS FUND, INC.</b>	Employer identification number  <b>27-5026293</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	OPEN SOCIETY FOUNDATION <hr/> 224 WEST 57TH STREET <hr/> NEW YORK, NY 10019	\$ 515,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	JOSEPH P. KENNEDY JR. FOUNDATION <hr/> 1133 19TH STREET <hr/> WASHINGTON, DC 20036	\$ 583,041.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	FIDELITY CHARITABLE GIFT FUND <hr/> 200 SEAPORT BOULEVARD MAIL ZONE NCW4B <hr/> BOSTON, MA 02210	\$ 1,880,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	UK DEPARTMENT FOR INTERNATIONAL DEVELOPMENT <hr/> EAGLESHAM RD <hr/> G75 8EA, UNITED KINGDOM	\$ 871,838.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>DISABILITY RIGHTS FUND, INC.</b>	Employer identification number  <b>27-5026293</b>
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**Part II Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization <b>DISABILITY RIGHTS FUND, INC.</b>	Employer identification number <b>27-5026293</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2016**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public  
Inspection

Name of the organization: **DISABILITY RIGHTS FUND, INC.**  
Employer identification number: **27-5026293**

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	GRANTS TO RECIPIENTS	HUMAN RIGHTS ADVOCACY	119,700.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	GRANTS TO RECIPIENTS	HUMAN RIGHTS ADVOCACY	542,100.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	0	0	GRANTS TO RECIPIENTS	HUMAN RIGHTS ADVOCACY	157,500.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	GRANTS TO RECIPIENTS	HUMAN RIGHTS ADVOCACY	841,800.
<b>3 a</b> Sub-total .....	0	0			1,661,100.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			1,661,100.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	16,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	30,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	40,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	15,200.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	12,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	20,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	20,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	30,000.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **92**

3 Enter total number of other organizations or entities .....

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	30,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	30,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	14,000.	WIRE	0.		
		SOUTH ASIA	PROGRAM SUPPORT	7,500.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	31,800.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	12,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	18,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	40,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	20,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	30,000.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	20,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	20,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	15,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	40,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	20,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	9,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	12,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	10,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	17,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	7,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	40,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	12,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	16,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	10,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	15,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	5,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	20,000.	WIRE	0.		



Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	15,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	10,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	30,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	15,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	8,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	8,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	20,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	16,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	8,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	8,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	5,500.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	20,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	9,500.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	19,500.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	6,200.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	10,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	8,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	8,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	8,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	10,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	8,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	42,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	10,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	8,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	8,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	8,300.	WIRE	0.		
		SOUTH ASIA	PROGRAM SUPPORT	40,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	30,000.	WIRE	0.		
		SOUTH ASIA	PROGRAM SUPPORT	15,000.	WIRE	0.		
		SOUTH ASIA	PROGRAM SUPPORT	15,000.	WIRE	0.		
		SOUTH ASIA	PROGRAM SUPPORT	20,000.	WIRE	0.		
		SOUTH ASIA	PROGRAM SUPPORT	20,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	17,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	20,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	20,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	30,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	PROGRAM SUPPORT	40,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	30,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	10,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	20,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	10,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	40,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	30,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	20,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	8,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	15,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	20,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	8,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	20,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	20,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	10,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	13,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	7,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	20,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	20,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	21,600.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	20,000.	WIRE	0.		

**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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



**Part IV Foreign Forms**

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

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**PART I, LINE 2:**

**GRANTMAKING PROCESSES ADHERE TO DUE DILIGENCE PROCEDURES, INCLUDING AN INTENSIVE APPLICATION REVIEW PROCESS (WITH TECHNICAL AID IN PROJECT DESIGN), ONE-ON-ONE RELATIONSHIPS WITH THE OVERSIGHT OF GRANTEES, AND AN EXTENSIVE NETWORK AND PARTNERSHIPS IN AND WITH THE BROADER DISABILITY COMMUNITY TO ASSESS AND MONITOR VIABILITY AND IMPACT OF APPLICANTS AND PROJECTS.**

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2016**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**DISABILITY RIGHTS FUND, INC.**

Employer identification number  
**27-5026293**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input checked="" type="checkbox"/> Travel for companions          | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                     | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DIANA SAMARASAN CLERK (THRU JUN) / FOUNDING EXEC DIR	(i)	97,820.	0.	0.	0.	22,364.	120,184.	0.
	(ii)	36,182.	0.	0.	0.	8,271.	44,453.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 1A:

DRF PAYS TRAVEL EXPENSES FOR PERSONAL ASSISTANTS AND SIGN LANGUAGE

INTERPRETERS FOR DIANA SAMARSAN.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

DISABILITY RIGHTS FUND, INC.

Employer identification number

27-5026293

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

MOVEMENTS, ENSURE INCLUSIVE DEVELOPMENT AGENDAS, AND ACHIEVE EQUAL RIGHTS AND OPPORTUNITY FOR ALL.

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

FUNDS DISABLED PERSONS' ORGANIZATIONS IN 31 COUNTRIES IN AFRICA, ASIA, EASTERN EUROPE, LATIN AMERICA AND THE CARIBBEAN, THE MIDDLE EAST AND THE PACIFIC. DRF PROVIDES GRANTS FOR ACTIVITIES SUCH AS DOCUMENTATION OF RIGHTS VIOLATIONS, ADVOCACY FOR RIGHTS FULFILLMENT AND EXPANSION OF VOICE AND VISIBILITY FOR PARTICULARLY MARGINALIZED SECTORS OF THE DISABILITY COMMUNITY, IN PURSUIT OF SYSTEMIC CHANGE.

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

IRS FORM 990 IS REVIEWED WITH THE PREPARER AND PROVIDED TO THE FINANCE/AUDIT TASK FORCE FOR REVIEW AND APPROVAL PRIOR TO SUBMISSION.

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

THE ORGANIZATION MAINTAINS A WRITTEN CONFLICT OF INTEREST POLICY. THE BOARD REVIEWS THE POLICY ANNUALLY AND UPDATES WHEN NECESSARY.

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

EXECUTIVE MANAGEMENT COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD ANNUALLY AGAINST INDUSTRY STANDARD. OTHER KEY EMPLOYEE COMPENSATION REVIEWED AND APPROVED ANNUALLY BY EXECUTIVEDIRECTOR AGAINST INDUSTRY STANDARD, AND APPROVED BY BOARD OF DIRECTORS DURING ANNUAL BUDGET REVIEW PROCESS.

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization <b>DISABILITY RIGHTS FUND, INC.</b>	Employer identification number <b>27-5026293</b>
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FORM 990, PART VI, SECTION C, LINE 19:

UPON WRITTEN REQUEST AND AT VARIOUS STATE AGENCY WEBSITES.

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

OTHER CONSULTANTS:

PROGRAM SERVICE EXPENSES	337,159.
MANAGEMENT AND GENERAL EXPENSES	22,127.
FUNDRAISING EXPENSES	38,021.
TOTAL EXPENSES	397,307.

STIPENDS:

PROGRAM SERVICE EXPENSES	144,886.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	144,886.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	542,193.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

Name of the organization **DISABILITY RIGHTS FUND, INC.** Employer identification number **27-5026293**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
DISABILITY RIGHTS ADVOCACY FUND, INC. - 27-5026463, 89 SOUTH STREET, BOSTON, MA 02111	SUPPORT PERSONS WITH DISABILITIES IN THE DEVELOPING WORLD	MASSACHUSETTS	501(C)(4)		DISABILITY RIGHTS FUND, INC	X	



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII** Supplemental Information.

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

Multiple horizontal lines for supplemental information.

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  <b>DISABILITY RIGHTS FUND, INC.</b>	Employer identification number (EIN) or  <b>27-5026293</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>89 SOUTH STREET, NO. 203</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BOSTON, MA 02111-2670</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**CORPORATION**

• The books are in the care of ▶ **89 SOUTH STREET, NO. 203 - BOSTON, MA 02111-2670**  
Telephone No. ▶ **617-261-4593** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year **2016** or
- ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**MAIL TO: DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0045**

# 2016 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

December 31, 2016

<b>Prepared for</b>	Disability Rights Fund, Inc. 89 South Street No. 203 Boston, MA 02111-2670
<b>Prepared by</b>	Kevin P Martin Associates, P.C. 10 Forbes West Braintree, MA 02184
<b>To be signed and dated by</b>	Not Applicable
<b>Amount of tax</b>	Total tax \$ 10.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 Balance due \$ 10.00
<b>Overpayment</b>	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
<b>Make check payable to</b>	Franchise Tax Board
<b>Mail tax return and check (if applicable) to</b>	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.
<b>Return must be mailed on or before</b>	Not Applicable
<b>Special Instructions</b>	Your payment should be made as instructed below on or before November 15, 2017.  Separately mail California Form FTB 3586 with a check or money order for \$10.00, payable to Franchise Tax Board.  Mail to: Franchise Tax Board PO BOX 942857 Sacramento CA 94257-0531

# California Exempt Organization Annual Information Return

Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_.

Corporation/Organization name: **DISABILITY RIGHTS FUND, INC.**  
California corporation number: **9327503**

Additional information. See instructions. FEIN: **27-5026293**

Street address (suite or room): **89 SOUTH STREET, NO. 203**  
City: **BOSTON** State: **MA** ZIP code: **02111-2670**

Foreign country name: \_\_\_\_\_ Foreign province/state/country: \_\_\_\_\_ Foreign postal code: \_\_\_\_\_

**A** First Return  Yes  No  
**B** Amended Return  Yes  No  
**C** IRC Section 4947(a)(1) trust  Yes  No  
**D** Final Information Return?  
 Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
 Enter date: (mm/dd/yyyy) \_\_\_\_\_  
**E** Check accounting method: (1)  Cash (2)  Accrual (3)  Other  
**F** Federal return filed? (1)  990T (2)  990-PF (3)  Sch H (990) (4)  Other 990 series  
**G** Is this a group filing? See instructions  Yes  No  
**H** Is this organization in a group exemption  Yes  No  
 If "Yes," what is the parent's name? \_\_\_\_\_  
**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Yes  No

**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  Yes  No  
**K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
 If "Yes," enter the gross receipts from nonmember sources \$ \_\_\_\_\_  
**L** If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.   
**M** Is the organization a Limited Liability Company?  Yes  No  
**N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No  
**O** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No  
**P** Is a federal Form 1023/1024 pending?  Yes  No  
 Date filed with IRS \_\_\_\_\_

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	26.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	3,897,281.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	3,897,307.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	00
	7	Total costs. Add line 5 and line 6	7	00
	8	Total gross income. Subtract line 7 from line 4	8	3,897,307.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	3,040,027.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	857,280.00
Filing Fee	11	Total payments	11	00
	12	Use tax. See General Instruction K	12	00
	13	Payment balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Instruction F	15	10.00
	16	Penalties and Interest. See General Instruction J	16	00
	17	<b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10.00

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**  
Signature of officer: \_\_\_\_\_ Title: **FOUNDING EXECU** Date: \_\_\_\_\_ Telephone: **617-261-4593**

**Paid Preparer's Use Only**  
Preparer's signature: **JOLANTA TUCK, CPA** Date: **09/12/17** Check if self-employed:  PTIN: **P01340068**  
Firm's name (or yours, if self-employed) and address: **KEVIN P MARTIN ASSOCIATES, P.C.  
10 FORBES WEST  
BRAINTREE, MA 02184** Telephone: **(781) 380-3520**

May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

628951 11-30-16

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	00	
	2	Interest	•	2	26.00	
	3	Dividends	•	3	00	
	4	Gross rents	•	4	00	
	5	Gross royalties	•	5	00	
	6	Gross amount received from sale of assets (See Instructions)	•	6	00	
	7	Other income	•	7	00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	26.00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9	1,661,100.00	
	10	Disbursements to or for members	•	10	00	
	11	Compensation of officers, directors, and trustees	•	11	123,835.00	
	12	Other salaries and wages	•	12	238,494.00	
	13	Interest	•	13	00	
	14	Taxes	•	14	27,633.00	
	15	Rents	•	15	39,015.00	
	16	Depreciation and depletion (See instructions)	•	16	00	
	<b>Expenses and Disbursements</b>	17	Other Expenses and Disbursements	•	17	949,950.00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	3,040,027.00

<b>Schedule L Balance Sheet</b>		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		715,826.		1,626,268.
2	Net accounts receivable				
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments				
10	<b>a</b> Depreciable assets				
	<b>b</b> Less accumulated depreciation	( )	( )		
11	Land				
12	Other assets <b>STMT 4</b>		124,889.		12,344.
13	<b>Total assets</b>		840,715.		1,638,612.
<b>Liabilities and net worth</b>					
14	Accounts payable		63,175.		20,492.
15	Contributions, gifts, or grants payable		77,700.		61,000.
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities				
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		699,840.		1,557,120.
22	<b>Total liabilities and net worth</b>		840,715.		1,638,612.

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	•	857,280.
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	<b>Total.</b> Add line 1 through line 5	•	857,280.
7	Income recorded on books this year not included in this return.	•	
8	Deductions in this return not charged against book income this year	•	
9	<b>Total.</b> Add line 7 and line 8	•	
10	<b>Net income per return.</b> Subtract line 9 from line 6	•	857,280.



FORM 199 CASH CONTRIBUTIONS STATEMENT 1  
INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
OPEN SOCIETY FOUNDATION	224 WEST 57TH STREET NEW YORK, NY 10019	07/29/16	515,000.
JOSEPH P. KENNEDY JR. FOUNDATION	1133 19TH STREET WASHINGTON, DC 20036	12/13/16	583,041.
FIDELITY CHARITABLE GIFT FUND	200 SEAPORT BOULEVARD MAIL ZONE NCW4B BOSTON, MA 02210	12/27/16	1,880,000.
UK DEPARTMENT FOR INTERNATIONAL DEVELOPMENT	EAGLESHAM RD, G75 8EA, UNITED KINGDOM	11/10/16	871,838.
TOTAL INCLUDED ON LINE 3			3,849,879.

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 2

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
CATHERINE TOWNSEND 89 SOUTH STREET, NO. 203 BOSTON, MA 02111-2670	PRESIDENT/CO-CHAIR 2.00	0.
KAI DICKERSON 89 SOUTH STREET, NO. 203 BOSTON, MA 02111-2670	TREASURER 2.00	0.
DIANA SAMARASAN 89 SOUTH STREET, NO. 203 BOSTON, MA 02111-2670	CLERK (THRU JUN)/FOUNDING E 26.00	0.
WILLIAM ROWLAND 89 SOUTH STREET, NO. 203 BOSTON, MA 02111-2670	CO-CHAIR 2.00	0.
OLA ABU AL GHAIB 89 SOUTH STREET, NO. 203 BOSTON, MA 02111-2670	DIRECTOR 2.00	0.

LORRAINE WAPLING 89 SOUTH STREET, NO. 203 BOSTON, MA 02111-2670	DIRECTOR 2.00	0.
ANDY FERREN 89 SOUTH STREET, NO. 203 BOSTON, MA 02111-2670	DIRECTOR/CLERK(AS OF JUN) 2.00	0.
CHARLIE CLEMENTS 89 SOUTH STREET, NO. 203 BOSTON, MA 02111-2670	DIRECTOR 2.00	0.
KRISTEN PRATT 89 SOUTH STREET, NO. 203 BOSTON, MA 02111-2670	DIRECTOR 2.00	0.
BETH MACNAIRN 89 SOUTH STREET, NO. 203 BOSTON, MA 02111-2670	DIRECTOR 2.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

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FORM 199	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	AMOUNT
GRANTEE TRAINING	210,187.
OTHER EMPLOYEE BENEFITS	46,839.
LEGAL FEES	4,856.
ACCOUNTING FEES	23,405.
OTHER PROFESSIONAL FEES	542,193.
OFFICE EXPENSES	117,825.
INSURANCE	4,645.
TOTAL TO FORM 199, PART II, LINE 17	949,950.

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FORM 199	OTHER ASSETS	STATEMENT	4
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	0.	1,215.
PREPAID EXPENSES AND DEFERRED CHARGES	9,155.	1,287.
DUE TO/FROM	115,734.	9,842.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	124,889.	12,344.

**Voucher at bottom of page.**

**DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.**  
If the amount of payment is zero, do not mail this voucher.

**WHERE TO FILE:** Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2016 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:

**FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**WHEN TO FILE:** **Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year.**  
**S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.**  
**Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

Due to the federal Emancipation Day holiday observed on April 17, 2017, tax returns filed and payments mailed or submitted on April 18, 2017, will be considered timely.

**ONLINE SERVICES:** Corporations can make payments online with Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to [ftb.ca.gov](http://ftb.ca.gov) for more information.

639035 12-08-16

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

**CAUTION:** You may be required to pay electronically, see instructions.

TAXABLE YEAR **2016** **Payment Voucher for Corporations and Exempt Organizations e-filed Returns**

CALIFORNIA FORM **3586 (e-file)**

0000000 DISA 27-5026293 9327503 16 FORM 3  
TYB 01-01-2016 TYE 12-31-2016  
DISABILITY RIGHTS FUND INC

89 SOUTH STREET NO 203  
BOSTON MA 02111-2670

(617) 261-4593

Amount of Payment 10.

TAXABLE YEAR  
**2016**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

Exempt Organization name	Identifying number
<b>DISABILITY RIGHTS FUND, INC.</b>	<b>27-5026293</b>

**Part I Electronic Return Information** (whole dollars only)

<b>1</b> Total gross receipts (Form 199, line 4)	<b>1</b> <u>3,897,307.00</u>
<b>2</b> Total gross income (Form 199, line 8)	<b>2</b> <u>3,897,307.00</u>
<b>3</b> Total expenses and disbursements (Form 199, line 9)	<b>3</b> <u>3,040,027.00</u>

**Part II Settle Your Account Electronically for Taxable Year 2016**

<b>4</b> <input type="checkbox"/> Electronic funds withdrawal	<b>4a</b> Amount	<b>4b</b> Withdrawal date (mm/dd/yyyy)
---	------------------	--

**Part III Banking Information** (Have you verified the exempt organization's banking information?)

<b>5</b> Routing number _____	<b>7</b> Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>6</b> Account number _____	

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2016 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

<b>Sign Here</b>	 Signature of officer	 Date	 Title
			<b>FOUNDING EXECUTIVE DIRECTOR</b>

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2016 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO</b>	ERO's- signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address				FEIN <b>04-3097400</b>
	<b>KEVIN P MARTIN ASSOCIATES, P.C.</b> <b>10 FORBES WEST</b> <b>BRAINTREE, MA</b>				ZIP code <b>02184</b>

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer</b>	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address			FEIN <b>04-3097400</b>
	<b>KEVIN P MARTIN ASSOCIATES, P.C.</b> <b>10 FORBES WEST</b> <b>BRAINTREE, MA</b>	<b>09/12/17</b>		<b>P01340068</b>
				ZIP code <b>02184</b>

# TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM PC

FOR THE YEAR ENDING  
December 31, 2016

<b>Prepared for</b>	Disability Rights Fund, Inc. 89 South Street No. 203 Boston, MA 02111-2670
<b>Prepared by</b>	Kevin P Martin Associates, P.C. 10 Forbes West Braintree, MA 02184
<b>Amount due or refund</b>	Balance due of \$500.00
<b>Make check payable to</b>	Not Applicable
<b>Mail tax return and check (if applicable) to</b>	Non-Profit Org/Public Charities Div Office of the Attorney General One Ashburton Place Boston, MA 02108
<b>Return must be mailed on or before</b>	Please mail as soon as possible.
<b>Special Instructions</b>	<p>The report should be signed and dated by the authorized individual(s).</p> <p>Payment for the balance due must be made electronically via the Commonwealth of Massachusetts website at:</p> <p><a href="http://www.mass.gov/ago/epay">www.mass.gov/ago/epay</a></p> <p>All the necessary attachments should be included with Form PC before filing.</p>

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 01/01/16 to 12/31/16

Attorney General's Account #: 053225

Federal ID #: 27-5026293

Electronic Payment Confirmation #: \_\_\_\_\_

When did the organization first engage in charitable work in Massachusetts? 02/16/2011

Has the organization applied for or been granted IRS tax exempt status? [X] Yes [ ] No

If yes, date of application OR date of determination letter: 12/22/2011

IRS Exemption under 501(c): 3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? [X] Yes [ ] No

Check all items attached (if applicable)
[ ] Filing Fee or Printout of
[X] Electronic Payment Confirmation
[X] Copy of IRS Return
[ ] Audited Financial Statements/Review
[ ] Amended Articles/By-Laws
[X] Schedule A-1
[X] Schedule A-2
[X] Schedule RO
[ ] Schedule VCO
[ ] Probate Account

Organization Data

Name: DISABILITY RIGHTS FUND, INC.

Mailing Address: 89 SOUTH STREET, NO. 203

City: BOSTON State: MA ZIP: 02111-2670

Phone Number: 617-261-4593 Fax Number: 617-261-1977

Email: DSAMARASAN@DISABILITYRIGHTSFUND.O Website: DISABILITYRIGHTSFUND.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions. Enter up to 2 codes from Table 3 for your organization's main purpose(s)

Table with 4 columns: Category, Code, Category, Code. Rows include County (Table 1) with code 13, and Type of Organization (Table 2) with code 18. Organization Purpose Code 1 has code 48, and Organization Purpose Code 2 has code 56.

Please check box if final return prior to dissolution: [ ]

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

- On what date was the organization created? 02/16/2011
- Where was the organization created? MASSACHUSETTS
- What is the form of organization? (check one)

Corporation <input checked="" type="checkbox"/>	Testamentary Trust <input type="checkbox"/>
Unincorporated Association <input type="checkbox"/>	Inter Vivos Trust <input type="checkbox"/>

Other (please describe): \_\_\_\_\_

- Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14.  Yes  No
- Enter your summary of financial data:

Financial Data		Amounts
A.	Contributions, gifts, grants, and similar amounts received	3,897,281.
B.	Gross support and revenue	3,897,307.
C.	Program services and similar amounts paid out	2,538,887.
D.	Fundraising expenses	187,596.
E.	Management and general expenses	313,544.
F.	Payments to affiliates	0.
G.	Total expenses	3,040,027.
H.	Net assets or fund balances at the end of the year	1,557,120.

- List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	DIANA SAMARASAN FOUNDING EXECUTIVE DIRECTOR	26.00	101,471.	22,364.	0.
2.	LISA ADAMS LAMONT PROGRAM DIRECTOR	23.00	55,208.	12,116.	0.
3.	ARLENE WILSON-GRANT GRANTS MANAGER	30.00	66,036.	19,356.	0.
4.	KERRY THOMPSON INFORMATION & PROGRAM COORD	26.00	41,458.	6,735.	0.
5.	YUMI SERA DIR OF PARTNERSHIPS AND COMM	30.00	42,010.	769.	0.

- Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet).  Yes  No

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	RUCHI SINGH	78,000.	KENNEDY FELLOW
2.	PAUL DEANY	58,526.	GRANTS MONITORING
3.	CATALINA DEVANDAS	73,463.	RIGHTS MONITORING AND PROMO
4.	CHRISTINA PARASYN	33,187.	TECHNICAL AID
5.	YUMI SERA	32,715.	STRATEGIC PLANNING

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number):

Bank	Address	Phone Number
JP MORGAN CHASE BANK NA	PO BOX 47531, SAN ANTONIO, TX 78265	877-425-8100

10. What is the organization's accounting method?  Cash  Accrual

Other (specify): \_\_\_\_\_

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

12. Contact Person Name: DIANA SAMARASAN

Street Address: 89 SOUTH STREET, SUITE 203

City: BOSTON State: MA ZIP Code: 02111

Phone Number: 617-261-4593



13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf?  Yes  No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions?  Yes  No

*If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.*

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization <input type="checkbox"/>
an organization which: (a) does not raise more than \$5,000 during a calendar year Or does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. <i>(The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)</i> <input type="checkbox"/>

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.

**STATEMENT 1**

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.

**STATEMENT 2**

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state?  Yes  No

**STATEMENT 3**

*If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.*

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FORM PC                      OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES                      STATEMENT      1

---

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
DIANA SAMARASAN 89 SOUTH STREET, NO. 203 BOSTON, MA 02111-2670	CLERK(THRU JUN)/FOUNDING EXE
CATHERINE TOWNSEND 89 SOUTH STREET, NO. 203 BOSTON, MA 02111-2670	PRESIDENT/CO-CHAIR
KAI DICKERSON 89 SOUTH STREET, NO. 203 BOSTON, MA 02111-2670	TREASURER
WILLIAM ROWLAND 89 SOUTH STREET, NO. 203 BOSTON, MA 02111-2670	CO-CHAIR
OLA ABU AL GHAIB 89 SOUTH STREET, NO. 203 BOSTON, MA 02111-2670	DIRECTOR
LORRAINE WAPLING 89 SOUTH STREET, NO. 203 BOSTON, MA 02111-2670	DIRECTOR
ANDY FERREN 89 SOUTH STREET, NO. 203 BOSTON, MA 02111-2670	DIRECTOR/CLERK(AS OF JUN)
CHARLIE CLEMENTS 89 SOUTH STREET, NO. 203 BOSTON, MA 02111-2670	DIRECTOR
KRISTEN PRATT 89 SOUTH STREET, NO. 203 BOSTON, MA 02111-2670	DIRECTOR
BETH MACNAIRN 89 SOUTH STREET, NO. 203 BOSTON, MA 02111-2670	DIRECTOR

NAME AND ADDRESS

AREA OF RESPONSIBILITY

DIANA SAMARASAN  
89 SOUTH STREET  
BOSTON, MA 02111

RESPONSIBLE FOR CUSTODY OF FUNDS

DIANA SAMARASAN  
89 SOUTH STREET  
BOSTON, MA 02111

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

DIANA SAMARASAN  
89 SOUTH STREET  
BOSTON, MA 02111

RESPONSIBLE FOR FUNDRAISING

DIANA SAMARASAN  
89 SOUTH STREET  
BOSTON, MA 02111

CUSTODY OF FINANCIAL RECORDS

DIANA SAMARASAN  
89 SOUTH STREET  
BOSTON, MA 02111

AUTHORIZED TO SIGN CHECKS

FORM PC

PAGE 4, LINE 19

STATEMENT 3

STATE

REG AGENCY

CALIFORNIA

FRANCHISE TAX BOARD

DATE OF REG

REG NUMBER

OTHER NAMES USED

12/31/16

CA#9327503

SOLICIT DATE

TYPE OF SOLICITATION

12/31/16

GRANT PROPOSALS

20. Has this organization or any of its officers, directors, or employees:

*If yes, please attach an explanation.*

- (a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions?  Yes  No
- (b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency?  Yes  No
- (c) Been the subject of a proceeding regarding any solicitation or registration?  Yes  No
- (d) Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency?  Yes  No

21. Have any restrictions been removed during the year from donor-restricted funds?

*If yes, please attach an explanation.*

Yes  No

22. Have donor-restricted funds been loaned to unrestricted funds?

*If yes, please attach an explanation.*

Yes  No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see *instructions and definition sections*). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

- (a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above?  Yes  No
- (b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement?  Yes  No

*If you answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.*

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver of interest not otherwise reported).

*If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.*

During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**STATEMENT 4**

FORM PC

PAGE 6, LINE 24

STATEMENT 4

NAME AND ADDRESS

DIANA SAMARASAN  
89 SOUTH STREET  
BOSTON, MA 02111

NATURE OF TRANSACTION

24H) COMPENSATION PAID TO FOUNDING EXECUTIVE DIRECTOR

AMOUNT INVOLVED

123,835.

PROCEDURE FOLLOWED

USUAL BUSINESS PROCEDURES

NAME AND ADDRESS

DISABILITY RIGHTS ADVOCACY FUND, INC  
89 SOUTH STREET  
BOSTON, MA 02111

NATURE OF TRANSACTION

24D) O/S REIMBURSEMENT OF EXPENSES AS INCURRED

AMOUNT INVOLVED

9,842.

PROCEDURE FOLLOWED

USUAL BUSINESS PROCEDURES

**Signature Required**

**Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: DIANA SAMARASAN

Title: FOUNDING EXECUTIVE DIRECTOR

Name of Preparer: KEVIN P MARTIN ASSOCIATES, P.C.

Address 10 FORBES WEST

City BRAINTREE State MA ZIP Code 02184

Phone Number (781)380-3520



**Schedule A-1  
Solicitation Activities During Fiscal Year Covered By This Report**

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

DRF

---

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>
<input type="checkbox"/> Other (specify): _____			

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

\* Provide applicable names and addresses:

Professional Solicitor Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Professional Fundraising Counsel Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Commercial Co-Venturer Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Schedule A-1 ctd.

Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

DIANA SAMARASAN

Name and Title: FOUNDING EXECUTIVE DIRECTOR

Address 89 SOUTH STREET

City BOSTON

State MA

ZIP Code 02111

Name and Title:

Address

City

State

ZIP Code

Name and Title:

Address

City

State

ZIP Code

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

DIANA SAMARASAN

Name and Title: FOUNDING EXECUTIVE DIRECTOR

Address 89 SOUTH STREET

City BOSTON

State MA

ZIP Code 02111

Name and Title:

Address

City

State

ZIP Code

Name and Title:

Address

City

State

ZIP Code

Schedule A-2

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

DRF

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>
<input type="checkbox"/> Other (specify): _____			

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

\* Provide applicable names and addresses:

Professional Solicitor Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Professional Fundraising Counsel Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Commercial Co-Venturer Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

DIANA SAMARASAN

Name and Title: FOUNDING EXECUTIVE DIRECTOR

Address 89 SOUTH STREET

City BOSTON

State MA

ZIP Code 02111

Name and Title:

Address

City

State

ZIP Code

Name and Title:

Address

City

State

ZIP Code

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

DIANA SAMARASAN

Name and Title: FOUNDING EXECUTIVE DIRECTOR

Address 89 SOUTH STREET

City BOSTON

State MA

ZIP Code 02111

Name and Title:

Address

City

State

ZIP Code

Name and Title:

Address

City

State

ZIP Code

**Certification by Organization**

*Two different signatures required.* Signers must be organization president or other authorized officer or trustee.

**Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: DIANA SAMARASAN

Title: FOUNDING EXECUTIVE DIRECTOR

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Schedule RO**

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. (If you have more than five Related Organizations, please attach a list.)

<b>DISABILITY RIGHTS ADVOCACY</b>		<b>SUPPORT PERSONS WITH</b>		
Name: <b>FUND, INC.</b>		Primary purpose or activity: <b>DISABILITIES IN WORLD</b>		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/16	404,617.		9,912.	414,529.

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

**Schedule RO ctd.**

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g., executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, on page 13, receiving the highest aggregate compensation (*see instructions*). Use additional lines below to itemize by compensation source.

Name: <b>DIANA SAMARASAN</b>		Title: <b>FOUNDING EXECUTIVE DIRECTOR</b>	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
<b>DRF/DRAF</b>	<b>139,002.</b>	<b>30,635.</b>	

Name: <b>LISA LAMONT ADAMS</b>		Title: <b>PROGRAM DIRECTOR</b>	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
<b>DRF/DRAF</b>	<b>84,936.</b>	<b>18,640.</b>	

Name: <b>ARLENE WILSON-GRANT</b>		Title: <b>GRANTS MANAGER</b>	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
<b>DRF/DRAF</b>	<b>77,689.</b>	<b>22,772.</b>	

Name: <b>KERRY THOMPSON</b>		Title: <b>INFORMATION &amp; PROGRAM COORD</b>	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
<b>DRF/DRAF</b>	<b>51,822.</b>	<b>8,419.</b>	

Name: <b>YUMI SERA</b>		Title: <b>DIR OF PARTNERSHIPS AND COMM</b>	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
<b>DRF/DRAF</b>	<b>49,423.</b>	<b>905.</b>	

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions?  Yes  No



Disability Rights Advocacy Fund, Inc.  
and Disability Rights Fund, Inc.

Combined Financial Statements

December 31, 2016



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Kevin P. Martin & Associates, P.C.



**DISABILITY RIGHTS ADVOCACY FUND, INC. AND  
DISABILITY RIGHTS FUND, INC.**

Index

December 31, 2016

**Independent Auditors' Report**

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## **Independent Auditors' Report**

To the Boards of Directors of  
Disability Rights Advocacy Fund, Inc. and Disability Rights Fund, Inc.  
Boston, MA

### **Report on the Financial Statements**

We have audited the accompanying combined financial statements of Disability Rights Advocacy Fund, Inc. and Disability Rights Fund, Inc. (nonprofit organizations), (collectively, the Funds), which comprise the combined statement of financial position as of December 31, 2016, and the related combined statements of activities, cash flows and functional expenses for the year then ended, and the related notes to the combined financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these combined financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of combined financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditors' Responsibility**

Our responsibility is to express an opinion on these combined financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the combined financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the combined financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the combined financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the combined financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the combined financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## **Opinion**

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the combined financial position of the Funds as of December 31, 2016, and the combined changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

## **Report on Summarized Comparative Information**

We have previously audited the Funds' 2015 combined financial statements, and we expressed an unmodified audit opinion on those audited combined financial statements in our report dated May 15, 2016. The prior year summarized comparative information is not intended to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2015, is consistent, in all material respects, with the audited combined financial statements from which it has been derived.

## **Other Information**

Our audit was conducted for the purpose of forming an opinion on the combined financial statements as a whole. The accompanying combining information, which is the responsibility of management, is presented for purposes of additional analysis and is not a required part of the combined financial statements. Such information has not been subjected to the auditing procedures applied in the audit of the combined financial statements, and, accordingly, we do not express an opinion or provide any assurance on it.



April 24, 2017

**DISABILITY RIGHTS ADVOCACY FUND, INC. AND DISABILITY RIGHTS FUND, INC.**

Combined Statements of Financial Position

As of December 31, 2016

With Comparative Totals as of December 31, 2015

	<u>Combining Information 2016</u>			
	<u>Disability Rights Advocacy Fund</u>	<u>Disability Rights Fund</u>	<u>2016 Combined Total</u>	<u>2015 Combined Total</u>
<b>Assets</b>				
<b>Current Assets</b>				
Cash and cash equivalents	\$ 518,371	\$ 1,626,268	\$ 2,144,639	\$ 1,343,745
Promises to give	-	1,215	1,215	-
Prepaid expenses	-	1,287	1,287	9,155
(Due to DRF)/due from DRAF	<u>(9,842)</u>	<u>9,842</u>	<u>-</u>	<u>-</u>
 Total current assets	 <u>508,529</u>	 <u>1,638,612</u>	 <u>2,147,141</u>	 <u>1,352,900</u>
 <b>Total Assets</b>	 <b><u>\$ 508,529</u></b>	 <b><u>\$ 1,638,612</u></b>	 <b><u>\$ 2,147,141</u></b>	 <b><u>\$ 1,352,900</u></b>
 <b>Liabilities and Net Assets</b>				
<b>Current Liabilities</b>				
Grant awards payable	\$ 94,000	\$ 61,000	\$ 155,000	\$ 85,200
Accounts payable	-	15,331	15,331	36,093
Accrued vacation and benefits	<u>-</u>	<u>5,161</u>	<u>5,161</u>	<u>27,082</u>
 Total current liabilities	 <u>94,000</u>	 <u>81,492</u>	 <u>175,492</u>	 <u>148,375</u>
 <b>Net Assets</b>				
Unrestricted	9,912	942,620	952,532	669,687
Temporarily restricted	<u>404,617</u>	<u>614,500</u>	<u>1,019,117</u>	<u>534,838</u>
 Total net assets	 <u>414,529</u>	 <u>1,557,120</u>	 <u>1,971,649</u>	 <u>1,204,525</u>
 <b>Total Liabilities and Net Assets</b>	 <b><u>\$ 508,529</u></b>	 <b><u>\$ 1,638,612</u></b>	 <b><u>\$ 2,147,141</u></b>	 <b><u>\$ 1,352,900</u></b>

See accompanying notes and independent auditors' report.

**DISABILITY RIGHTS ADVOCACY FUND, INC. AND DISABILITY RIGHTS FUND, INC.**

Combined Statements of Activities

For the Year Ended December 31, 2016  
With Comparative Totals for the Year Ended December 31, 2015

	Combining Information 2016						2016 Combined Total	2015 Combined Total
	Disability Rights Advocacy Fund			Disability Rights Fund				
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total		
<b>Support and Revenue</b>								
Contributions and grants	\$ -	\$ 1,413,192	\$ 1,413,192	\$ 2,046,900	\$ 1,850,381	\$ 3,897,281	\$ 5,310,473	\$ 2,997,134
Released from restriction	1,503,348	(1,503,348)	-	1,275,946	(1,275,946)	-	-	-
Loss for foreign exchange rates	-	-	-	-	-	-	-	(20,939)
Other income	-	-	-	26	-	26	26	2,309
Total support and revenue	1,503,348	(90,156)	1,413,192	3,322,872	574,435	3,897,307	5,310,499	2,978,504
<b>Expenses</b>								
<b>Program Services</b>								
Grant awards and oversight	1,455,693	-	1,455,693	2,489,315	-	2,489,315	3,945,008	3,857,216
Global advisory panel	-	-	-	49,572	-	49,572	49,572	40,108
Total program services	1,455,693	-	1,455,693	2,538,887	-	2,538,887	3,994,580	3,897,324
General and administrative	35,672	-	35,672	313,544	-	313,544	349,216	394,628
Fundraising	11,983	-	11,983	187,596	-	187,596	199,579	150,796
Total expenses	1,503,348	-	1,503,348	3,040,027	-	3,040,027	4,543,375	4,442,748
<b>Total Change in Net Assets</b>	-	(90,156)	(90,156)	282,845	574,435	857,280	767,124	(1,464,244)
<b>Net Assets at Beginning of Year</b>	9,912	494,773	504,685	659,775	40,065	699,840	1,204,525	2,668,769
<b>Net Assets at End of Year</b>	\$ 9,912	\$ 404,617	\$ 414,529	\$ 942,620	\$ 614,500	\$ 1,557,120	\$ 1,971,649	\$ 1,204,525

See accompanying notes and independent auditors' report.

**DISABILITY RIGHTS ADVOCACY FUND, INC. AND DISABILITY RIGHTS FUND, INC.**

Combined Statements of Cash Flows

For the Year Ended December 31, 2016  
With Comparative Totals for the Year Ended December 31, 2015

	<u>2016</u> <u>Combined</u>	<u>2015</u> <u>Combined</u>
<b>Cash Flows from Operating Activities</b>		
Change in net assets	\$ 767,124	\$ (1,464,244)
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:		
Decrease (increase) in assets:		
Promises to give	(1,215)	1,342,145
Prepaid expenses	7,868	304
Increase (decrease) in liabilities:		
Grant awards payable	69,800	(108,630)
Accounts payable	(21,921)	17,986
Accrued vacation and benefits	(20,762)	27,728
<b>Net Cash Provided by (Used in) Operating Activities</b>	<u>800,894</u>	<u>(184,711)</u>
<b>Net Increase (Decrease) in Cash and Cash Equivalents</b>	800,894	(184,711)
<b>Cash and Cash Equivalents - Beginning</b>	<u>1,343,745</u>	<u>1,528,456</u>
<b>Cash and Cash Equivalents - Ending</b>	<u>\$ 2,144,639</u>	<u>\$ 1,343,745</u>

See accompanying notes and independent auditors' report.

**DISABILITY RIGHTS ADVOCACY FUND, INC. AND DISABILITY RIGHTS FUND, INC.**

Combined Statements of Functional Expenses

For the Year Ended December 31, 2016  
With Comparative Totals for the Year Ended December 31, 2015

	Combining Information 2016										2016 Combined Total	2015 Combined Total
	Disability Rights Advocacy Fund				Disability Rights Fund							
	Grant Awards and Oversight	General & Administrative	Fundraising	Total	Grant Awards and Oversight	Global Advisory Panel	General & Administrative	Fundraising	Total			
Salaries and related expenses	\$ 71,769	\$ 9,556	\$ 3,985	\$ 85,310	\$ 168,111	\$ -	\$ 175,048	\$ 93,642	\$ 436,801	\$ 522,111	\$ 572,123	
Consultants	126,992	11,779	-	138,771	484,473	-	47,960	38,021	570,454	709,225	470,095	
Grant awards	1,207,061	-	-	1,207,061	1,661,100	-	-	-	1,661,100	2,868,161	2,807,455	
Grantee training	29,837	-	-	29,837	160,615	49,572	-	-	210,187	240,024	358,802	
Other operating expenses	20,034	14,337	7,998	42,369	15,016	-	90,536	55,933	161,485	203,854	234,273	
<b>Total</b>	<u>\$ 1,455,693</u>	<u>\$ 35,672</u>	<u>\$ 11,983</u>	<u>\$ 1,503,348</u>	<u>\$ 2,489,315</u>	<u>\$ 49,572</u>	<u>\$ 313,544</u>	<u>\$ 187,596</u>	<u>\$ 3,040,027</u>	<u>\$ 4,543,375</u>	<u>\$ 4,442,748</u>	

See accompanying notes and independent auditors' report.

**DISABILITY RIGHTS ADVOCACY FUND, INC. AND  
DISABILITY RIGHTS FUND, INC.**

Notes to Combined Financial Statements

December 31, 2016

**(1) Summary of Significant Accounting Policies**

The combined financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP). The significant accounting policies followed by Disability Rights Advocacy Fund, Inc. and Disability Rights Fund, Inc. (collectively, the Funds) are described below to enhance the usefulness of the combined financial statements to the reader.

***(a) Nature of Activities***

Missions

The Disability Rights Fund, Inc. (DRF) is a grantmaking collaborative that empowers persons with disabilities to advocate for equal rights and full participation in society. Fueled by the momentum of the Convention on the Rights of Persons with Disabilities (CRPD), DRF funds disabled persons' organizations in 26 countries in Africa, Asia, Canada, the Caribbean, Europe and the Pacific. DRF provides grants for activities such as documentation of rights violations, advocacy for rights fulfillment and expansion of voice and visibility for particularly marginalized sectors of the disability community, in pursuit of systemic change. The mission of DRF is to support persons with disabilities around the world to build diverse movements, ensure inclusive development agendas and achieve equal rights and opportunity for all.

DRF's sister fund, the Disability Rights Advocacy Fund, Inc. (DRAF), supports persons with disabilities in the developing world to advance legal frameworks to realize their rights. DRAF also identifies and supports other efforts to advance the rights of persons with disabilities at regional and cross-movement levels.

Principles

In concert with the disability community's slogan, "Nothing about us without us", and the principle of participation in the CRPD, people with disabilities occupy strategic decision-making roles at advisory, governance and staff levels. The involvement of persons with disabilities at all levels of the organizations is a core strength, giving the Funds legitimacy as well as access to worldwide networks of persons with disabilities.



**DISABILITY RIGHTS ADVOCACY FUND, INC. AND  
DISABILITY RIGHTS FUND, INC.**

Notes to Combined Financial Statements

December 31, 2016

**(1) Summary of Significant Accounting Policies - continued**

***(a) Nature of Activities - continued***

Governance and Advisory Structure

The Funds' unique structure includes a Global Advisory Panel (GAP), Grantmaking Committees and Boards of Directors. The GAP consists of 12 members, the majority of whom are people with disabilities, nominated by international and regional networks of disabled persons organizations, which make grantmaking strategy recommendations. The Grantmaking Committees of the Boards are composed of donor representatives and advisors and finalize recommendations on grantmaking strategy and guidelines and select grantees. The Boards of Directors have oversight of the Funds.

Operations as a Pooled Fund

DRF operates as a pooled fund - combining the resources of multiple governmental, private and public donors - enabling these donors to harmonize their efforts, efficiently reach organizations outside their normal purview and receive important feedback about their investments in this neglected area of human rights. DRAF, complements this collaboration by providing grants for the lobbying work of the disability community in the target countries where DRF operates.

Grantmaking Due Diligence

Grantmaking processes adhere to due diligence procedures, including an intensive application review process (with technical aid in project design), one-on-one relationships with and oversight of grantees and an extensive network and partnerships in and with the broader disability community to assess and monitor viability and impact of applicants and projects.

Results

In 2016, DRAF made \$1,207,061 in grant awards and DRF made \$1,661,100 in grant awards. Grant awards were made to disabled persons organizations doing rights advocacy work for people with disabilities in Bangladesh, Canada, Ethiopia, Fiji, Ghana, Haiti, Indonesia, Kiribati, Malawi, Myanmar, Papua New Guinea, Republic of the Marshall Islands, Rwanda, Samoa, Solomon Islands, Switzerland, Tuvalu, Uganda and Vanuatu.

**DISABILITY RIGHTS ADVOCACY FUND, INC. AND  
DISABILITY RIGHTS FUND, INC.**

Notes to Combined Financial Statements

December 31, 2016

**(1) Summary of Significant Accounting Policies - continued**

***(a) Nature of Activities - continued***

Results - continued

Since inception in 2008, the Funds have documented success around their highest goals: ratification of the CRPD; development and passage of national and local legislation and policy in accordance with the CRPD, civil society reports on conditions for people with disabilities submitted to international human rights monitoring mechanisms, increasing disabled persons organizations participation in implementation of rights, and growth in voice among those most marginalized within the disability community, including women with disabilities, youth with disabilities, indigenous people with disabilities and people with psychosocial and intellectual disabilities.

***(b) Basis of Combination***

DRAF and DRF share common management, facilities and personnel. Consequently, the combination of the individual financial statements provides a more meaningful financial presentation. Shared staffing and expenses are estimated and reviewed annually. All significant intercompany transactions have been eliminated in combination.

***(c) Standards of Accounting and Reporting***

The Funds' net assets (excess of its assets over liabilities) and their revenues, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions.

The combined statement of financial position presents two classes of net assets (unrestricted and temporarily restricted) and the combined statement of activities displays the change in each class of net assets. The classes of net assets applicable to the Funds are presented as follows:

Unrestricted - Unrestricted net assets are not subject to donor imposed restrictions. Unrestricted net assets consist of assets and contributions available for the support of operations. Unrestricted net assets may be designated for specific purposes by management or the Boards of Directors.

Temporarily Restricted - Temporarily restricted net assets are subject to donor-imposed stipulations that may or will be met, either by actions of the Funds and/or passage of time. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the combined statement of activities as net assets released from restrictions.

**DISABILITY RIGHTS ADVOCACY FUND, INC. AND  
DISABILITY RIGHTS FUND, INC.**

Notes to Combined Financial Statements

December 31, 2016

**(1) Summary of Significant Accounting Policies - continued**

***(d) Cash and Cash Equivalents***

The Funds consider all highly liquid investments purchased with an original maturity of three months or less to be cash equivalents.

The Funds maintain their cash balances at one financial institution located in California. The cash balances are insured by the Federal Deposit Insurance Corporation. At times these balances may exceed the federal insurance limits; however, the Funds have not experienced any losses with respect to their bank balances in excess of government provided insurance. Management believes that no significant concentration of credit risk exists with respect to these cash balances as of December 31, 2016.

***(e) Revenue Recognition***

The Funds earn revenue as follows:

Contributions and Grants - Contributions and grants are recorded upon receipt of pledge as unrestricted, temporarily restricted or permanently restricted support depending on the existence and/or nature of any donor imposed restrictions. Contributions and grants with donor imposed restrictions are recognized as temporarily restricted support unless restrictions are met in the same year, in which case they are recognized as unrestricted support. All contributions are considered to be available for unrestricted use unless specifically restricted by the donor.

During the year ended December 31, 2016, the Funds derived approximately 99% of their revenue from grants and 1% from private donations and miscellaneous other income. All revenue is recorded at the estimated net realizable amounts.

***(f) Promises to Give***

Conditional promises to give are not recognized in the financial statements until the conditions are substantially met. Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value. Unconditional promises to give that are expected to be collected in more than one year are recorded at fair value, which is measured as the present value of their future cash flows. The discounts on those amounts are computed using risk-adjusted interest rates applicable to the years in which the promises are received. Amortization of the discounts is included in contribution revenue. In the absence of donor stipulations to the contrary, promises with payments due in future periods are restricted to use after the due date.

During the year ended December 31, 2016, the DRF received a conditional contribution in the amount of \$2,880,000. DRF received the first and second installment of \$1,880,000 for the fiscal year 2016.

**DISABILITY RIGHTS ADVOCACY FUND, INC. AND  
DISABILITY RIGHTS FUND, INC.**

Notes to Combined Financial Statements

December 31, 2016

**(1) Summary of Significant Accounting Policies - continued**

***(f) Promises to Give - continued***

In 2014 DRAF received a three year conditional contribution in the amount of \$4,800,000 Australian Dollars (AUD) to be received in three instalments of \$1,600,000 AUD. During 2016, DRAF was given an additional \$429,229 AUD. As of December 31, 2016, the DRAF received \$5,114,931 AUD. The final payment is expected in 2017.

Unconditional promises to give are periodically reviewed to estimate an allowance for doubtful accounts. Management estimates the allowance by review of historical experience and a specific review of collections trends that differ from scheduled collections on individual pledges.

***(g) Functional Allocation of Expenses***

Expenses are allocated among program and supporting services directly or on the basis of time records and utilization estimates made by the Funds' management. General and administrative expenses include those expenses that are not directly identifiable with any other specific function but provide for the overall support and direction of the Funds.

***(h) Use of Estimates***

In preparing the Funds' combined financial statements in conformity with U.S. GAAP, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the combined financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

***(i) Income Taxes***

DRF qualifies as an organization formed for charitable purposes under Section 501(c)(3) of the Internal Revenue Code (IRC) and is generally not subject to income tax. DRAF is exempt from federal and state income tax under 501(c)(4) of the IRC. However, income from certain activities not directly related to the Funds' tax-exempt purposes are subject to taxation as unrelated business income. In addition, the Funds are not private foundations under Section 509(a)(1).

***(j) Exchange Rate Transactions***

DRAF and DRF receive contributions from foreign governmental units whose grants are pledged and paid in AUD or Great Britain pounds (GBP). Unconditional pledged contributions are recorded using the exchange rate on the date of pledge. Any variance in the exchange rate on the date of the receipt of funds is recorded as a gain or loss on the exchange rate in the combined statement of activities.

**DISABILITY RIGHTS ADVOCACY FUND, INC. AND  
DISABILITY RIGHTS FUND, INC.**

Notes to Combined Financial Statements

December 31, 2016

**(1) Summary of Significant Accounting Policies - continued**

***(k) Summarized Financial Information for 2015***

The combined financial statements include certain prior year summarized comparative information in total but not by net asset class. Also, the combined financial statements do not include a full presentation of the combined statement of functional expenses, as certain prior year summarized comparative information is presented in total but not by functional classification. In addition, the combined financial statements do not include full financial statement disclosures for the prior year. Such information does not include sufficient detail to constitute a presentation in conformity with U.S. GAAP. Accordingly, such information should be read in conjunction with the Funds' combined financial statements for the year ended December 31, 2015, from which the summarized information was derived.

**(2) Operating Lease Commitments**

The Funds occupy office space in Boston, Massachusetts as a tenant at will. Monthly payments under the lease are \$2,550.

DRF also occupies office space in Uganda under a non-cancelable operating lease agreement through February 1, 2018. Monthly payments under the lease are \$625. The minimum annual operating non-cancelable lease commitments on the office space is as follows:

FY2017	\$ 7,500
FY2018	625

Total rent payments for the year ended December 31, 2015 were \$45,450.

**(3) Temporary Restricted Net Assets**

Temporarily restricted net assets consist of resources available to meet future obligations, but only in compliance with the restrictions specified by donors. As of December 31, 2016, temporarily restricted net assets are restricted for the following purposes:

DRAF	
Time/program use 2017	\$ 404,617
DRF	
Program use 2017	<u>614,500</u>
Total temporarily restricted net assets	\$ <u>1,019,117</u>

**DISABILITY RIGHTS ADVOCACY FUND, INC. AND  
DISABILITY RIGHTS FUND, INC.**

Notes to Combined Financial Statements

December 31, 2016

**(4) Grants Awarded and Payable**

The Funds focus their grant making on disabled persons organizations located throughout the world. During the year ended December 31, 2016, the Funds approved and awarded grants to the regions noted below:

	DRAF	DRF	Total Combined
Regions			
Africa	\$ 357,200	\$ 810,000	\$ 1,167,200
Asia	246,000	632,600	878,600
Caribbean	76,000	93,500	169,500
Pacific Islands	134,000	67,000	201,000
Total Regions	813,200	1,603,100	2,416,300
Strategic Partnerships	393,861	-	393,861
Special Opportunities	-	58,000	58,000
Total Grants	\$ 1,207,061	\$ 1,661,100	\$ 2,868,161

As of December 31, 2016, grant awards payable consistent of second tranches of grant awards totaling \$155,000 and are anticipated to be paid in the following calendar year.

**(5) Related Party Transactions**

A board member works at an organization which made donations to the Funds during 2016.

**(6) Commitments and Contingencies**

The Funds receive substantially all of their funding from grants from corporations, foreign governmental entities and private donations. During the year ended December 31, 2016, the Funds derived approximately 99% of their total funding from four sources, consisting of two governmental entity accounting for 43% of total funding and three private entities accounting for 56% of total funding combined.

Financial awards from foreign governmental entities in the form of grants are subject to specific reporting and special audits. Such audits could result in claims against the Funds for disallowed costs or noncompliance with grantor restrictions. No provision has been made for any liabilities that may arise from such audits since the amounts, if any, cannot be determined as of the date of the auditors' report.

**DISABILITY RIGHTS ADVOCACY FUND, INC. AND  
DISABILITY RIGHTS FUND, INC.**

Notes to Combined Financial Statements

December 31, 2016

**(7) Joseph P. Kennedy Foundation**

DRF receives a grant from the Joseph P. Kennedy Foundation to administer international policy fellowships to advance the rights of persons with disabilities. In 2016, the total received for this activity was \$583,041 and the total spent was \$201,543. As of December 31, 2016, \$396,318 of the funds are restricted for 2017 use and are included in temporary restricted net assets.

**(8) UK Department for International Development**

DRF receives a grant from the UK Department for International Development (DFID) to support rights of persons with disabilities. In 2016, the total income received was £667,559/ \$871,838. The quarterly payments are: Jan - Mar £67,559/\$96,220; Apr - Jun £69,827/\$101,124; Jul - Sept £271,326/\$356,137; Oct - Dec £258,847/\$318,357.

**(9) Subsequent Events**

The Funds have performed an evaluation of subsequent events through April 24, 2017 which is the date the Funds' combined financial statements were available to be issued. No material subsequent events have occurred since December 31, 2016 that required recognition or disclosure in these combined financial statements.