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

▶ Do not enter social security numbers on this form as it may be made public. and ending

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	2018 calendar year, or tax year beginning and e	ending	_	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	DISABILITY RIGHTS FUND, INC.			
Ē	Name change	Doing business as			026293
	Initial return Final return/		Room/suite 203	E Telephone numbe 617 –	261-4593
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,994,210.
	Ameno return			H(a) Is this a group re	eturn
	Application			for subordinates	? Yes X No
	pendin	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	ncluded? Yes No
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) o	r 527	If "No," attach a	list. (see instructions)
		e: WWW.DISABILITYRIGHTSFUND.ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other ▶	L Year	of formation: $2011$ $_{ m N}$	State of legal domicile: MA
P	art I	Summary			
ø	1 1	Briefly describe the organization's mission or most significant activities: ${rac{{ m THE}}{ m T}}$	DISABI	LITY RIGHTS	FUND
auc	.	SUPPORTS PERSONS WITH DISABILITIES AROUND	THE	WORLD TO BU	ILD DIVERSE
Governance	1	Check this box 🕨 📖 if the organization discontinued its operations or dispos		1 1	
હુ		Number of voting members of the governing body (Part VI, line 1a)			12
∞ ∞		Number of independent voting members of the governing body (Part VI, line 1b)			11
ijes		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			8
Activities &		Total number of volunteers (estimate if necessary)			0
Ą		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 38	·····		
		Contributions and sweets (Dort VIII line 1b)		Prior Year 3,422,353.	Current Year 2,994,179.
ıne		Contributions and grants (Part VIII, line 1h)		0.	0.
Revenue		Program service revenue (Part VIII, line 2g)		22.	0.
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		182.	31.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,422,557.	2,994,210.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,292,300.	1,469,900.
		Benefits paid to or for members (Part IX, column (A), lines 1-3)		0.	0.
"	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		571,177.	508,104.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	) b	Total fundraising expenses (Part IX, column (D), line 25)	10.		
й	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		821,706.	725,011.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,685,183.	2,703,015.
		Revenue less expenses. Subtract line 18 from line 12		737,374.	291,195.
<u> </u>		·	Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		2,499,024.	2,784,635.
Net Assets or	21	Total liabilities (Part X, line 26)		204,530.	198,946.
	22	Net assets or fund balances. Subtract line 21 from line 20		2,294,494.	2,585,689.
_	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
		Cinnahura of officer		Data	
Sig	jn	Signature of officer		Date	
He	re	DIANA SAMARASAN, FOUNDING EXECUTIVE DI Type or print name and title	LRECTO	K	
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	SANDRA M. BROWN, CPA	0	5/14/19 if self-employed	P01614103
Pre	parer	Firm's name SMITH, SULLIVAN & BROWN, P.C.	<u> </u>	Firm's EIN	43-1985162
	Only	Firm's address 80 FLANDERS ROAD - SUITE #200			
		WESTBOROUGH, MA 01581		Phone no. (5	
Ма	y the IF	RS discuss this return with the preparer shown above? (see instructions)		•	X Yes No

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
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?
	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?
3	3
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,112,619. including grants of \$1,469,900.) (Revenue \$)
	IN 2018, SISTER ORGANIZATION, DRAF MADE \$1,571,717 IN GRANT AWARDS AND
	DRF MADE \$1,469,900 IN GRANT AWARDS. GRANT AWARDS WERE MADE TO
	DISABLED PERSONS ORGANIZATIONS DOING RIGHTS ADVOCACY WORK FOR PEOPLE
	WITH DISABILITIES IN BANGLADESH, FIJI, GHANA, HAITI, INDONESIA,
	KIRIBATI, MALAWI, MYANMAR, PAPUA NEW GUINEA, REPUBLIC OF THE MARSHALL
	ISLANDS, RWANDA, SAMOA, SOLOMON ISLANDS, SWITZERLAND, TONGA, TUVALU,
	UGANDA, UNITED STATES, AND VANUATU.
4b	(Code:) (Expenses \$ 45,540 • including grants of \$ 0 • ) (Revenue \$)
710	THE FUNDS' UNIQUE STRUCTURE HAS INCLUDED A GLOBAL ADVISORY PANEL (GAP),
	GRANTMAKING COMMITTEES AND BOARDS OF DIRECTORS. THE GAP - WHOSE WORK
	WRAPPED UP IN 2018 - CONSISTED OF 12 MEMBERS, THE MAJORITY OF WHOM ARE
	PEOPLE WITH DISABILITIES, NOMINATED BY INTERNATIONAL AND REGIONAL
	NETWORKS OF DISABLED PERSONS ORGANIZATIONS, WHICH MADE 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, WHICH INCLUDES PERSONS WITH DISABILITIES, HAVE OVERSIGHT OF THE FUNDS.
	DISABILITIES, HAVE OVERSIGHT OF THE FUNDS.
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	2 150 150
	Form <b>990</b> (2018)

#### Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ا ۔۔
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			<b>.</b>
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV			x
10		9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		x
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
11	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.414	11a		X
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1 Ia		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		37	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-	Х	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Λ	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		Х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	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? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<del></del>
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.0		<u></u>
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Pal	rt IV Checklist of Required Schedules (continued)		1	·
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			X
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Α.
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	x	
04.0	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	- 25	
<b>24</b> a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
h	Schedule K. If "No," go to line 25a	24a 24b		22
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·		24c		
Ч	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2 <del>4</del> u		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		+
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	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? If "Yes," complete Schedule L, Part III	27		Х
28	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	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? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V line 1	34	ΙẌ́	1

Part V, line 1	34 35a	X	X
	35a		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?			
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1 1		
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		L
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
If "Yes," complete Schedule R, Part V, line 2	36		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			l
Note. All Form 990 filers are required to complete Schedule O	38	X	
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			

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	21			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ıble gaming			
	(gambling) winnings to prize winners?			1c		

### Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	<b>2</b> b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)			
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•			37
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		Х
b	If "Yes," enter the name of the foreign country:				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	· ·	_		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b 5c		21
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50		
Va	any contributions that were not tax deductible as charitable contributions?		6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contribut		ua		
b	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		0.0		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the pavor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.		_		
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	100			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100			
	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against	114			
-	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	· · · · · · · · · · · · · · · · · · ·		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				77
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		Х
	If "Yes," complete Form 4720, Schedule O.		Гани	990	(0010)

Form **990** (2018)

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.

_	Creck if Scriedule O contains a response or note to any line in this Part VI			77
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent lb   11			
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?	2		Х
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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
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?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-		7b		х
8	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.5		
а		8a	Х	
_	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
b		OD	- 21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		Х
800	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		21
360	tion b. Folicies (mis Section & requests information about policies not required by the internal nevenue code.)		V	NI.
10-	Did the every instinct have level about we have been as affiliated.	10-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		- 22
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401-		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	
12a	1 , , , , ,	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С			37	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MA , CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	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	l finan	cial	
	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			
	THE ORGANIZATION - 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.

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

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

(A)	(B)	l	411120		C)	прс	iioui	(D)	(E)	(F)
Name and Title	Average	(do		Pos	ition	) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rsoni	is bot	h an	compensation	compensation	amount of
	week	_	cer an	a a a	irecto	or/trus	itee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	stee			sated		(W-2/1099-MISC)	(44-2/1099-141130)	organization
	organizations	truste	al trus		yee	mper		(** = / ********************************		and related
	below	idual	Institutional trustee	ia	Key employee	est co loyee	Jer.			organizations
	line)	Indiv	Instii	Officer	Key	Highest compensated employee	Former			
(1) DIANA SAMARASAN	26.00									
FOUNDING EXECUTIVE DIR.	9.00	Х		Х				109,173.	40,178.	36,882.
(2) CATHERINE TOWNSEND	2.00							_	_	_
CO-CHAIR (THROUGH 06/18)/ DIRECTOR	2.00	Х		Х				0.	0.	0.
(3) KAI DICKERSON	2.00							_	_	_
TREASURER	2.00	Х		Х				0.	0.	0.
(4) WILLIAM ROWLAND	2.00								_	
CO-CHAIR	2.00	Х		Х				0.	0.	0.
(5) OLA ABU AL GHAIB	2.00								_	
DIRECTOR	2.00	Х						0.	0.	0.
(6) LORRAINE WAPLING	2.00									
DIRECTOR	2.00	Х						0.	0.	0.
(7) ANDREW FERREN	2.00	l		l					•	•
CO-CHAIR/CLERK	2.00	Х		Х				0.	0.	0.
(8) CHARLIE CLEMENTS	2.00	l								•
DIRECTOR	2.00	Х						0.	0.	0.
(9) KRISTEN PRATT	2.00								0	•
DIRECTOR	2.00	Х						0.	0.	0.
(10) BETH MACNAIRN	2.00	,,							0	0
DIRECTOR	2.00	Х						0.	0.	0.
(11) SETAREKI MACANAWAI	2.00	٠,,							0	0
DIRECTOR (AS OF JULY 2018)	2.00	Х						0.	0.	0.
(12) ADITI JUNEJA	2.00	Ι,,						0.	0	0
DIRECTOR (AS OF JULY 2018)	2.00	Х						0.	0.	0.
		_	_	_		$\vdash$				
		-								
		ł								
		ł								

Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C						
	(A)	(B)			(C Pos	C) ition			(D)	(E)			(F)	
	Name and title	Average hours per week	box offi	not c	heck ss pe	more rson	than is bot or/trus	th an	Reportable compensation from	Reportable compensation from related	on d	an	timate nount other	of
		(list any hours for related	Individual trustee or director	nstee			ensated		the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr	pensa om the anizat	е
		organizations below line)	Individual tru:	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					d relat anizati	
											-			
			_								$\dashv$			
											_			
									100 150	40.4	-		<u> </u>	
	Sub-total Total from continuation sheets to Part V								109,173.	40,1	0.		6,8	0.
	Total (add lines 1b and 1c)							<u> </u>	109,173.	40,1		3	6,8	82.
2	Total number of individuals (including but r compensation from the organization	not limited to th	nose	liste	ed al	bove	e) wl	ho r	eceived more than \$100	0,000 of reportab	le		Yes	1 No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>				•	•	•					3	163	X
4	For any individual listed on line 1a, is the standard related organizations greater than \$15	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from			4	Х	
5	Did any person listed on line 1a receive or									idual for services	;	7		
Sect	rendered to the organization? If "Yes," com	nplete Schedul	e J f	or s	uch	pers	son				<u></u>	5		X
1	Complete this table for your five highest co										npensa	ation f	rom	
	(A)  Name and business			ONI		VICII	01 11		(B) Description of s			(C ompe	<b>;)</b> nsatio	n
			140	2141										••
2	Total number of independent contractors ( \$100,000 of compensation from the organi		ot li	mite	d to		se li: 0	stec	d above) who received m	nore than				
												Form !	990 (2	2018)

Pa	rt v	Check if Schedule O contains a response or n	note to any line in this Part VIII			
		Greek ii Guitedule G Gortains à response of ti	(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service   Contributions, Gifts, Grants   Revenue   and Other Similar Amounts		e Government grants (contributions)  f All other contributions, gifts, grants, and similar amounts not included above  g Noncash contributions included in lines 1a-1f: \$  h Total. Add lines 1a-1f	03,197. 90,982. 2,994,179. siness Code	revenue	revenue	512-514
Progra		f All other program service revenue				
	3 4 5	other similar amounts)  Income from investment of tax-exempt bond proce	and			
		b Less: rental expenses c Rental income or (loss)	(ii) Personal			
	7	assets other than inventory  b Less: cost or other basis	(ii) Other			
ø		and sales expenses  c Gain or (loss)  d Net gain or (loss)  3 a Gross income from fundraising events (not	<b>&gt;</b>			
Other Revenue		including \$ of contributions reported on line 1c). See Part IV, line 18 a  b Less: direct expenses b				
Ó	9	c Net income or (loss) from fundraising events  a Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses  b	<b>&gt;</b>			
	10	c Net income or (loss) from gaming activities  a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  b				
	11	b OTHER INCOME 9	isiness Code 900099 31.	31.		
	12	d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions		31.	0.	0.

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

	Check if Schedule O contains a respon	se or note to any line in	this Part IX		X
	not include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	1 460 000	1 460 000		
	individuals. See Part IV, lines 15 and 16	1,469,900.	1,469,900.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	136,130.	73,038.	31,546.	31 546
•	trustees, and key employees	130,130.	13,030.	31,340.	31,546
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	297,149.	105,959.	161,548.	29,642
7	Other salaries and wages	491,149.	103,333.	101,340.	43,044
8	Pension plan accruals and contributions (include	7,582.	2 046	4,784.	752
0	section 401(k) and 403(b) employer contributions)	35,873.	2,046. 9,600.	25,540.	732
9	Other employee benefits	31,370.	12,693.	14,344.	4,333
10 11	Payroll taxes Fees for services (non-employees):	31,370.	12,000	11,011	<del>-</del> ,,,,,
	` ' ' '				
a	Management	1,827.		1,827.	
b	Legal	33,075.		33,075.	
q	5 ······	33,073.		33,013.	
d e	D ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (				
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch O.)	361,613.	289,435.	41,394.	30,784
12	Advertising and promotion	302,0231	203 / 200 (	12,0010	30,701
13	Office expenses	83,569.	4,377.	79,170.	22
14	Information technology	00,000	= 7 = 1	,=	
15	Royalties				
16	Occupancy	33,403.	7,393.	26,010.	
17	Travel	123,565.	95,759.	6,978.	20,828
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				
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 0.)				
а	PROGRAMMATIC EXPENSES	87,959.	87,959.	0.	0
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,703,015.	2,158,159.	426,216.	118,640
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2018)

#### Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 2,331,375. 2,408,348. Cash - non-interest-bearing 1 45,104. 45,126. 2 Savings and temporary cash investments 83,333. 214,820. 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 **5** Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 Assets 6 Notes and loans receivable, net 7 8 Inventories for sale or use 16,552. 13,989. Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a b Less: accumulated depreciation \_\_\_\_\_\_ 10b 10c Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 102,352. 22,660. 15 Other assets. See Part IV, line 11 15 2,499,024. 2,784,635. 16 Total assets. Add lines 1 through 15 (must equal line 34) ... 16 52,980. 17 33,946. 17 Accounts payable and accrued expenses 151,550. 165,000. 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, \_iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 204,530. 198,946. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here \( \bigvee \bigvee X \) and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 1,320,382. 1,399,079. 27 Unrestricted net assets 27 974,112. 1,186,610. 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 2,294,494. 2,585,689. Total net assets or fund balances 33 33 2,499,024. 2,784,635.

Total liabilities and net assets/fund balances

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)	1 2 3 4 5 6 7 8 9	2,99	4,2 3,0 1,1	15. 95.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		2 50	E 6	0.0
Do	column (B))	10	2,58	5,0	89.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		100	
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  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 consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis		2b	X	
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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 Sch	edule O.	2c	Х	
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requor audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

#### **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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number DISABILITY RIGHTS FUND, INC. 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). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) 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. 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. 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. ☐ 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1585990.	1766426.	3897281.	3422353.	2994179.	13666229.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	1505000	1566406	2008001	2400252	0004450	12666000
4	Total. Add lines 1 through 3	1585990.	1766426.	3897281.	3422353.	2994179.	13666229.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						(200020
_	column (f)						6388030.
6	Public support. Subtract line 5 from line 4.						7278199.
	ndar year (or fiscal year beginning in)	(a) 001 4	(h) 001 <i>E</i>	(a) 0010	(4) 0017	/s\ 0010	(f) Tatal
		(a) 2014 1585990.	(b) 2015 1766426.	(c) 2016 3897281.	(d) 2017 3422353.	(e) 2018 2994179	(f) Total 13666229.
	Amounts from line 4  Gross income from interest,	1303330.	17004201	3037201.	3422333.	20041700	13000223.
8	•						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources		29.	26.	22.	0.	77.
9	Net income from unrelated business						,,,
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				182.	31.	213.
11	<b>Total support.</b> Add lines 7 through 10						13666519.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for					n 501(c)(3)	
	organization, check this box and stop						<b>&gt;</b>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2018 (	line 6, column (f) d	ivided by line 11, c	olumn (f))		14	53.26 %
15	Public support percentage from 2017	' Schedule A, Part	II, line 14			15	73.77 %
16a	33 1/3% support test - 2018. If the	· ·		,		,	
	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2017. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	ū					*
	and if the organization meets the "fac			-	•	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the		•				
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	ına see instruction	s ▶∟∟

Schedule A (Form 990 or 990-EZ) 2018

#### 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	ow, picase com	picte r art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and			, ,	, ,	, ,	
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
·						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ► 🔼	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a 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						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is						
regularly carried on						
or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)					504( )(0) :	<u> </u>
<b>14 First five years.</b> If the Form 990 is for t	_			•		
check this box and stop here Section C. Computation of Public						<u></u>
•			l (f))		15	0/
15 Public support percentage for 2018 (lin					<del>                                      </del>	%
16 Public support percentage from 2017 Section D. Computation of Invest					16	%
-					17	0/
17 Investment income percentage for 201					<del>                                      </del>	%
18 Investment income percentage from 20					18   20 1 /20/   and line :	%
19a 33 1/3% support tests - 2018. If the o						
more than 33 1/3%, check this box and						
<b>b 33 1/3% support tests - 2017.</b> If the o	•			·	•	
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<b>▶</b>

#### 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

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

	Yes	No
1		
•		
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3b		
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4a		
4b		
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4c		
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5a		
5b		
5c		
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8		
9a		
9b		
9c		
30		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?			
а	A pers	on who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below	the governing body of a supported organization?	11a		
b	A fami	ly member of a person described in (a) above?	11b		
С	A 35%	controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion E	B. Type I Supporting Organizations			
				Yes	No
1	Did the	e directors, trustees, or membership of one or more supported organizations have the power to			
	regula	rly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	lled the organization's activities. If the organization had more than one supported organization,			
	descri	be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organi	zations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the	e organization operate for the benefit of any supported organization other than the supported			
	organi	zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	super	rised, or controlled the supporting organization.	2		
Sect	tion C	C. Type II Supporting Organizations			
				Yes	No
1	Were a	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	tees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mar	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	oported organization(s).	1		
Sect	tion <b>C</b>	). All Type III Supporting Organizations			
				Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	zation'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			
	organi	zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were a	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organi	zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the org	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	son of the relationship described in (2), did the organization's supported organizations have a			
	signific	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	rted organizations played in this regard.	3		
Sect	tion E	. Type III Functionally Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	Щ.	The organization satisfied the Activities Test. Complete line 2 below.			
b	Ш.	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see inst	tructions	s).	
2	Activit	ies Test. Answer (a) and (b) below.		Yes	No
а	Did su	bstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		ne organization was responsive to those supported organizations, and how the organization determined			
		ese activities constituted substantially all of its activities.	2a		
		e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		es but for the organization's involvement.	2b		
		t of Supported Organizations. Answer (a) and (b) below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the	e organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	TV Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrat	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Pai	LV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ion D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organi	zations, in excess of income from activity			
3	Admin	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualifi	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	e	
	(provid	de details in <b>Part VI</b> ). See instructions.			
9	Distrib	outable amount for 2018 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	ion E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distrib	outable amount for 2018 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2018 (reason-			
	able c	ause required- explain in <b>Part VI</b> ). See instructions.			
3	Exces	s distributions carryover, if any, to 2018			
а	From 2	2013			
b	From 2	2014			
С	From 2	2015			
d	From 2	2016			
е	From 2	2017			
f	Total	of lines 3a through e			
g	Applie	d to underdistributions of prior years			
h	Applie	d to 2018 distributable amount			
i	Carry	over from 2013 not applied (see instructions)			
j	Remai	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2018 from Section D,			
	line 7:	\$			
а	Applie	d to underdistributions of prior years			
b	Applie	d to 2018 distributable amount			
С	Remai	inder. Subtract lines 4a and 4b from 4.			
5	Remai	ining underdistributions for years prior to 2018, if			
	any. S	subtract lines 3g and 4a from line 2. For result greater			
	than z	ero, explain in <b>Part VI.</b> See instructions.			
6	Remai	ining underdistributions for 2018. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
	Part V	/I. See instructions.			
7	Exces	ss distributions carryover to 2019. Add lines 3j			
	and 4	c.			
8	Break	down of line 7:			
а	Exces	s from 2014			
b	Exces	s from 2015			
С	Exces	s from 2016			
d	Exces	s from 2017			
	Fuer:	a from 2010			

Schedule A (Form 990 or 990-EZ) 2018

Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

	line 1; Pa	ırt IV, Secti D, lines 5, 6	on D, lin	es 2 and 3	s; Part I\	/, Section E, lines	1c, 2a, 2l	b, 3a, a	and 3b; Part	ection B, lines 1 and 2; Part IV, Section C, V, line 1; Part V, Section B, line 1e; Part V, for any additional information.
SCHEI	DULE A,	PART	II,	LINE	10,	EXPLANAT	ION I	FOR	OTHER	INCOME:
OTHE	RINCOM	E								
2017	AMOUNT	: \$	182	•						
2018	AMOUNT	: \$	31.							

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

#### **Statement of Activities Outside the United States**

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

► Attach to Form 990.

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

2018
Open to Public Inspection

Name of the organization

**Employer identification number** 

DISABILITY RIGH	TS FUND,	INC.			27-502629	3
Part I General Infor	rmation on A	ctivities Ou	tside the United States. Comple	ete if the organ	ization answered "\	es" on
Form 990, Part IV	/, line 14b.					
_	-		ds to substantiate the amount of its gra			
the grantees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	istance? X	Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance out	side the
3 Activities per Region. (The	he following Part	I, line 3 table c	an be duplicated if additional space is i	needed.)		
(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a produce describe	vity listed in (d) gram service, e specific type (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 RIGHT	'S ADVOCACY	171,500.
EAST ASIA AND THE						
PACIFIC - AUSTRALIA,						
BRUNEI, BURMA,	0	0	CDANIES TO DESTRICT	HUMAN RIGHT	IC ADVOCACY	465,000.
CAMBODIA,	0	0	GRANTS TO RECIPIENTS	HUMAN RIGHT	S ADVOCACY	465,000.
						752 400
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS	HUMAN RIGHT	'S ADVOCACY	763,400.
EUROPE	0	0	GRANTS TO RECIPIENTS	HUMAN RIGHT	'S ADVOCACY	70,000.
HOROT H	<u> </u>		CHANGE TO RECTITED TO	HOIMEN HEGHE	.b iib vocilei	70,000.
2 2 1 1 1 1						1 460 000
3 a Subtotal	0	0				1,469,900.
<b>b</b> Total from continuation	0	,				0

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

Schedule F (Form 990) 2018

1,469,900.

c Totals (add lines 3a

and 3b)

0

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.

(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 - ANGOLA,						
	BENIN, BOTSWANA,						
		PROGRAM SUPPORT	20,000.	WIRE	0.		
	SUB-SAHARAN						
	AFRICA - ANGOLA,						
	BENIN, BOTSWANA,						
		PROGRAM SUPPORT	8,000.	WIRE	0.		
	SUB-SAHARAN		,				
	AFRICA - ANGOLA,						
	BENIN, BOTSWANA,						
		PROGRAM SUPPORT	46,000.	WIRE	0.		
	SUB-SAHARAN						
	AFRICA - ANGOLA,						
	BENIN, BOTSWANA,						
	BURKINA FASO,	PROGRAM SUPPORT	20,000.	WIRE	0.		
	SUB-SAHARAN						
	AFRICA - ANGOLA,						
	BENIN, BOTSWANA,						
	BURKINA FASO,	PROGRAM SUPPORT	15,000.	WIRE	0.		
	SUB-SAHARAN						
	AFRICA - ANGOLA,						
	BENIN, BOTSWANA,						
	BURKINA FASO,	PROGRAM SUPPORT	35,000.	WIRE	0.		
	SUB-SAHARAN						
	AFRICA - ANGOLA,						
	BENIN, BOTSWANA,						
	BURKINA FASO,	PROGRAM SUPPORT	20,000.	WIRE	0.		
	SUB-SAHARAN						
	AFRICA - ANGOLA,						
	BENIN, BOTSWANA,						
	BURKINA FASO,	PROGRAM SUPPORT	60,000.	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
3	Enter total number of other organizations or entities

\_\_\_\_\_80

Part II Continuation of	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	990), Part II, line	1)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM' appraisal, other)
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	PROGRAM SUPPORT	20,000.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	PROGRAM SUPPORT	40,000.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	PROGRAM SUPPORT	20,000.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	PROGRAM SUPPORT	20,000.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	PROGRAM SUPPORT	30,000.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	PROGRAM SUPPORT	15,000.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	PROGRAM SUPPORT	15,000.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	PROGRAM SUPPORT	20,000.	WIRE	0.		
		SUB-SAHARAN		· ·				
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	PROGRAM SUPPORT	20,000.	WIRE	0.		

Part II Continuation of	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	. (Schedule F (Form 9	990), Part II, line 1	1)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM' appraisal, other)
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	PROGRAM SUPPORT	58,700.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	PROGRAM SUPPORT	14,000.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	PROGRAM SUPPORT	13,500.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	PROGRAM SUPPORT	15,000.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	PROGRAM SUPPORT	13,000.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	PROGRAM SUPPORT	15,000.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	PROGRAM SUPPORT	10,000.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	PROGRAM SUPPORT	6,500.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	PROGRAM SUPPORT	3,000.	WIRE	0.		

scriedule F (Form 990)	DIDIIL	THIT KIGHT	TOND, INC.		27 50	20275		Page
Part II Continuation of	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	e United States.	(Schedule F (Form 9	990), Part II, line 1	1)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	PROGRAM SUPPORT	3,000.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	PROGRAM SUPPORT	20,000.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	PROGRAM SUPPORT	20,000.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	PROGRAM SUPPORT	20,000.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	PROGRAM SUPPORT	20,000.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	PROGRAM SUPPORT	20,000.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	PROGRAM SUPPORT	15,000.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	PROGRAM SUPPORT	7,000.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	PROGRAM SUPPORT	10,000.	WIRE	0.		

	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	. (Schedule F (Form 9	990), Part II, line	1)	_
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	PROGRAM SUPPORT	20,000.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	PROGRAM SUPPORT	20,000.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	PROGRAM SUPPORT	10,000.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	PROGRAM SUPPORT	5,700.	WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,						
		BRUNEI, BURMA,	PROGRAM SUPPORT	12,000.	WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,						
		BRUNEI, BURMA,	PROGRAM SUPPORT	20,000.	WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,						
		BRUNEI, BURMA,	PROGRAM SUPPORT	16,000.	WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,						
		BRUNEI, BURMA,	PROGRAM SUPPORT	20,000.	WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,						
		BRUNEI, BURMA,	PROGRAM SUPPORT	30,000.	WIRE	0.		

	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9		1)	_
1 (a) Name of organization	( <b>b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM' appraisal, other)
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,						
		BRUNEI, BURMA,	PROGRAM SUPPORT	7,000.	WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,						
		BRUNEI, BURMA,	PROGRAM SUPPORT	14,000.	WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,						
		BRUNEI, BURMA,	PROGRAM SUPPORT	30,000.	WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,						
		BRUNEI, BURMA,	PROGRAM SUPPORT	12,000.	WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,						
		BRUNEI, BURMA,	PROGRAM SUPPORT	5,000.	WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,						
		BRUNEI, BURMA,	PROGRAM SUPPORT	14,000.	WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,						
		BRUNEI, BURMA,	PROGRAM SUPPORT	15,000.	WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,						
		BRUNEI, BURMA,	PROGRAM SUPPORT	20,000.	WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,						
		BRUNEI, BURMA,	PROGRAM SUPPORT	45,000.	WIRE	0.		

832182 04-01-18

Part II	, ,		Assistance to Organiza	ations or Entities Outside the	United States	(Schedule E (Form 0	190) Part II line	1)	r age <b>z</b>
1	of organization	(b) IRS code section and EIN (if applicable)	(a) Pagion	(d) Purpose of grant	(e) Amount	(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 -						
			AUSTRALIA,						
			BRUNEI, BURMA,	PROGRAM SUPPORT	30,000.	WIRE	0.		
			EAST ASIA AND THE						
			PACIFIC -						
			AUSTRALIA,						
				PROGRAM SUPPORT	14,000.	WIRE	0.		
			EAST ASIA AND THE						
			PACIFIC -						
			AUSTRALIA,						
			BRUNEI, BURMA,	PROGRAM SUPPORT	40,000.	WIRE	0.		
			EAST ASIA AND THE		,				
			PACIFIC -						
			AUSTRALIA,						
			· ·	PROGRAM SUPPORT	30,000.	WIRE	0.		
			EAST ASIA AND THE		,				
			PACIFIC -						
			AUSTRALIA,						
			BRUNEI, BURMA,	PROGRAM SUPPORT	17,000.	WIRE	0.		
			EAST ASIA AND THE						
			PACIFIC -						
			AUSTRALIA,						
				PROGRAM SUPPORT	10,000.	WIRE	0.		
			CENTRAL AMERICA		· ·				
			AND THE CARIBBEAN						
			- ANTIGUA &						
			BARBUDA, ARUBA,	PROGRAM SUPPORT	20,000.	WIRE	0.		
			CENTRAL AMERICA		,				
			AND THE CARIBBEAN						
			- ANTIGUA &						
			BARBUDA, ARUBA,	PROGRAM SUPPORT	6,000.	WIRE	0.		
			CENTRAL AMERICA		, ,				
			AND THE CARIBBEAN						
			- ANTIGUA &						
			BARBUDA, ARUBA,	PROGRAM SUPPORT	20,000.	WIRE	0.		

Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	·
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM' appraisal, other)
		CENTRAL AMERICA						
		AND THE CARIBBEAN						
		- ANTIGUA &						
		BARBUDA, ARUBA,	PROGRAM SUPPORT	5,000.	WIRE	0.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN						
		- ANTIGUA &						
		BARBUDA, ARUBA,	PROGRAM SUPPORT	8,000.	WIRE	0.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN						
		- ANTIGUA &						
		BARBUDA, ARUBA,	PROGRAM SUPPORT	20,000.	WIRE	0.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN						
		- ANTIGUA &						
		BARBUDA, ARUBA,	PROGRAM SUPPORT	15,000.	WIRE	0.		
		CENTRAL AMERICA		·				
		AND THE CARIBBEAN						
		- ANTIGUA &						
		BARBUDA, ARUBA,	PROGRAM SUPPORT	8,000.	WIRE	0.		
		CENTRAL AMERICA		·				
		AND THE CARIBBEAN						
		- ANTIGUA &						
		BARBUDA, ARUBA,	PROGRAM SUPPORT	8,000.	WIRE	0.		
		CENTRAL AMERICA		,				
		AND THE CARIBBEAN						
		- ANTIGUA &						
		BARBUDA, ARUBA,	PROGRAM SUPPORT	12,000.	WIRE	0.		
		CENTRAL AMERICA		,				
		AND THE CARIBBEAN						
		- ANTIGUA &						
		BARBUDA, ARUBA,	PROGRAM SUPPORT	6,000.	WIRE	0.		
		CENTRAL AMERICA		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_			
		AND THE CARIBBEAN						
		- ANTIGUA &						
		BARBUDA, ARUBA,	PROGRAM SUPPORT	6,000.	WIRE	0.		

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	. (Schedule F (Form 9	990), Part II, line	1)	_
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		CENTRAL AMERICA						
		AND THE CARIBBEAN						
		- ANTIGUA &						
		BARBUDA, ARUBA,	PROGRAM SUPPORT	6,000.	WIRE	0.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN						
		- ANTIGUA &						
		BARBUDA, ARUBA,	PROGRAM SUPPORT	8,000.	WIRE	0.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN						
		- ANTIGUA &						
		BARBUDA, ARUBA,	PROGRAM SUPPORT	12,000.	WIRE	0.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN						
		- ANTIGUA &						
		BARBUDA, ARUBA,	PROGRAM SUPPORT	11,500.	WIRE	0.		
		EUROPE (INCLUDING	DEOGRAM GUDDODE	60,000.	WIDE	0		
		GREENLAND)	PROGRAM SUPPORT	80,000.	WIRE	0.		
		EUROPE (INCLUDING						
		GREENLAND)	PROGRAM SUPPORT	10,000.	WIRE	0.		
		EAST ASIA AND THE	PROGRAM SUPPORT	16,000.	WIRE	0.		
				<u>'</u>				
		EAST ASIA AND THE	PROGRAM SUPPORT	20,000.	WIRE	0.		
		EAST ASIA AND THE	DROGDAN GUDDODE	20.000	NIDE.			
		PACIFIC	PROGRAM SUPPORT	28,000.	MTKT	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. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

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

Schedule F (Form 990) 2018

# 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** 

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

DISABILITY RIGHTS FUND, INC. Employer identification number 27-5026293

Pa	art I Questions Regarding Compensation			
			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  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	1b	Х	
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?	2	Х	
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.			
	Compensation committee			
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations X 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:			Х
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		-22
	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:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
-	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:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	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	7		Х
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	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) DIANA SAMARASAN	(i)	109,173.	0.	0.	4,375.	22,582.	136,130.	0.
FOUNDING EXECUTIVE DIR.	(ii)		0.	0.	1,610.	8,315.	50,103.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(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 SAMARASAN AND DIRECTORS WITH DISABILITIES.

### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

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 EOUAL 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 VISABILITY FOR PARTICULARLY MARGINALIZED SECTORS OF THE DISABILITY COMMUNITY, IN PURSUIT OF SYSTEMIC CHANGE.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION AMENDED THEIR BYLAWS IN JUNE 2018.

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

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization  DISABILITY RIGHTS FUND, INC.	Employer identification number 27-5026293
REVIEWED AND APPROVED ANNUALLY BY EXECUTIVE DIRECTOR AGAI	NST INDUSTRY
STANDARD, AND APPROVED BY BOARD OF DIRECTORS DURING ANNUA	L BUDGET REVIEW
PROCESS.	
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:	
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	6,411.
MANAGEMENT AND GENERAL EXPENSES	3,271.
FUNDRAISING EXPENSES	1 1//
TOTAL EXPENSES	10,826.
CONTRACTED PROGRAM OVERSIGHT:	
PROGRAM SERVICE EXPENSES	283,024.
MANAGEMENT AND GENERAL EXPENSES	38,123.
FUNDRAISING EXPENSES	29,640.
TOTAL EXPENSES	350,787.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	361,613.

#### SCHEDULE R (Form 990)

**Related Organizations and Unrelated Partnerships** 

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

➤ Attach to Form 990.

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

2018
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

DISABILITY RIGHTS FUND, INC.

Employer identification number 27-5026293

(a)	(b)	(c)	(d)	(e)			(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)					controlling ntity	g
Part II Identification of Related Tax-Exempt Organizations during the tax year.	nizations. Complete if the organizat	ion answered "Yes" on Form 99	0, Part IV, line 34,	because it had one	e or more	related tax-exe	empt	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) et controlling entity	cont en	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))			Yes	No
DISABILITY RIGHTS ADVOCACY FUND, INC	SUPPORT PERSONS WITH							
27-5026463, 89 SOUTH STREET, BOSTON, MA 02111	DISABILITIES IN THE DEVELOPING WORLD	MASSACHUSETTS	501(C)(4)					х
	$\dashv$							

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

Schedule R (Form 990) 2018

Page 2

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.

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

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i) tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	CITA	
		country)		,				Yes	No
	1								
	1								
	1								
	1								
		11							

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Yes No

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

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

4	During the tax year, did the organization engage in any of the following transactions with		lated arganizations listed	in Dorto II IVO						
'					10		X			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a 1b		X			
b	Gift, grant, or capital contribution to related organization(s)				1c	Х				
ن س	Gift, grant, or capital contribution from related organization(s)				1d	X				
a	Loans or loan guarantees to or for related organization(s)				1e		Х			
е	Loans or loan guarantees by related organization(s)				ie		25			
f	Dividends from related organization(s)				1f		Х			
q	g Sale of assets to related organization(s)									
h	Purchase of assets from related organization(s)				1h		Х			
i	Exchange of assets with related organization(s)				1i		Х			
i	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х			
•										
k	k Lease of facilities, equipment, or other assets from related organization(s)									
ı	Performance of services or membership or fundraising solicitations for related organization(s)									
m	m Performance of services or membership or fundraising solicitations by related organization(s)									
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  o Sharing of paid employees with related organization(s)										
	<b>0</b> 1 1 , <b>0</b> 1 ,									
p Reimbursement paid to related organization(s) for expenses										
q	Reimbursement paid by related organization(s) for expenses				1q	Х				
•	. , , . ,									
p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s)										
					1s		Х			
	If the answer to any of the above is "Yes," see the instructions for information on who mu									
	· · · · · · · · · · · · · · · · · · ·	<b>(b)</b> ransaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved					
<u>(1)</u> ]	DISABILITY RIGHTS ADVOCACY FUND, INC. C 903,197.AMOUNT OF GRANT PAID									
<u>(2)</u> ]	2) DISABILITY RIGHTS ADVOCACY FUND, INC. D 102,352.END OF YEAR BALANCE									
(3) <sup>]</sup>	3) DISABILITY RIGHTS ADVOCACY FUND, INC. Q 272,508.SHARED COSTS									
(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)	Are partner 501 (c	all s sec. c)(3) s.?	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	Dispi tio alloca	h) ropor- nate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partn	ral or Pe ging ner? Ov	(k) ercentage wnership
		country	Sections 5 (2-5 (4)	Yes	No	inodific	433013	Yes	No	(F01111 1003)	Yes	No	
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