

Form **990**

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

OMB No. 1545-0047

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2015 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DISABILITY RIGHTS ADVOCACY FUND, INC Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 89 SOUTH STREET 203B City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02111-2670 F Name and address of principal officer: DIANA SAMARASAN SAME AS C ABOVE	D Employer identification number 27-5026463 E Telephone number 617-261-4593 G Gross receipts \$ 1,227,576. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ DRAFUND.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 2011		M State of legal domicile: MA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO SUPPORTS PERSONS WITH DISABILITIES IN THE DEVELOPING WORLD TO ADVANCE LEGAL FRAMEWORKS TO			
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
3	Number of voting members of the governing body (Part VI, line 1a)	3		10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		10
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5		0
6	Total number of volunteers (estimate if necessary)	6		0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b		0.
8	Contributions and grants (Part VIII, line 1h)	8	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	9	1,498,367.	1,227,576.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	0.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	0.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	1,498,367.	1,227,576.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	1,239,300.	986,200.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	74,687.	105,967.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	0.	0.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 17,508.	16b		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	227,308.	247,423.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	1,541,295.	1,339,590.
19	Revenue less expenses. Subtract line 18 from line 12	19	-42,928.	-112,014.
20	Total assets (Part X, line 16)	20	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	21	720,649.	627,919.
22	Net assets or fund balances. Subtract line 21 from line 20	22	103,950.	123,234.
			616,699.	504,685.

Part II Signature Block

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

Sign Here	Signature of officer DIANA SAMARASAN, CLERK/EXEC DIR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name THERESA J. CREEDEN Preparer's signature THERESA J. CREEDEN Date 06/17/16 Check if self-employed <input type="checkbox"/> PTIN P00747568 Firm's name ▶ KEVIN P MARTIN ASSOCIATES, P.C. Firm's EIN ▶ 04-3097400 Firm's address ▶ 10 FORBES WEST BRAINTREE, MA 02184 Phone no. (781) 380-3520	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: DRF'S SISTER FUND, THE DISABILITY RIGHTS ADVOCACY FUND, INC. (DRAF), PROVIDES GRANTS TO DISABLED PERSONS' ORGANIZATIONS (DPOS) TO PARTICIPATE IN TREATY RATIFICATION AND IMPLEMENTATION EFFORTS IN THE DEVELOPING WORLD. DRAF ALSO IDENTIFIES AND SUPPORTS OTHER EFFORTS TO

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 1,255,067. including grants of \$ 986,200.) (Revenue \$) ADVOCATING FOR THE HUMAN RIGHTS OF PEOPLE WITH DISABILITIES WORLDWIDE, PROVIDING GRANTS AND ASSISTANCE TO DISABLED PERSONS' ORGANIZATIONS ENGAGED IN ADVOCACY, AND SUPPORTING, ENHANCING AND FACILITING THE MISSION AND OBJECTIVES OF DISABILITY RIGHTS FUND, INC., THE SOLE MEMBER OF THE CORPORATION.

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

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

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

4e Total program service expenses 1,255,067.

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)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		X
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

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

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (10), 1b (10), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: CORPORATION - 617-261-4593 89 SOUTH STREET, BOSTON, MA 02111

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM ROWLAND PRESIDENT/CO-CHAIR	2.00 2.00	X		X				0.	0.	0.
(2) VINAY MEHRA TREASURER	2.00 2.00	X		X				0.	0.	0.
(3) CATHERINE TOWNSEND CO-CHAIR	2.00 2.00	X		X				0.	0.	0.
(4) OLA ABU AL GHAIB DIRECTOR	2.00 2.00	X						0.	0.	0.
(5) MICHAEL HAROZ DIRECTOR	2.00 2.00	X						0.	0.	0.
(6) ANDY FERREN DIRECTOR	2.00 2.00	X						0.	0.	0.
(7) KRISTEN PRATT DIRECTOR	2.00 2.00	X						0.	0.	0.
(8) CHARLIE CLEMENTS DIRECTOR	2.00 2.00	X						0.	0.	0.
(9) BETH MACNAIRN DIRECTOR	2.00 2.00	X						0.	0.	0.
(10) EMILY MARTINEZ DIRECTOR	2.00 2.00	X						0.	0.	0.
(11) DIANA SAMARASAN CLERK/EXEC DIR	6.00 34.00			X				37,720.	102,819.	23,054.

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

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

1b Sub-total 37,720. 102,819. 23,054.
1c Total from continuation sheets to Part VII, Section A 0. 0. 0.
1d Total (add lines 1b and 1c) 37,720. 102,819. 23,054.

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

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

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a 'NONE' entry in column A.

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 1,227,576.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		1,227,576.			
Program Service Revenue	2 a _____	Business Code				
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a _____						
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		1,227,576.	0.	0.	0.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	71,000.	71,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	915,200.	915,200.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	43,909.	34,151.	4,879.	4,879.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	39,788.	19,011.	20,777.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	16,256.	9,188.	6,542.	526.
10 Payroll taxes	6,014.	3,752.	1,937.	325.
11 Fees for services (non-employees):				
a Management				
b Legal	339.		339.	
c Accounting	10,550.		10,550.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	122,328.	116,079.	4,040.	2,209.
12 Advertising and promotion	1,716.			1,716.
13 Office expenses	51,441.	28,964.	14,950.	7,527.
14 Information technology				
15 Royalties				
16 Occupancy	6,030.	3,762.	1,942.	326.
17 Travel	9,618.	9,618.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	44,342.	44,342.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	1,059.		1,059.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	1,339,590.	1,255,067.	67,015.	17,508.
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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	720,649.	1	627,919.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3		
	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		
	6 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		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b Less: accumulated depreciation	10b		10c	
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)		720,649.	16	627,919.	
Liabilities	17 Accounts payable and accrued expenses	2,175.	17	7,500.	
	18 Grants payable	47,000.	18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		54,775.	25	115,734.
	26 Total liabilities. Add lines 17 through 25		103,950.	26	123,234.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	9,912.	27	9,912.	
	28 Temporarily restricted net assets	606,787.	28	494,773.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances		616,699.	33	504,685.	
34 Total liabilities and net assets/fund balances		720,649.	34	627,919.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,227,576.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,339,590.
3	Revenue less expenses. Subtract line 2 from line 1	3	-112,014.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	616,699.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	504,685.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2015)

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2015

Name of the organization

DISABILITY RIGHTS ADVOCACY FUND, INC

Employer identification number

27-5026463

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(4) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization DISABILITY RIGHTS ADVOCACY FUND, INC	Employer identification number 27-5026463
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COMMONWEALTH OF AUSTRALIA DEPART OF FOREIGN AFFAIRS AND TRAD GPO BOX 887 CANBERRA, CANBERRA ACT 2601, AUSTRALIA	\$ 1,227,576.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DISABILITY RIGHTS ADVOCACY FUND, INC	Employer identification number 27-5026463
---	---

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

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

Name of organization DISABILITY RIGHTS ADVOCACY FUND, INC	Employer identification number 27-5026463
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization DISABILITY RIGHTS ADVOCACY FUND, INC **Employer identification number** 27-5026463

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2015

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO DISABILITY RIGHTS FUND,	
(3) INC.	115,734.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	115,734.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,978,504.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	1,750,928.	
e	Add lines 2a through 2d	2e		1,750,928.
3	Subtract line 2e from line 1		3	1,227,576.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,227,576.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	4,442,748.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	3,103,158.	
e	Add lines 2a through 2d	2e		3,103,158.
3	Subtract line 2e from line 1		3	1,339,590.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,339,590.

Part XIII Supplemental Information.

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

PART X, LINE 2:

U.S. GAAP PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FOR THOSE BENEFITS TO BE RECOGNIZED, A TAX POSITION MUST BE MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. FOR THE YEAR ENDED DECEMBER 31, 2015, THE FUNDS HAVE DETERMINED THAT THEY HAVE NOT TAKEN ANY TAX POSITIONS WHICH WOULD RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION IN THE ACCOMPANYING COMBINED FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COMBINING ACTIVITY DISABILITY RIGHTS FUND, INC. 1,750,928.

Part XIII Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COMBINING ACTIVITY DISABILITY RIGHTS FUND, INC. 3,103,158.

**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.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization DISABILITY RIGHTS ADVOCACY FUND, INC	Employer identification number 27-5026463
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Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS	HUMAN RIGHTS ADVOCACY	46,000.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS	HUMAN RIGHTS ADVOCACY	356,000.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS	HUMAN RIGHTS ADVOCACY	160,000.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS	HUMAN RIGHTS ADVOCACY	25,000.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS	HUMAN RIGHTS ADVOCACY	110,000.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS	HUMAN RIGHTS ADVOCACY	218,200.
3 a Sub-total	0	0			915,200.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			915,200.

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

Schedule F (Form 990) 2015

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	PROGRAM SUPPORT	30,000.	WIRE	0.		
		SOUTH ASIA	PROGRAM SUPPORT	20,000.	WIRE	0.		
		SOUTH ASIA	PROGRAM SUPPORT	40,000.	WIRE	0.		
		SOUTH ASIA	PROGRAM SUPPORT	20,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	15,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	20,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	20,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	40,000.	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 **27**

3 Enter total number of other organizations or entities **27**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	46,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	70,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	40,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	10,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	20,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	35,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	35,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	33,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	23,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	18,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	40,000.	WIRE	0.		
		SOUTH AMERICA	PROGRAM SUPPORT	25,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	20,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	20,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	160,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	36,200.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	44,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	20,000.	WIRE	0.		

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

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Schedule F (Form 990) 2015

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.

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 AND OVERSIGHT OF GRANTEES, AND AN EXTENSIVE NETWORK AND PARTNERSHIPS IN AND WITH THE BOARDER DISABILITY COMMUNITY TO ASSESS AND MONITOR VIABILITY AND IMPACT OF APPLICANTS AND PROJECTS.

PART I, LINE 3:

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization **DISABILITY RIGHTS ADVOCACY FUND, INC** Employer identification number **27-5026463**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CREATING RESOURCES FOR EMPOWERMENT 116 EAST 16TH STREET NEW YORK, NY 10003	31-1812979	501 C 3	71,000.	0.			PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____

3 Enter total number of other organizations listed in the line 1 table ▶ _____

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

Schedule I (Form 990) (2015)

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

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

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

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2015

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

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

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

DISABILITY RIGHTS ADVOCACY FUND, INC

Employer identification number

27-5026463

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |
- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?
- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III
- 9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2015

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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DIANA SAMARASAN CLERK/EXEC DIR	(i)	37,720.	0.	0.	0.	6,188.	43,908.	0.
	(ii)	102,819.	0.	0.	0.	16,866.	119,685.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

DISABILITY RIGHTS ADVOCACY FUND, INC

Employer identification number

27-5026463

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

REALIZE THEIR RIGHTS. DRAF ALSO IDENTIFIES AND SUPPORTS OTHER EFFORTS
TO ADVANCE THE RIGHTS OF PERSONS WITH DISABILITIES AT REGIONAL AND
CROSS-MOVEMENT LEVELS.

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

ADVANCE THE RIGHTS OF PERSONS WITH DISABILITIES AT REGIONAL AND
CROSS-MOVEMENT LEVELS.

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

IRS FORM 990 IS REVIEWED WITH PREPARER AND PROVIDED TO THE BOARD OF
DIRECTORS FOR REVIEW AND APPROVAL PRIOR TO SUBMISSION

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

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

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

EXECUTIVE MANAGEMENT COMPENSATION REVIEWED AND APPROVED BY BOARD
CO-CHAIRSANNUALLY AGAINST INDUSTRY STANDARD.OTHER KEY EMPLOYEE COMPENSATION
REVIEWED AND APPROVED ANNUALLY BY EXECUTIVEDIRECTOR AGAINST INDUSTRY
STANDARD, AND APPROVED BY BOARD OF DIRECTORSDURING ANNUAL BUDGET REVIEW
PROCESS.

FORM 990, PART VI, SECTION C, LINE 19:

UPON WRITTEN REQUEST OR FROM MASSACHUSETTS SECRETARY OF STATE WEBSITE.

Name of the organization DISABILITY RIGHTS ADVOCACY FUND, INC	Employer identification number 27-5026463
---	---

FORM 990, PART XII, LINE 2C:

NO CHANGE IN PROCESS FROM PRIOR YEAR

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization **DISABILITY RIGHTS ADVOCACY FUND, INC** Employer identification number **27-5026463**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
DISABILITY RIGHTS FUND, INC. - 27-5026293 89 SOUTH STREET BOSTON, MA 02111	DISABILITY ADVOCACY	MASSACHUSETTS	501 C 3	170 B (1)			X

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2015

SEE PART VII FOR CONTINUATIONS

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DISABILITY RIGHTS FUND, INC.	N	0	USAGE
(2) DISABILITY RIGHTS FUND, INC.	O	0	USAGE
(3) DISABILITY RIGHTS FUND, INC.	P	0	USAGE
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

DISABILITY RIGHTS FUND, INC.

EIN: 27-5026293

89 SOUTH STREET

BOSTON, MA 02111

PRIMARY ACTIVITY: DISABILITY ADVOCACY

DIRECT CONTROLLING ENTITY:

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	DISABILITY RIGHTS ADVOCACY FUND, INC	27-5026463
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	89 SOUTH STREET, NO. 203B	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	BOSTON, MA 02111-2670	

Enter the Return code for the return that this application is for (file a separate application for each return) 011

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

CORPORATION

- The books are in the care of ▶ **89 SOUTH STREET - BOSTON, MA 02111**
Telephone No. ▶ **617-261-4593** Fax No. ▶ **617-261-1977**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2015** or
▶ tax year beginning _____, and ending _____.

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

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

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

TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM PC

FOR THE YEAR ENDING

December 31, 2015

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

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

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

Form PC

Report for the Fiscal Period: 01/01/15 to 12/31/15

Attorney General's Account #: 055652

Federal ID #: 27-5026463

Electronic Payment Confirmation #: _____

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

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

If yes, date of application OR date of determination letter: 06/06/2011

IRS Exemption under 501(c): 4

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

Check all items attached (if applicable)

- Filing Fee or Electronic Payment Confirmation #
- Copy of IRS Return
- Audited Financial Statements/Review
- Amended Articles/By-Laws
- Schedule A-1
- Schedule A-2
- Schedule RO
- Probate Account

Organization Data

Name: DISABILITY RIGHTS ADVOCACY FUND, INC

Mailing Address: 89 SOUTH STREET, NO. 203B

City: BOSTON State: MA ZIP: 02111-2670

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

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

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

Category	Code	Category	Code
County (Table 1)	13	Organization Purpose Code 1	48
Type of Organization (Table 2)	18	Organization Purpose Code 2	56

Please check box if final return prior to dissolution:

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

1. On what date was the organization created? 02/16/2011

2. Where was the organization created? MASSACHUSETTS

3. What is the form of organization? (check one)

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

Other (please describe): _____

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

5. Enter your summary of financial data:

Financial Data		Amounts
A.	Contributions, gifts, grants, and similar amounts received	1,227,576.
B.	Gross support and revenue	1,227,576.
C.	Program services and similar amounts paid out	1,255,067.
D.	Fundraising expenses	17,508.
E.	Management and general expenses	67,015.
F.	Payments to affiliates	0.
G.	Total expenses	1,339,590.
H.	Net assets or fund balances at the end of the year	504,685.

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

	Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	DIANA SAMARASAN EXECUTIVE DIR	6.00	37,720.	6,188.	0.
2.	ALLISON DEFRANCO TECHNICAL ASSISTANCE COORDNATOR	5.00	19,012.	2,762.	0.
3.	ARLENE WILSON-GRANT GRANTS MGR	4.00	12,031.	2,737.	0.
4.	KERRY THOMPSON INFORM & PROG COORD	4.00	5,608.	854.	0.
5.	SARA MINKARA OPERATIONS MANAGER	4.00	3,138.	658.	0.

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

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

	Name/Title	Amount of Compensation	Type(s) of Service
1.	PAUL DEANY	28,047.	GRANTS MONITORING
2.	YOLANDA MUNOZ GONZALEZ	26,635.	GRANTS MONITORING
3.	MED SSENGOOBA	14,553.	GRANTS MONITORING
4.	FOCUS MANAGEMENT & ARTS LLC	7,800.	ACCOUNTING
5.	JORGE MANHIQUE	5,145.	GRANTS MONITORING

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

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

10. What is the organization's accounting method? Cash Accrual
 Other (specify): _____

11. If organization's mailing address is a P.O. Box, list the organization's full street address:
 Address: _____
 City: _____ State: _____ ZIP Code: _____

12. Contact Person Name: DIANA SAMARASAN
 Street Address: 89 SOUTH STREET
 City: BOSTON State: MA ZIP Code: 02111
 Phone Number: 617-261-4593

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

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

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

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

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

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

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

STATEMENT 1

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

STATEMENT 2

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

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

FORM PC OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES STATEMENT 1

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
CATHERINE TOWNSEND 89 SOUTH STREET BOSTON, MA 02111	CO-CHAIR
WILLIAM ROWLAND 89 SOUTH STREET BOSTON, MA 02111	PRESIDENT/CO CHAIR
DIANA SAMARASAN 89 SOUTH STREET BOSTON, MA 02111	CLERK/EXECUTIVE DIRECTOR
VINAY MEHRA 89 SOUTH STREET BOSTON, MA 02111	TREASURER
OLA ABU AL GHAIB 89 SOUTH STREET BOSTON, MA 02111	DIRECTOR
MIKE HAROZ 89 SOUTH STREET BOSTON, MA 02111	DIRECTOR
ANDY FERREN 89 SOUTH STREET BOSTON, MA 02111	DIRECTOR
KRISTEN PRATT 89 SOUTH STREET BOSTON, MA 02111	DIRECTOR
CHARLIE CLEMENTS 89 SOUTH STREET BOSTON, MA 02111	DIRECTOR
BETH MACNAIRN 89 SOUTH STREET BOSTON, MA 02111	DIRECTOR
EMILY MARTINEZ 89 SOUTH STREET BOSTON, MA 02111	DIRECTOR

NAME AND ADDRESS

AREA OF RESPONSIBILITY

DIANA SAMARASAN
89 SOUTH STREET
BOSTON, MA 02111

RESPONSIBLE FOR CUSTODY OF FUNDS

DIANA SAMARASAN
89 SOUTH STREET
BOSTON, MA 02111

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

DIANA SAMARASAN
89 SOUTH STREET
BOSTON, MA 02111

RESPONSIBLE FOR FUNDRAISING

DIANA SAMARASAN
89 SOUTH STREET
BOSTON, MA 02111

CUSTODY OF FINANCIAL RECORDS

DIANA SAMARASAN
89 SOUTH STREET
BOSTON, MA 02111

AUTHORIZED TO SIGN CHECKS

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

If yes, please attach an explanation.

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

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

If yes, please attach an explanation.

Yes No

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

If yes, please attach an explanation.

Yes No

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

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

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

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

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

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

STATEMENT 3

FORM PC

PAGE 6, LINE 24

STATEMENT 3

NAME AND ADDRESS

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

NATURE OF TRANSACTION

SHARED EXPENSES

AMOUNT INVOLVED

0.

PROCEDURE FOLLOWED

REIMBURSEMENT BASED ON USAGE

NAME AND ADDRESS

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

NATURE OF TRANSACTION

UNREIMBURSED EXPENSES

AMOUNT INVOLVED

115,734.

PROCEDURE FOLLOWED

REIMBURSEMENT BASED ON USAGE

NAME AND ADDRESS

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

NATURE OF TRANSACTION

SHARED STAFFING

AMOUNT INVOLVED

0.

PROCEDURE FOLLOWED

REIMBURSEMENT BASED ON USAGE

NAME AND ADDRESS

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

NATURE OF TRANSACTION

UNREIMBURSED EXPENSES

AMOUNT INVOLVED

0.

PROCEDURE FOLLOWED

Signature Required

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

Signature: _____ Date: _____

Printed Name: DIANA SAMARASAN

Title: CLERK/EXEC DIR

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

Address 10 FORBES WEST

City BRAINTREE State MA ZIP Code 02184

Phone Number (781)380-3520

Schedule A-1

Solicitation Activities During Fiscal Year Covered By This Report

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

DRAF

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

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

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

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

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-1 ctd.

Solicitation Activities During Fiscal Year Covered By This Report

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

DIANA SAMARASAN

Name and Title: EXECUTIVE DIRECTOR

Address 89 SOUTH STREET

City BOSTON

State MA

ZIP Code 02111

Name and Title:

Address

City

State

ZIP Code

Name and Title:

Address

City

State

ZIP Code

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

DIANA SAMARASAN

Name and Title: EXECUTIVE DIRECTOR

Address 89 SOUTH STREET

City BOSTON

State MA

ZIP Code 02111

Name and Title:

Address

City

State

ZIP Code

Name and Title:

Address

City

State

ZIP Code

Schedule A-2

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

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

DRAF

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

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

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

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

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

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

DIANA SAMARASAN

Name and Title: EXECUTIVE DIRECTOR

Address 89 SOUTH STREET

City BOSTON

State MA

ZIP Code 02111

Name and Title:

Address

City

State

ZIP Code

Name and Title:

Address

City

State

ZIP Code

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

DIANA SAMARASAN

Name and Title: EXECUTIVE DIRECTOR

Address 89 SOUTH STREET

City BOSTON

State MA

ZIP Code 02111

Name and Title:

Address

City

State

ZIP Code

Name and Title:

Address

City

State

ZIP Code

Certification by Organization

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

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

Signature: _____ Date: _____

Printed Name: DIANA SAMARASAN

Title: CLERK/EXEC DIR

Signature: _____ Date: _____

Printed Name: _____

Title: _____

Schedule RO

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

DISABILITY RIGHTS FUND, Name: INC.		Primary purpose or activity: GRANTMAKING COLLABORATIVE DISABILITY RIGHTS		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/15	40,065.		659,775.	699,840.

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

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

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

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

Schedule RO ctd.

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

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

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

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

Combined Financial Statements

December 31, 2015

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

Index

December 31, 2015

Independent Auditors' Report

Financial Statements:

Combined Statements of Financial Position as of December 31, 2015 with Comparative Totals as of December 31, 2014	1
Combined Statements of Activities for the Year Ended December 31, 2015 with Comparative Totals for the Year Ended December 31, 2014	2
Combined Statements of Cash Flows for the Year Ended December 31, 2015 with Comparative Totals for the Year Ended December 31, 2014	3
Combined Statements of Functional Expenses for the Year Ended December 31, 2015 with Comparative Totals for the Year Ended December 31, 2014	4
Notes to Combined Financial Statements	5-13



Independent Auditors' Report

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

Report on the Financial Statements

We have audited the accompanying combined financial statements of Disability Rights Advocacy Fund, Inc. and Disability Rights Fund, Inc. (nonprofit organizations), (collectively, the Funds), which comprise the combined statement of financial position as of December 31, 2015, and the related combined statements of activities, cash flows and functional expenses for the year then ended, and the related notes to the combined financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

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

Opinion

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the combined financial position of the Funds as of December 31, 2015, and the combined changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Combined Summarized Comparative Information

The combined financial statements of the Funds as of December 31, 2014 were audited by other auditors, whose report dated March 9, 2015, expressed an unmodified opinion on those statements. The prior year summarized comparative information is not intended to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2014, is consistent, in all material respects, with the audited combined financial statements from which it has been derived.

Other Information

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

Muir P. Martin & Company, P.C.

May 15, 2016

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

Combined Statements of Financial Position

As of December 31, 2015

With Comparative Totals as of December 31, 2014

	<u>Combining Information 2015</u>			
	<u>Disability Rights Advocacy Fund</u>	<u>Disability Rights Fund</u>	<u>2015 Combined Total</u>	<u>2014 Combined Total</u>
Assets				
Current Assets				
Cash and cash equivalents	\$ 627,919	\$ 715,826	\$ 1,343,745	\$ 1,528,456
Pledge receivable - current portion	-	-	-	1,169,999
Prepaid expenses	-	9,155	9,155	9,460
(Due to DRF)/due from DRAF	<u>(115,734)</u>	<u>115,734</u>	<u>-</u>	<u>-</u>
Total current assets	<u>512,185</u>	<u>840,715</u>	<u>1,352,900</u>	<u>2,707,915</u>
Other Assets				
Pledge receivable - net of current portion	<u>-</u>	<u>-</u>	<u>-</u>	<u>183,916</u>
Total other assets	<u>-</u>	<u>-</u>	<u>-</u>	<u>183,916</u>
Total Assets	<u>\$ 512,185</u>	<u>\$ 840,715</u>	<u>\$ 1,352,900</u>	<u>\$ 2,891,831</u>
Liabilities and Net Assets				
Current Liabilities				
Grant awards payable	\$ 7,500	\$ 77,700	\$ 85,200	\$ 186,200
Accounts payable	-	36,093	36,093	26,021
Accrued vacation and benefits	<u>-</u>	<u>27,082</u>	<u>27,082</u>	<u>10,841</u>
Total current liabilities	<u>7,500</u>	<u>140,875</u>	<u>148,375</u>	<u>223,062</u>
Net Assets				
Unrestricted	9,912	659,775	669,687	675,092
Temporarily restricted	<u>494,773</u>	<u>40,065</u>	<u>534,838</u>	<u>1,993,677</u>
Total net assets	<u>504,685</u>	<u>699,840</u>	<u>1,204,525</u>	<u>2,668,769</u>
Total Liabilities and Net Assets	<u>\$ 512,185</u>	<u>\$ 840,715</u>	<u>\$ 1,352,900</u>	<u>\$ 2,891,831</u>

See accompanying notes and independent auditors' report.

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

Combined Statements of Activities

For the Year Ended December 31, 2015
With Comparative Totals for the Year Ended December 31, 2014

	Combining Information 2015						2015 Combined Total	2014 Combined Total
	Disability Rights Advocacy Fund			Disability Rights Fund				
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total		
Support and Revenue								
Contributions and grants	\$ -	\$ 1,227,576	\$ 1,227,576	\$ 1,251,350	\$ 518,208	\$ 1,769,558	\$ 2,997,134	\$ 3,084,357
Released from restriction	1,339,590	(1,339,590)	-	1,865,033	(1,865,033)	-	-	-
Loss for foreign exchange rates	-	-	-	(20,939)	-	(20,939)	(20,939)	(26,071)
Other income	-	-	-	2,309	-	2,309	2,309	1,389
Total support and revenue	<u>1,339,590</u>	<u>(112,014)</u>	<u>1,227,576</u>	<u>3,097,753</u>	<u>(1,346,825)</u>	<u>1,750,928</u>	<u>2,978,504</u>	<u>3,059,675</u>
Expenses								
Program services								
Grant awards and oversight	1,255,067	-	1,255,067	2,602,149	-	2,602,149	3,857,216	3,457,573
Global advisory panel	-	-	-	40,108	-	40,108	40,108	46,319
Total program services	<u>1,255,067</u>	<u>-</u>	<u>1,255,067</u>	<u>2,642,257</u>	<u>-</u>	<u>2,642,257</u>	<u>3,897,324</u>	<u>3,503,892</u>
General and administrative	67,015	-	67,015	327,613	-	327,613	394,628	379,735
Fundraising	<u>17,508</u>	<u>-</u>	<u>17,508</u>	<u>133,288</u>	<u>-</u>	<u>133,288</u>	<u>150,796</u>	<u>131,700</u>
Total expenses	<u>1,339,590</u>	<u>-</u>	<u>1,339,590</u>	<u>3,103,158</u>	<u>-</u>	<u>3,103,158</u>	<u>4,442,748</u>	<u>4,015,327</u>
Total Change in Net Assets	-	(112,014)	(112,014)	(5,405)	(1,346,825)	(1,352,230)	(1,464,244)	(955,652)
Net Assets at Beginning of Year	<u>9,912</u>	<u>606,787</u>	<u>616,699</u>	<u>665,180</u>	<u>1,386,890</u>	<u>2,052,070</u>	<u>2,668,769</u>	<u>3,624,421</u>
Net Assets at End of Year	<u>\$ 9,912</u>	<u>\$ 494,773</u>	<u>\$ 504,685</u>	<u>\$ 659,775</u>	<u>\$ 40,065</u>	<u>\$ 699,840</u>	<u>\$ 1,204,525</u>	<u>\$ 2,668,769</u>

See accompanying notes and independent auditors' report.

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

Combined Statements of Cash Flows

For the Year Ended December 31, 2015
With Comparative Totals for the Year Ended December 31, 2014

	2015	2014
	Combined	Combined
Cash Flows from Operating Activities		
Change in net assets	\$ (1,464,244)	\$ (955,652)
Adjustments to reconcile change in net assets to net cash used in operating activities:		
Decrease (increase) in assets:		
Pledges receivable	1,342,145	883,138
Prepaid expenses	304	13,901
Increase (decrease) in liabilities:		
Grant awards payable	(108,630)	14,700
Accounts payable	17,986	(6,021)
Accrued vacation and benefits	27,728	(10,291)
Net Cash Used in Operating Activities	(184,711)	(60,225)
Net Decrease in Cash and Cash Equivalents	(184,711)	(60,225)
Cash and Cash Equivalents - Beginning	1,528,456	1,588,681
Cash and Cash Equivalents - Ending	\$ 1,343,745	\$ 1,528,456

See accompanying notes and independent auditors' report.

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

Combined Statements of Functional Expenses

For the Year Ended December 31, 2015

With Comparative Totals for the Year Ended December 31, 2014

Combining Information 2015											
	Disability Rights Advocacy Fund				Disability Rights Fund					2015 Combined Total	2014 Combined Total
	Grant Awards and Oversight	General & Administrative	Fundraising	Total	Grant Awards and Oversight	Global Advisory Panel	General & Administrative	Fundraising	Total		
Salaries and related expenses	\$ 66,102	\$ 34,135	\$ 5,730	\$ 105,967	\$ 205,726	\$ -	\$ 185,234	\$ 75,196	\$ 466,156	\$ 572,123	\$ 460,346
Consultants	101,516	14,929	2,209	118,654	270,934	-	65,973	14,534	351,441	470,095	546,112
Grant awards	986,200	-	-	986,200	1,821,255	-	-	-	1,821,255	2,807,455	2,701,762
Grantee training	68,523	-	-	68,523	290,279	-	-	-	290,279	358,802	49,190
Other operating expenses	32,726	17,951	9,569	60,246	13,955	40,108	76,406	43,558	174,027	234,273	257,917
Total	\$ 1,255,067	\$ 67,015	\$ 17,508	\$ 1,339,590	\$ 2,602,149	\$ 40,108	\$ 327,613	\$ 133,288	\$ 3,103,158	\$ 4,442,748	\$ 4,015,327

See accompanying notes and independent auditors' report.

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

Notes to Combined Financial Statements

December 31, 2015

(1) Summary of Significant Accounting Policies

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

(a) Nature of Activities

Missions

The Disability Rights Fund, Inc. (DRF) is a grantmaking collaborative that empowers persons with disabilities to advocate for equal rights and full participation in society. Fueled by the momentum of the Convention on the Rights of Persons with Disabilities (CRPD), DRF funds disabled persons' organizations in 31 countries in Africa, Asia, Europe, Latin America and the Caribbean, the Middle East, the Pacific and the United States. DRF provides grants for activities such as documentation of rights violations, advocacy for rights fulfillment and expansion of voice and visibility for particularly marginalized sectors of the disability community, in pursuit of systemic change. The mission of DRF is to support disabled persons organizations in the developing world to take the lead in advocating for the human rights of persons with disabilities at local and national levels, utilizing the mechanism of the CRPD.

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

Principles

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

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

Notes to Combined Financial Statements

December 31, 2015

(1) Summary of Significant Accounting Policies - continued

(a) Nature of Activities - continued

Governance and Advisory Structure

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

Operations as a Pooled Fund

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

Grantmaking Due Diligence

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

Results

In 2015, the Disability Rights Advocacy Fund, Inc. made \$986,200 in grant awards and the Disability Rights Fund, Inc. made \$1,821,255 in grant awards. Grant awards were made to disabled persons organizations doing rights advocacy work for people with disabilities in Bangladesh, Federated States of Micronesia, Fiji, Ghana, Haiti, Indonesia, Kenya, Kiribati, Malawi, Myanmar, Papua New Guinea, Peru, Republic of the Marshall Islands, Rwanda, Switzerland, Tuvalu, Uganda and the United States.

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

Notes to Combined Financial Statements

December 31, 2015

(1) Summary of Significant Accounting Policies - continued

(a) Nature of Activities - continued

Results - continued

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

(b) Basis of Combination

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

(c) Standards of Accounting and Reporting

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

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

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

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

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

Notes to Combined Financial Statements

December 31, 2015

(1) Summary of Significant Accounting Policies - continued

(d) Cash and Cash Equivalents

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

The Funds maintain their cash balances at one financial institution located in Massachusetts. The cash balances are insured by the Federal Deposit Insurance Corporation. At times these balances may exceed the federal insurance limits; however, the Funds have not experienced any losses with respect to their bank balances in excess of government provided insurance. Management believes that no significant concentration of credit risk exists with respect to these cash balances as of December 31, 2015.

(e) Revenue Recognition

The Funds earn revenue as follows:

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

During the year ended December 31, 2015, the Funds derived approximately 99% of their revenue from grants and 1% from private donations and miscellaneous other income. All revenue is recorded at the estimated net realizable amounts.

(f) Pledge Receivable

Unconditional pledges are recognized as revenue and as assets, net of allowances, in the period in which the pledges are made. Conditional pledges to give are recognized only when the conditions on which they depend are substantially met and when the pledges become unconditional. Unconditional pledges to give are recorded, in the year received, at the present value of estimated future cash flows. The discounts on those amounts are computed using a risk-adjusted discount rate in the year the pledge is received.

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

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

Notes to Combined Financial Statements

December 31, 2015

(1) Summary of Significant Accounting Policies - continued

(g) Functional Allocation of Expenses

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

(h) Use of Estimates

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

(i) Income Taxes

DRF is exempt from federal and state income tax under Section 501(c)(3) of the Internal Revenue Code and accordingly, no provision for income taxes is included in the financial statements. In addition, DRF qualifies for the charitable contribution deduction under Section 170(b)(1)(a) and has been classified as an organization that is not a private foundation under Section 509(a)(1).

DRAF is exempt from federal and state income tax under Section 501(c)(4) of the Internal Revenue Code and accordingly, no provision for income taxes is included in the financial statements.

For the year ended December 31, 2015, there was no liability for tax on unrelated business income for the Funds.

U.S. GAAP prescribes a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. For those benefits to be recognized, a tax position must be more-likely-than-not to be sustained upon examination by taxing authorities. For the year ended December 31, 2015, the Funds have determined that they have not taken any tax positions which would result in an uncertainty requiring recognition in the accompanying combined financial statements. The Funds recognize interest and penalties, if any, related to unrecognized tax benefits in interest expense. There were no interest or penalties for the year ended December 31, 2015.

Generally, the Funds' information returns remain open for possible federal income tax examination for three years after the filing date. The Funds are not currently under examination by any taxing jurisdiction.

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

Notes to Combined Financial Statements

December 31, 2015

(1) Summary of Significant Accounting Policies - continued

(j) Exchange Rate Transactions

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

(k) Summarized Financial Information for 2014

The combined financial statements include certain prior year summarized comparative information in total but not by net asset class. Also, the combined financial statements do not include a full presentation of the statement of functional expenses, as certain prior year summarized comparative information is presented in total but not by functional classification. In addition, the combined financial statements do not include full financial statement disclosures for the prior year. Such information does not include sufficient detail to constitute a presentation in conformity with U.S. GAAP. Accordingly, such information should be read in conjunction with the Funds' combined financial statements for the year ended December 31, 2014, from which the summarized information was derived.

(l) Reclassifications

Certain amounts in the prior year have been reclassified to conform to the current year presentation.

(2) Operating Lease Commitments

The Funds occupy office space in Boston, Massachusetts under a non-cancelable operating lease agreement through October 2016. Monthly payments under the lease are \$2,550. The minimum annual operating non-cancelable lease commitments on the office space is as follows:

FY2016	<u>\$ 25,500</u>
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Total rent payments for the year ended December 31, 2015 were \$31,620.

DRF also occupies office space in Uganda as a tenant at will with monthly payments of \$800. Total rent payments for the year ended December 31, 2015 were \$9,600.

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

Notes to Combined Financial Statements

December 31, 2015

(3) Significant Support

DRF was awarded a multi-year pledged contribution totaling 2,000,000 GBP from the UK Department for International Development (DFID). That award was recorded and reported in its projected U.S. dollar (USD) value on date of award as follows:

<u>Award Period</u>	<u>Total Pledged (USD)</u>	<u>Support 2013</u>	<u>Support 2014</u>	<u>Support 2015</u>
4/1/13 - 3/31/14	\$ 326,512	\$ 326,512	\$ -	\$ -
4/1/14 - 3/31/15	1,013,179	-	903,121	-
4/1/15 - 3/31/16	<u>1,246,989</u>	<u>-</u>	<u>-</u>	<u>1,360,179</u>
Subtotals	\$ <u>2,586,680</u>	\$ <u>326,512</u>	\$ <u>903,121</u>	\$ <u>1,360,179</u>

Variances realized due to fluctuations between the functional currency (USD) and the currency the grant was awarded in (GBP) are recognized annually upon the receipt of pledged payments as a gain or loss on the exchange rate. For the year ended December 31, 2015, a loss on exchange rate of \$20,939 was recognized. As of December 31, 2015, the pledge has been received in full and all restrictions have been released.

(4) Temporary Restricted Net Assets

Temporarily restricted net assets consist of resources available to meet future obligations, but only in compliance with the restrictions specified by donors. As of December 31, 2015, temporarily restricted net assets are restricted for the following purposes:

DRAF	
Time/program use 2016	\$ 494,773
DRF	
Program use 2016	<u>40,065</u>
Total temporarily restricted net assets	\$ <u>534,838</u>

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

Notes to Combined Financial Statements

December 31, 2015

(5) Grants Awarded and Payable

The Funds focus their grant making on disabled persons organizations located throughout the world. During the year ended December 31, 2015, the Funds approved and awarded grants to the regions noted below:

	DRAF	DRF	Total Combined
Regions			
Africa	\$ 195,200	\$ 983,250	\$ 1,178,450
Asia	283,000	566,500	849,500
Caribbean	46,000	187,500	233,500
Pacific Islands	113,000	68,000	181,000
Total Regions	637,200	1,805,250	2,442,450
Strategic Partnerships	324,000	-	324,000
Special Opportunities	25,000	14,610	39,610
Donor-Advised	-	1,395	1,395
Total Grants	\$ 986,200	\$ 1,821,255	\$ 2,807,455

As of December 31, 2015, grant awards payable consistent of second tranches of grant awards totaling \$85,200 and are anticipated to be paid in the following calendar year.

(6) Related Party Transactions

Two board members work at organizations which donated funds to the Funds during 2015.

(7) Commitments and Contingencies

The Funds receive substantially all of their funding from grants from corporations, foreign governmental entities and private donations. During the year ended December 31, 2015, the Funds derived approximately 87% of their total funding from three sources, consisting of one governmental entity accounting for 41% of total funding and two private entities accounting for 46% of total funding combined.

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

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

Notes to Combined Financial Statements

December 31, 2015

(8) Joseph P. Kennedy Foundation

DRF receives a grant from the Joseph P. Kennedy Foundation to administer international policy fellowships to advance the rights of persons with disabilities. In 2015, the total received for this activity was \$258,702 and the total spent was \$157,635.

(9) Subsequent Events

The Funds have performed an evaluation of subsequent events through May 15, 2016 which is the date the Funds' combined financial statements were available to be issued. No material subsequent events have occurred since December 31, 2015 that required recognition or disclosure in these combined financial statements.