Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

2007
Open to Public Inspection

Α	Fortne	200/ calendar year, or tax year beginning	and ei	nding		
В	Check if applicab	le: Piease			D Employer	identification number
	Addre		וחיבי דאורי		20.3	3690821
	Name	type and the transfer of the type		Beom/quit		
F	Tipitial Occ					- 470 - 3900
F	return Termi	n- Instruc-		204	F Accounting m	
F	lation Amen	ded LIACITATORION DO 20007			Other (specifi	
F	lreturn Applic	eation Section 501(c)(3) organizations and 4047(a)(1) nonexempt ob-	eritable trusts	Handlam not an		ction 527 organizations.
	lpendi	must attach a completed Schedule A (Form 990 or 990-EZ).		H(a) Is this a group		
G	Wehsit	e:▶WWW.RIGHTSANDRESOURCES.ORG		H(b) If "Yes," enter		
			a)(1) or 527	H(c) Are all affiliate		N/A Yes No
		ere if the organization is not a 509(a)(3) supporting organization		(If "No," attach	a list.)	
		are normally not more than \$25,000. A return is not required, but if the org	_	H(d) is this a separ	ate return filed rered by a grou	by an or- p ruling? Yes X No
		s to file a return, be sure to file a complete return.	ameanon	I Group Exempt	, ,	
					7	ation is not required to attach
L	Gross re	eceipts: Add lines 6b, 8b, 9b, and 10b to line 12	79,667.	Sch. B (Form		
	art I	Revenue, Expenses, and Changes in Net Assets			· · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,
	1	Contributions, gifts, grants, and similar amounts received:				
	a		1a			
	b			1,448,	537	
	C			1,110,	3371	
	d					
	e				1e	1,448,537.
	2	Program service revenue including government fees and contracts (from		31,130.		
	3	Mambarabin duag and accomments		51,150.		
	4					
	5	Dividends and interest from securities	***************************************		5	
	6 a	Gross rents	6a			
	b	Less; rental expenses				
	C	Net rental income or (loss). Subtract line 6b from line 6a	6c			
nue	7	Net rental income or (loss). Subtract line 6b from line 6a				
Revenue	8 a	Gross amount from sales of assets other (A) Securit	ties	(B) Other) 7	
ď		than inventory	8a	(=/ 0		
	ь	Less: cost or other basis and sales expenses	8b			
	C	Gain or (loss) (attach schedule)	8c			
	d				8d	
	9	Special events and activities (attach schedule). If any amount is from gam	ing, check here	>		
	a	-	- 1			
	b	Less: direct expenses other than fundraising expenses	9b			
	С	Net income or (loss) from special events. Subtract line 9b from line 9a			90	
	10 a	Gross sales of inventory, less returns and allowances	10a			
	b	Less; cost of goods sold				
	С	Gross profit or (loss) from sales of inventory (attach schedule). Subtract I	ine 10b from line 1	0a	10c	
	11	Other revenue (from Part VII, line 103)			11	
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	1,479,667.
10	13	Program services (from line 44, column (B))			13	1,551,971.
Expenses	14	Management and general (from line 44, column (C))		***************************************		232,292.
ber	15	Fundraising (from line 44, column (D))	15	42,246.		
Ä	16	Payments to affiliates (attach schedule)			16	
	17	Total expenses. Add lines 16 and 44, column (A)		***************************************	17	1,826,509.
w)	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	-346,842.
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A)))		19	597,977.
٩	20	Other changes in net assets or fund balances (attach explanation)			20	0.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	251,135.		

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
228	Grants paid from donor advised funds					
	(attach schedule)					
	(cash \$ 0 • noncash \$ 0	11	ļ			
	If this amount includes foreign grants, check here	22a				
22t	Other grants and allocations (attach schedul	∍)			Statement 1	Statement 2
	(cash \$173,796. noncash \$ 0	H	152 506	182 806		
	If this amount includes foreign grants, check here	22b	173,796.	173,796.		
23	Specific assistance to individuals (attach	00				
M	schedule)	23				
-4	schedule)	24				
)5a	Compensation of current officers, directors, key	24				
	employees, etc. listed in Part V-A	25a	389,721.	338,754.	19,483.	31,484
b	Compensation of former officers, directors, key	200	000//0221	330,734.	<u> </u>	J1,404
	employees, etc. listed in Part V-B	25b	0.	0.	0.	0
C	Compensation and other distributions, not included					
	above, to disqualified persons (as defined under					
	section 4958(f)(1)) and persons described in					
	section 4958(c)(3)(B)	25€				
6	Salaries and wages of employees not					
	included on lines 25a, b, and c	26	288,210.	231,378.	54,427.	2,405
7	Pension plan contributions not included on					
	lines 25a, b, and c	27	12,185.	9,489.	<u>2,696.</u>	
8	Employee benefits not included on lines					
	25a - 27	28	25,253.	21,115.	3,391.	747
	Payroll taxes	29	49,260.	41,367.	<u>5,523.</u>	2,370
	Professional fundraising fees	30				
	Accounting fees	31	32,349.		32,349.	
	Legal fees	32	1,909.		1,909.	
	Supplies	33				
	Telephone	34				
	Postage and shipping	36	90,325.	75,851.	10 100	4 246
	Occupancy	37	30,323.	/3,631.	10,128.	4,346
	Printing and publications	38	14,962.	14,078.	884.	
	Travel	39	328,310.	303,788.	24,288.	234.
	Conferences, conventions, and meetings	40	74,697.	73,226.	1,471.	254
	Interest	41	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7372201	<u> </u>	
	Depreciation, depletion, etc. (attach schedule)	42	12,571.	10,557.	1,409.	605.
}	Other expenses not covered above (itemize):					
a	CONSULTANTS	43a	256,911.	246,566.	10,345.	
b .	OFFICE EXPENSES	43b	63,482.	10,666.	52,816.	
C	MISCELLANEOUS	43c	12,568.	1,340.	11,173.	55.
đ.		43đ				
e.		43e				
f .		43f				
g _		43g				
	Total functional expenses. Add lines 22a through					
	3g. (Organizations completing columns (B)-(D),					
	arry these totals to lines 13-15)	44	1,826,509.	1,551,971.	232,292.	42,246.
	t Costs. Check Life you are following				,	
	ny joint costs from a combined educational campaig					Yes X No
V O	s," enter (i) the aggregate amount of these joint cos	ts S	N/A ;(ii	i) the amount allocated to l	Program services \$	N/A ;
	ne amount allocated to Management and general \$. —) the amount allocated to		N/A

Part III | Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wł	nat is the organization's primary exempt purpose? See Statement 7	Program Service Expenses
Alf clie	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)	
а	See Statement 3	
	(Grants and allocations \$ 47,400 ⋅) If this amount includes foreign grants, check here ➤ X	404,523.
b		**************************************
	(Grants and allocations \$ 85,903.) If this amount includes foreign grants, check here ▶ 🗓	491,087.
С	See Statement 5	
	(Grants and allocations \$ 40,493.) If this amount includes foreign grants, check here ▶ 🗓	370,990.
d	See Statement 6	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	285,371.
е	Other program services (attach schedule)	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
<u>f</u>	Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,551,971.
		Form 990 (2007)

Pa	art IV	Balance Sheets (See the instructions.)					
Not		ere required, attached schedules and amounts v uld be for end-of-year amounts only.	vithin the	e description column	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing			398,487.	45	343,715.
	46	Savings and temporary cash investments				46	
		Accounts receivable Less: allowance for doubtful accounts		12,872.	197,972.	470	12 072
		Pledges receivable			131,312.	47c	12,872.
		Less: allowance for doubtful accounts				48c	
	49	Grants receivable			78,365.	49	110,297.
		Receivables from current and former officers, key employees	directors	s, trustees, and		50a	
	b	Receivables from other disqualified persons (a		į į			
ets		4958(f)(1)) and persons described in section 4		50b			
Assets		Other notes and loans receivable					
1	1	Less: allowance for doubtful accounts				51c	
	52	Inventories for sale or use			0 100	52	4444
	53	Prepaid expenses and deferred charges		-	8,107.	53	14,116.
		Investments - publicly-traded securities			100-200-0	54a	
	,	Investments - other securities		Cost FMV		54b	
	55 a	Investments - land, buildings, and	550				
		equipment: basis	55a				
	_b	Less: accumulated depreciation	55b			EE.	
	56	Investments - other				55c 56	
	i	Land, buildings, and equipment: basis		84,207.		50	
		Less: accumulated depreciation Stmt 8		16,684.	71,319.	57c	67,523.
	58	Other assets, including program-related investments				0,0	0,,0201
	İ	(describe ► DEPOSITS)			18,530.	58	18,530.
	59	Total assets (must equal line 74). Add lines 45	through	58	772,780.	59	567,053.
	60	Accounts payable and accrued expenses	,		149,642.	60	166,353.
	61	Grants payable				61	
(n	62	Deferred revenue				62	123,901.
ities	63	Loans from officers, directors, trustees, and ke	y emplo	yees		63	
Liabil	1	Tax-exempt bond liabilities				64a	
Ë		Mortgages and other notes payable				64b	
	65	Other liabilities (describe S	ee S	tatement 9	25,161.	65	25,664.
	0.0	TARREST AND DESCRIPTION			174 003		215 010
	66 Orgo	Total liabilities. Add lines 60 through 65		and complete lines	174,803.	66	315,918.
	Orga	67 through 69 and lines 73 and 74.	الماء	aria complete lines			
es S	67	Unrestricted			294,487.	67	251,135.
anc		Temporarily restricted			303,490.	68	0.
Bal					303, 430	69	<u> </u>
pu		nizations that do not follow SFAS 117, check					
F		complete lines 70 through 74.					
S		Capital stock, trust principal, or current funds				70	
Net Assets or Fund Balances		Paid-in or capital surplus, or land, building, and				71	
t As		Retained earnings, endowment, accumulated in				72	
Se l		Total net assets or fund balances. Add lines 67 thro		_			
		(Column (A) $must$ equal line 19 and column (B) $must$			597,977.	73	251,135.
	74	Total liabilities and net assets/fund balances	. Add line	es 66 and 73	772,780.	74	<u>567,053.</u>

	90 (2007) RIGHTS AND RESOURCES	INSTITUTE,	INC.	20-3690	<u> 821</u>	. P	age 6
Part		<u> </u>				Yes	No
75 a E	nter the total number of officers, directors, and trustees permitted	J					
m	eetings	· · · · · · · · · · · · · · · · · · ·	▶	9			
bА	re any officers, directors, trustees, or key employees listed in Form	990 Part V-A or highe	est compensated emi	alovees			
lis	sted in Schedule A, Part I, or highest compensated professional an	d other independent co	ontractors listed in So	chedule A,			
P	art II-A or II-B, related to each other through family or business rela	tionships? If "Yes," atta	ach a statement that	identifies			
th	e individuals and explains the relationship(s)	***************************************			75b		X
c D	o any officers, directors, trustees, or key employees listed in Form	990, Part V-A, or highes	st compensated emp	lovees			
lis	sted in Schedule A, Part I, or highest compensated professional an	d other independent co	ontractors listed in Sc	hedule A,			
P	art II-A or II-B, receive compensation from any other organizations,	whether tax exempt or	taxable, that are rela	ted to the			İ
	ganization? See the instructions for the definition of "related organ	***************************************			75c		X
lf	"Yes," attach a statement that includes the information described	in the instructions.					
	pes the organization have a written conflict of interest policy?				75d	X	
Part	V-B Former Officers, Directors, Trustees, and Ke	y Employees Tha	t Received Com	pensation	or Ot	her	
	Benefits (If any former officer, director, trustee, or key en the year, list that person below and enter the amount of co	nployee received comp	ensation or other ber	nefits (describe	d belo	w) dur	ring
	the year, list that person below and enter the amount of col	Therisation of other be	(C) Compensation				
	(A) Name and address	(B) Loans and Advance	s (if not paid,	employee benef	it i a	E) Expe ccount	
	None		enter -0-)	plans & deferred compensation pla	ns othe	er allow	ances
					_		
					İ		
					-		
					<u> </u>		
					Ì		
					_		
-							
Part V	71 Other Information (See the instructions.)				 	V 1	NI:
				_		Yes	No
	the organization make a change in its activities or methods of con			i	_	ŀ	
	Itement of each change				76		X
	ere any changes made in the organizing or governing documents b	ut not reported to the I	RS?		77		_X
	Yes," attach a conformed copy of the changes.			_	ļ		
	the organization have unrelated business gross income of \$1,000	or more during the yea	ar covered by this ret	/	78a		<u>X</u>
					78b		
	as there a liquidation, dissolution, termination, or substantial contra				79		X
	the organization related (other than by association with a statewide					}	
	mbership, governing bodies, trustees, officers, etc., to any other e	xempt or nonexempt o	rganization?		80a		<u>X</u>
b If"	Yes," enter the name of the organization▶N/A						
		and check whether it is		nonexempt		-	
	ter direct and indirect political expenditures. (See line 81 instruction			0.		1	
D DIC	the organization file Form 1120-POL for this year?				81b	000 //	X X
					rorm	990 (2	ZUU/)

P	a	n 990 (2007) RIGHTS AND RESOURCES INSTITUTE, INC. 20-369 (nt VI Other Information (continued)	0821		Page 7
82	а	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially			
		less than fair rental value?	82a	X	
	b	If "Yes," you may indicate the value of these items here. Do not include this			
		amount as revenue in Part I or as an expense in Part II.			
		(See instructions in Part III.) 82b	_	Х	
	3 a Did the organization comply with the public inspection requirements for returns and exemption applications?				
	b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84		Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
	b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
		tax deductible? N/A	84b		<u> </u>
85		501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? N/A	85a		
	b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		<u> </u>
		If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a			
		waiver for proxy tax owed for the prior year.			
		Dues, assessments, and similar amounts from members 85c N/A	-		
	đ	Section 162(e) lobbying and political expenditures 85d N/A	-		
	e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
	f -	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
	9	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
	h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
		to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the	<u></u>		ĺ
DĊ		following tax year? N/A	85h		
86		501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on			
	h	line 12 Gross receipts, included on line 12, for public use of club facilities 86a N/A 86b N/A	-		
87 87			1 1		l
٠.		501(c)(12) organizations. Enter: a Gross income from members or shareholders. Gross income from other sources. (Do not net amounts due or paid to other sources	1		1
•		against amounts due or received from them.) 87b N/A			1
QQ :		At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			
		or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			
		If "Yes," complete Part IX	88a		Х
ŀ	,	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of	υσα		
		section 512(b)(13)? If "Yes," complete Part XI	88b		x
89 a	1	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	000		
		section 4911 ► 0 • ; section 4912 ► 0 • ; section 4955 ► 0 •			İ
t		501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
		transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
		If "Yes," attach a statement explaining each transaction	89b		X
C	;	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	-552		
		sections 4912, 4955, and 4958			
d	ì	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
е		All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f		All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	,	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,			
		or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90 a		List the states with which a copy of this return is filed ▶DC			
b		Number of employees employed in the pay period that includes March 12, 2007 90b			9
)1 a		The books are in care of \blacktriangleright THE ORGANIZATION Telephone no. \blacktriangleright 202-47			
		Located at ▶ 1238 WISCONSIN AVE., SUITE 204, WASHINGTON, DC ZIP+4 ▶ 2			
b		At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
		If "Yes," enter the name of the foreign country ▶N/A			
		See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	á	and Financial Accounts.		}	

Form **990** (2007)

Section 4947(a)(1	name of the fo nonexempt ch	aritable trusts filir	g Form 990	N/A in lieu of Form 1041-	Check h	ere			▶ □
and enter the amo	ount of tax-exer	npt interest receiv	ed or accru	ed during the tax year (See the instructions.)		>	92	N/2	<u>4</u>
				ted business income	Cyclus	ded by section 512, 5	12 or 514	1	
l ote: Enter gross amo dicated.	unts uniess otn	erwise	(A)	(B)	(C)	(D)	13, 0/ 5/14	(E)	
			Business	Amount	Exclu- sion	Amount		Related or e	
3 Program service re a CONTRACTS			code		code			function in	
b HONORARIA					-				$\frac{3,619}{5,11}$
								 	2,511
Α					-				
f Medicare/Medicaic									
g Fees and contracts									
4 Membership dues									
5 Interest on savings ar									
Dividends and inter						*****			
Net rental income of		1							
a debt-financed prop	erty								
b not debt-financed p							••		
Net rental income of									
Other investment in	icome								
Gain or (loss) from									
other than inventor	y								
Net income or (loss									
! Gross profit or (loss) from sales of	inventory							
Other revenue:									
a									
b					_				
C					-				
d					-				
e	(D) (D)							2.1	400
Subtotal (add colun			<u> </u>	0			0.		<u>,130</u>
Fortal (add line ±04, For Line 105 plus line	COlumns (B), (L 1e Part I shoul)), and (E)) Id equal the amou	at on line 19	2, Part I.			P		<u>,130</u>
				shment of Exem		DOSAS (Saa tha	inatrusti	íona l	
				(E) of Part VII contribute		<u> </u>		<u> </u>	
		providing funds fo			и пърога	anny to the accorn	msmmem (oi trie organizatioi	18
			<u>.</u>	IN COMMUNITY	Z FOI	PEST MANZ	CEME	NT SYSTE	'M'C
		AM AND CH		iii comioniii		CLICIT TOLLY	топин.	MI DIDIE	MO
				CIONAL EVENT	rs or	TOPICS	SUCH	AS	
	MANAGEME								
art IX Informa	ion Regard	ing Taxable S	ubsidiari	es and Disregard	led En	tities (See the I	instructio	ns.)	
(A)	of corporation	(B) Percentage of		(C)		(D)		(E)	
lame, address, and EIN o partnership, or disreg	arded entity	ownership interest		Nature of activities	ĺ	Total incom	1e	End-of-ye assets	ear
		9/4							
N/A		%	5						
		%	5						
		%	- 1						
art X Informat				ed with Personal				instructions.)	
) Did the organization,	during the year, re	eceive any funds, di	rectly or indire	ectly, to pay premiums on	a persor	nal benefit contract	?	Yes	X No

Pa	art XI Information Regarding Transfers To and From C		es. Complete only if the organ	ization is a	,
	controlling organization as defined in section 512(b)(13).	N/A			<u> </u>
400	Did the condition executation at the state of the state o	1.6	-40/1)/40)	Ye	s No
106	Did the reporting organization make any transfers to a controlled entity a complete the schedule below for each controlled entity.	is defined in section :	o12(b)(13) of the Code? If "Ye:	5,"	
	(A)	/B)	(C)		i
	Name, address, of each	(B) Employer	Description of	(D) Amour	
	controlled entity	Identification Number	transfer	trans	
		1101111111		+	
а					
b					
С					
			NOS. LO		
	Totals		NAME OF THE PROPERTY OF THE PR		
407	DOLLIN CONTROL OF THE			Ye	s No
107	Did the reporting organization receive any transfers from a controlled ent	tity as defined in sect	ion 512(b)(13) of the Code? If	"Yes,"	
—T	complete the schedule below for each controlled entity.	(D)	/O)	T	
	(A) Name, address, of each	(B) Employer	(C) Description of	(D) Amoun	
	controlled entity	Identification Number	transfer	transi	
		Hullibel			
а					
b					
С					
	Totals			<u> </u>	
400	Third the annual matter have a biretion of the state of t			Ye	s No
108	Did the organization have a binding written contract in effect on August 1 annuities described in question 107 above?	7, 2006, covering the	interest, rents, royalties, and		
		o schedules and statement	s, and to the best of my knowledge and	belief it is true o	correct
	Under penalties of perjury, I declare that I have examined this return, including accompanyir and complete. Declaration of preparer (other than officer) is based on all information of which	preparer has any knowleds			,0,,,,
Plea	se Viahara		4/30/1	ු	
Sign	Signature of difficer		Date		
Here	Arvind Khare, DIRECTOR, FINANCE	& POLICY			
	Type or print name and title				
Paid	Preparer's Preparer's			N or PTIN (See Go	en. Inst, X)
raio Prepa	signature signature		elf- mployed >		
Jse O	L. Cohen and Company, CPAs		EIN >		
	self-employed), One Research Court, Suite	101		·····	
	ZIP+4 Rockville, MD 20850		Phone no. ► 301-		
				Form 990	(2007)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2007

Name of the organization			Employer identifi	cation number
RIGHTS AND RESOURCES IN	STTTTTT TNC		20 36908	
Part I Compensation of the Five Highest Paid E	mployees Other Than	Officers Dire		
(See page 1 of the instructions. List each one. If there are non	e, enter "None.")	omooro, buo	otoro, and m	dotees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
WILLIAM SUNDERLIN	SENIOR RESEAR	CHER		
1238 WISCONSIN AVE., N.W., SUITE 20	4, 40.00	103,000.	10,425.	
-				
			-	
Total number of other employees paid over \$50,000	• 0			
Part II-A Compensation of the Five Highest Paid In (See page 2 of the instructions. List each one (whether individual)			onal Service	s
(a) Name and address of each independent contractor paid more	e than \$50,000	(b) Type of s	service (c) Compensation
None				
				
Fotal number of others receiving over				
\$50,000 for professional services	• 0			
Part II-B Compensation of the Five Highest Paid In	dependent Contracto	rs for Other Se	 ervices	
(List each contractor who performed services other than profes firms. If there are none, enter "None." See page 2 of the instruct	ssional services, whether individu			
(a) Name and address of each independent contractor paid more	than \$50,000	(b) Type of s	ervice (c	c) Compensation
	- 			
None				
	·			
otal number of other contractors receiving over				
350 000 for other services				

Sc	chedule A (Form 990 or 990-EZ) 2007 RIGHTS AND RESOURCES INSTITUTE, INC. 20-369	<u> 1082</u>	1 F	age 2
F	Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$			
	line i of Part VI-B.)	1		Х
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
	a Sale, exchange, or leasing of property?	2a		Х
	b Lending of money or other extension of credit?	2b		X
	c Furnishing of goods, services, or facilities?	2c		X
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Statement 11	2d	X	
	e Transfer of any part of its income or assets?	2e		_X_
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		Х
-	b Did the organization have a section 403(b) annuity plan for its employees?	3b		X
,	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
1	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f			
	and 4g	4a		X
ı	b Did the organization make any taxable distributions under section 4966? N/A	4b		
	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
(f Enter the total number of donor advised funds owned at the end of the tax year		N/.	A
(Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/	A
	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
,	Figure the aggregate value of assets in all funds or accounts included on line 4f at the end of the tay year			Ω

Schedule A (Form 990 or 990-EZ) 2007

Schedule A (Form 990 or 990-EZ) 2007

14

An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

e	Public support (line 26c minus li	ne 26d total)			26e	1,412,255.
f	Public support percentage (line	26e (numerator) divided	by line 26c (denominator))	>	26f	99.9292%
27	Organizations described on line	: 12: a For amounts inclu	ded in lines 15, 16, and 17 that were received from a "disc	qualified persor	n," prep	are a list for your
	records to show the name of, and	d total amounts received i	in each year from, each "disqualified person." Do not file t	his list with yo	ur retu	rn. Enter the sum of
	such amounts for each year:	N/A				
	(2006)	(2005)	(2004)	(200	(3)	

1,000.

19

26b

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A

	(2006) (20	05)	(2004)		(200	(3)	
C	Add: Amounts from column (e) for lines:	15	16				
	17	20	21		>	27c	N/A
d	Add: Line 27a total	and line 27b total			▶	27 d	N/A
e	Public support (line 27c total minus line 27d	total)			🕨	27e	N/A
f	Total support for section 509(a)(2) test; Ente	er amount on line 23, column (e)	▶ 27f	N/A			
g	Public support percentage (line 27e (nume	rator) divided by line 27f (denom	ninator))		▶	27g	N/A %

Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) **▶** 27h Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your

None

return. Do not include these grants in line 15. 723131 12-27-07

Add: Amounts from column (e) for lines:

18

1,000.

26d

Private School Questionnaire (See page 9 of the instructions.)

If you answered "Yes" to either 34a or b, please explain using an attached statement.

1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,

N/A

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?			
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32 a	Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d		
33	December organization discriminate by receip any unit by secret ter			
oo a	Does the organization discriminate by race in any way with respect to:	000		
a b	Students' rights or privileges? Admissions policies?			
c	Employment of faculty or administrative staff?			
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?			
g	Athletic programs?			
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
84 a	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	34a 34b		

35 Schedule A (Form 990 or 990-EZ) 2007

Total lobbying expenditures (Add lines **c** through **h**.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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

Department of the Treasury Internal Revenue Service

Name of organization

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

2007

RI	GHTS AND RESOURCES INSTITUTE, INC.	20-3690821
Organization type (check o	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	covered by the General Rule or a Special Rule . (Note: <i>Only a section 501(c)(7), (8), or d a Special Rule-see instructions.)</i>	(10) organization can check boxes
General Rule-		
For organizations ficontributor. (Comp	ling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mon- lete Parts I and II.)	ey or property) from any one
Special Rules-		
sections 509(a)(1)/1)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of t 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of ne 1 of these forms. (Complete Parts I and II.)	
aggregate contribut)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one tions or bequests of more than \$1,000 for use exclusively for religious, charitable, scien evention of cruelty to children or animals. (Complete Parts I, II, and III.)	
some contributions \$1,000. (If this box i charitable, etc., pur	(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did r is checked, enter here the total contributions that were received during the year for an epose. Do not complete any of the Parts unless the General Rule applies to this organizations, charitable, etc., contributions of \$5,000 or more during the year.)	not aggregate to more than exclusively religious, ation because it received
they <mark>must</mark> check the box in t	are not covered by the General Rule and/or the Special Rules do not file Schedule B (Fo the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify (Form 990, 990-EZ, or 990-PF).	

LHA For Paperwork Reduction Act Notice, see the Instructions

for Form 990, Form 990-EZ, and Form 990-PF.

Name of organization

Employer identification number

RIGHTS AND RESOURCES INSTITUTE, INC.

20-3690821

RIGH'.	rs and resources institute, inc.	20	<u>)-3690821</u>
Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DEPARTMENT FOR INTERNATIONAL DEVELOPMENT 1 PALACE STREET		Person X Payroll Noncash
	LONDON, SW1E 5H3 UK	\$178,975. 	(Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	FOREST TRENDS		Person X Payroll
	1050 POTOMAC STREET N.W. WASHINGTON, DC 20007	\$ <u>435,824.</u>	Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4 INTERNATIONAL DEVELOPMENT RESEARCH	(c) Aggregate contributions	(d) Type of contribution
3	CENTRE P.O. BOX 8500 OTTAWA, ON K1G 3H9 CANADA	\$51,142. 	Person X Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	THE WORLD CONSERVATION UNION RUE MAUVERNEY 28 GLAND 1196, SWITZERLAND	\$208,203. 	Person X Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	INTERNATIONAL TROPICAL TIMBER ORGANIZATION INTERNATIONAL ORGANIZATIONS CENTER - 5F, PACIFICO-YOKOHAMA, 1-1-1 MINATO-MIRAI NISHI-KU YOKOHAMA 220-0012, JAPAN	\$ 132,729.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution
(a)	(b)	(c)	(d)
No. 6	Name, address, and ZIP + 4 NORWEGIAN AGENCY FOR COOPERATIVE DEVELOPMENT	Aggregate contributions	Type of contribution Person X Payroll
	DD 9/12/1 DDD	: ለ ግግሮ ኅ ግለ	Managada

PB 8034 DEP

NO-0030 OSLO, NORWAY

Noncash

(Complete Part II if there

is a noncash contribution.)

335,134.

Name of organization

Employer identification number

RIGHTS AND RESOURCES INSTITUTE, INC.

20-3690821

Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	SWISS AGENCY FOR DEVELOPMENT AND COOPERATION FREIBURGSTRASSE 130 CH-3003 BERNE, SWITZERLAND	\$\$\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ \$	Person Payroll Noncash Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

2007 DEPRECIATION AND AMORTIZATION REPORT

Form	990 Page	2						066							
¥~	Asset No.	Description	Date Acquired	Method	Life	No C V	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Buildings	ສຸ													
	1 LEASEHOI	LEASEHOLD IMPROVEMENTS	10/01/06	SL	10.00	HY16	16,764.				16,764.	430.		1,719,	2,149.
	2 LEASEHOLD	LD IMPROVEMENTS	10/01/06	SL	10.00	HY16	893.				, 60 80	23.		92.	115.
	3 LEASEHOI	LEASEHOLD IMPROVEMENTS	10/01/06	SŢ	10.00	HY1 6	2,767.				2,767.	71.		284,	355.
	4 LEASEHOI	LEASEHOLD IMPROVEMENTS	10/01/06	SL	10.00	HY16	25,000.				25,000.	641.		2,564.	3,205.
	5 LEASEHOI	LEASEHOLD IMPROVEMENTS	11/16/06	SL	10.00	HY16	5,355.				5,355,	.69		549.	618.
	* 099 84	Page 2 Total Buildings					50,779.				50,779.	1,234.	-	5,208,	6,442.
	Furnitur	Furniture & Fixtures													
	6 GESTETNE	GESTETNER DSE 424	05/03/06	SI	5.00	HY16	8,485.				8,485.	1,132,		1,697.	2,829.
	7 OFFICE CHAIRS	CHAIRS	90/61/01	TS	10.00	HY16	3,459.				3,459.	72.		692,	764.
	8 10 3-DRA	3-DRAWER FILE CABINETS	10/19/06	ZF	10.00	HY16	1,532.				1,532.	32.		306,	338,
	23 3 TABLES	((04/16/07	SL	5.00	H <u>¥1</u> 6	1,157.				1,157.		•	82.	82.
			1 200				14,633.		•		14,633.	1,236,		2,777.	4,013.
	Machiner	Machinery & Equipment													
	9 2 LAPTOPS	S	03/08/06	SL	3.00	HY16	4,032.				4,032.	1,120.		1,344.	2,464.
	10 2 DELL D	DELL DESKTOPS	10/15/06	TS.	3,00	HY16	1,993,				1,993.	166.		664	830.
	11 COMPUTER	۲.	10/18/06	SL	3.00	9TAH	3,310.				3,310.	230.		1,103.	1,333.
	12 LENOVO LAPTOP		10/19/06	SL	3.00	HV16	1,842.		77777		1,842.	127.		614,	741.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2007 DEPRECIATION AND AMORTIZATION REPORT

	ng Ilated ation	347.	357.	80.	77.		6,229.	584.	
	Ending Accumulated Depreciation						9	16,684	
	Current Year Deduction	347.	357.	80.	.77.	0	4,586.	12,571.	
	Current Sec 179 Expense								
	Beginning Accumulated Depreciation		•				1,643.	4,113.	
	Basis For Depreclation	1,190.	1,286.	1,440.	1,361.	2,341.	18,795.	84,207.	
	Reduction In Basis								
	Section 179 Expense								
990	Bus % Excl								
	Unadjusted Cost Or Basis	1,190.	1,286.	1,440.	1,361.	2,341.	18,795.	84,207.	
	C Line No.	HY16	HY11 6	HY16	HY16	HY16			
	Life	3.00	3,00	3,00	3,00	3.00			
	Method	SL	SL	SL	SL	SL			
	Date Acquired N	02/20/07	03/11/07	10/31/07	11/10/01	12/31/07			
Form 990 Page 2	Description	PROJECTOR	5 MONITORS & 1 KEYBOARD	ENDNOTE UPGRADE & LICENSES	DELL COMPUTER	DELL LAPTOP	* Syd Page Z Total Machinery & Equipment * Crand matal 880 matal	الله الله الله الله الله الله الله الله	
orm 99	Asset No.	24	25	26	27	28			
E, L									

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form 990	Cash Grants and Allocations to Others	Statement 1
Class of Activity/Don	ee's Name and Address	Amount
COUNTRY INITIATIVE REG'L. COMM. FORESTRY P.O. BOX 1111, KASETS BANGKOK 10903, THAILA		84,511.
COUNTRY INITIATIVE ICRAF: WORLD AGROFORE NO 12 ZHONGGUANCUN NA ACADEMY OF AGRI. SC BEIJING 10081, PRC	STRY CENTER-CHINA N DAIJIE, MAILBOX 195, C/O CHINESE	26,385.
COUNTRY INITIATIVE FOREST PEOPLES PROJEC 1C FOSSEWAY CENTRE, S MORETON-IN-MARSH GL56	TRATFORD ROAD	20,000.
COUNTRY INITIATIVE WORLD CONSERVATION UN CENTRALE BP 5506 YAOUNDE, CAMEROON	ION/BUREAU REGIONAL POUR L'AFRIQUE	16,000.
WORKSHOPS CTR FOR INTL FORESTRY EMBRAPA AMAZONIA ORIE 66.095-100 BELEM-PARA	NTAL TRA. DR. ENEAS PINHEIRO S/N	11,400.
LAND TENURE SURVEY IUCN: WORLD CONSERVAT RUE MAUVERNY 28 CH-1196 GLAND, SWITZE		10,500.
Total Included on Form	m 990, Part II, line 22b	168,796.

Form 990 Cash Grants and Allo to Individuals	-	Statement 2
Class of Activity/Donee's Name and Address	Donee's Relationship	Amount
COUNTRY INITIATIVE KALPAVRIKSH APT 5, SHREE DATTA KRUPA, 908, DECCAN GYMKHANA PUNE 411 004, INDIA	NONE	5,000.
Total Included on Form 990, Part II, line 22	b	5,000.

Description of Program Service One

COMMUNICATIONS AND COORDINATION - GLOBAL SCOPING AND STRATEGIC PLANNING EXERCISE IDENTIFIED PRIORITIES FOR COALITION ACTIVITIES OVER NEXT FIVE YEARS; REGIONAL SYNTHESES PREPARED FOR DISSEMINATION AND APPLICATION. STRATEGIC INFORMATION AND REPORTS TO STRENGHTEN EFFECTIVENESS OF INITIATIVE DISSEMINATED TO COALITION. NEW REPORTS AND PUBLICATIONS PRODUCED BY COALITION, JOURNAL ARTICLES ON RECENT TRENDS, AND NEWS ON TENURE AND POLICY REFORM IN FOREST AREAS OF PRIORITY COUNTRIES INFORMED GLOBAL AND LOCAL DECISIONMAKERS, EXPERTS, AND PRACTITIONERS. PARTICIPATION ON PANELS AND PRESENTATIONS AT VARIOUS FORUMS (INCLUDING EUROPEAN TROPICAL FOREST ADVISORS, CHATHAM HOUSE, COFO, UNFF, CGBD, ITTC AND ILASA) RAISED AWARENESS OF THE IMPORTANCE OF TENURE REFORM.

	Grants	Expenses
To Form 990, Part III, line a	47,400.	404,523.

Description of Program Service Two

COUNTRY INITIATIVES - IN THE MEKONG REGION, RESEARCH CONTINUED WITH INSTITUTIONS IN VIETNAM AND LAOS ON TENURE AND LIVELIHOODS; ON THE RELATION OF FOREST PRODUCTS, MARKETS AND TRADE; AND ON FOREST LAND ALLOCATION IN LAOS. IN THE PRC, THE INITIATIVE FACILITATED DIALOGUE AMONG RESEARCHERS AND GOVERNMENT ON CHINA'S FOREST TENURE SYSTEM, INCLUDING WORKSHOPS ON TRADE SCENARIOS AND ON LEGAL DIMENSIONS OF COLLECTIVE FORESTRY. PILOT CASE STUDIES OF ALTERNATIVE TENURE AND ENTERPRISE MODELS FOR PRO-POOR FORESTRY REFORM HAVE BEEN CONDUCTED IN GHANA AND CAMEROON. A SERIES OF ANALYSIS PAPERS BY INFLUENTIAL INDIAN SCHOLARS WERE COMMISSIONED ON KEY TRENDS AND UNDERLYING DRIVERS OF DEVELOPMENTS IN INDIA'S FORESTS, THREATS AND OPPORTUNITIES FOR FOREST TENURE, POLICY REFORM AND POVERTY REDUCTION, AND COLLECTIVE DEVELOPMENT OF STRATEGIES FOR MOVING FORWARD. THE INITIATIVE ORGANIZED A CIVIL SOCIETY ADVISORY GROUP MEETING AT THE 42ND ITTC IN PAPUA, NEW GUINEA TO COORDINATE RECOMMENDATIONS FROM CIVIL SOCIETY TO GOVERNMENT AND THE ITTC, INCLUDING A REVIEW OF ITTO PROJECTS FUNDED TO DATE IN PNG.

	Grants	Expenses
To Form 990, Part III, line b	85,903.	491,087.

Description of Program Service Three

NETWORKS - THE INITIATIVE SECURED ITTO AND GACF
CO-SPONSORSHIP OF A CONFERENCE ON COMMUNITY FOREST
MANAGEMENT AND ENTERPRISE IN BRAZIL; ASSISTED ITTO TO
IDENTIFY APPROPRIATE AND STRATEGIC COMMUNITY REPRESENTATIVES
TO PARTICIPATE, AND FUNDED THE TRAVEL COSTS OF THESE
PARTICIPANTS. THE INITIATIVE ORGANIZED THE ANNUAL
MEGAFLORESTAIS NETWORK MEETINGS IN COORDINATION WITH THE
RUSSIAN FEDERAL FOREST AGENCY FOR FOREST AGENCY LEADERS FROM
NINE COUNTRIES TO DISCUSS FOREST INDUSTRY IN THE CHANGING
GLOBAL MARKETPLACE, FOREST TENURE REFORMS, THE ROLE OF
FOREST AGENDAS IN CONFRONTING CLIMATE CHANGE, BILATERAL
AGREEMENTS FOR GREATER TECHNICAL EXCHANGE, AND A PROPOSAL TO
ORGANIZE A CONFERENCE ON FORESTS AND CLIMATE CHANGE.

	Grants	Expenses
To Form 990, Part III, line c	40,493.	370,990.

Description of Program Service Four

STRATEGIC ANALYSIS - THE INITIATIVE COLLECTED NEW DATA ON PUBLIC AND COMMUNITY OWNERSHIP OF FORESTS AROUND THE WORLD. THE INITIATIVE PRESENTED NEW ANALYSES ON THE RELATIONSHIP BETWEEN RIGHTS, GOVERNANCE, AND MAJOR GLOBAL CHALLENGES SUCH AS POVERTY, FOREST CONFLICT, CLIMATE CHANGE, CONSERVATION, AND BIOFUELS EXPANSION AT A PARTICIPATORY SEMINAR IN STOCKHOLM CO-HOSTED BY SIDA. A SET OF ANALYSES OF KEY TRENDS AND UNDERLYING DRIVERS OF DEVELOPMENTS IN INDIA'S FORESTS AND POSSIBLE FUTURE SCENARIOS AND CHALLENGES FOR THE SECTOR WERE COMMISSIONED. A TECHNICAL WORKSHOP IN GHANA FINALIZED A METHODOLOGY AND WORK PLAN FOR CASE STUDIES ON CENTRAL AND WEST AFRICA, AND AGREED ON FIELD SITES TO REPRESENT A DIVERSITY OF ENTERPRISE MODELS, PRODUCT TYPES AND TENURE SITUATIONS.

		Grants	Expenses	
To Form 99	0, Part III, line d		285,3	71.

Form 990		ion's Primary Exempt Purpose art III	Statement	7

Explanation

THE INSTITUTE IS DEDICATED TO REFORMING FOREST RIGHTS AND TENURE FOR FOREST-DEPENDENT POPULATIONS AROUND THE WORLD.

Form 990 Depreciation of		of Assets Not	ets Not Held for Investment		Statement 8	
Description	n	=	t or Basis	Accumulated Depreciation	Book Value	∍
	IMPROV EM ENTS		16,764.	2,149.	14,61	<u> </u>
·	IMPROVEMENTS		893.	115.		78.
LEASEHOLD :	IMPROVEMENTS		2,767.	355.	2,41	L2.
LEASEHOLD :	IMPROVEMENTS		25,000.	3,205.	21,79)5.
LEASEHOLD :	IMPROVEMENTS		5,355.	618.	4,73	37.
GESTETNER I	DSE 424		8,485.	2,829.	5,65	56.

C.		20-3690821
	764.	2,695.
1,532.	338.	1,194.
4,032.	2,464.	1,568.
1,993.	830.	1,163.
3,310.	1,333.	1,977.
1,842.	741.	1,101.
1,157.	82.	1,075.
1,190.	347.	843.
1,286.	357.	929.
1,440.	80.	1,360.
1,361.	77.	1,284.
2,341.	0.	2,341.
84,207.	16,684.	67,523.
	3,459. 1,532. 4,032. 1,993. 3,310. 1,842. 1,157. 1,190. 1,286. 1,440. 1,361. 2,341.	3,459. 764. 1,532. 338. 4,032. 2,464. 1,993. 830. 3,310. 1,333. 1,842. 741. 1,157. 82. 1,190. 347. 1,286. 357. 1,440. 80. 1,361. 77. 2,341. 0.

Form 990 Other Liabilities	Statement 9
Description	Amount
DUE TO FOREST TRENDS DEFERRED RENT	0. 25,664.
Total to Form 990, Part IV, line 65, Column B	25,664.

Form 990 Part V-A - List of Cu Trustees a	rrent Offic nd Key Empl			State	ement 10	
Name and Address			Compen- sation	Employee Ben Plan Contrib	Expense	
ANDY WHITE 1238 WISCONSIN AVE., NW, SUITE 204 WASHINGTON, DC 20007	PRESIDENT 40.00		122,410.	17,575.	0.	
ARVIND KHARE 1238 WISCONSIN AVE., NW, SUITE 204 WASHINGTON, DC 20007			CE & POLICY 116,699.		0.	
AUGUSTA MOLNAR 1238 WISCONSIN AVE., NW, SUITE 204 WASHINGTON, DC 20007			& MARKETS 116,699.	8,169.	0.	
YATI BUN FNDN. FOR PEOPLE & COMM. DEVL./P.O. BOX 1119 BOROKO, NCD, PAPUA, NEW GUINEA	DIRECTOR		0.	0.	0.	
DORIS CAPISTRANO CIFOR/CGIAR/P.O. BOX 6596, JKPWB JAKARTA, 10065, INDONESIA	CHAIR 1.00		0.	0.	0.	
ALBERTO CHINCHILLA ACICAFOC/2089-1000 SAN JOSE, COSTA RICA	DIRECTOR 1.00		0.	0.	0.	
MICHAEL JENKINS FOREST TRENDS/1050 POTOMAC STREET, N.W. WASHINGTON, DC 20007	DIRECTOR 1.00		0.	0.	0.	
STEWART MAGINNIS WORLD CONSERVATION UNION/RUE MAUVERNEY 28 GLAND 1196, SWITZERLAND	TREASURER		0.	0.	0.	
YAM MALLA REG'L COMM. FORESTRY TRNG. CTR./P.O. BOX 1111/KASETSART UNIV. BANGKOK 10903, THAILAND	SECRETARY		0.	0.	0.	
KYERETWIE OPOKU CIVIC RESPONSE ACCRA, GHANA	DIRECTOR 1.00		0.	0.	0.	

RIGHTS AND RESOURCES INSTITUTE, I	NC.		20	-3690821
MARCUS COLCHESTER FOREST PEOPLES PROGRAMME MORETON-IN-MARSH, UNITED KINGDOM	DIRECTOR 1.00	0.	0.	0.
Totals Included on Form 990, Part V-	-A	355,808.	33,913.	0.

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Schedule A

Explanation of Transactions Part III, Line 2d

Statement

IN ADDITION TO THE COMPENSATION REPORTED IN PART V-A OF FORM 990, STAFF IS REIMBURSED FOR OUT-OF-POCKET TRAVEL EXPENSES UNDER AN ACCOUNTABLE PLAN FOR TRAVEL IN THE COURSE OF THE ORGANIZATION'S BUSINESS.

Schedule A	Other Income			Statement	
Description	2006 Amount	2005 Amount	2004 Amount	2003 Amount	
MISCELLANEOUS	1,000.	0.	0.		0.
Total to Schedule A, line 22	1,000.	0.	0.		0.