

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)

Department of the Treasury Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning FEB 1, 2005 and ending JAN 31, 2006

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization: EARTHRIGHTS INTERNATIONAL, INC. C/O DUKES & GRAVES, LTD. Number and street (or P.O. box if mail is not delivered to street address): 4306 EVERGREEN LANE Room/suite: 202 City or town, state or country, and ZIP + 4: ANNANDALE, VA 22003

D Employer identification number: 04-3265555 E Telephone number: 202-466-5188 F Accounting method: [] Cash [X] Accrual [] Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations H(a) Is this a group return for affiliates? [] Yes [X] No H(b) If "Yes," enter number of affiliates: N/A H(c) Are all affiliates included? N/A [] Yes [] No H(d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No I Group Exemption Number: N/A

G Website: WWW.EARTHRIGHTS.ORG

J Organization type (check only one) [X] 501(c) (3) (insert no) [] 4947(a)(1) or [] 527

K Check here [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 3,514,864.

M Check [] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue SCANNED JAN 05 2007

Table with 4 columns: Description, Sub-column (1a-1c, 6a-6c, 8a-8c, 9a-9c, 10a-10b), and Total. Rows include: 1 Contributions, gifts, grants, and similar amounts received: 3,454,461. 2 Program service revenue including government fees and contracts (from Part VII, line 93): 53,182. 4 Interest on savings and temporary cash investments: 53,182. 6a Gross rents: 6b Less: rental expenses: 6c Net rental income or (loss) (subtract line 6b from line 6a): 7 Other investment income (describe): 8a Gross amount from sales of assets other than inventory: 8b Less: cost or other basis and sales expenses: 8c Gain or (loss) (attach schedule): 8d Net gain or (loss) (combine line 8c, columns (A) and (B)): <1,273.> 9 Special events and activities (attach schedule). If any amount is from gaming, check here []: 9a Gross revenue (not including \$ of contributions): 9b Less: direct expenses other than fundraising expenses: 9c Net income or (loss) from special events (subtract line 9b from line 9a): 10a Gross sales of inventory, less returns and allowances: 10b Less: cost of goods sold: 10c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a): 11 Other revenue (from Part VII, line 103): 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11): 3,506,370.

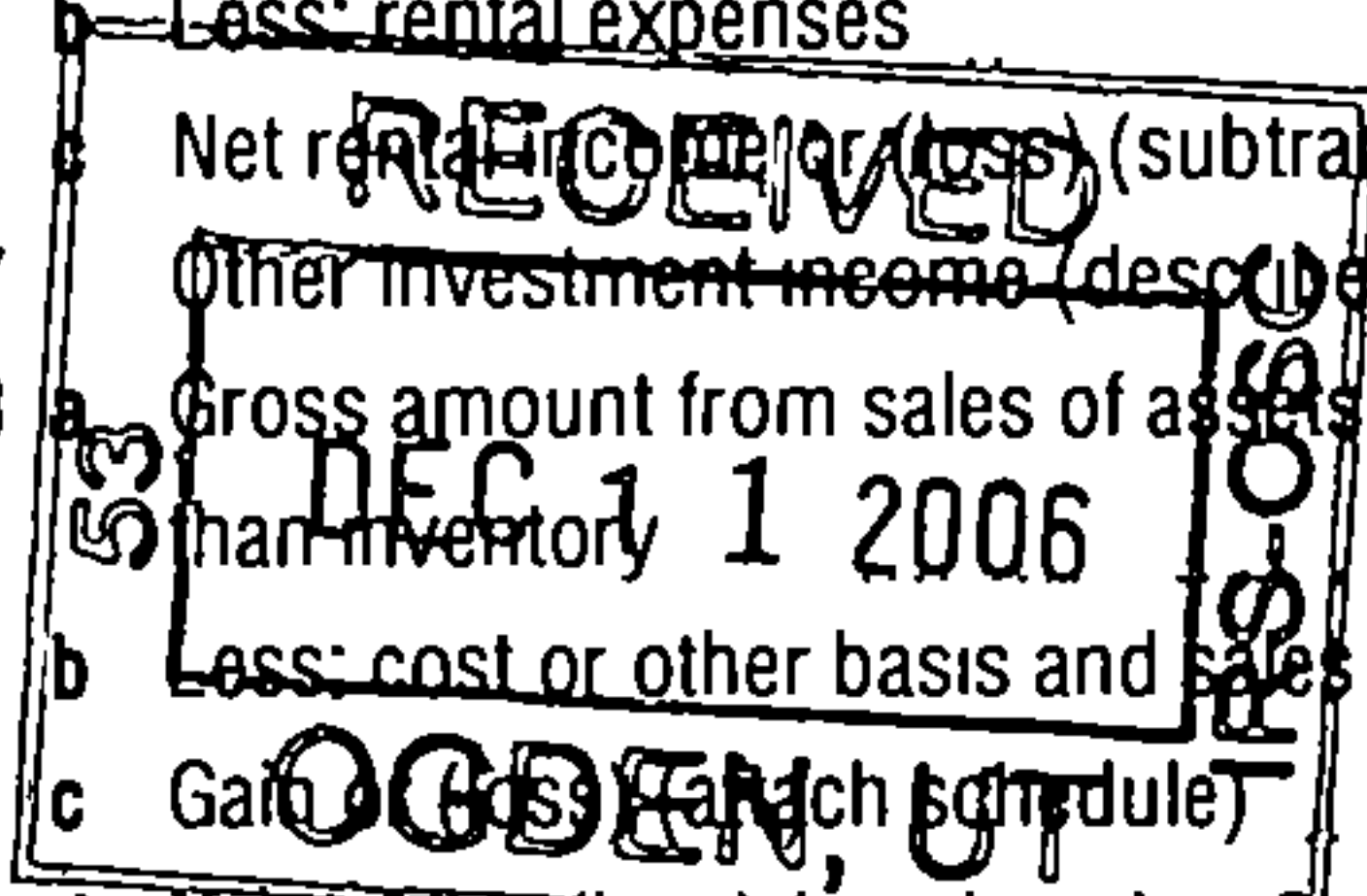


Table with 4 columns: Description, Sub-column, and Total. Rows include: 13 Program services (from line 44, column (B)): 950,206. 14 Management and general (from line 44, column (C)): 125,308. 15 Fundraising (from line 44, column (D)): 135,362. 16 Payments to affiliates (attach schedule): 17 Total expenses (add lines 16 and 44, column (A)): 1,210,876. 18 Excess or (deficit) for the year (subtract line 17 from line 12): 2,295,494. 19 Net assets or fund balances at beginning of year (from line 73, column (A)): 489,051. 20 Other changes in net assets or fund balances (attach explanation): SEE STATEMENT 3 8,017. 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20): 2,792,562.

15-10

EARTHRIGHTS INTERNATIONAL, INC.
C/O DUKES & GRAVES, LTD.

Form 990 (2005)

04-326555 Page 2

Part II Statement of
Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

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
22 Grants and allocations (attach schedule) (cash \$ <u>15,330.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22	15,330.	15,330.	STATEMENT 6	
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc **	25	163,699.	143,453.	7,026.	13,220.
26 Other salaries and wages	26	339,022.	238,264.	27,962.	72,796.
27 Pension plan contributions	27				
28 Other employee benefits	28	28,896.	18,527.	3,464.	6,905.
29 Payroll taxes	29	32,993.	23,387.	2,774.	6,832.
30 Professional fundraising fees	30				
31 Accounting fees	31	14,548.	244.	14,304.	
32 Legal fees	32	74,913.	74,913.		
33 Supplies	33	40,972.	29,135.	4,687.	7,150.
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36	75,940.	69,219.	6,721.	
37 Equipment rental and maintenance	37				
38 Printing and publications	38	25,325.	15,993.	7,875.	1,457.
39 Travel	39	82,101.	62,186.	14,323.	5,592.
40 Conferences, conventions, and meetings	40	20,015.	18,527.	1,436.	52.
41 Interest	41	15.		15.	
42 Depreciation, depletion, etc. (attach schedule)	42	8,934.	7,748.	1,041.	145.
43 Other expenses not covered above (itemize)					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 4	43g	288,173.	233,280.	33,680.	21,213.
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,210,876.	950,206.	125,308.	135,362.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

Form 990 (2005)

** SEE STATEMENT 5

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

What is the organization's primary exempt purpose? ► SEE STATEMENT 7	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	
a <u>ADVOCACY & CAMPAIGNS: SEEKS TO RAISE AWARENESS AND BUILD BROAD SUPPORT FOR EARTH RIGHTS ISSUES. GOAL IS TO HOLD CORPORATE AND GOVERNMENTAL HUMAN RIGHTS & ENVIRONMENTAL OFFENDERS ACCOUNTABLE FOR THEIR ACTIONS.</u>	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<u>297,097.</u>
b <u>LEGAL: SEEKS TO PROVIDE REMEDIES FOR RIGHTS ABUSES AROUND THE WORLD. LAWSUITS ARE PURSUED TO HOLD CORPORATIONS AND OTHERS ACCOUNTABLE FOR THEIR ACTIONS BOTH DOMESTICALLY AND GLOBALLY.</u>	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<u>360,883.</u>
c <u>THE EARTHRIGHTS SCHOOLS: EDUCATES PEOPLE OF SOUTHEAST ASIA AND SOUTH AMERICA IN ENVIRONMENTAL AND HUMAN RIGHTS MONITORING AND ADVOCACY TECHNIQUES.</u>	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<u>275,358.</u>
d <u>DANIEL CLARK MEMORIAL FUND: THE FUND PROVIDES RESOURCES TO EMPOWER ALUMNI OF THE EARTHRIGHTS SCHOOLS TO CONTINUE THE WORK OF EDUCATING AND TRAIN HUMAN RIGHTS AND ENVIRONMENTAL ACTIVISTS IN SOUTHEAST ASIA.</u>	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<u>16,868.</u>
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	<u>950,206.</u>

Form 990 (2005)

EARTHRIGHTS INTERNATIONAL, INC.
C/O DUKES & GRAVES, LTD.

Form 990 (2005)

04-3265555 Page 4

Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	351,370.	46	2,436,067.
	47 a Accounts receivable	47a 15,570.		
	b Less: allowance for doubtful accounts	47b	47c 3,549.	15,570.
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	200,000.
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53 4,738.	11,552.
	54 Investments - securities STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		54 121,356.	120,429.
	55 a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation	55b	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment basis	57a 53,621.			
b Less accumulated depreciation	57b 31,390.	57c 19,816.	22,231.	
58 Other assets (describe DEPOSIT)		58 6,459.	6,459.	
59 Total assets (must equal line 74) Add lines 45 through 58		59 507,288.	2,812,308.	
Liabilities	60 Accounts payable and accrued expenses	18,237.	60	19,746.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe)		65	
66 Total liabilities. Add lines 60 through 65)		66 18,237.	19,746.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	320,184.	67	428,765.
	68 Temporarily restricted	168,867.	68	2,363,797.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		73 489,051.	2,792,562.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		74 507,288.	2,812,308.	

Form 990 (2005)

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

Table with 5 main rows (a-e) and sub-rows (b1-b4, d1-d2). Total revenue reported as 3,506,370.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows (a-e) and sub-rows (b1-b4, d1-d2). Total expenses reported as 1,210,876.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (If not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. One row is filled with 'SEE STATEMENT 9'.

Part V-A		Current Officers, Directors, Trustees, and Key Employees (continued)	Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings			
	9			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)		75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?		75c	X
Note. Related organizations include section 509(a)(3) supporting organizations If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.				
d	Does the organization have a written conflict of interest policy?		75d	X

Part V-B				
Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions)				
(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI		Other Information (See the instructions)	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		80a	X
b	If "Yes," enter the name of the organization N/A and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81 a	Enter direct or indirect political expenditures (See line 81 instructions)		81a	0.
b	Did the organization file Form 1120-POL for this year?		81b	X

EARTHRIGHTS INTERNATIONAL, INC.
C/O DUKES & GRAVES, LTD.

Form 990 (2005)

04-326555 Page 7

Part VI Other Information (continued)		Yes	No
82 a	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 32,900.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	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?	84b	
	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	85b	
	N/A		
c	Dues, assessments, and similar amounts from members	85c	
	N/A		
d	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		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
	N/A		
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 following tax year?	85h	
	N/A		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	
	N/A		
b	Gross receipts, included on line 12, for public use of club facilities	86b	
	N/A		
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	
	N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
	N/A		
88	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	88	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	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 sections 4912, 4955, and 4958 ▶ <u>0.</u>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ <u>0.</u>		
90 a	List the states with which a copy of this return is filed ▶ <u>MA</u>		
b	Number of employees employed in the pay period that includes March 12, 2005 90b <u>8</u>		
91 a	The books are in care of ▶ <u>DUKES & GRAVES, LTD.</u> Telephone no. ▶ <u>703-941-1400</u> Located at ▶ <u>4306 EVERGREEN LANE, SUITE 202, ANNANDALE, VA</u> ZIP + 4 ▶ <u>22003</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ <u>THAILAND</u>	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>0.</u>	92	

Form 990 (2005)

Part VII Analysis of Income-Producing Activities (See the instructions)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated					
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	53,182.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	<1,273.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		51,909.	0.
105 Total (add line 104, columns (B), (D), and (E))					51,909.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here

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.

Signature of officer: *[Signature]* Date: 12/6/06 Katharine Redford, Director

Paid Preparer's Use Only

Preparer's signature: Margaret A. Martinez Date: 12/11/06 Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: DUKES & GRAVES, LTD. 4306 EVERGREEN LANE, SUITE 202 ANNANDALE, VA 22003

EIN: _____ Phone no.: 703-941-1400

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

2005

Name of the organization **EARTHRIGHTS INTERNATIONAL, INC.**
C/O DUKES & GRAVES, LTD. Employer identification number
04 3265555

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(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
<u>RICHARD L. HERZ</u> <u>123 RICHMOND LN., W. HARTFORD, CT 06</u>	<u>DIR. - LITIG.</u> <u>40.00</u>	<u>54,020.</u>	<u>0.</u>	

Total number of other employees paid over \$50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>KENNY BRUNO ALBOUM</u> <u>34A WINDSOR PLACE, BROOKLYN, NY 11215</u>	<u>CONSULTING</u>	<u>65,111.</u>

Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NONE</u>		

Total number of other contractors receiving over \$50,000 for other services ▶	0	

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 ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) 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.		X
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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	X	
b Do you have a section 403(b) annuity plan for your employees?	X	
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ► Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

EARTHRIGHTS INTERNATIONAL, INC.

Schedule A (Form 990 or 990-EZ) 2005 C/O DUKES & GRAVES, LTD.

04-3265555 Page 3

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	938,971.	787,187.	1,245,716.	763,437.	3,735,311.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	938,971.	787,187.	1,245,716.	763,437.	3,735,311.
24 Line 23 minus line 17	938,971.	787,187.	1,245,716.	763,437.	3,735,311.
25 Enter 1% of line 23	9,390.	7,872.	12,457.	7,634.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 74,706.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 973,633.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 3,735,311.
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b 973,633.					26d 973,633.
e Public support (line 26c minus line 26d total)					26e 2,761,678.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 73.9344%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2004) (2003) (2002) (2001)					
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					
(2004) (2003) (2002) (2001)					
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 _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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 return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
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	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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.)		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

EARTHRIGHTS INTERNATIONAL, INC.

Schedule A (Form 990 or 990-EZ) 2005 C/O DUKES & GRAVES, LTD.

04-326555 Page 5

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
(The term "expenditures" means amounts paid or incurred.)		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
37	Total lobbying expenditures to influence a legislative body (direct lobbying)														
38	Total lobbying expenditures (add lines 36 and 37)														
39	Other exempt purpose expenditures														
40	Total exempt purpose expenditures (add lines 38 and 39)														
41	Lobbying nontaxable amount. Enter the amount from the following table -														
	<table border="0"> <tr> <td>If the amount on line 40 is -</td> <td>The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 40 is -	The lobbying nontaxable amount is -														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)														
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36														
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38														

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
		0.

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash

(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule: **N/A**

(a) Name of organization	(b) Type of organization	(c) Description of relationship

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF PARNASSUS FUND	7,221.	8,249.	0.	<1,028.>
TO FORM 990, PART I, LINE 8	7,221.	8,249.	0.	<1,028.>

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
ASSET DISPOSAL (WASHING MACHINE)	06/21/02	01/31/06	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
NONE-DISPOSED	0.	524.	0.	279.	<245.>
TO FM 990, PART I, LN 8		524.	0.	279.	<245.>

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON MARKETABLE SECURITIES	8,017.
TOTAL TO FORM 990, PART I, LINE 20	8,017.

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
OTHER	1,267.	1,267.		
BOARD EXPENSES	5,204.		5,204.	
FIELD WORK	16,146.	16,050.	96.	
CONSULTANTS	102,758.	101,486.	1,272.	
TRAINING	115,027.	114,790.	162.	75.
COMMUNICATIONS	28,531.	23,869.	2,509.	2,153.
INSURANCE	7,927.		7,927.	
PLANNING	21,448.	3,282.	18,161.	5.
BANK CHARGES	3,042.	1,693.	1,349.	
DONATED SERVICES AND FACILITIES	<32,900.>	<29,900.>	<3,000.>	
LOSS ON CURRENCY CHANGES	743.	743.		
SPECIAL EVENT (10TH ANNIVERSARY)	18,980.			18,980.
TOTAL TO FM 990, LN 43	288,173.	233,280.	33,680.	21,213.

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 5
PART II, LINE 25

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
KATHERINE REDFORD	75,000.	4,350.		79,350.
A. PROGRAM SERVICES	62,505.	3,625.		66,130.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING	12,495.	725.		13,220.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
KA HSAW WA	80,000.	4,349.		84,349.
A. PROGRAM SERVICES	73,336.	3,987.		77,323.
B. MANAGEMENT AND GENERAL	6,664.	362.		7,026.
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				143,453.
TOTAL MANAGEMENT AND GENERAL				7,026.
TOTAL FUNDRAISING				13,220.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				163,699.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 6

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
DANIEL CLARK MEMORIAL FUND-TRAINING	MOE HIAING	PO BOX 123 CHIANG MAI UNIVERSITY, CHIANG MAI	NONE	1,502.
DANIEL CLARK MEMORIAL FUND-TRAINING	NEETHAYBLAY	PO BOX 123 CHIANG MAI UNIVERSITY, CHIANG MAI	NONE	1,202.

DANIEL CLARK MEMORIAL FUND-TRAINING	SAPAWA	PO BOX 123 CHIANG MAI UNIVERSITY, CHIANG MAI	NONE	2,439.
DANIEL CLARK MEMORIAL FUND-TRAINING	SAW STEPHEN	PO BOX 123 CHIANG MAI UNIVERSITY, CHIANG MAI	NONE	1,201.
DANIEL CLARK MEMORIAL FUND-TRAINING	PAN KACHIN	PO BOX 123 CHIANG MAI UNIVERSITY, CHIANG MAI	NONE	1,202.
DANIEL CLARK MEMORIAL FUND-TRAINING	KEO YAWNA	PO BOX 123 CHIANG MAI UNIVERSITY, CHIANG MAI	NONE	1,502.
DANIEL CLARK MEMORIAL FUND-TRAINING	PAWGAY FTUK	PO BOX 123 CHIANG MAI UNIVERSITY, CHIANG MAI	NONE	977.
DANIEL CLARK MEMORIAL FUND-TRAINING	HSAPIKO	PO BOX 123 CHIANG MAI UNIVERSITY, CHIANG MAI	NONE	1,302.
DANIEL CLARK MEMORIAL FUND-TRAINING	ASM	PO BOX 123 CHIANG MAI UNIVERSITY, CHIANG MAI	NONE	2,930.
DANIEL CLARK MEMORIAL FUND-TRAINING	KHL	PO BOX 123 CHIANG MAI UNIVERSITY, CHIANG MAI	NONE	1,073.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				<u>15,330.</u>

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 7
PART III

EXPLANATION

TO WORK WITH THE PEOPLES OF THE WORLD TO PROTECT HUMAN RIGHTS AND THE ENVIRONMENT.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	8
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUNDS	FMV			90,432.	90,432.
CORPORATE BONDS	FMV		29,997.		29,997.
TO FORM 990, LINE 54, COL B			29,997.	90,432.	120,429.

FORM 990	PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	9
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KATHARINE J. REDFORD 21 SHERMAN AVE. TAKOMA PARK, MD 20912	SECRETARY 40.00	75,000.	4,350.	0.
CHARLIE CLEMENTS 130 PROSPECT STREET CAMBRIDGE, MA 02139	DIRECTOR 0.50	0.	0.	0.
KA HSAW WA 21 SHERMAN AVE. TAKOMA PARK, MD 20912	PRESIDENT 40.00	80,000.	4,349.	0.
MARIANNE MANILOV 1714 FRANKLIN ST, #100-306 OAKLAND, CA 94612	DIRECTOR 2.00	0.	0.	0.
NEIL A. F. POPOVIC 333 BUSH ST. SAN FRANCISCO, CA 94104	TREASURER 1.00	0.	0.	0.
OUYPORN KHUNKAEW 33/8 SUNPONG MAERIM, CHIANG MAI, THAILAND	DIRECTOR 1.00	0.	0.	0.
ORONTO DOUGLAS 13 AGUDAMA AVE., D-LINE PORT-HARCOURT, NIGERIA	DIRECTOR 0.50	0.	0.	0.

DAVID HUNTER 7509 HANCOCK AVE. TAKOMA PARK, MD 20912	DIRECTOR 2.00	0.	0.	0.
PAULINA GARZON 86 PROSPECT PARK WEST APT. 2-R BROOKLYN, NY 11215	DIRECTOR 0.50	0.	0.	0.
TOSHIYUKI DOI #220 CONTINENTAL MANSIONS 34/7 SOI LERT PUNYA (RATCHAVITHI 9) RANGNAM RATHATHEWEE BANGKOK THAILAND	DIRECTOR 0.50	0.	0.	0.
OHMAR KHIN MAE SOT, THAILAND	DIRECTOR 0.50	0.	0.	0.
TOM VAN DYCK 353 SACRAMENTO ST. SAN FRANCISCO, CA 94111	FORMER TREASURER 1.00	0.	0.	0.
KUMI NAIDOO CIVICUS HOUSE 24 PIM CORNER QUINN STREET, NEWTON JOHANNESBURG, SOUTH AFRICA	DIRECTOR 0.50	0.	0.	0.
REBECCA ROCKEFELLER 16 THOMPSON STREET BRUNSWICK, ME 04011	DIRECTOR 0.50	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>155,000.</u>	<u>8,699.</u>	<u>0.</u>

Earthnghts International
 Fixed Assets, A/D, Depreciation
 1/31/2006

Description	program	Acq date	Method	Life	Cost	A/D 1/31/2005	Deprec 1/31/2006	A/D 1/31/2006	
1 Laptop	Burma	1/1/2001	SL	5	500 00	408 00	92 00	500 00	
Dell marketing - computer	Burma	4/29/2003	SL	5	1,593 63	557 77	318 73	876 50	
Panasonic Laptop	Burma	5/11/2004	SL	5	3,284 00	1,149 40	656 80	1,806 20	
Projector - 1/2	Burma	8/10/2004	SL	5	743 00	61 92	148 60	210 52	
Laptop computer - NH	Burma	12/31/2004	SL	5	808 00	13 47	161 60	175 07	1,377 73
Paradigm software	General	6/25/2001	SL	3	2,900 00	2,900 00	-	2,900 00	
Computer	General	10/31/2002	SL	5	1,903 00	888 07	380 60	1,268 67	
Camera	General	10/31/2002	SL	5	913 00	426 07	182 60	608 67	
Dell computer - Anne	General	12/29/2002	SL	5	1,066 00	444 17	213 20	657 37	776 40
Washing machine	Lawsuit	6/21/2002	SL	5	524 00	279 47	104 80	384 27	104 80
Computer	RC	5/13/1999	SL	5	1,307 70	1,307 70	-	1,307 70	
Computer	RC	10/14/1999	SL	5	912 26	912 26	-	912 26	
Laptop and bag - Katie	RC	11/14/2001	SL	5	692 05	449 83	138 41	588 24	
Refrigerator	RC	3/29/2001	SL	5	95 00	72 83	19 00	91 83	
Telephone system	RC	7/14/1999	SL	5	4,368 00	4,368 00	873 60	5,241 60	
Office furniture	RC	6/14/2002	SL	7	860 00	327 62	122 86	450 48	
Desks, chairs, lateral file	RC	8/27/2002	SL	7	535 00	191 07	76 43	267 50	
Gateway computer	RC	8/29/2002	SL	5	1,259 00	629 50	251 80	881 30	
Dell computers	RC	9/29/2002	SL	5	1,651 00	797 98	330 20	1,128 18	
EPC Parts - Computer hardware	RC	10/29/2003	SL	5	1,186 00	296 50	237 20	533 70	
EPC Parts - Computer hardware	RC	10/29/2003	SL	5	1,186 00	296 50	237 20	533 70	
Gateway computer equip	RC	11/30/2003	SL	5	1,012 59	236 27	202 52	438 79	
Gateway	RC	11/30/2003	SL	5	1,012 59	236 27	202 52	438 79	2,691 73
Printer	School	10/7/2000	SL	5	458 14	397 05	91 63	488 68	
One computer for office (desktop)	School	8/17/1998	SL	5	749 00	630 60	149 80	780 40	
Laptop	School	6/23/2003	SL	5	932 00	295 13	186 40	481 53	
4 Computers	School	6/30/2003	SL	5	2,574 00	815 10	514 80	1,329 90	
Laptop computer	School	1/28/2004	SL	5	1,151 00	230 20	230 20	460 40	
Desktop computer	School	1/30/2004	SL	5	974 00	194 80	194 80	389 60	
2 Computers	School	5/30/2004	SL	5	1,460 00	194 67	292 00	486 67	
Projector - 1/2	School	8/10/2004	SL	5	743 00	61 92	148 60	210 52	1,808 23
Digital slide projector	USA eng	11/29/2000	SL	5	3,199 00	2,665 83	639 80	3,305 63	639 8
					42,551 96	22,735 97	7,398 69	30,134 66	7,398 69

THE DANIEL C. CLARK MEMORIAL FUND (DCMF)

What will DCMF fund?

There are very few requirements to receive funding:

- o o The project must involve alumni *and* deal with human rights and/or the environment.
- o o Projects can include almost any type of activity – some examples: Short trainings, Equipment, Meetings, Traveling, Alumni development, Publishing reports, information, etc.

Who can apply?

Alumni – either individually or with their organization.

- o o The funds *cannot* go to armed or political groups.

DCMF proposal guidelines

Grant proposals to the Daniel Clark Memorial Fund should include:

I) I) Cover Page with:

- • Name of alumni and/or organization applying for the grant.
- • Contact information (email address, telephone number, postal address).
- • Description of the alumni (and description of organization if not an independent activity).
- • Brief summary of the proposal.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - 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.

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

Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization EARTHRIGHTS INTERNATIONAL, INC.	Employer identification number 04 : 3265555
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P O. box, see instructions. C/O 4306 EVERGREEN LANE STE. 202	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ANNANDALE, VA 22003	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ **DUKES AND GRAVES, LTD.**

Telephone No. ▶ (**703**) **941-1400** FAX No. ▶ (**703**) **941-3858**

- 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 will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **SEPTEMBER 15**, 20 **06**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 20 ... or
 ▶ tax year beginning **FEBRUARY 1**, 20 **05**, and ending **JANUARY 31**, 20 **06**.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

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

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.

Type or print	Name of Exempt Organization EARTHRIGHTS INTERNATIONAL, INC.	Employer identification number 04 : 3265555
	Number, street, and room or suite no. If a P O. box, see instructions. C/O 4306 EVERGREEN LANE STE. 202	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ANNANDALE, VA 22003	

Check type of return to be filed (File a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 4720 | |

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of ► **DUKES AND GRAVES, LTD.**

Telephone No. ► (703) 941-1400 FAX No. ► (703) 941-3858

• 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.

- 4 I request an additional 3-month extension of time until DECEMBER 15, 20 06.
- 5 For calendar year _____, or other tax year beginning FEBRUARY 1, 20 05, and ending JANUARY 31, 20 05.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension TAXPAYER RELIES ON PRO BONO SERVICES OF A LOCAL CPA FIRM TO PREPARE THE ANNUAL TAX RETURN. IN ADDITION, THE ORGANIZATION'S AUDIT WAS ONLY RECENTLY FINISHED AND THE AUDIT ADJUSTMENTS NECESSARY TO PREPARE THE RETURN HAVE YET TO BE POSTED.
- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 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 and any amount paid previously with Form 8868 \$ _____
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► Margaret A. Martinis Title ► CPA Date ► 9/5/06

Notice to Applicant—To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name EARTHRIGHTS INTERNATIONAL, INC. C/O DUKES & GRAVES, LTD.
	Number and street (include surte, room, or apt. no.) or a P.O. box number 4306 EVERGREEN LANE STE. 202
	City or town, province or state, and country (including postal or ZIP code) ANNANDALE, VA 22003