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Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

2008

Open to Public Inspection
 for 501(c)(3) Organizations Only

For calendar year 2008 or other tax year beginning 07/01, 2008, and
 ending 06/30, 2009. See separate instructions.

A Check box if address changed

B Exempt under section
 501(C)(3) 220(e)
 408(e) 530(a)
 408A 529(a)

C Book value of all assets at end of year
109,255,325.

Name of organization (Check box if name changed and see instructions)
HUMAN RIGHTS WATCH, INC.

Number, street, and room or suite no. If a P.O. box, see page 9 of instructions
350 FIFTH AVENUE - 34TH FLOOR

City or town, state, and ZIP code
NEW YORK, NY 10118

F Group exemption number (See instructions for Block F on page 9) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

D Employer identification number
 (Employees: Trust see instructions for Block D on page 9)
13-2875808

E Unrelated business activity codes
 (See instructions for Block E on page 9)
900000

H Describe the organization's primary unrelated business activity ▶ SEE STATEMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation ▶

J The books are in care of ▶ SUZANNA DAVIDSON, Telephone number ▶ 212-216-1292

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance ▶	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5	-138,610.	STMT 2
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See page 11 of the instructions, attach schedule)	12		
13	Total. Combine lines 3 through 12	13	-138,610.	-138,610.

Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14	Compensation of officers, directors, and trustees (Schedule K)	14	NONE
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	22,810.
20	Charitable contributions (See page 13 of the instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess leadership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	22,810.
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	-161,420.
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30	32	-161,420.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-161,420.

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Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation on page 15
 Controlled group members (sections 1561 and 1563) check here See instructions and

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)
 (1) _____ (2) _____ (3) _____

b Enter organization's share of (1) Additional 5% tax (not more than \$11,750)
 (2) Additional 3% tax (not more than \$100,000)

c Income tax on the amount on line 34 **35c**

36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16 Income tax on the amount on line 34 from Tax rate schedule or Schedule D (Form 1041) **36**

37 Proxy tax. See page 16 of the instructions **37**

38 Alternative minimum tax **38**

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies **39**

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) **40a**

b Other credits (see page 17 of the instructions) **40b**

c General business credit Attached Form 3800 **40c**

d Credit for prior year minimum tax (attach Form 8801 or 8827) **40d**

e Total credits. Add lines 40a through 40d **40e**

41 Subtract line 40e from line 39 **41**

42 Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule). **42**

43 Total tax. Add lines 41 and 42 **43**

44 a Payments A 2007 overpayment credited to 2008 **44a**

b 2008 estimated tax payments **44b** 67,500.

c Tax deposited with Form 8868 **44c**

d Foreign organizations Tax paid or withheld at source (see instructions) **44d**

e Backup withholding (see instructions) **44e**

f Other credits and payments Form 2439 Form 4136 Other _____ Total **44f**

45 Total payments. Add lines 44a through 44f **45** 67,500.

46 Estimated tax penalty (see page 4 of the instructions) Check if Form 2220 is attached **46**

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **47** NONE

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 67,500.

49 Enter the amount of line 48 you want Credited to 2009 estimated tax **30,000**. Refunded **37,500**. **49**

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 18)

1 At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here **UK, BE, CA, FR, GE, JA, RS** **Yes** **No**

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? **Yes** **No**

3 Enter the amount of tax-exempt interest received or accrued during the tax year **\$**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **▶**

1 Inventory at beginning of year 1	6 Inventory at end of year 6
2 Purchases 2	7 Cost of goods sold. Subtract line 6 from line 5 Enter here and in Part I, line 2 7
3 Cost of labor 3	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
4 a Additional section 263A costs (attach schedule) 4a	
b Other costs (attach schedule) 4b	
5 Total. Add lines 1 through 4b 5	

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

Sign Here *Barbara DePaul* 12/9/10 Assistant Treasurer May the IRS discuss this return with the preparer shown below (see instructions)? **Yes** **No**

Paid Preparer's Use Only Preparer's signature *[Signature]* Date 2/4/10 Check if self-employed Preparer's SSN or PTIN P00037219
 Firm's name (or yours if self-employed), address and ZIP code **BDO SEIDMAN, LLP** EIN 13-5381590
100 PARK AVENUE, Phone no 212-885-8000
NEW YORK, NY 10017

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS =====	TITLE =====	BUSINESS PERCENT =====	COMPENSATION =====
NEW YORK, NY 10118			
JOAN R. PLATT 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	NONE	NONE
CATHERINE POWELL 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	NONE	NONE
SIGRID RAUSING 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	NONE	NONE
NEIL RIMER 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	NONE	NONE
VICTORIA RISKIN 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	NONE	NONE
AMY L. ROBBINS 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	NONE	NONE
SHELLEY RUBIN 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	NONE	NONE

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES
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NAME AND ADDRESS =====	TITLE =====	BUSINESS PERCENT =====	COMPENSATION =====
WENDY KEYS 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	NONE	NONE
ROBERT KISSANE 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	NONE	NONE
JOANNE LEEDOM-ACKERMAN 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	NONE	NONE
SUSAN MANILOW 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	NONE	NONE
KATI MARTON 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	NONE	NONE
BARRY MEYER 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	NONE	NONE
PAT MITCHELL 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	NONE	NONE
JOEL MOTLEY 350 FIFTH AVENUE - 34TH FLOOR	DIRECTOR	NONE	NONE

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS =====	TITLE =====	BUSINESS PERCENT =====	COMPENSATION =====
NEW YORK, NY 10118			
GEOFFREY COWAN 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	NONE	NONE
TONY ELLIOTT 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	NONE	NONE
HASSAN ELMASRY 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	NONE	NONE
MICHAEL G. FISCH 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	NONE	NONE
MICHAEL E. GELLERT 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	NONE	NONE
RICHARD J. GOLDSTONE 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	NONE	NONE
JAMES F. HOGE, JR. 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	NONE	NONE

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

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NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
=====	=====	=====	=====
KENNETH ROTH 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	EXECUTIVE DIRECTOR	NONE	NONE
JANE OLSON 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	CHAIRMAN	NONE	NONE
BRUCE J. KLATSKY 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	VICE-CHAIRMAN/TREASURER	NONE	NONE
SID SHEINBERG 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	VICE-CHAIRMAN	NONE	NONE
JOHN J. STUDZINSKI 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	VICE-CHAIRMAN	NONE	NONE
BRUCE RAAB 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	SECRETARY	NONE	NONE
KAREN ACKMAN 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	NONE	NONE
JORGE CASTANEDA 350 FIFTH AVENUE - 34TH FLOOR	DIRECTOR	NONE	NONE

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS
=====

DORCHESTER CAPITAL PARTNERS, LP	-174,269.
ENDOWMENT VENTURE PARTNERS V, LP	289.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS V, LP	36,399.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI, LP	217.
COMMONFUND CAPITAL VENTURE PARTNERS VI, LP	306.
COMMONFUND CAPITAL VENTURE PARTNERS VII, LP	-1,552.

INCOME (LOSS) FROM PARTNERSHIPS	-138,610.
	=====

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.
=====

UNRELATED BUSINESS ACTIVITY ARISES THROUGH AN INVESTMENT IN A DEBT-FINANCED PARTNERSHIP ORGANIZED TO MAKE INVESTMENTS IN SECURITIES.

Taxpayer Name: Human Rights Watch, Inc.

Taxpayer ID Number: 13-2875808

Year-End: 6/30/2009

Pursuant to IRC Sec. 172(b)(3), taxpayer hereby elects to relinquish the entire carryback period with respect to the net operating loss(es) incurred in this tax year ended 6/30/2009.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 21)

Table with 5 columns: 1 Description of income, 2 Amount of income, 3 Deductions directly connected, 4 Set-asides, 5 Total deductions and set-asides. Includes rows (1) through (4) and a Totals row.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21)

Table with 7 columns: 1 Description of exploited activity, 2 Gross unrelated business income, 3 Expenses directly connected, 4 Net income, 5 Gross income, 6 Expenses attributable, 7 Excess exempt expenses. Includes rows (1) through (4) and a Totals row.

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or (loss), 5 Circulation income, 6 Readership costs, 7 Excess readership costs. Includes rows (1) through (4) and a Totals row.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or (loss), 5 Circulation income, 6 Readership costs, 7 Excess readership costs. Includes rows (1) through (4) and a Totals row.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 22)

Table with 4 columns: 1 Name, 2 Title, 3 Percent of time devoted to business, 4 Compensation attributable to unrelated business. Includes row for STMT 9 and a Total row.

NONE

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions on page 19)

1 Description of property

Table with 4 rows for property description (1-4).

2 Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income.

(c) Total income Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A)

Schedule E - Unrelated Debt-Financed Income (see instructions on page 19)

Table with 4 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3(a) Straight line depreciation, 3(b) Other deductions.

Table with 5 columns: 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 Allocable deductions.

Totals Enter here and on page 1, Part I, line 7, column (A) Enter here and on page 1, Part I, line 7, column (B)

Total dividends-received deductions included in column 8

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 20)

Table with 6 columns: 1 Name of controlled organization, 2 Employer identification number, 3 Net unrelated income, 4 Total of specified payments made, 5 Part of column 4 that is included in the controlling organization's gross income, 6 Deductions directly connected with income.

Nonexempt Controlled Organizations

Table with 5 columns: 7 Taxable Income, 8 Net unrelated income, 9 Total of specified payments made, 10 Part of column 9 that is included in the controlling organization's gross income, 11 Deductions directly connected with income.

Totals Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)

Application for Extension of Time To File an Exempt Organization Return

► **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).

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

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization HUMAN RIGHTS WATCH, INC.	Employer Identification number 13-2875808
	Number, street, and room or suite no. If a P.O. box, see instructions. 350 FIFTH AVENUE - 34TH FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10118	

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

<input type="checkbox"/> Form 990	<input checked="" 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 ► **HUMAN RIGHTS WATCH, INC.**

Telephone No. ► **212 290-4700** FAX No. ► _____

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **05/15, 2010** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year _____ or
- tax year beginning **07/01, 2008** , and ending **06/30, 2009** .

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.	3a \$ 67,500.
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.	3b \$ 67,500.
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.	3c \$ NONE

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.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

=====

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
=====	=====	=====	=====
TOTAL COMPENSATION			----- NONE =====

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
=====	=====	=====	=====
NEW YORK, NY 10118			
IAIN LEVINE 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	PROGRAM DIRECTOR	NONE	NONE
CARROLL BOGERT 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	ASSOCIATE DIRECTOR	NONE	NONE
JOSEPH SUANDERS 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DEPUTY PROGRAM DIRECTOR	NONE	NONE
DINAH POKEMPNER 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	GENERAL COUNSEL	NONE	NONE
JAMES ROSS 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	LEGAL & POLICY COUNSEL	NONE	NONE
PEGGY HICKS 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	GLOBAL ADVOCACY DIRECTOR	NONE	NONE
JOSE MIGUEL VIVANCO 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	EXECUTIVE DIRECTOR - AMERICAS	NONE	NONE

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

=====

NAME AND ADDRESS =====	TITLE =====	BUSINESS PERCENT =====	COMPENSATION =====
KEVIN P. RYAN 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	NONE	NONE
JEAN-LOUIS SERVAN-SCHREIBER 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	NONE	NONE
DARIAN W. SWIG 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	NONE	NONE
JOHN R. TAYLOR 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	NONE	NONE
SHIBLEY TELHAMI 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	NONE	NONE
CATHERINE ZENNSTROM 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	NONE	NONE
MICHELE ALEXANDER 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DEVELOPMENT & OUTREACH DIR.	NONE	NONE
SUZANNE NOSSEL 350 FIFTH AVENUE - 34TH FLOOR	CHIEF OPERATING OFFICER	NONE	NONE