

Return of Organization Exempt From Income Tax

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

A For the 2007 calendar year, or tax year beginning 10/01, 2007, and ending 09/30/2008

B Check if applicable: C Name of organization WORLD RESOURCES INSTITUTE D Employer identification number 52-1257057 E Telephone number (202) 729-7600 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).

G Website: WWW.WRI.ORG

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

K Check here [ ] If the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? Yes [ ] No [X] H(b) If "Yes," enter number of affiliates [ ] H(c) Are all affiliates included? Yes [ ] No [ ] H(d) Is this a separate return filed by an organization covered by a group ruling? Yes [ ] No [X] I Group Exemption Number [ ] M Check [ ] If the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 37,535,994.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets at beginning of year, Other changes in net assets, Net assets at end of year.

Public Inspection Copy

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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. (See the instructions.)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22a-22b, 23-24, 25a-25c, 26-39, 40-43g, and 44 Total functional expenses.

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 [X] No
If "Yes," enter (i) the aggregate amount of these joint costs \$ ; (ii) the amount allocated to Program services \$ ; (iii) the amount allocated to Management and general \$ ; and (iv) the amount allocated to Fundraising \$

**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? <b>▶SEE STATEMENT 1</b>	Program Service Expenses
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.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<p><b>a</b> <u>SEE STATEMENTS 1-4</u></p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p><b>21,785,206.</b></p>
<p><b>b</b></p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>c</b></p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>d</b></p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>e</b> Other program services (attach schedule)</p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . . ▶</p>	<p><b>21,785,206.</b></p>

**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 . . . . .	1,500.	45	2,500.	
	46 Savings and temporary cash investments . . . . .	3,332,751.	46	2,852,907.	
	47a Accounts receivable . . . . .	47a			
	b Less: allowance for doubtful accounts . . . . .	47b	47c		
	48a Pledges receivable . . . . .	48a			
	b Less: allowance for doubtful accounts . . . . .	48b	48c		
	49 Grants receivable . . . . .	14,338,667.	49	13,041,752.	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . . .		50b		
	51a Other notes and loans receivable (attach schedule) . . . . .	51a			
	b Less: allowance for doubtful accounts . . . . .	51b	51c		
	52 Inventories for sale or use . . . . .		52		
	53 Prepaid expenses and deferred charges . . . . .	STMT. 8 . . . . .	859,338.	53	477,825.
	54a Investments - publicly-traded securities STMT. 9 . . . . .	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	46,801,093.	54a	36,342,779.
	b Investments - other securities (attach schedule) . . . . .	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55a Investments - land, buildings, and equipment: basis . . . . .	55a			
	b Less: accumulated depreciation (attach schedule) . . . . .	55b		55c	
	56 Investments - other (attach schedule) . . . . .			56	
	57a Land, buildings, and equipment: basis STMT. 10 . . . . .	57a	3,872,396.		
	b Less: accumulated depreciation (attach schedule) . . . . .	57b	2,577,484.	57c	1,294,912.
58 Other assets, including program-related investments (describe <input type="checkbox"/> STMT. 11 ) . . . . .		133,346.	58	166,980.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .		66,256,010.	59	54,179,655.	
Liabilities	60 Accounts payable and accrued expenses . . . . .	2,620,502.	60	2,146,198.	
	61 Grants payable . . . . .		61		
	62 Deferred revenue . . . . .	175,062.	62	410,421.	
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63		
	64a Tax-exempt bond liabilities (attach schedule) . . . . .		64a		
	b Mortgages and other notes payable (attach schedule) . . . . .	STMT. 12 . . . . .		64b	2,012,018.
	65 Other liabilities (describe <input type="checkbox"/> STMT. 13 ) . . . . .		1,924,684.	65	1,813,252.
66 <b>Total liabilities.</b> Add lines 60 through 65 . . . . .		4,720,248.	66	6,381,889.	
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 . . . . .	19,571,636.	67	7,362,210.	
	68 Temporarily restricted . . . . .	16,614,126.	68	15,097,790.	
	69 Permanently restricted . . . . .	25,350,000.	69	25,337,766.	
	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 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .		61,535,762.	73	47,797,766.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .		66,256,010.	74	54,179,655.

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 for adjustments. Row a: Total revenue, gains, and other support per audited financial statements. Row b: Amounts included on line a but not on Part I, line 12. Row c: Subtract line b from line a. Row d: Amounts included on Part I, line 12, but not on line a. Row e: Total revenue (Part I, line 12). Add lines c and d.

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

Table with 5 main rows (a-e) and sub-rows for adjustments. Row a: Total expenses and losses per audited financial statements. Row b: Amounts included on line a but not on Part I, line 17. Row c: Subtract line b from line a. Row d: Amounts included on Part I, line 17, but not on line a. Row e: Total expenses (Part I, line 17). Add lines c and d.

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. Row 1: SEE STATEMENT 16, 1,340,398, 154,052, NONE.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes No

- 75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 34
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)
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 the organization? See the instructions for the definition of "related organization."
d Does the organization have a written conflict of interest policy?

Table with 2 columns: Yes, No. Rows 75a, 75b, 75c, 75d.

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.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions.)

Yes No

- 76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change
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.
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement
80a 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?
b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt
81a Enter direct and indirect political expenditures. (See line 81 instructions.)
b Did the organization file Form 1120-POL for this year?

Table with 2 columns: Yes, No. Rows 76, 77, 78a, 78b, 79, 80a, 80b, 81a, 81b.

Part VI Other information (continued)

		Yes	No
82a	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?	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			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	N/A	
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	
85b	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.	N/A	
85c	Dues, assessments, and similar amounts from members	N/A	
85d	Section 162(e) lobbying and political expenditures	N/A	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85h	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?	N/A	
86a	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	N/A	
86b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87a	501(c)(12) orgs. Enter: a Gross income from members or shareholders	N/A	
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
88a	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		X
88b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	X	
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 NONE; section 4912 NONE; section 4955 NONE		
89b	501(c)(3) and 501(c)(4) orgs. 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		X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	N/A	
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization	N/A	
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g	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?	N/A	
90a	List the states with which a copy of this return is filed	SEE STATEMENT 22	
90b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	152	
91a	The books are in care of	ARTHUR K. DROE Telephone no. 202-729-7679	
	Located at	10 G STREET, NE, WASHINGTON, DC ZIP + 4 20002	
91b	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	X	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

**Part VI Other Information (continued)**

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? . . . . . 91c  Yes  No

If "Yes," enter the name of the foreign country ▶ \_\_\_\_\_

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 . . . . ▶ 92 | N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a PUBLICATIONS			15	14,678.	23,872.
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 . . . . .					
96 Dividends and interest from securities . . . . .			14	748,305.	
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	-1,588,385.	
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue: a _____					
b MISC. REVENUE			01	32,018.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . . . . .				-793,384.	23,872.
105 Total (add line 104, columns (B), (D), and (E)) . . . . . ▶					-769,512.

Note: Line 105 plus line 1e, 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).
93A	PUBLICATION INCOME IS RELATED TO THE PUBLICATION DISTRIBUTED WORLDWIDE FURTHERING THE OVERALL AIMS & OBJECTIVES OF WORLD RESOURCES INSTITUTE.

**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
	%			
	%			
	%			
	%			

**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).



**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

**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: *Steven L Barker* Date: *2/3/09*

Type or print name and title: *Steven L Barker CFO*

**Paid Preparer's Use Only**

Preparer's signature: *Margaret A. Broadbent, CPA* Date: *1/30/09* Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: *GRANT THORNTON LLP* EIN:

*2010 CORPORATE RIDGE, SUITE 400* Phone no.: *703-847-7500*

*MCLEAN, VA 22102*

**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

WORLD RESOURCES INSTITUTE

Employer identification number

52-1257057

**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
SEE STATEMENT 23				
Total number of other employees paid over \$50,000 . . ▶		79		

**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
SEE STATEMENT 24		
Total number of others receiving over \$50,000 for professional services . . . . . ▶		2

**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
SEE STATEMENT 25		
Total number of other contractors receiving over \$50,000 for other services . . . . . ▶		3

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

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See page 2 of the instructions.)

Table with columns for question number, description, Yes, and No. Includes questions 1 through 4g regarding lobbying activities, grants, and donor advised funds.

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III - Functionally Integrated       Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					▶

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

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.

Table with columns for years (2006, 2005, 2004, 2003) and Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit 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; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add: Amounts from column (e) for lines; e Public support; f Public support percentage; 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: NOT APPLICABLE; 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; c Add: Amounts from column (e) for lines; d Add: Line 27a total and line 27b total; e Public support; f Total support for section 509(a)(2) test; g Public support percentage; h Investment income percentage; 28 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 return. Do not include these grants in line 15.

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

NOT APPLICABLE

(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? . . . . .	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? . . . . .	30	
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.) ----- ----- -----	31	
32	Does the organization maintain the following:		
a	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? . . . . .	32d	
	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? . . . . .	33a	
b	Admissions policies? . . . . .	33b	
c	Employment of faculty or administrative staff? . . . . .	33c	
d	Scholarships or other financial assistance? . . . . .	33d	
e	Educational policies? . . . . .	33e	
f	Use of facilities? . . . . .	33f	
g	Athletic programs? . . . . .	33g	
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.) ----- -----		
34 a	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	34a	
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.	34b	
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 . . . . .	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)

(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**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>	104,000.
<b>38</b> Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	104,000.
<b>39</b> Other exempt purpose expenditures . . . . .	<b>39</b>	26,606,943.
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>	26,710,943.
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following 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	<b>41</b>	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 . . . . .		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>	250,000.
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>	

**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 13 of the instructions.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .	1,000,000.				1,000,000.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					1,500,000.
<b>47</b> Total lobbying expenditures . . . . .	104,000.				104,000.
<b>48</b> Grassroots nontaxable amount . . . . .	250,000.				250,000.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					375,000.
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

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:	Yes	No	Amount
<b>a</b> Volunteers . . . . .			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .			
<b>c</b> Media advertisements . . . . .			
<b>d</b> Mailings to members, legislators, or the public . . . . .			
<b>e</b> Publications, or published or broadcast statements . . . . .			
<b>f</b> Grants to other organizations for lobbying purposes . . . . .			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .			
<b>i</b> 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.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 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?

Table with 3 columns: Question, Yes, No. Rows include: 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:

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52a 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:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.



FORM 990 - GENERAL EXPLANATION ATTACHMENT

=====

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS  
FORM 990, PAGE 3, PART III

ORGANIZATION'S PRIMARY EXEMPT PURPOSE:

THE WORLD RESOURCES INSTITUTE (WRI) IS AN ENVIRONMENTAL THINK TANK THAT GOES BEYOND RESEARCH TO FIND PRACTICAL WAYS TO PROTECT THE EARTH AND IMPROVE PEOPLE'S LIVES.

EVERY PROJECT UNDERTAKEN BY WRI CONTRIBUTES TO ONE OR MORE OF THE FOLLOWING GOALS:

- PEOPLE AND ECOSYSTEMS: REVERSE RAPID DEGRADATION OF ECOSYSTEMS AND ASSURE THEIR CAPACITY TO PROVIDE HUMANS WITH NEEDED GOODS AND SERVICES.
- MARKET AND ENTERPRISE: HARNESS MARKETS AND ENTERPRISE TO EXPAND ECONOMIC OPPORTUNITY AND PROTECT THE ENVIRONMENT.
- CLIMATE PROTECTION: PROTECT THE GLOBAL CLIMATE SYSTEM FROM FURTHER HARM DUE TO EMISSIONS OF GREENHOUSE GASES AND HELP HUMANITY AND THE NATURAL WORLD ADAPT TO UNAVOIDABLE CLIMATE CHANGE.
- GOVERNANCE: EMPOWER PEOPLE AND SUPPORT INSTITUTIONS TO FOSTER ENVIRONMENTALLY SOUND AND SOCIALLY EQUITABLE DECISION-MAKING.

WITH A STAFF OF OVER 140 SCIENTISTS, ECONOMISTS, POLICY EXPERTS, BUSINESS ANALYSTS, STATISTICIANS, LAWYERS, AND MAPMAKERS, AND NEARLY 400 PARTNER ORGANIZATIONS AROUND THE WORLD, WRI ADMINISTERS ITS ACTIVITIES THROUGH THE SEVEN PROGRAMS DESCRIBED BELOW.

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS:

CLIMATE, ENERGY AND POLLUTION PROGRAM: FOCUSES ON REDUCING THE RISK OF CLIMATE CHANGE IN WAYS THAT DRIVE SUSTAINABLE DEVELOPMENT. PROJECTS INCLUDE DEVELOPING APPROACHES FOR GLOBAL AGREEMENTS TO REDUCE GREENHOUSE GAS EMISSIONS AND ADAPT TO CLIMATE CHANGE; US CLIMATE POLICY EFFORTS AT THE LOCAL, STATE AND NATIONAL LEVEL; AND ACTIVE ENGAGEMENT WITH THE BUSINESS COMMUNITY. THE PROGRAM DEVELOPS AND MAINTAINS TOOLS AND DATABASES, DESIGNS BUSINESS MODELS, AND CONVENES STAKEHOLDER GROUPS TO PROVIDE ADVICE TO ALL LEVELS OF GOVERNMENT AND CIVIL SOCIETY.

\$5,239,876

EMBARQ PROGRAM: EMBARQ CATALYZES SOCIALLY, FINANCIALLY, AND ENVIRONMENTALLY SOUND SOLUTIONS TO THE PROBLEMS OF URBAN MOBILITY.

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)  
=====

WORKING THROUGH PUBLIC-PRIVATE PARTNERSHIPS WITH POLITICALLY AND FINANCIALLY EMPOWERED DECISION MAKERS IN MAJOR CITIES AROUND THE WORLD, EMBARQ REDUCES THE COST, RISK, TIME, AND COMPLEXITY OF FINDING AND IMPLEMENTING SUSTAINABLE TRANSPORT SOLUTIONS. EMBARQ HAS CREATED CENTERS FOR SUSTAINABLE TRANSPORT IN MEXICO AND BRAZIL WHICH MANAGE ITS DAY TO DAY INTERACTIONS WITH LEADERSHIP OF CITIES IN THOSE COUNTRIES, AND HAS SIGNIFICANT PROJECT ACTIVITIES IN CHINA AND TURKEY. TYPICAL SOLUTIONS WHICH EMBARQ HELPS CITIES ACHIEVE INCLUDE: CLEAN FUELS/CLEAN VEHICLES STRATEGIES; IMPROVED TRANSIT SERVICES SUCH AS BUS RAPID TRANSIT, DEMAND MANAGEMENT AND PROMOTION OF NON-MOTORIZED TRANSPORT. EMBARQ ALSO HELPS FIND AND ARRANGE FINANCING FOR THE SOLUTIONS IT PROPOSES.

\$3,875,150

PEOPLE AND ECOSYSTEMS PROGRAM: WORKS TO DEVELOP AND PROMOTE STRATEGIES TO REVERSE RAPID DEGRADATION OF ECOSYSTEMS AND ASSURE THEIR CAPACITY TO PROVIDE HUMANS WITH NEEDED GOODS AND SERVICES. THESE STRATEGIES EMPHASIZE MULTI-SCALE APPROACHES TO MANAGING ECOSYSTEMS, STRESS THE IMPORTANCE OF ECOSYSTEM BENEFITS TO PEOPLE, AND RELY ON PARTNERSHIPS TO CREATE LASTING SOLUTIONS. STAFF WORK IN TWO FOCAL AREAS: (1) MAINSTREAMING ECOSYSTEM SERVICES (THE BENEFITS PEOPLE OBTAIN FROM NATURE) AND (2) FOREST LANDSCAPE INFORMATION. THE FIRST WORKS TOWARD A WORLD IN WHICH GOVERNMENTS AND BUSINESSES VALUE AND INVEST IN ECOSYSTEMS-FORESTS, WETLANDS, CORAL REEFS, ETC.-IN ORDER TO SECURE ECONOMIC GROWTH AND PEOPLE'S WELL BEING. THE FOREST TEAM WORKS TO ENABLE GOVERNMENTS, BUSINESSES, AND CIVIL SOCIETY TO ACT UPON BETTER AND MORE WIDELY SHARED INFORMATION TO STRENGTHEN THE MANAGEMENT OF WORKING FORESTS, REDUCE DEFORESTATION, AND SAFEGUARD PRIMARY FOREST IN FOREST-RICH REGIONS.

\$4,891,477

INSTITUTIONS AND GOVERNANCE PROGRAM: PROMOTES THE FAIR AND EFFECTIVE MANAGEMENT OF NATURAL RESOURCES AND ENVIRONMENTAL REGULATION, PARTICULARLY IN DEVELOPING COUNTRIES. PROJECTS INCLUDE DEVELOPING INDICATORS NEEDED BY CIVIL SOCIETY TO ASSESS PUBLIC AUTHORITIES COMPLIANCE WITH EMERGING ENVIRONMENTAL GOVERNANCE NORMS; WORKING WITH PARTNERS IN CAMEROON, UGANDA AND PERU ON THE MANAGEMENT OF FOREST AND HYDROCARBON RESOURCES AND REVENUES; AND PROMOTING THE REFORM OF PUBLIC AND PRIVATE INTERNATIONAL FINANCIAL INSTITUTIONS TO BETTER REFLECT THE ENVIRONMENTAL AND SOCIAL PRIORITIES OF THE COMMUNITIES IN WHICH THEY INVEST.

\$2,782,260

## FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

=====

MARKET & ENTERPRISE PROGRAM: WRI'S MARKETS AND ENTERPRISE GROUP PRODUCES ECONOMICALLY SOUND POLICIES, BOLD VISION, AND PRACTICAL SOLUTIONS IN COLLABORATION WITH THE BUSINESS COMMUNITY. TO CHANNEL THE PRIVATE SECTOR TO INCORPORATE ENVIRONMENTAL AND SOCIAL OPPORTUNITIES INTO CORE BUSINESS STRATEGIES, WE EMPLOY THE FOLLOWING APPROACHES:

-BUILD MARKET DEMAND: EXPAND THE MARKET FOR GOODS AND SERVICES THAT PROTECT THE CLIMATE AND ECOSYSTEMS -- SUCH AS GREEN POWER, CERTIFIED FOREST PRODUCTS, AND RESPONSIBLY MINED METALS -- BY ENABLING THE ENVIRONMENT FOR THESE PRODUCTS TO GROW AND BY DEVELOPING COST-COMPETITIVE PROCUREMENT STRATEGIES.

-CREATE SUSTAINABLE ENTERPRISES: DEMONSTRATE NOT ONLY A NEW WAY OF DOING BUSINESS, BUT ALSO THE POWER OF THE PRIVATE SECTOR TO REDUCE POVERTY AND PROTECT THE ENVIRONMENT. ENABLE ENTREPRENEURS AND CORPORATIONS TO DEVELOP PROFITABLE BUSINESS APPROACHES TO CLIMATE CHANGE, ECOSYSTEM DEGRADATION, AND IMPROVING PEOPLE'S LIVES.

-TOOLS AND ANALYSIS: WRI HAS DEVELOPED TOOLS AND DATABASES TO GIVE CORPORATIONS, NGOS, AND ENTREPRENEURS FROM ACROSS THE GLOBE ACCESS TO THE MODELS AND IDEAS THEY NEED FOR SUCCESS.

-PROMOTE GREEN INVESTING: CHANGE HOW FINANCIAL MARKETS VALUE COMPANIES BY MAKING THE INCORPORATION OF ENVIRONMENTAL VALUE AND RISK INTO INVESTMENT DECISIONS STANDARD PRACTICE AS A MEANS TO INFLUENCE CORPORATE PERFORMANCE AND STRATEGY.

\$2,344,735

SPECIAL STUDIES AND INNOVATION PROGRAM: UNDERTAKES OR MENTORS NEW ACTIVITIES DESIGNED TO FOSTER INNOVATION ACROSS THE INSTITUTE. ACTIVITIES FOCUS ON NEW PROJECTS OR OBJECTIVES, AND ON NEW TOOLS AND CAPACITIES IN AREAS SUCH AS MODELING AND COMMUNICATIONS.

\$549,008

EXTERNAL RELATIONS PROGRAM: MANAGES WRI'S EFFORTS TO COMMUNICATE ITS WORK TO DIVERSE AUDIENCES, INCLUDING GOVERNMENTS, CORPORATIONS, AND INTERNATIONAL ORGANIZATIONS TO SUPPORT THE ACCOMPLISHMENT OF THE OBJECTIVES OUTLINED IN PROGRAM PLANS. IN ADDITION, WE SEEK WAYS OF ENHANCING WRI'S OVERALL PROFILE THROUGH CONTINUED ATTENTION TO COMMUNICATION OPPORTUNITIES. WE UTILIZE A WIDE VARIETY OF MECHANISMS TO

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

=====

COMMUNICATE WRI'S WORK APPROPRIATE TO THE GOALS OF EACH PROGRAM; WE ARE CONSTANTLY EXPLORING NEW MEANS OF COMMUNICATING OUR WORK MORE EFFECTIVELY TO KEY AUDIENCES.

\$2,102,700

TOTAL PROGRAM EXPENSES: \$21,785,206

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES  
=====

DESCRIPTION  
-----

AMOUNT  
-----

UNREALIZED LOSS ON INVESTMENTS

8,251,750.  
-----

TOTAL

8,251,750.  
=====



FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
COMMUNICATION EXPENSES	125,002.	124,977.		25.
OTHER DIRECT EXPENSES	1,090,476.	433,281.	606,498.	50,697.
LIBRARY & INFORMATION SERVICES	122,002.	110,150.		11,852.
*INDIRECT SALARIES & BENEFITS	489,386.	441,844.		47,542.
MISCELLANEOUS EXPENSE	67,396.	60,849.		6,547.
SUBGRANTS/SUBRECIPIENTS	3,035,448.	3,035,448.		4,882.
RESEARCH EXPENSES	1,870,186.	1,856,750.	8,554.	
INVESTMENT FEES/FOREIGN TAXES	307,653.		307,653.	
SUBGRANT POOL COSTS	107,210.	96,795.		10,415.
TOTALS	7,214,759.	6,160,094.	922,705.	131,960.

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
PREPAID EXPENSES	477,825.
TOTALS	----- 477,825. =====



FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION -----	ENDING BOOK VALUE -----
SHORT-TERM INVESTMENTS	407,014.
LIMITED LIABILITY PARTNERSHIPS	28,879,426.
EQUITIES	7,056,339.
	-----
TOTALS	36,342,779.
	=====

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

ACCUMULATED DEPRECIATION DETAIL

FIXED ASSET DETAIL

ASSET DESCRIPTION	METHOD/ CLASS	FIXED ASSET DETAIL			ACCUMULATED DEPRECIATION DETAIL			
		BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS
EQUIP-CAP. LEASE		141,552.			141,552.	45,408.	28,005.	73,413.
LEASHOLD IMPROV.		967,606.			967,606.	684,223.	96,683.	780,906.
ARTWORK		8,825.			8,825.	NONE		NONE
FURN. AND EQUIP.		2,754,413.			2,754,413.	1,441,836.	281,329.	1,723,165.
TOTALS		3,872,396.			3,872,396.	2,171,467.		2,577,484.

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION

-----

ENDING  
BOOK VALUE

-----

OTHER ASSETS  
SECURITY DEPOSITS

35,174.  
131,806.

TOTALS

-----  
166,980.  
=====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

=====	
LENDER:	CITIGROUP SMITHBARNEY
ORIGINAL AMOUNT:	2,000,000.
REPAYMENT TERMS:	DEMAND NOTE
SECURITY PROVIDED:	MARKETABLE SECURITIES
PURPOSE OF LOAN:	OPERATING NEEDS
ENDING BALANCE DUE .....	2,012,018.
	-----
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	2,012,018.
	=====

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION

ENDING  
BOOK VALUE

RENT ABATEMENT	259,184.
OBLIGATION UNDER CAPITAL LEASE	83,118.
FUNDS HELD FOR OTHERS	1,470,950.
	-----
TOTALS	1,813,252.
	=====

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

DESCRIPTION

AMOUNT

-----  
INVESTMENT FEES AND TAXES  
NETTED AGAINST INVESTMENT REV.  
ON FINANCIAL STATEMENTS

307,653.

TOTAL

-----  
307,653.  
=====

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS

DESCRIPTION	AMOUNT
INVESTMENT FEES AND TAXES NETTED AGAINST INVESTMENT REV. ON FINANCIAL STATEMENTS	307,653.
TOTAL	307,653.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JONATHAN LASH 10 G STREET, NE WASHINGTON, DC 20002	PRESIDENT 37.50	356,251.	29,137.	NONE
ALLEN L. HAMMOND 10 G STREET, NE WASHINGTON, DC 20002	VP SPECIAL PROJECTS 37.50	160,604.	17,491.	NONE
JANET RANGANATHAN 10 G STREET, NE WASHINGTON, DC 20002	VP OF RESEARCH 37.50	151,067.	24,698.	NONE
ELIZABETH A. COOK 10 G STREET, NE WASHINGTON, DC 20002	VP FOR INSTITUTIONAL STRATEGY 37.50	163,000.	19,750.	NONE
STEVE BARKER 10 G STREET, NE WASHINGTON, DC 20002	VP OF FINANCE / CFO 37.50	174,726.	20,184.	NONE
MANISH BAPNA 10 G STREET, NE WASHINGTON, DC 20002	EXEC. VP / MANAGING DIRECTOR 37.50	176,000.	22,051.	NONE
ROBIN MURPHY 10 G STREET, NE WASHINGTON, DC 20002	VP FOR EXTERNAL RELATIONS 37.50	158,750.	20,741.	NONE
JAMES A. HARMON 10 G STREET, NE WASHINGTON, DC 20002	CHAIRMAN 10.00	NONE	NONE	NONE



FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
HARRIET BABBITT 10 G STREET, NE WASHINGTON, DC 20002	VICE CHAIRMAN 5.00	NONE	NONE	NONE
WILLIAM D. RUCKELSHAUS 10 G STREET, NE WASHINGTON, DC 20002	DIRECTOR 0.25	NONE	NONE	NONE
ALICE F. EMERSON 10 G STREET, NE WASHINGTON, DC 20002	DIRECTOR 0.25	NONE	NONE	NONE
ROBERTO ARTAVIA 10 G STREET, NE WASHINGTON, DC 20002	DIRECTOR 0.25	NONE	NONE	NONE
GAY BARCLAY 10 G STREET, NE WASHINGTON, DC 20002	DIRECTOR 0.25	NONE	NONE	NONE
FRANCES BEINECKE 10 G STREET, NE WASHINGTON, DC 20002	DIRECTOR 0.25	NONE	NONE	NONE
AFSAHEH BESCHLOSS 10 G STREET, NE WASHINGTON, DC 20002	DIRECTOR 0.25	NONE	NONE	NONE
ANTHONY BURGEMANS 10 G STREET, NE WASHINGTON, DC 20002	DIRECTOR 0.25	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
FERNANDO HENRIQUE CARDOSO 10 G STREET, NE WASHINGTON, DC 20002	DIRECTOR 0.25	NONE	NONE	NONE
JESSICA CATTO 10 G STREET, NE WASHINGTON, DC 20002	DIRECTOR 0.25	NONE	NONE	NONE
LESLIE DACH 10 G STREET, NE WASHINGTON, DC 20002	DIRECTOR 0.25	NONE	NONE	NONE
JAMSHYD N. GODREJ 10 G STREET, NE WASHINGTON, DC 20002	DIRECTOR 0.25	NONE	NONE	NONE
AL GORE 10 G STREET, NE WASHINGTON, DC 20002	DIRECTOR 0.25	NONE	NONE	NONE
DENIS HAYES 10 G STREET, NE WASHINGTON, DC 20002	DIRECTOR 0.25	NONE	NONE	NONE
ADITI KAPOOR 10 G STREET, NE WASHINGTON, DC 20002	DIRECTOR 0.25	NONE	NONE	NONE
CHEN JINING 10 G STREET, NE WASHINGTON, DC 20002	DIRECTOR 0.25	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
PRESTON R. MILLER, JR. 10 G STREET, NE WASHINGTON, DC 20002	DIRECTOR 1.00	NONE	NONE	NONE
NGOZI OKONJO-IWEALA 10 G STREET, NE WASHINGTON, DC 20002	DIRECTOR 0.25	NONE	NONE	NONE
JAMES W. OWENS 10 G STREET, NE WASHINGTON, DC 20002	DIRECTOR 0.25	NONE	NONE	NONE
MICHAEL POLSKY 10 G STREET, NE WASHINGTON, DC 20002	DIRECTOR 0.25	NONE	NONE	NONE
C. K. PRAHALAD 10 G STREET, NE WASHINGTON, DC 20002	DIRECTOR 0.25	NONE	NONE	NONE
QIAN YI 10 G STREET, NE WASHINGTON, DC 20002	DIRECTOR 0.25	NONE	NONE	NONE
THEODORE ROOSEVELT IV 10 G STREET, NE WASHINGTON, DC 20002	DIRECTOR 0.25	NONE	NONE	NONE
STEPHEN ROSS 10 G STREET, NE WASHINGTON, DC 20002	DIRECTOR 0.25	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ALISON SANDER 10 G STREET, NE WASHINGTON, DC 20002	DIRECTOR 0.25	NONE	NONE	NONE
JOSE SARUKHAN 10 G STREET, NE WASHINGTON, DC 20002	DIRECTOR 0.25	NONE	NONE	NONE
JAMES GUSTAVE SPETH 10 G STREET, NE WASHINGTON, DC 20002	DIRECTOR 0.25	NONE	NONE	NONE
RALPH TAYLOR 10 G STREET, NE WASHINGTON, DC 20002	DIRECTOR 0.25	NONE	NONE	NONE
LEE M. THOMAS 10 G STREET, NE WASHINGTON, DC 20002	DIRECTOR 0.25	NONE	NONE	NONE
TODD S. THOMSON 10 G STREET, NE WASHINGTON, DC 20002	DIRECTOR 1.00	NONE	NONE	NONE
DIANA H. WALL 10 G STREET, NE WASHINGTON, DC 20002	DIRECTOR 0.25	NONE	NONE	NONE
DANIEL WEISS 10 G STREET, NE WASHINGTON, DC 20002	DIRECTOR 0.25	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
	GRAND TOTALS	1,340,398.	154,052.	NONE

FORM 990, PART VI, LINE 90A - STATES  
=====

AK, AL, AR, AZ, CA, CO, CT, DC, FL, GA,  
IL, KS, KY, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH, NJ, NM,  
NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
JACOB WERKSMAN 10 G STREET, NE WASHINGTON, DC 20002	PROGRAM DIRECTOR 37.50	139,520.	13,303.	NONE
DANIEL TUNSTALL 10 G STREET, NE WASHINGTON, DC 20002	SENIOR FELLOW 37.50	159,532.	22,606.	NONE
NANCY KETE 10 G STREET, NE WASHINGTON, DC 20002	PROGRAM DIRECTOR 37.50	169,740.	15,984.	NONE
JONATHAN PERSHING 10 G STREET, NE WASHINGTON, DC 20002	PROGRAM DIRECTOR 37.50	154,477.	24,883.	NONE
AULISI ANDREW 10 G STREET, NE WASHINGTON, DC 20002	PROGRAM DIRECTOR 37.50	133,060.	23,080.	NONE
TOTAL COMPENSATION		756,329.	99,856.	NONE

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.  
=====

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
ADRIANA DE ALMEIDA LOBO FELIPE CARRILLO PUERTO #54 COLONIA VILLA COYOACAN MEXICO	CONSULTING	125,550.
GREGORY A. MOCK 449 GALLOPING PATH NATURAL BRIDGE, VA 24578	CONSULTING	109,500.
PIERRE SAMSON 2893 RUE DE SUMMERSIDE SAINTE-FOY QUEBEC CANADA	CONSULTING	97,709.
BENOIT MERTENS LA ROUMANISSIERE 35 34270 LE TRIADOU FRANCE	CONSULTING	92,865.
ASILHAN UNALDI SOYAK AYISIGI SITESI, A7/2 KANDILLI ISTANBUL TURKEY	CONSULTING	95,500.
	TOTAL COMPENSATION	----- 521,124. =====



SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.

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NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
APA TEN G LLC DEPT. 223 WASHINGTON, DC 20055	LANDLORD	1,732,873.
DINERS CLUB P.O. BOX 6575 THE LAKES, NV 88901	CORP CREDIT CARD	1,701,203.
CPI QUALIFIED PLAN CONSULTANT 1167 1809 24TH STREET GREAT BEND, KS 67530	RETIREMENT PLAN	1,122,851.
GUARDIAN P.O. BOX 95101 CHICAGO, IL 60694	HEALTH INSURANCE	926,975.
AETNA FINANCIAL SERVICES 151 FARMINGTON AVENUE HARTFORD, CT 06156	RETIREMENT PLAN	439,272.
TOTAL COMPENSATION		----- 5,923,174. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D  
=====

CERTAIN OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES RECEIVE COMPENSATION AND BENEFITS. SEE FORM 990, PART V. UNDER THE ACCOUNTABLE PLAN RULES, THE ORGANIZATION ALSO PROVIDES REIMBURSEMENTS FOR REASONAB AND NECESSARY BUSINESS EXPENSES INCURRED BY ITS OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES.

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2006	2005	2004	2003	TOTAL
OTHER REVENUE	8,968.	97,797.	8,769.	9,982.	125,516.
TOTALS	8,968.	97,797.	8,769.	9,982.	125,516.

# Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

**2007**

Name of estate or trust <b>WORLD RESOURCES INSTITUTE</b>	Employer identification number <b>52-1257057</b>
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**Note:** Form 5227 filers need to complete *only* Parts I and II.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 40 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
<b>1a</b>					

b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b . . . . .	<b>1b</b>	
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 . . . . .	<b>2</b>	
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .	<b>3</b>	
4 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2006 Capital Loss Carryover Worksheet . . . . .	<b>4</b>	( )
5 <b>Net short-term gain or (loss).</b> Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back. . . . .	<b>5</b>	

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 40 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
<b>6a</b>					

b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b. . . . .	<b>6b</b>	<b>-1,588,385.</b>
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . . . . .	<b>7</b>	
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .	<b>8</b>	
9 Capital gain distributions . . . . .	<b>9</b>	
10 Gain from Form 4797, Part I . . . . .	<b>10</b>	
11 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2006 Capital Loss Carryover Worksheet . . . . .	<b>11</b>	( )
12 <b>Net long-term gain or (loss).</b> Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back. . . . .	<b>12</b>	<b>-1,588,385.</b>

<b>Part III Summary of Parts I and II</b> <b>Caution: Read the instructions before completing this part.</b>		(1) Beneficiaries' (see page 41)	(2) Estate's or trust's	(3) Total
<b>13</b>	Net short-term gain or (loss) . . . . .	<b>13</b>		
<b>14</b>	Net long-term gain or (loss):			
a	Total for year . . . . .	<b>14a</b>		-1,588,385.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.) . . . . .	<b>14b</b>		
c	28% rate gain . . . . .	<b>14c</b>		
<b>15</b>	Total net gain or (loss). Combine lines 13 and 14a . . . . . ▶	<b>15</b>		-1,588,385.

**Note:** If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

<b>Part IV Capital Loss Limitation</b>		
<b>16</b>	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of: a The loss on line 15, column (3) or b \$3,000 . . . . .	<b>16</b> ( 3,000.)

**Note:** If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 42 of the instructions to figure your capital loss carryover.

**Part V Tax Computation Using Maximum Capital Gains Rates**  
**Form 1041 filers.** Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.  
**Caution:** Skip this part and complete the worksheet on page 43 of the instructions if:  
 • Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or  
 • Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

**Form 990-T trusts.** Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 43 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

<b>17</b>	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) . . . . .	<b>17</b>		
<b>18</b>	Enter the smaller of line 14a or 15 in column (2) but not less than zero . . . . .	<b>18</b>		
<b>19</b>	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) . . . . .	<b>19</b>		
<b>20</b>	Add lines 18 and 19 . . . . .	<b>20</b>		
<b>21</b>	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . . . ▶	<b>21</b>		
<b>22</b>	Subtract line 21 from line 20. If zero or less, enter -0- . . . . .	<b>22</b>		
<b>23</b>	Subtract line 22 from line 17. If zero or less, enter -0- . . . . .	<b>23</b>		
<b>24</b>	Enter the smaller of the amount on line 17 or \$2,150 . . . . .	<b>24</b>		
<b>25</b>	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 through 27; go to line 28 and check the "No" box. <input type="checkbox"/> No. Enter the amount from line 23 . . . . .	<b>25</b>		
<b>26</b>	Subtract line 25 from line 24 . . . . .	<b>26</b>		
<b>27</b>	Multiply line 26 by 5% (.05) . . . . .	<b>27</b>		
<b>28</b>	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 28 thru 31; go to line 32. <input type="checkbox"/> No. Enter the smaller of line 17 or line 22 . . . . .	<b>28</b>		
<b>29</b>	Enter the amount from line 26 (If line 26 is blank, enter -0-) . . . . .	<b>29</b>		
<b>30</b>	Subtract line 29 from line 28 . . . . .	<b>30</b>		
<b>31</b>	Multiply line 30 by 15% (.15) . . . . .	<b>31</b>		
<b>32</b>	Figure the tax on the amount on line 23. Use the 2007 Tax Rate Schedule on page 27 of the instructions . . . . .	<b>32</b>		
<b>33</b>	Add lines 27, 31, and 32 . . . . .	<b>33</b>		
<b>34</b>	Figure the tax on the amount on line 17. Use the 2007 Tax Rate Schedule on page 27 of the instructions . . . . .	<b>34</b>		
<b>35</b>	Tax on all taxable income. Enter the smaller of line 33 or line 34 here and on line 1a of Schedule G, Form 1041 (or line 36 of Form 990-T) . . . . .	<b>35</b>		



