

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

OMB No. 1545-0047

2007Open to Public
Inspection

▶ 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 **JUL 1, 2007** and ending **JUN 30, 2008****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**PHYSICIANS FOR HUMAN RIGHTS**

Number and street (or P.O. box if mail is not delivered to street address)

2 ARROW STREET

City or town, state or country, and ZIP + 4

CAMBRIDGE, MA 02138**D** Employer identification number**22-2488437****E** Telephone number**(617) 301-4200****F** Accounting method: ☐ Cash ☒ 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 ☒ 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 ☒ No**I** Group Exemption Number ▶ **N/A****G** Website: ▶ **WWW.PHRUSA.ORG****J** Organization type (check only one) ▶ ☒ 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.**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 ▶ **6,208,574.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

1 Contributions, gifts, grants, and similar amounts received:			
a Contributions to donor advised funds	1a		
b Direct public support (not included on line 1a)	1b	4,856,180.	
c Indirect public support (not included on line 1a)	1c		
d Government contributions (grants) (not included on line 1a)	1d		
e Total (add lines 1a through 1d) (cash \$ 4,856,180. noncash \$) ...	1e	4,856,180.	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
3 Membership dues and assessments	3		
4 Interest on savings and temporary cash investments	4	247,892.	
5 Dividends and interest from securities	5		
6 a Gross rents	6a		
b Less: rental expenses	6b		
c Net rental income or (loss). Subtract line 6b from line 6a	6c		
7 Other investment income (describe ▶)	7		
8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	1,104,502.	8a	
b Less: cost or other basis and sales expenses	1,157,590.	8b	
c Gain or (loss) (attach schedule)	<53,088.>	8c	
d Net gain or (loss). Combine line 8c, columns (A) and (B)	STMT 1	8d	<53,088.>
9 Special events and activities (attach schedule). If any amount is from gaming, check here ☐			
a Gross revenue (not including \$ of contributions reported on line 1b)	9a		
b Less: direct expenses other than fundraising expenses	9b		
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c		
10 a Gross sales of inventory, less returns and allowances	10a		
b Less: cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
11 Other revenue (from Part VII, line 103)	11		
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	5,050,984.	
13 Program services (from line 44, column (B))	13	3,975,905.	
14 Management and general (from line 44, column (C))	14	540,433.	
15 Fundraising (from line 44, column (D))	15	499,102.	
16 Payments to affiliates (attach schedule)	16		
17 Total expenses. Add lines 16 and 44, column (A)	17	5,015,440.	
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	35,544.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	7,628,011.	
20 Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 2	
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	7,305,622.	

723001
12-27-07

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

Form 990 (2007)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

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. You must file original and one copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	PHYSICIANS FOR HUMAN RIGHTS	22-2488437
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	2 ARROW STREET, NO. 301	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	CAMBRIDGE, MA 02138	

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

- ☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

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 **THE ORGANIZATION**
 Telephone No. **617-301-4200** FAX No. **617-301-4250**
- 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.

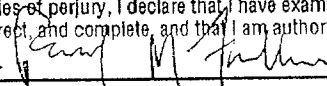
- 4 I request an additional 3-month extension of time until **MAY 15, 2009**
- 5 For calendar year _____, or other tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension

ADDITIONAL INFORMATION REQUIRED IN ORDER TO FILE A COMPLETE AND ACCURATE TAX RETURN.

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.	8a	\$
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.	8b	\$
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.	8c	\$ N/A

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  Title **CPA**

Date **7/13/09**

Form 8868 (Rev. 4-2008)



Department of the Treasury
Internal Revenue Service
OGDEN UT 84201-0074

RECEIVED MAR 30 2009

For assistance, call:
1-877-829-5500

Notice Number: CP211A
Date: March 30, 2009

Taxpayer Identification Number:
22-2488437
Tax Form: 990
Tax Period: June 30, 2008

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PHYSICIANS FOR HUMAN RIGHTS INC
2 ARROW ST STE 301
CAMBRIDGE MA 02138-5102026

004390

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We have received your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above.

We have approved your request and have extended the due date to file your return to May 15, 2009.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top left of this letter.

Reminder - You May Be Required to File Electronically

Exempt organizations may be required to file certain returns electronically. For tax years ending on or after December 31, 2006, the electronic filing requirement applies to exempt organizations with \$10 million or more in total assets if the organization files at least 250 returns in a calendar year, including income, excise, employment tax and information returns. Private foundations and charitable trusts will be required to file Forms 990-PF electronically regardless of their asset size, if they file at least 250 returns annually. For more information, go to www.irs.gov. Click "Charities and Non-Profits" and look for the "e-file for Charities and Non-Profits" tab.

For tax forms, instructions and information visit www.irs.gov. (Access to this site will not provide you with your specific taxpayer account information.)

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IRS USE ONLY

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222488437

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211A
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Department of the Treasury
Internal Revenue Service
OGDEN, UT 84201-0074

For assistance, call:
1-877-829-5500

Notice Number: CP211A
Date: December 1, 2008

Taxpayer Identification Number:
22-2488437
Tax Form: 990
Tax Period: June 30, 2008

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|||||



PHYSICIANS FOR HUMAN RIGHTS INC
2 ARROW ST STE 301
CAMBRIDGE MA 02138-5102026

003491

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We have received your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above.

We have approved your request and have extended the due date to file your return to February 15, 2009.

Please attach a copy of this letter to your return when you file it. It is evidence that we granted an extension of time to file your return. A copy is provided for your records.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top left of this letter.

Reminder - You May Be Required to File Electronically

Exempt organizations may be required to file certain returns electronically. For tax years ending on or after December 31, 2006, the electronic filing requirement applies to exempt organizations with \$10 million or more in total assets if the organization files at least 250 returns in a calendar year, including income, excise, employment tax and information returns. Private foundations and charitable trusts will be required to file Forms 990-PF electronically regardless of their asset size, if they file at least 250 returns annually. For more information, go to www.irs.gov. Click "Charities and Non-Profits" and look for the "e-file for Charities and Non-Profits" tab.

For tax forms, instructions and information visit www.irs.gov. (Access to this site will not provide you with your specific taxpayer account information.)

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

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

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	Employer identification number
	PHYSICIANS FOR HUMAN RIGHTS	22-2488437
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	2 ARROW STREET, SUITE 301, NO. 301	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	CAMBRIDGE, MA 02138	

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

- | | | |
|--|---|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

- The books are in the care of ► **THE ORGANIZATION**
Telephone No. ► **617-301-4200** FAX No. ► **617-301-4250**
- 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 **FEBRUARY 15, 2009**, 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 **JUL 1, 2007**, and ending **JUN 30, 2008**

- 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	\$
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	\$
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	\$ N/A

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.

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

Form 8868 (Rev. 4-2008)

efiled 11/11/08

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
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 . noncash \$ 0 .) If this amount includes foreign grants, check here ☐				
22b Other grants and allocations (attach schedule) (cash \$ 0 . noncash \$ 0 .) If this amount includes foreign grants, check here ☐				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 494,781.	435,918.	9,338.	49,525.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 49,655.	36,887.	7,094.	5,674.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 2,048,028.	1,595,658.	278,848.	173,522.
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28 299,282.	220,636.	47,917.	30,729.
29 Payroll taxes	29 205,395.	153,590.	30,899.	20,906.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 7,084.	5,905.		1,179.
34 Telephone	34 49,649.	42,955.	4,109.	2,585.
35 Postage and shipping	35 20,376.	14,527.	1,177.	4,672.
36 Occupancy	36 356,137.	284,093.	41,374.	30,670.
37 Equipment rental and maintenance	37 20,608.	16,428.	2,441.	1,739.
38 Printing and publications	38 97,954.	86,629.	1,902.	9,423.
39 Travel	39 365,609.	346,483.	4,311.	14,815.
40 Conferences, conventions, and meetings	40 75,497.	70,847.	1,385.	3,265.
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 44,713.	35,489.	5,651.	3,573.
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 3	43g 880,672.	629,860.	103,987.	146,825.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 5,015,440.	3,975,905.	540,433.	499,102.

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

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? ►		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
TO PROMOTE HUMAN RIGHTS INTERNATIONALLY		
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	TO USE THE KNOWLEDGE AND SKILLS OF THE MEDICAL AND FORENSIC SCIENCES TO INVESTIGATE AND PREVENT VIOLATIONS OF HUMAN RIGHTS AND INTERNATIONAL HUMANITARIAN LAW	
(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐		3,975,905.
b		
(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐		
c		
(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐		
d		
(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐		
e	Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐		
f	Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	3,975,905.

Form 990 (2007)

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	186,403.	193,906.
	46 Savings and temporary cash investments	2,070,611.	1,681,983.
	47 a Accounts receivable	7,970.	
	b Less: allowance for doubtful accounts		
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable	408,965.	1,235,720.
	50 a Receivables from current and former officers, directors, trustees, and key employees		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	67,206.	74,375.
	54 a Investments - publicly-traded securities STMT 7 ☐ Cost ☒ FMV	3,097,337.	2,478,645.
	b Investments - other securities STMT 6 ☐ Cost ☒ FMV	1,710,492.	1,646,969.
55 a Investments - land, buildings, and equipment: basis			
b Less: accumulated depreciation			
56 Investments - other			
57 a Land, buildings, and equipment: basis	318,447.		
b Less: accumulated depreciation STMT 4	249,757.		
58 Other assets, including program-related investments (describe ☐ SEE STATEMENT 5)	273,665.	273,665.	
59 Total assets (must equal line 74). Add lines 45 through 58	7,935,893.	7,661,923.	
Liabilities	60 Accounts payable and accrued expenses	307,882.	350,264.
	61 Grants payable		
	62 Deferred revenue		6,037.
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe ☐)	0.	0.
	66 Total liabilities. Add lines 60 through 65	307,882.	356,301.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	2,502,229.	2,048,141.
	68 Temporarily restricted	5,120,782.	5,252,481.
	69 Permanently restricted	5,000.	5,000.
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	7,628,011.	7,305,622.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	7,935,893.	7,661,923.

Form 990 (2007)

Part IV-A

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

Form **990** (2007)

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	672,399.
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 <i>quid pro quo</i> contributions?	83b	N/A
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 a	501(c)(4), (5), or (6). 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 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	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	88b	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>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed <u>MA</u>	90b	41
b	Number of employees employed in the pay period that includes March 12, 2007		
91 a	The books are in care of <u>THE ORGANIZATION</u> Telephone no. <u>617-301-4200</u> Located at <u>TWO ARROW STREET, SUITE 301, CAMBRIDGE, MA</u> ZIP + 4 <u>02138</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

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 ☐ ☒If "Yes," enter the name of the foreign country **N/A**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) Exclu- sion code	(D) Amount	
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	247,892.	
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	<53,088.>	
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.		194,804.	0.
105 Total (add line 104, columns (B), (D), and (E))					194,804.

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).

N/A

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).

Form 990 (2007)

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). **N/A**

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

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

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

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

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

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.

Please Sign Here: *Brenda E Smith* Signature of officer *4/7/09* Date

OFFICER *COO/CFO* Type or print name and title

Paid Preparer's Use Only: Preparer's signature *Richard M. Freedberg* Date *3/31/09* Check if self-employed ☐ Preparer's SSN or PTIN (See Gen. Inst. X) *EIN*

Firm's name (or yours if self-employed), address, and ZIP + 4: **KAHN, LITWIN, RENZA & CO., LTD.**
P.O. BOX 3030, THREE TECH CIRCLE
NATICK, MA 01760

Phone no. **508-652-0000**

Form 990 (2007)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No. 1545-0047

2007

Name of the organization

PHYSICIANS FOR HUMAN RIGHTS

Employer identification number

22 2488437

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
JOHN BRADSHAW 7024 31ST ST NW, WASHINGTON, DC 20011	DIR PUBLIC POLICY 35.00	98,881.	9,374.	
MARIA JUDGE 72 NEWBERN AVE., MEDFORD, MA 02155	DIR ADMIN 35.00	86,550.	8,675.	
STEFAN SCHMITT 313 GARNER CT, TALLAHASSEE, FL 32301	DIR INTL FORSC PGM 35.00	85,303.	15,726.	
VINCENT IACOPINO 188 COURTNEY ANN DRIVE, HENDERSON, NV	SENIOR MED ADVISOR 35.00	80,376.	13,328.	
BARBARA AYOTTE 61 POTTER STREET, CONCORD, MA 01742	DIR OF COMMUNICATION 35.00	79,790.	9,841.	
Total number of other employees paid over \$50,000	18			

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
NONE		
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
AFRICA PUBLIC HEALTH DEVELOPMENT TRUST 24 Highbury Grove, London, UK N5 2EA	AFRICAN HUMAN RIGHTS PARTNER/SU	128,440.
KENYA HUMAN RIGHTS COMMISSION P.O. BOX 41079-0010, NAIROBI, KENYA	HEALTH ACTION AIDS PARTNER/SUBC	103,584.
ISAACSON MILLER 334 BOYLSTON STREET, SUITE 500, WASHINGTON, DC 20001	EXECUTIVE SEARCH FIRM	71,086.
VISUAL COMMUNICATIONS 970 CANTRAL STREET, SUITE 403, LOWELL, MA 01852	GRAPHIC DESIGN; MATERIALS SUPPLIE	61,272.
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 ► \$ <u>5,728.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) VI-A, LINE 38B	1	X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a Sale, exchange, or leasing of property? SEE STATEMENT 9	2a	X	
b Lending of money or other extension of credit?	2b		X
c Furnishing of goods, services, or facilities?	2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
e Transfer of any part of its income or assets?	2e		X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b Did the organization make any taxable distributions under section 4966? N/A	4b		
c Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c		
d Enter the total number of donor advised funds owned at the end of the tax year ► N/A	N/A		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ►	N/A		
f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ►	0.		
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ►	0.		

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.)

Provide the following information about the supported organizations. (See page 3 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	
Total					

- 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.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,169,746.	5,239,641.	4,551,847.	5,596,714.	17,557,948.
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, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	393,311.	182,202.	146,883.	84,396.	806,792.
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	2,563,057.	5,421,843.	4,698,730.	5,681,110.	18,364,740.
24 Line 23 minus line 17	2,563,057.	5,421,843.	4,698,730.	5,681,110.	18,364,740.
25 Enter 1% of line 23	25,631.	54,218.	46,987.	56,811.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 367,295.
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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 7,016,785.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 18,364,740.
d Add: Amounts from column (e) for lines: 18 806,792. 19 22					26d 7,823,577.
					26e 10,541,163.
e Public support (line 26c minus line 26d total)					26f 57.3989%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
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					
(2006) (2005) (2004) (2003)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2006) (2005) (2004) (2003)					
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 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.)

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?	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?	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:	32a	
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32b	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32c	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32d	
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:	33a	
a Students' rights or privileges?	33b	
b Admissions policies?	33c	
c Employment of faculty or administrative staff?	33d	
d Scholarships or other financial assistance?	33e	
e Educational policies?	33f	
f Use of facilities?	33g	
g Athletic programs?	33h	
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?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
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	35	

Schedule A (Form 990 or 990-EZ) 2007

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
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	2,783.
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	2,945.
38 Total lobbying expenditures (add lines 36 and 37)	38	5,728.
39 Other exempt purpose expenditures	39	6,338,882.
40 Total exempt purpose expenditures (add lines 38 and 39)	40	6,344,610.
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is -		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	116,808.
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0.
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0.

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
45 Lobbying nontaxable amount	467,231.	403,663.	367,494.	333,745.	1,572,133.
46 Lobbying ceiling amount (150% of line 45(e))					2,358,200.
47 Total lobbying expenditures	5,728.	8,200.	11,915.	10,722.	36,565.
48 Grassroots nontaxable amount	116,808.	100,916.	91,874.	83,436.	393,034.
49 Grassroots ceiling amount (150% of line 48(e))					589,551.
50 Grassroots lobbying expenditures	2,783.	1,309.	692.	195.	4,979.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 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.

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?

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

b(i)	X
------	---

b(ii)		X
-------	--	---

b(iii)		X
--------	--	---

b(iv)		X
-------	--	---

b(v).		X
-------	--	---

b(yi)	X
-------	---

C		X
---	--	---

N/A

[illegible]☐ Yes ☒ No

N/A

[illegible]

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)
STOCK, FIXED INC & MUTUAL FUND	1,104,502.	1,157,590.	0.	<53,088.>
TO FORM 990, PART I, LINE 8	1,104,502.	1,157,590.	0.	<53,088.>

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS CARRIED AT MARKET VALUE	<357,933.>
TOTAL TO FORM 990, PART I, LINE 20	<357,933.>

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONSULTANTS & STIPENDS	168,308.	129,140.	11,568.	27,600.
ADVERTISING	16,665.	13,864.	0.	2,801.
INSURANCE	7,878.	2,938.	3,888.	1,052.
PROFESSIONAL FEES	29,210.	4,577.	24,161.	472.
BANK & PAYROLL FEES	49,833.	11,580.	37,258.	995.
UTILITIES	16,641.	13,334.	1,883.	1,424.
CONTRACT SERVICES	490,674.	393,958.	19,364.	77,352.
FILING FEES	1,550.	0.	250.	1,300.
MISC EXPENSE	48,765.	31,520.	785.	16,460.
OFFICE SUPPLIES	40,636.	28,949.	4,019.	7,668.
TELEMARKETING AND DIRECT MAIL	10,512.	0.	811.	9,701.
TOTAL TO FM 990, LN 43	880,672.	629,860.	103,987.	146,825.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT		STATEMENT	4
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	
ACCOUNTING SOFTWARE UPG	550.	550.	0.	
GATEWAY SK SOLO LAPTOP	4,024.	4,024.	0.	
NETWORK UPGRADE - 25 USER				
INTRANETWARE 4	1,438.	1,438.	0.	
POLYCOM 1300 CONF PHONE	2,325.	2,325.	0.	
LAPTOP	3,321.	3,321.	0.	
NOVELL UPGRADES	3,365.	3,365.	0.	
NETSHIELD SECURITY	1,040.	1,040.	0.	
DELL LAPTOP	2,499.	2,499.	0.	
TELEPHONE	7,282.	7,282.	0.	
CONFERENCE ROOM TABLES	2,970.	2,970.	0.	
DELL TW-09C748	2,413.	2,413.	0.	
DELL OPTIPLEX CCOSK11	1,792.	1,792.	0.	
NOVELL LICENSE	1,489.	1,489.	0.	
FILEMAKER UPGRADE	1,120.	1,120.	0.	
WINDOWS XP OPERATING SYSTEM	1,800.	1,800.	0.	
MICROSOFT PROFESSIONAL OFFICE XP	1,525.	1,525.	0.	
SANYO LCD PROJECTOR	2,589.	2,589.	0.	
FILE MAKER SERVER	915.	915.	0.	
DELL OPTIPLEX 2FRN911	1,820.	1,820.	0.	
DELL OPTIPLEX 3FRN911	1,820.	1,820.	0.	
DELL OPTIPLEX 4FRN911	1,820.	1,820.	0.	
DELL LAPTOP CZ75Z01	1,940.	1,940.	0.	
DELL OPTIPLEX 2ZGJG11	1,592.	1,592.	0.	
DELL LAPTOP 5G3W511	2,483.	2,483.	0.	
DELL OPTIPLEX 34KVC11	1,750.	1,750.	0.	
DELL POWER EDGE SERVER	1,656.	1,656.	0.	
DELL POWER EDGE SERVER FOR APPLICATION	4,236.	4,236.	0.	
DELL OPTIPLEX CQ20W11	1,750.	1,750.	0.	
DELL OPTIPLEX FQ20W11	1,750.	1,750.	0.	
DELL OPTIPLEX 5SL5121	1,552.	1,552.	0.	
DELL OPTIPLEX 7SL5121	1,552.	1,552.	0.	
DELL LATITUDE NOTEBOOK JG6Z021	2,414.	2,414.	0.	
DELL LAPTOP FXRRL21	2,394.	2,394.	0.	
DELL LAPTOP JXRRL21	2,394.	2,394.	0.	
DELL LAPTOP 4YRRL21	2,145.	2,145.	0.	
DELL OPTIPLEX 22TPX21	1,625.	1,625.	0.	
DELL OPTIPLEX J1TPX21	1,625.	1,625.	0.	
BENQ DLP XGA PROJECTOR	1,995.	1,995.	0.	
TREND MICRO NEAT SUITE	1,758.	1,758.	0.	
DONOR PERFECT SOFTWARE	5,995.	5,995.	0.	
PLANNED GIVING SOFTWARE AND LICENSES	2,588.	2,588.	0.	
DC TELEPHONE SYSTEM	7,115.	6,404.	711.	

DELL OPTIPLEX (8)	9,664.	9,664.	0.
DELL LAPTOP	1,998.	1,998.	0.
DELL PRECISION 360	1,375.	1,375.	0.
DELL OPTIPLEX 5D4JB51	1,235.	1,235.	0.
DELL OPTIPLEX 3D4JB51	1,235.	1,235.	0.
DELL OPTIPLEX 7WPFB51	1,235.	1,235.	0.
DELL OPTIPLEX 8686Y51	1,205.	1,205.	0.
DELL OPTIPLEX 5686Y51	1,205.	1,205.	0.
DELL POWER VAULT EXTERNAL			
DRIVE 13X0Q41	4,439.	4,439.	0.
DELL OPTIPLEX C586Y51	1,205.	1,205.	0.
DELL OPTIPLEX 1686Y51	1,205.	1,205.	0.
GENERAL COMM - TELEPHONE			
SYSTEM	23,340.	8,169.	15,171.
HARBINGER TELEPHONE SYSTEM			
INSTALLATION	5,187.	1,814.	3,373.
IRC3200 PRINTER, FAX, COPIER	15,000.	15,000.	0.
AUTO PAPER FOLDER	1,300.	1,300.	0.
DELL OPTIPLEX J5K9L61	1,060.	1,060.	0.
DELL OPTIPLEX 16K9L61	1,060.	1,060.	0.
DELL OPTIPLEX DKS9N61	1,060.	1,060.	0.
DELL OPTIPLEX 1NS9N61	1,060.	1,060.	0.
DELL OPTIPLEX GKS9N61	1,060.	1,060.	0.
DELL OPTIPLEX FKS9N61	1,060.	1,060.	0.
LOBBY SIGN FOR OFFICE	2,000.	1,000.	1,000.
OFFICE FURNITURE	3,164.	1,110.	2,054.
DELL LATITUDE 19L1V61	1,703.	1,703.	0.
DELL LATITUDE GR8LX61	2,055.	2,055.	0.
OFFICE FURNITURE	11,000.	3,685.	7,315.
LASER JET PRINTER	1,200.	1,200.	0.
DELL LATITUDE 3PKTR71	2,041.	2,041.	0.
HARBINGER - NET VANTA SOFTWARE			
FOR T1	10,974.	10,974.	0.
HARBINGER WIRING FOR ARROW			
STREET	14,016.	4,907.	9,109.
TELEPHONE INTERFACE CARD &			
STRATA NET LICENSE	2,933.	2,057.	876.
DELL LATITUDE BJ6HB1	1,642.	823.	819.
DELL LATITUDE CPMXB1	1,538.	768.	770.
DELL LATITUDE 8S6YMB1	1,194.	597.	597.
DELL LATITUDE BHWNHB1	1,473.	738.	735.
DELL LATITUDE JHWNHB1	1,473.	738.	735.
DELL LATITUDE BDTS2C1	1,050.	525.	525.
DELL LATITUDE CD0CFC1	1,348.	675.	673.
DELL POWER EDGE SERVER BBN7TC1	4,956.	2,478.	2,478.
ADDITIONS FOR TAX YR 2005	61,443.	51,218.	10,225.
DELL LATITUDE DNY0FD1	1,633.	272.	1,361.
DELL LATITUDE H257GD1	1,451.	242.	1,209.
DELL LATITUDE J257GD1	1,451.	243.	1,208.
SAGE LICENSE UPGRADE TO			
MULTI-USER	9,295.	1,549.	7,746.
TOTAL TO FORM 990, PART IV, LN 57	318,447.	249,757.	68,690.

FORM 990	OTHER ASSETS	STATEMENT	5
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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
SECURITY DEPOSITS	23,665.	23,665.
GRANTS RECEIVABLE, NET OF CURRENT PORTIONS	250,000.	250,000.
TOTAL TO FORM 990, PART IV, LINE 58	273,665.	273,665.

FORM 990	OTHER SECURITIES	STATEMENT	6
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
CASH	FMV	256,779.
FIXED INCOME SECURITIES	FMV	1,390,190.
TO FORM 990, LINE 54B, COL B		1,646,969.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	7
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
EQUITIES	FMV	2,478,645.			2,478,645.
TO FORM 990, LINE 54A, COL B		2,478,645.			2,478,645.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
HOLLY G. ATKINSON, MD 1623 THIRD AVENUE, APT. 28K NEW YORK, NY 10128	BOARD MEMBER 0.50	0.	0.	0.
CAROLA EISENBERG, MD 9 CLEMENT CIRCLE CAMBRIDGE, MA 02138	BOARD MEMBER 0.50	0.	0.	0.
FRANK DAVIDOFF, MD 143 GARDEN STREET WETHERSFIELD, CT 06109	VICE-CHAIR OF THE BOARD 0.50	0.	0.	0.
FELTON EARLS, MD 16 FARRAR STREET CAMBRIDGE, MA 02138	BOARD MEMBER 0.50	0.	0.	0.
GREGORY C. CARR 975 MEMORIAL DRIVE, APT 1008 CAMBRIDGE, MA 02138	BOARD MEMBER 0.50	0.	0.	0.
JENNIFER LEANING, MD RFD #4 - 113 TOWER RD LINCOLN, MA 01773	SECRETARY & TREASURER 0.50	0.	0.	0.
JUSTICE RICHARD J. GOLDSTONE C/O HARVARD LAW SCHOOL, AREEDA 132 CAMBRIDGE, MA 02138	BOARD MEMBER 0.50	0.	0.	0.
VIN RYAN 39 BEACON STREET BOSTON, MA 02108	BOARD MEMBER 0.50	0.	0.	0.
RONALD WALDMAN, MD, MPH 5435 32ND ST. NW WASHINGTON, DC 20015	BOARD MEMBER 0.50	0.	0.	0.
BURTON LEE, MD 716 SANDFLY LANE VERO BEACH, FL 32963	BOARD MEMBER 0.50	0.	0.	0.
LEONARD RUBENSTEIN 17 W. CEDAR STREET ALEXANDRIA, VA 22301	PRESIDENT 35.00	180,709.	9,001.	0.

SUSANNAH SIRKIN 23 CERDAN AVENUE ROSLINDALE, MA 02131	ASSISTANT TREASURER 35.00	109,426.	8,872.	0.
GERALD E. THOMSON, MD C/O PREMIUM POINT, 85 CENTRAL DRIVE NEW ROCHELLE, NY 10801	BOARD MEMBER 0.50	0.	0.	0.
H. JACK GEIGER, MD C/O U OF NY MEDICAL SCHOOL 28 SCHERMERHORN ST BROOKLYN, NY 11201	BOARD MEMBER 0.50	0.	0.	0.
JOEL LAMSTEIN 44 FARNSWORTH STREET BOSTON, MA 02210	BOARD MEMBER 0.50	0.	0.	0.
ROBERT S. LAWRENCE, MD 4000 N.CHARLES STREET, APT #112 BALTIMORE, MD 21218-1737	CHAIR OF THE BOARD 0.50	0.	0.	0.
ANNE STETSON, JD, MIA 107 IRVING STREET CAMBRIDGE, MA 02138	BOARD MEMBER 0.50	0.	0.	0.
A. FRANK DONAGHUE 1313 WASHINGTON STREET BOSTON, MA 02118	EXECUTIVE DIRECTOR 35.00	184,747.	2,026.	0.
DEBORAH ASCHEIM 600 W. 168TH ST., 7TH FLOOR NEW YORK, NY 10032	BOARD MEMBER 0.50	0.	0.	0.
MARION BERGMAN 104A MIDDLEVILLE ROAD NORTHPORT, NY 11768	BOARD MEMBER 0.50	0.	0.	0.
DONALD BERWICK 20 UNIVERSITY ROAD, 7TH FLOOR CAMBRIDGE, MA 02138	BOARD MEMBER 0.50	0.	0.	0.
ALI KAHN 10 AKRON ST. APT. 207 CAMBRIDGE, MA 02138	BOARD MEMBER 0.50	0.	0.	0.
ALLAN ROSENFELD 722W 168TH STREET, 14TH FLOOR NEW YORK, NY 10032	BOARD MEMBER 0.50	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		474,882.	19,899.	0.

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2A

STATEMENT 9

THE ORGANIZATION LEASES OFFICE SPACE IN CAMBRIDGE, MASSACHUSETTS FROM GREGORY C. CARR FOUNDATION, INC., AN AFFILIATE OF A MEMBER OF THE BOARD OF DIRECTORS. RENT EXPENSE UNDER THIS LEASE WAS \$252,883 FOR THE YEAR ENDED JUNE 30, 2008. THIS LEASE WAS AUTHORIZED BY THE BOARD OF DIRECTORS UPON DISCUSSION AND VOTE, FOR WHICH THE RELATED PARTY WAS NOT PRESENT.



PHYSICIANS FOR HUMAN RIGHTS
STATEMENT OF LOBBYING ACTIVITIES
EIN 22-2488437

Physicians for Human Rights engages in public education on human rights, and provides extensive information to Members of Congress and their staff and to the Executive Branch on a regular basis. Only a small fraction of our resources is directed at actual legislation, however. This year's lobbying activities involved the following areas:

Global HIV/AIDS Pandemic: PHR's Health Action Aids Campaign continued to follow U.S. policy concerning the AIDS pandemic. PHR's U.S. Policy Director regularly provides information to Congress and the Executive Branch on specific aspects of the global HIV/AIDS pandemic. This year, our US Policy Director and several staff members lobbied staff members of the House and Senate and set up appointments for students to meet with Members of Congress regarding the Africa Health Capacity Investment Act of 2007. PHR Staff also lobbied staff on the reauthorization of PEPFAR (The Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis and Malaria Reauthorization Act of 2008) and the Health Capacity Investment Act (Durbin Bill). PHR's web staff produced web pages that website visitors could use to send message to their US Congressmen and State legislators.

Torture and Inhumane Treatment: PHR is committed to preventing and ending torture wherever it may occur and has been actively engaged in an effort to illuminate and end US abuse of detainees. PHR's US Policy Director has generally provided information to Congress that is not legislation-specific, but did spend several hours working on specific provisions at the request of a Senate office. Other members of PHR's Policy and Constituency Outreach departments also engaged in direct lobbying with regard to this issue. PHR's web staff produced web pages that website visitors could use to send message to their US Congressmen and State legislators.

Asylum: PHR continues to follow issues that affect U.S. asylum seekers and individuals in detention. This year, PHR raised concerns with Congress concerning "*The 9/11 Recommendations Implementation Act*," specifically with regard to immigration-related provisions.

Health & Justice for Youth: PHR's Health and Justice for Youth Advocates continued to follow key legislation across the nation regarding juvenile justice reform. PHR's web staff produced web pages that website visitors could use to send message to their US Congressmen and State legislators

Sudan: PHR continues to advocate for an end to the genocide in Sudan. PHR's U.S. Policy Director has provided information and recommendations to Congress and the Executive Branch. PHR's web staff produced web pages that website visitors could use to send message to their US Congressmen and State legislators

Form **5768**

(Rev. December 2004)

Department of the Treasury
Internal Revenue Service**Election/Revocation of Election by an Eligible
Section 501(c)(3) Organization To Make
Expenditures To Influence Legislation**

(Under Section 501(h) of the Internal Revenue Code)

For IRS
Use Only ►

Name of organization

PHYSICIANS FOR HUMAN RIGHTS

Employer identification number
22-2488437

Number and street (or P.O. box no., if mail is not delivered to street address)

2 ARROW STREET

Room/suite
301

City, town or post office, and state

CAMBRIDGE, MA 02138

ZIP + 4

- 1 Election**—As an eligible organization, we hereby elect to have the provisions of section 501(h) of the Code, relating to expenditures to influence legislation, apply to our tax year ending 6/30/2009 and all subsequent tax years until revoked.
(Month, day, and year)

Note: This election must be signed and postmarked within the first taxable year to which it applies.

- 2 Revocation**—As an eligible organization, we hereby revoke our election to have the provisions of section 501(h) of the Code, relating to expenditures to influence legislation, apply to our tax year ending _____
(Month, day, and year)

Note: This revocation must be signed and postmarked before the first day of the tax year to which it applies.

Under penalties of perjury, I declare that I am authorized to make this (check applicable box) ☐ election ☐ revocation on behalf of the above named organization.

Brenda E. Smith
(Signature of officer or trustee)

Brenda E. Smith COO/CEO
(Type or print name and title)

4/7/09
(Date)

General Instructions

Section references are to the Internal Revenue Code.

Section 501(c)(3) states that an organization exempt under that section will lose its tax-exempt status and its qualification to receive deductible charitable contributions if a substantial part of its activities are carried on to influence legislation. Section 501(h), however, permits certain eligible 501(c)(3) organizations to elect to make limited expenditures to influence legislation. An organization making the election will, however, be subject to an excise tax under section 4911 if it spends more than the amounts permitted by that section. Also, the organization may lose its exempt status if its lobbying expenditures exceed the permitted amounts by more than 50% over a 4-year period. For any tax year in which an election under section 501(h) is in effect, an electing organization must report the actual and permitted amounts of its lobbying expenditures and grass roots expenditures (as defined in section 4911(c)) on its annual return required under section 6033. See Schedule A (Form 990 or Form 990-EZ). Each electing member of an affiliated group must report these amounts for both itself and the affiliated group as a whole.

To make or revoke the election, enter the ending date of the tax year to which the election or revocation applies in item 1 or 2, as applicable, and sign and date the form in the spaces provided.

Eligible Organizations.—A section 501(c)(3) organization is permitted to make the election if it is not a disqualified organization (see below) and is described in:

1. Section 170(b)(1)(A)(ii) (relating to educational institutions),
2. Section 170(b)(1)(A)(iii) (relating to hospitals and medical research organizations),
3. Section 170(b)(1)(A)(iv) (relating to organizations supporting government schools),
4. Section 170(b)(1)(A)(vi) (relating to organizations publicly supported by charitable contributions),
5. Section 509(a)(2) (relating to organizations publicly supported by admissions, sales, etc.), or
6. Section 509(a)(3) (relating to organizations supporting certain types of public charities other than those section 509(a)(3) organizations that support section 501(c)(4), (5), or (6) organizations).

Disqualified Organizations.—The following types of organizations are not permitted to make the election:

- a. Section 170(b)(1)(A)(i) organizations (relating to churches),

- b. An integrated auxiliary of a church or of a convention or association of churches, or
- c. A member of an affiliated group of organizations if one or more members of such group is described in a or b of this paragraph.

Affiliated Organizations.—Organizations are members of an affiliated group of organizations only if (1) the governing instrument of one such organization requires it to be bound by the decisions of the other organization on legislative issues, or (2) the governing board of one such organization includes persons (i) who are specifically designated representatives of another such organization or are members of the governing board, officers, or paid executive staff members of such other organization, and (ii) who, by aggregating their votes, have sufficient voting power to cause or prevent action on legislative issues by the first such organization.

For more details, see section 4911 and section 501(h).

Note: A private foundation (including a private operating foundation) is not an eligible organization.

Where To File.—Mail Form 5768 to the Internal Revenue Service Center, Ogden, UT 84201-0027.

Form **5768** (Rev. 12-2004)