# Form **990**

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

2014

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	FOF T	ne 201	4 calendar year, or tax year beginning 07/01, 2014,	and ending		06/30, 20 15
В	Ohaak if a	applicable:	C Name of organization	,	D Employer ide	ntification number
_	_		HUMAN RIGHTS WATCH, INC.		13-287	5808
L	Addr		Doing business as WATCH COMMITTEE			
L	Nam	e change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nu	mber
L	Initia	ıl return	350 FIFTH AVENUE, 34TH FLOOR		(212) 29	0-4700
L		l return/ insted	City or town, state or province, country, and ZIP or foreign postal code			-
	Ame	nded n	NEW YORK, NY 10118		G Gross receip	ots \$ 119,379,250.
L	Appli	ication ling	F Name and address of principal officer. KENNETH ROTH,		H(a) is this a grou subordinates	
			350 FIFTH AVENUE, 34TH FLOOR, NEW YORK, NY 10	0118	H(b) Are all subord	
	Tax-ex	kempt st	atus: X 501(c)(3) 501(c)( ) ◀ (insert no.) 4947(a)(1) or	527	If "No," attac	ch a list. (see instructions)
J	Webs	ite: 🕨	WWW.HRW.ORG		H(c) Group exemp	ption number
K	Form	of organ	nization: X Corporation Trust Association Other	L Year of form	nation: 1976 M	State of legal domicile: NY
Р	art l	Su	ımmary			
	1	Briefly	y describe the organization's mission or most significant activities: HUMAN F	RIGHTS WAT	CH, INC. I	S DEDICATED TO
9		PRO'	TECTING THE HUMAN RIGHTS OF PEOPLE AROUND THE W	VORLD.		
าลา						
Governance	2	Check	this box larger if the organization discontinued its operations or disposed	of more than 25	5% of its net assets	S.
Ö	3	Numb	er of voting members of the governing body (Part VI, line 1a)		eservice par	36.
Activities &	4	Numb	er of independent voting members of the governing body (Part VI, line 1b)	000004 60-0006	. 61. 90% d 60.	4 36.
itie	5	Total r	number of individuals employed in calendar year 2014 (Part V, line 2a)	9090 E-906	000 000 000	5 289.
ξį	6	Total r	number of volunteers (estimate if necessary)	* · · · · · · · · · · · · · · · · · · ·	CHECK TORREST	<b>6</b> 37 <b>6</b> .
¥	7a	Total (	unrelated business revenue from Part VIII, column (C), line 12	500 - 100 100 - 100 - 100 100 - 100 100 - 100 - 10	KONTO RESERVACIONE	7a 25,187.
			nrelated business taxable income from Form 990-T, line 34			<b>7b</b> 24,187.
					Prior Year	Current Year
Ф	8	Contri	butions and grants (Part VIII, line 1h) COPY FOR		68,221,33	6. 62,843,469.
eun	9		am service revenue (Part VIII, line 2g) PUBLIC INSPEC	TION	33,09	34,276.
Revenue	10	Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)	ocococococo	5,751,30	9. 2,070,112.
12	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		209,14	5. 229,199.
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		74,214,88	3. 65,177,056.
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		135,50	0. 26,500.
	14	Benefi	its paid to or for members (Part IX, column (A), line 4)	201001060360360		0 0
90	15	Salarie	es, other compensation, employee benefits (Part IX, column (A), lines 5-10)	921333352221 23 92333352221 23	43,068,76	5. 44,622,547.
Expenses	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)	110401435175	1,848,95	1. 2,072,617.
X	b	Total f	fundraising expenses (Part IX, column (D), line 25) ▶ 11,590,017.			
Ш	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		21,592,79	8. 26,752,236.
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		66,646,01	4. 73,473,900.
	19	Reven	ue less expenses. Subtract line 18 from line 12		7,568,86	98,296,844.
Ces				Beg	inning of Current Y	
Sets	20	Total a	assets (Part X, line 16)		246,423,49	5. 240,275,592.
t As	21	Total li	iabilities (Part X, line 26)		4,819,38	7. 5,862,895.
캺	20 21 22	Net as	sets or fund balances. Subtract line 21 from line 20		241,604,108	8. 234,412,697.
Pa	rt II	Sig	nature Block			
Uni	der per	nalties of	f perjury, I declare that I have examined this return, including accompanying schedules complete. Declaration of preparer (other than officer) is based on all information of which	and statements,	and to the best of	my knowledge and belief, it is
LIGI	, сопо	T and t	complete. Declaration of preparer (other than officer) is pased on all information of which	preparer rias arry	Kilowiedge.	
O:-	_					
Sig He			Signature of officer		Date	
пе	16	<b> </b>				
			Type or print name and title			
Paid		Print/T	Type preparer's name Preparer's signature	Date	Check	if PTIN
	parer	PAUL	HAMMERSCHMIDT (OF THE PARTY OF	4/1/11/16	self-employe	1000012.0
	Only	Firm's			Firm's EIN ▶ 13	
_			address ▶100 PARK AVENUE, NEW YORK, NY 10017-5001		Phone no. 2	12-885-8000
			cuss this return with the preparer shown above? (see instructions)			X Yes No
For	Paper	rwork F	Reduction Act Notice, see the separate instructions.			Form 990 (2014)

Form 8868 (F	Rev. 1-2014)				Page 2			
If you ar	e filing for an Additional (Not Automatic) 3-M	onth Exte	nsion, complete only Part I	II and check this box	<b>X</b>			
Note. Only	complete Part II if you have already been gra	anted an a	utomatic 3-month extension	on a previously filed Form 8868	3.			
Part II	e filing for an Automatic 3-Month Extension, Additional (Not Automatic) 3-Month E	xtension	only Part I (on page 1).  of Time Only file the orig	Inal (no conies needed)	<u> </u>			
		<u> </u>		nter filer's identifying number, see	inctruction			
	Name of exempt organization or other filer, see in	nstructions.		Employer identification number (E				
Type or				,	,			
print	HUMAN RIGHTS WATCH, INC.			13-2875808				
File by the	Number, street, and room or suite no. If a P.O. bo	ox, see instru	ctions.	Social security number (SSN)				
due date for	350 FIFTH AVENUE, 34TH FLOOR							
filing your return. See	City, town or post office, state, and ZIP code. For	r a foreign ac	dress, see instructions.					
instructions.	NEW YORK, NY 10118							
Enter the R	Return code for the return that this application	is for (file	a separate application for ea	ach return)	01			
Applicatio		Return	Application		Return			
ls For		Code	is For		Code			
Form 990	or Form 990-EZ	01						
Form 990-	BL	02	Form 1041-A		08			
Form 4720	0 (individual)	03	Form 4720 (other than in	dividual)	09			
Form 990-l	PF	04	Form 5227		10			
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069		11			
	T (trust other than above)	06	Form 8870		12			
STOP! Do r	not complete Part II if you were not already	granted ar	automatic 3-month exten	sion on a previously filed Forn	n 8868.			
	ks are in the care of ▶ <sub>MTTCHELL</sub> MAKE							
	ne No. ▶ 212 216-1292		Fax No. 🕨					
<ul><li>If the org</li></ul>	anization does not have an office or place of l	business ir	the United States, check th	nis box	▶ 🔲			
<ul> <li>If this is f</li> </ul>	for a Group Return, enter the organization's for	ur digit Gro	oup Exemption Number (GEN	Ⅵ) If thi	s is			
for the whol	le group, check this box ▶ 🔃 . If	f it is for pa	ort of the group, check this b	oox ▶ 💹 and atta	ich a			
	names and EINs of all members the extension							
	est an additional 3-month extension of time ur			<u>5/15</u> , <b>20</b> _16				
	lendar year, or other tax year beginni				20 <u>15</u> .			
	tax year entered in line 5 is for less than 12 m Change in accounting period	onths, ched	ck reason: Initial ret	turn Final return				
	in detail why you need the extensionINFO			COMPLETE AND				
ACCUI	RATE TAX RETURN IS NOT YET AVAILA	ABLE FRO	M THIRD PARTIES.					
		·						
	application is for Forms 990-BL, 990-PF, 99	ЭО-Т, 4720	, or 6069, enter the tenta	-				
	undable credits. See instructions.			8a \$	0			
	application is for Forms 990-PF, 990-T,							
	ited tax payments made. Include any pric	or year o	verpayment allowed as a					
	nt paid previously with Form 8868.			8b \$	0			
	ce Due. Subtract line 8b from line 8a. Include point Federal Tax Payment System). See instruc		ent with this form, it require					
(Licoti)			t he sevenisted for De	8c  \$	0			
Under penalti knowledge an	Signature and Verifica ies of perjury, I declare that I have examined that I and complete, and that I and tha	is form, inc	luding accompanying schedu		pest of my			
,	toda		. 0 - 0					
Signature >	MANNA		Title VYP. (Na (	Date > 2/17/				
	Form 8868 (Rev. 1-2014)							

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Pa	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: ATTACHMENT 1
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$
	AFRICA DIVISION OF HUMAN RIGHTS WATCH, INC. MONITORS AND PROMOTES HUMAN RIGHTS IN SUB-SAHARAN AFRICA. HUMAN RIGHTS
	WATCH SENDS INVESTIGATIVE MISSIONS TO COLLECT INFORMATION
	AND REPORTS ITS FINDINGS TO THE PUBLIC.
4b	(Code:) (Expenses \$6,434,810. including grants of \$0_) (Revenue \$0_)
	ASIA DIVISION OF HUMAN RIGHTS WATCH, INC. MONITORS AND PROMOTES
	HUMAN RIGHTS IN ASIAN COUNTRIES FROM AFGHANISTAN TO THE EAST.
	HUMAN RIGHTS WATCH SENDS INVESTIGATIVE MISSIONS TO COLLECT
	INFORMATION AND REPORTS ITS FINDINGS TO THE PUBLIC.
	(Code:) (Expenses \$
	RIGHTS WATCH HAS WORKED TO EXPOSE AND CURB A WIDE RANGE OF HUMAN
	RIGHTS VIOLATIONS IN THE MIDDLE EAST AND NORTH AFRICA. WITH A
	STAFF OF MORE THAN 30 PEOPLE, WE REPORT ON 17 COUNTRIES IN THE
	REGION FROM OUR LOCAL OFFICES IN TUNISIA, LEBANON, ISRAEL, JORDAN,
	AS WELL AS FROM OUR OTHER INTERNATIONAL OFFICES
4d	Other program services (Describe in Schedule O.) (Expenses \$\( \) \( \)
4e	Total program service expenses $\triangleright$ 56,329,691.

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Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A.	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Part I	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23				
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22	х	
	employees? If "Yes," complete Schedule J	23	Λ	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		Х
		20a		21
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	206		Х
	Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			3.7
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c	3.7	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	Х	
	To the service of the service description of the service of the se		000	/aa

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rai	Check if Schedule O contains a response or note to any line in this Part V			X
	Check if Schedule O contains a response of note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.  1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 289			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
4a	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)?	4a	X	
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	<b>C</b> -		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
7	gifts were not tax deductible?	OD.		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a	Х	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
•	against amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.	134		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
ISA 10 1.00		Form	990	(2014
10 1.00	02373D 702V 2/29/2016 10:10:25 AM V 14-7.16 151518-0002			AGE
	023732 702V 272372010 10×20×23 1m1 V 11 7.10 131310 0002			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 

Sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	36		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	36		
2	Did any officer, director, trustee, or key employee have a family relationship or a business rela	ationship wit	h		
	any other officer, director, trustee, or key employee?		2	Х	
3	Did the organization delegate control over management duties customarily performed by or un	der the direc	ct		
	supervision of officers, directors, or trustees, or key employees to a management company or othe	r person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	ed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to ele				
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by		3,		
	stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions under	rtaken durin	g		
	the year by the following:				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	be reached a	at		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Χ
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal Reven	ue Coa	e.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of s	uch chapters	3,		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	rposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fil	ing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests the	nat could giv	е		
	rise to conflicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the po	olicy? If "Yes	,"		
	describe in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and	d approval b	у		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision	?		
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	arrangemei	nt		
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization t	o evaluate it	s		
	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?		16b		
sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶_ ATTACHMENT_2				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Sect	ion 501(	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	- 1.1- 0)			
	X Own website Another's website X Upon request Other (explain in Sch	edule ()			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents	s, conflict of	interest	policy	, and
	financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's b		ords:▶		
	MITCHELL MAKE, 350 FIFTH AVENUE, 34TH FLOOR, NEW YORK, NY 10118 212-2	16-1292			

JSA

Part VII

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

						•				
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unles	eck s pe	morerson	e than content is both tor/trust employee	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)HASSAN ELMASRY	1.00									
CO-CHAIRMAN		X		Х					0	(
(2) JOEL MOTLEY	1.00									
CO-CHAIRMAN		Х		Х					0	
(3)WENDY KEYS	1.00									
VICE-CHAIRMAN		Х		Х					0	
(4)SUSAN MANILOW	1.00									
VICE-CHAIRMAN	0	Х		Х				C	0	
(5) JEAN-LOUIS SERVAN-SCHREIBER	1.00									
VICE-CHAIRMAN	0	Х		Х				C	0	(
_(6)SID_SHEINBERG	1.00									
VICE-CHAIRMAN	0	Х		Х				C	0	
_(7)JOHN J. STUZINSKI	1.00								_	_
VICE-CHAIRMAN	0	X		X				C	0	
_(8)MICHAEL G. FISCH	1.00	,		3.5						
TREASURER	1.00	X		X				C	0	
_(9)KAREN_HERSKOVITZ_ACKMAN DIRECTOR		X							0	
(10)JORGE CASTANEDA	1.00	Λ							0	
DIRECTOR		X							0	
(11)TONY ELLIOTT	1.00	25								
DIRECTOR		Х							0	
(12)MICHAEL E. GELLERT	1.00									
DIRECTOR	0	Х							0	C
(13)HINA JILANI	1.00									
DIRECTOR	0	Х						C	0	C
(14)BETSY KAREL	1.00									
DIRECTOR	0	X						(	0	5 000 (2244)

Form **990** (2014)

JSA.

R ang Form 990 (2014)

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo			and F	ligl	hest Compensat	ed Employees (d	continued)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe d a d	rson lirect	e than o is both or/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	Estimate amount other compens	ted t of r sation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and relation organization	ation ated
15) ROBERT KISSANE	1.00										
DIRECTOR	0	Х						0	0		
16) DAVID LAKHDHIR	1.00										
DIRECTOR	0	X						0	0		
17) KIMBERLY MARTEAU EMERSON	1.00										
DIRECTOR	0	Х						0	0		
18) OKI MATSUMOTO	1.00										
DIRECTOR	0	X						0	0		
19) BARRY MEYER	1.00										
DIRECTOR	0	Х						0	0		
20) AOIFE O'BRIEN (THRU 10/14)	1.00										
DIRECTOR	0	Х						0	0		
21) JOAN R. PLATT	1.00										
DIRECTOR	0	Х						0	0		
22) AMY RAO	1.00										
DIRECTOR	0	Х						0	0		
23) NEIL RIMER	1.00										
DIRECTOR	0	Х						0	0		
24) VICTORIA RISKIN	1.00										
DIRECTOR	0	Х						0	0		
25) GRAHAM ROBESON	1.00										
DIRECTOR	0	X						0	0		
1b Sub-total							$\blacktriangleright$	0	0		
c Total from continuation sheets to Part VII, S							ightharpoons	3,119,812.	0		,416
d Total (add lines 1b and 1c)							<u> </u>	3,119,812.	0	557	,416
2 Total number of individuals (including but not				d al	bove	e) who	re	ceived more than	\$100,000 of		
reportable compensation from the organizatio	n ▶	68	3								
										Ye	s No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3	Х
4 For any individual listed on line 1a, is the organization and related organizations gr	eater than	\$15	50,0	00?	. If	"Yes	,"	complete Schedu	le J for such		
individual										4 X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5	X
Section B. Independent Contractors											

year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 35

Form 990 (2014)  Part VII Section A. Officers, Directors, Tr	ustoos Ka	v Fn	nnlo	NA4		and F	lia	hest Compensat	ed Employees (c	Page <b>8</b>
(A)	(B)	y ⊑11	ipic		<del>сз,</del> С)	anu i	iigi	(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	sition more	n or/trust than both or/trust en is or/trust employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
26) SHELLEY RUBIN	1.00									
DIRECTOR	0	Х						C	0	(
27) KEVIN P. RYAN	1.00									
DIRECTOR	0	Х						c	0	(
28) AMBASSADOR ROBIN SANDERS	1.00									
DIRECTOR	0	Х						C	o	(
29) JAVIER SOLANA	1.00									
DIRECTOR	-	X							ol	(
30) SIRI STOLT-NIELSEN	1.00								-	
DIRECTOR		X							0	(
31) DARIAN W. SWIG	1.00									
DIRECTOR		X							0	(
32) MAKOTO TAKANO	1.00									
DIRECTOR	0	X						_	0	(
33) JOHN R. TAYLOR	1.00	21								
DIRECTOR	0	X						_	0	(
34) AMY TOWERS	1.00	21								
DIRECTOR	0	X						_	0	(
35) PETER VISSER	1.00	21								
DIRECTOR	0	X						_	0	(
36) MARIE WARBURG	1.00	- 1							0	
DIRECTOR	0	x							0	(
	1 0	Δ.								
1b Sub-total										
c Total from continuation sheets to Part VII, S	=	• • •	• •	• •	• •					
d Total (add lines 1b and 1c)								asirod mara than	\$100,000 of	
reportable compensation from the organization		110se 68		u ai	DOV	e) wiic	J IE	ceived more man	\$100,000 01	
Teportable compensation from the organization	)II P	0.0	3							Vaa Na
O Did the considering for the conference of	Passe							Lancara and District		Yes No
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Sched										3 X
										3 1
4 For any individual listed on line 1a, is the organization and related organizations g individual	reater than	\$15	50,0	00?	) If	"Yes	5, "	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive of										
for services rendered to the organization? <i>If</i> "										5 X
Section B. Independent Contractors										· · · · · ·
Complete this table for your five highest cor compensation from the organization. Report year.										

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VII Section A. Officers, Directors, Tru		, <u>-</u>	.p.o			ana i	9				
<b>(A)</b> Name and title	Average hours per week (list any hours for	box,	unles er and	Pos neck ss pe	rson Iirect	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	Estim amou oth compei	ated Int of er nsation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from organi and re organiz	zation elated
37) CATHERINE ZENNSTROM	1.00										
DIRECTOR	0	X						0	C		(
38) KENNETH ROTH	40.00								_		
EXECUTIVE DIRECTOR	0			X				469,356.	0	7:	1,770.
39) BARBARA GUGLIELMO	38.00										
ASST. TREAS., ADMIN & FIN DIR	0			Χ				176,478.	0	4:	2,482.
10) CHARLES LUSTIG	40.00										
ASST. SEC & EXEC DEP. DIR. OPS	0			Х				234,396.	0	48	8,274.
11) DINAH POKEMPNER	40.00										
ASST SECRETARY & GEN'L COUNSEL	0			Χ				183,054.	O	4:	3,139.
42) BRUCE RABB SECRETARY	1.00	-		Х				0	O		(
43) BRUNO UGARTE	40.00										
DEPUTY EXECUTIVE DIR, ADVOCACY	0				X			338,991.	C	2.	4,834.
14) MICHELE ALEXANDER	40.00										
DEPUTY EXEC DIR-DEV & OUTREACH	0				Х			287,449.	0	5	3,579.
45) IAIN LEVINE  DEPUTY EXECUTIVE DIRPROGRAM	40.00	-			Х			251,022.	C	49	9,936.
46) CARROLL BOGERT DEPUTY EXEC DIR-EXTERNAL RELAT	40.00	-			Х			242,428.	O	38	8,714.
47) JOSEPH SAUNDERS	40.00										
DEPUTY PROGRAM DIRECTOR	0					Х		197,646.	O	4	4,599.
1b Sub-total							$\blacktriangleright$				
c Total from continuation sheets to Part VII, S	ection A						$\blacktriangleright$				
d Total (add lines 1b and 1c)							$\blacktriangleright$				
2 Total number of individuals (including but not reportable compensation from the organization		hose 68		d al	bov	e) who	re	ceived more than	\$100,000 of		
										Υ	es No
3 Did the organization list any <b>former</b> office employee on line 1a? <i>If</i> "Yes," <i>complete Sched</i>										3	Х
4 For any individual listed on line 1a, is the organization and related organizations groups	eater than	\$15	0,0	00?	' If	"Yes	,"	complete Schedu			
individual										4	X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You										5	Х
Section B. Independent Contractors											
1 Complete this table for your five highest com	nensated i	ndene	nde	nt (	con	tracto	rs t	hat received more	than \$100 000 d	of	

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VII Section A. Officers, Directors, Tr		y ⊑n	ibio			and f	ugl			(con		
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	heck ss pe d a d	ition more rson lirect	e than o	an ee)	(D) Reportable compensation from the	Reportable compensation fr related organizations	om	(F) Estimated amount of other compensate from the organization of	of ation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	C)		ion ed
48) JAMES ROSS DIR. LEGAL & POLICY COUNSEL	40.00	-				X		192,599.		0	27,	521
49) SARAH LEAH WHITSON EXEC DIR MIDDLE E. & N. AFRICA	40.00	-				X		182,917.		0	43,	125
50) TOM P. PORTEOUS  DEPUTY PROGRAM DIRECTOR	40.00					Х		182,027.		0	26,	464
51) JOSE M. VIVANCO EXECUTIVE DIRECTOR - AMERICAS	40.00					Х		181,449.		0	42,	979
	<u></u>											
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	Section A						<b>&gt; &gt;</b>		\$400,000 vf			
Total number of individuals (including but not reportable compensation from the organization)		nose 68		a ai	00V6	e) wnd	ге	ceived more than	\$100,000 01		V	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched												X X
4 For any individual listed on line 1a, is the organization and related organizations grindividual	eater than	\$15	50,0	00?	l If	"Yes	,"	nd other compens complete Schedu	sation from the le J for such	,	4 X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on f	fron	n any	un				5	X
Section B. Independent Contractors												
1 Complete this table for your five highest com- compensation from the organization. Report of year.											tax	
(A)								(B)			(C)	

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization  $\,\blacktriangleright\,$ 

## Part VIII Statement of Revenue

		Check if Schedule O co			(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	1a					
and Other Similar Amounts	b	Membership dues	1b					
ا <u>ک</u> ا	С	Fundraising events		14,162,519.				
] a	d	Related organizations						
	е	Government grants (contribu	·					
the	f	3,	·	48,680,950.				
9	~	and similar amounts not included  Noncash contributions included in						
	g h	Total. Add lines 1a-1f			62,843,469.			
Program Service Revenue				Business Code				
evel	2a	PUBLICATIONS		541900	34,276.	34,276.		
e R	b							
اق	С							
Se l	d							
lan	е							
rog	f	All other program service reverse Total. Add lines 2a-2f			24.075			
-	<u>g</u> 3	Investment income (inc			34,276.			
	3	and other similar amounts).	J	· · · · · · · · · · · · · · · · · · ·	1,367,711.			1,367,711
	4	Income from investment of		a l	0			1,30,,111
	5	Royalties			0			
			(i) Real	(ii) Personal				
	6a	Gross rents	165,608.					
	b	Less: rental expenses						
	С	Rental income or (loss)	165,608.					
	d	Net rental income or (loss			165,608.			165,608
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	51,750,813.					
	b	Less: cost or other basis	51,048,412.					
	С	and sales expenses						
	d	Net gain or (loss)			702,401.			702,401
<u>o</u>	8a	Gross income from fundra						
Ju		events (not including \$14,	•	ATCH 4				
e e		of contributions reported on						
2		See Part IV, line 18	a	3,153,782.				
Other Revenue	b		b	3,153,782.				
ნ ∣		Net income or (loss) from full		AICH 5 ►	0			
		Gross income from gaming See Part IV, line 19	a					
		Less: direct expenses  Net income or (loss) from ga			0			
	10a	Gross sales of inventor						
	b c	Less: cost of goods sold Net income or (loss) from sal	b		0			
		Miscellaneous Reven		Business Code				
	11a	UBI FROM PARTNERSHIP INTE	REST	900099	25,187.		25,187.	
	b	MISCELLANEOUS INCOME		900099	38,404.			38,404
	С							
	d	All other revenue		`				
1	е	Total. Add lines 11a-11d		<b>&gt;</b>   <b>&gt;</b>	63,591. 65,177,056.	34,276.	25,187.	

13-2875808

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to any line in this Part IX											
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,000.	8,000.									
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0										
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	18,500.	18,500.									
4	Benefits paid to or for members	0										
5	Compensation of current officers, directors, trustees, and key employees	2,247,994.	1,140,796.	749,078.	358,120.							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0										
7	Other salaries and wages	30,872,523.	26,367,182.	1,028,334.	3,477,007.							
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,502,243.	2,175,754.	67,479.	259,010.							
9	Other employee benefits	4,530,026.	3,881,156.	165,775.	483,095.							
10	Payroll taxes	4,469,761.	2,942,259.	223,816.	1,303,686.							
11	Fees for services (non-employees):	_										
	Management	0	FO 885	F 001								
	Legal	60,756.	52,775.	7,981.								
	Accounting	241,859.	210,087.	31,772.								
d	I Lobbying	88,470.	88,470.									
	Professional fundraising services. See Part IV, line 17.	2,072,617.			2,072,617.							
1	f Investment management fees	925,108.		925,108.								
g	Other. (If line 11g amount exceeds 10% of line 25, column											
	(A) amount, list line 11g expenses on Schedule O.)	2,367,569.	1,392,471.	223,963.	751,135.							
12	Advertising and promotion	5 000 407	4 460 000	612 000								
13	Office expenses	5,833,407.	4,468,923.	613,098.	751,386.							
14	Information technology	540,194.	435,445.	64,532.	40,217.							
15	Royalties	0										
16	Occupancy	6,862,339.	4,822,663.	1,022,393.	1,017,283.							
17	Travel	5,992,744.	5,346,181.	207,128.	439,435.							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0										
19	Conferences, conventions, and meetings	372,950.	332,712.	12,890.	27,348.							
20	Interest	0										
21	Payments to affiliates	0	084 544	205 -2-	246 226							
22	Depreciation, depletion, and amortization	1,427,435.	974,516.	206,595.	246,324.							
23	Insurance	0										
24	Other expenses. Itemize expenses not covered											
	above (List miscellaneous expenses in line 24e. If											
	line 24e amount exceeds 10% of line 25, column											
	(A) amount, list line 24e expenses on Schedule O.)	1 004 005	1 054 005	4.056	F 060							
_	SPECIAL PROJECTS	1,084,203.	1,074,885.	4,250.	5,068.							
	DIRECT MAIL	679,967.	321,681.		358,286.							
C	OUTREACH	275,235.	275,235.									
	·											
	All other expenses	72 472 000	F.C. 200, CO.	F FF4 100	11 500 015							
	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if	73,473,900.	56,329,691.	5,554,192.	11,590,017.							
JSA	following SOP 98-2 (ASC 958-720)	0			Farry 000 (0044)							

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## Part X Balance Sheet

Га	rt X	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Pa	rt X		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	10,293,841.	1	8,959,188.
	2	Savings and temporary cash investments	25,717,005.	2	33,950,779.
	3	Pledges and grants receivable, net	87,670,337.	3	62,197,764.
	4	Accounts receivable, net	701,390.	4	611,221.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	0		0
ţ	_	organizations (see instructions). Complete Part II of Schedule L	0		0
Assets	7	Notes and loans receivable, net	0	-	0
As	8	Inventories for sale or use	0		0
	9	Prepaid expenses and deferred charges	852,778.	9	997,213.
	10 a	Land, buildings, and equipment: cost or			
	_	other basis. Complete Part VI of Schedule D  10a 16,800,031.	F F00 006		6 024 101
		Less: accumulated depreciation 9,865,930.	5,790,206.		6,934,101.
	11	Investments - publicly traded securities	98,447,671.	11	98,248,917.
	12	Investments - other securities. See Part IV, line 11	16,699,387.		28,132,840.
	13	Investments - program-related. See Part IV, line 11	0		0
	14	Intangible assets	250.000	1.7	242 560
	15	Other assets. See Part IV, line 11	250,880.		243,569.
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	246,423,495. 4,490,740.	16	240,275,592.
	17	Accounts payable and accrued expenses	4,490,740.	17	4,602,503.
	18	Grants payable		18 19	0
	19	Deferred revenue			0
"	20	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part IV of Schedule D			0
Liabilities	21 22	Loans and other payables to current and former officers, directors,		21	0
þili	22	trustees, key employees, highest compensated employees, and			
Lia		disqualified persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		23	0
	24	Unsecured notes and loans payable to unrelated third parties	0		0
	25	Other liabilities (including federal income tax, payables to related third			
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	328,647.	25	1,260,392.
	26	Total liabilities. Add lines 17 through 25	4,819,387.	_	5,862,895.
es –		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.	2,022,023,		2,002,000
Ž	27	Unrestricted net assets	21,204,102.	27	26,758,240.
3ala	28	Temporarily restricted net assets	220,400,006.	28	207,654,457.
Þ	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
ts (	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ğ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	241,604,108.	33	234,412,697.
	34	Total liabilities and net assets/fund balances	246,423,495.	34	240,275,592.

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<b>Part</b>	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		65,1	77,0	56.	
2	Total expenses (must equal Part IX, column (A), line 25)	2		73,4			
3	Revenue less expenses. Subtract line 2 from line 1	3		-8,2			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		241,604,108.			
5	Net unrealized gains (losses) on investments	5		1,105,433.			
6	Donated services and use of facilities6						
7							
8	Prior period adjustments	8				0	
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10	:	234,4	12,6	<u> 97.</u>	
Part							
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		<u>.</u>				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
•	Schedule O.						
Za	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piiea	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis			2b	х		
b	Were the organization's financial statements audited by an independent accountant?			20	Λ		
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	ea o	n a				
	X Separate basis Consolidated basis Both consolidated and separate basis						
	·		San In 1				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for committee that assume responsibility for committee that as		-	2c	х		
	of the audit, review, or compilation of its financial statements and selection of an independent according to the organization changed either its oversight process or selection process during the tax year, experiences of the organization changed either its oversight process or selection process during the tax year, experiences or selection process.			20			
	Schedule O.	кріан	1 1111				
2 -	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ı in				
эa	the Single Audit Act and OMB Circular A-133?	10111	1 111	3a		Х	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	erao	the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit		0	3b			
	, , , , , , , , , , , , , , , , , , , ,				200		

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public

Inspection

**Employer identification number** HUMAN RIGHTS WATCH, INC. 13-2875808 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% 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). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of support (see (described on lines 1-9 listed in your governing other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E) Total

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

Schedule A (Form 990 or 990-EZ) 2014

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support										
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	134,174,146.	70,520,001.	52,730,595.	68,221,336.	62,843,469.	388,489,547.				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0				
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0				
4	Total. Add lines 1 through 3	134,174,146.	70,520,001.	52,730,595.	68,221,336.	62,843,469.	388,489,547.				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount										
_	shown on line 11, column (f)						125,438,064.				
6	Public support. Subtract line 5 from line 4.						263,051,483.				
	tion B. Total Support	( ) 0040	(1) 0044	( ) 0040	( D 0040	( ) 0044					
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total				
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	134,174,146.	70,520,001.	52,730,595.	68,221,336.	62,843,469.	388,489,547.				
9	Net income from unrelated business activities, whether or not the business is regularly carried on	473,052. 119,635.	308,543.	746,234. 30,445.	1,130,343. 57,786.	1,533,319. 25,187.	4,191,491. 244,887.				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1		13,977.	568,431.	17,203.	38,404.	638,015.				
11	Total support. Add lines 7 through 10						393,563,940.				
12	Gross receipts from related activities, etc. (s	,				12	237,686.				
13	First five years. If the Form 990 is forganization, check this box and stop here										
	tion C. Computation of Public Sup										
14	Public support percentage for 2014 (li	. ,	•			14	66.84%				
15	Public support percentage from 2013					15					
16a	331/3% support test - 2014. If the o	•									
	this box and <b>stop here.</b> The organization			-							
b	331/3% support test - 2013. If the c	•									
47-	check this box and <b>stop here</b> . The orga	-									
1 <i>1</i> a	10%-facts-and-circumstances test - 2										
	10% or more, and if the organization					•	•				
b	Part VI how the organization meets torganization.  10%-facts-and-circumstances test - 2	2013. If the org	ganization did no	ot check a box	on line 13, 16	a, 16b, or 17a,	and line				
	15 is 10% or more, and if the orga						•				
18	Explain in Part VI how the organizati supported organization  Private foundation. If the organization						▶				
. •	instructions										

Schedule A (Form 990 or 990-EZ) 2014

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	_					
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	<u> </u>					
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	<u> </u>					
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	<u> </u>					
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources	_					
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	s a section 501	(c)(3)
	organization, check this box and stop here	-			•		
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2014 (line 8			mn (f))		15	%
16	Public support percentage from 2013 Sche					16	%
	tion D. Computation of Investmen						
17	Investment income percentage for 2014 (li			13, column (f))		17	%
18	Investment income percentage from 2013					18	%
	331/3% support tests - 2014. If the org						
u	17 is not more than 331/3%, check th						
h	331/3% support tests - 2013. If the orga		_				
J	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization			-			. —

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#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations	L		
<u> </u>	on or type it dupper inig digamentations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior		Yes	No
	tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously	4		
•	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally-Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see institute The organization satisfied the Activities Test. Complete line 2 below.  The organization is the persent of each of its supported organizations. Complete line 3 below.	tructi	ons):	
b C	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	tions)		
ŭ	The organization supported a governmental entity. Describe in Fair Virion you supported a government ontity (see matrice	110110).	Yes	No
2	Activities Test. Answer (a) and (b) below.			110
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
•	-	20		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations	5	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970. <b>See ir</b>	structions. All
other Type III non-functionally integrated supporting organizations must con			
Section A Adjusted Not Income		(A) Dries Vees	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall	y-integra	ted Type III supporting	g organization (see
instructions).	=	• • •	

Schedule A (Form 990 or 990-EZ) 2014

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	<b>Excess distributions carryover to 2015</b> . Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II -	OTHER INCOME	1		<u>A</u>	TTACHMENT 1	
DESCRIPTION	2010	2011	2012	2013	2014	TOTAL
MISCELLANEOUS INCOME		13,977.	568,431.	17,203.	38,404.	638,015.
TOTALS		13,977.	568,431.	17,203.	38,404.	638,015.

# Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury

#### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2014

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. Internal Revenue Service **Employer identification number** Name of the organization HUMAN RIGHTS WATCH, INC. 13-2875808 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions

totaling \$5,000 or more during the year 
▶ \$ \_\_\_\_\_\_

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization HUMAN RIGHTS WATCH, INC.

Employer identification number 13-2875808

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is neede	Use duplicate copies of Part I if additional space is needed.
---	---

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$10,000,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2 _		\$3,264,636.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 _		\$1,500,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(0)	(-1)
No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.		Total contributions	Person X Payroll Noncash (Complete Part II for
No4 (a)	Name, address, and ZIP + 4	\$1,401,480.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No4 (a) No.	Name, address, and ZIP + 4	\$1,401,480.  (c) Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for

Name of organization HUMAN RIGHTS WATCH, INC.

Employer identification number

13-2875808

Part II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - -   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - -	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

	that total more than \$1,000 for the year following line entry. For organizations or contributions of \$1,000 or less for the year Use duplicate copies of Part III if addition	ompleting Part III, enter the ear. (Enter this informatio	e total of <i>excl</i>	usively religious, charitable, etc.,		
(a) No. from						
Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	-					
	-					
		(e) Transfer of gift				
	Transferee's name, address, and a	ZIP + 4	Relationship	p of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
		(e) Transfer of gift				
	Transferenta name address and	7ID . 4	Polationakin of transferor to transfero			
	Transferee's name, address, and a	ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
Turti						
		(e) Transfer of gift				
	Transferee's name, address, and a	ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
		(e) Transfer of gift				
	Transferee's name, address, and a	ZIP + 4	Relationship	p of transferor to transferee		

#### **SCHEDULE C** (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

-	(see separate instructions), ther		, (0.00 0.0 μ		
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
	e of organization			' '	ntification number
	IAN RIGHTS WATCH, INC		(I MO4/)	13-28	
	-	organization is exempt under			nization.
1	•	organization's direct and indirect p			
2					
3	Volunteer hours			· · · · · · · · · · · · · · · · · · ·	
Par	t I-B Complete if the c	organization is exempt under s	section 501(c)(3).		
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5 ▶\$	
2	Enter the amount of any exc	cise tax incurred by organization m	anagers under section	on 4955 ► \$	
3	If the organization incurred a	a section 4955 tax, did it file Form	4720 for this year?		Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Par	rt I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3	).
1		expended by the filing organization			
_					
2	527 exempt function activiti	ng organization's funds contributed			
3		enditures. Add lines 1 and 2. En			
<b>4 5</b>	Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification numb s. For each organization listed, en tributions received that were promed or a political action committee (I	er (EIN) of all section ter the amount paic optly and directly de	on 527 political organiza I from the filing organiz livered to a separate po	ations to which the filinç cation's funds. Also ente plitical organization, sucl
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2014

Part II-A Complete if the organization 501(h)).	ation is exempt under section 501(c)(3) and	l filed Form 5768 (elec	tion under
	on belongs to an affiliated group (and list in Paxpenses, and share of excess lobbying expens		oup member's
B Check ▶ if the filing organizat	on checked box A and "limited control" provis	ions apply.	
Limits on Lo	bbying Expenditures	(a) Filing	(b) Affiliated
(The term "expenditures"	means amounts paid or incurred.)	organization's totals	group totals
1a Total lobbying expenditures to influen	ce public opinion (grass roots lobbying)	88,470.	
<b>b</b> Total lobbying expenditures to influen	ce a legislative body (direct lobbying)		
c Total lobbying expenditures (add line	3 1a and 1b)	88,470.	
		61,795,413.	
e Total exempt purpose expenditures (	add lines 1c and 1d)	61,883,883.	
	the amount from the following table in both		
columns.		1,000,000.	
If the amount on line 1e, column (a) or (b)	is: The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,00	0 \$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter	25% of line 1f)	250,000.	
h Subtract line 1g from line 1a. If zero of	r less, enter -0-	0	0
i Subtract line 1f from line 1c. If zero o	less, enter -0-	0	0
j If there is an amount other than ze	ro on either line 1h or line 1i, did the organiza	ation file Form 4720	
reporting section 4911 tax for this year	ar?		Yes X No
	4-Year Averaging Period Under Section 501(h)		
(Some organizations that mad	e a section 501(h) election do not have to comp	lete all of the five columi	ns below.
S	ee the separate instructions for lines 2a through	1 2f.)	
Lo	bbying Expenditures During 4-Year Averaging Pe	eriod	
I		1	

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	(e) Total				
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.				
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.				
c Total lobbying expenditures	177,088.	189,737.	118,885.	88,470.	574,180.				
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.				
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.				
f Grassroots lobbying expenditures	177,088.	189,737.	118,885.	88,470.	574,180.				

Schedule C (Form 990 or 990-EZ) 2014

Par	Complete if the organization is exempt under section 501(c)(3) and has NC (election under section 501(h)).	T file	d For	m 5768	3		
Eor	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(8	a)		(b)		
	ription of the lobbying activity.	Yes	No		Amou	ınt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
а	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
С	Media advertisements?						
d	Mailings to members, legislators, or the public?						
е	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 similar means?						
i :	Other activities?						
j	Total. Add lines 1c through 1i  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
2a b							
C	If "Yes," enter the amount of any tax incurred under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
	till-A Complete if the organization is exempt under section 501(c)(4), section 50		or s	ection			
	501(c)(6).	(0)(0)	, 01 3	COLIOII			
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				3		
	till-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No, answered "Yes."	OR (	b) Pa	rt III-A,		3, is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid).	unts	OT				
•				20			
a b	Carryover from last year			2a 2b			
C	Carryover from last year Total	• • •		2c			
3	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	ies		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portio	_	1				
-	excess does the organization agree to carryover to the reasonable estimate of nondeductible						
	and political expenditure next year?			4			
5	Taxable amount of lobbying and political expenditures (see instructions)			5			
Par	Supplemental Information						
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	ed grou	up list	); Part II	-A, lir	nes 1	and

Part IV Supplemental Information (continued)

Schedule C (Form 990 or 990-EZ) 2014

#### SCHEDULE D (Form 990)

Department of the Treasury

# Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number HUMAN RIGHTS WATCH, INC. 13-2875808 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose No Yes Conservation Easements. Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Schedule D (Form 990) 2014

**\$**\_\_\_\_

▶ \$

JSA.

Revenue included in Form 990, Part VIII, line 1

Schedule D (Form 990) 2014 Page **2** 

Par	t    Organizations Maintaining (	Collections of	Art, I	Historical	Treasur	es, c	or Oth	er Similar A	ssets (	continu	ıed)
_											
3	Using the organization's acquisition, a	ccession, and c	other re	ecords, che	ck any o	t the	tollow	ing that are a	significa	nt use	of its
	collection items (check all that apply):		_								
a	Public exhibition		d		or excha		_				
b	Scholarly research		е	Othe	er 						
C	Preservation for future generation  Provide a description of the organizat		and a	walaia bau	thou fur	thor t	the ere	ronization'a ov	omat au	nooo ir	Dort
4	XIII.	ion's collections	and e	explain now	triey rui	mer	me org	janizations ex	empt pui	pose ii	ı Pan
5	During the year, did the organization so	dicit or receive o	Ionatio	ns of art his	storical tr	eaci ir	es ord	other similar			
•	assets to be sold to raise funds rather th									'es	No
Par	rt IV Escrow and Custodial Arrang										
	or reported an amount on Fo									, .	,
	·	•									
1a	Is the organization an agent, trustee, c	ustodian or othe	er intern	mediary for	contribut	tions o	or other	assets not			
	included on Form 990, Part X?								. 🔲 Y	′es 🗌	No
b	If "Yes," explain the arrangement in Pa										
								Amou	nt		
С	Beginning balance					1c					
d	Additions during the year					1d					
е	Distributions during the year					1e					
f	Ending balance								-		
	Did the organization include an amount							-		'es _	_ No
	If "Yes," explain the arrangement in Pa										
Par	t V Endowment Funds. Complet									F	
1.		<b>a)</b> Current year 7,700,017.		Prior year 183,785	(c) Tw			(d) Three years b		Four year 4,069	
	Beginning of year balance 10 Contributions	7,700,017.	94,	34,137			968. 586.	86,168,19	7	4,009	,004.
	Net investment earnings, gains,			34,137	•	44,	500.				
·		3,147,359.	16	084,884	8	842	455.	-1,889,09	92   1	5,481	437
d	Grants or scholarships	3,11,,337.		001,001		0 12 /	133.	1,000,00		<del>5 / 10 1</del>	7 13 7
	Other expenditures for facilities										
	and programs							107,03	18.	3,000	,000.
f	Administrative expenses	875,809.		602,789		445,	224.	430,1			,244
g		9,971,567.	107,	700,017	. 92,	183,	785.	83,741,96	58. 8	6,168	,197.
2	Provide the estimated percentage of the	e current year e	nd bala	ance (line 1	g, column	(a)) h	neld as:				
а	Board designated or quasi-endowment	<b>&gt;</b>	%								
	Permanent endowment	_%	_								
С	Temporarily restricted endowment ▶_										
	The percentages in lines 2a, 2b, and 2	•									
3a	Are there endowment funds not in the	possession of th	ne orga	nization tha	at are held	d and	admin	istered for the			1
	organization by:									Yes	+
	(i) unrelated organizations								3a		X
_	(ii) related organizations If "Yes" to 3a(ii), are the related organi									(ii)	X
4	Describe in Part XIII the intended uses		•		-				∟₃	b	
	t VI Land, Buildings, and Equipme		lion's e	ndownient	urius.						
rai	Complete if the organization	answered "Ye	s" to F	orm 990,	Part IV, I	ine 1	1a. Se	ee Form 990,	Part X, I	ine 10.	
	Description of property	(a) Cost or		sis <b>(b)</b> Cos	t or other ba	sis	(c) Acc	umulated eciation	<b>(d)</b> Boo	k value	
1a	Land	,	uneni)		(Otrier)		uepre	sciation			
	Buildings										
	Leasehold improvements			8	741,33	37.	3.79	90,532.	4	,950,	805.
d	Equipment				497,25			62,416.		,734,	
е	Other				561,43			12,982.			454.
Tota	il. Add lines 1a through 1e. (Column (d)		n 990, F	Part X, colui					6	,934,	

Schedule D (Form 990) 2014 Page 3

Part VII	Complete if the organization answered	"Yes" to Form 990	. Part IV. line 11b. See Form 9	990. Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v Cost or end-of-year	aluation:
(1) Financi	al derivatives			
	-held equity interests			
(3) Other_	ITED PARTNERSHIPS			
(A) LIM	ITED PARTNERSHIPS	28,132,840.	FMV	
( <u>B)</u>				
(C)				
(D)				
<u>(E)</u>				
(F)				
(G)				
(H)	(h) word a word Farm 2000 Part V and (D) France (O)	20 120 040		
	n (b) must equal Form 990, Part X, col. (B) line 12.)	28,132,840.		
Part VIII	Investments - Program Related. Complete if the organization answered	l "Ves" to Form 990	Part IV line 11c See Form 9	000 Part X line 13
			· · ·	
	(a) Description of investment	(b) Book value	(c) Method of Cost or end-of-year	
(1)				
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	l "Yes" to Form 990	, Part IV, line 11d. See Form 9	990, Part X, line 15.
	<b>(a)</b> De:	scription		(b) Book value
(1)				
_(2)				
(3)				
_(4)				
_(5)				
(6)				
(8)				
(9)	umn (b) must equal Form 990, Part X, col. (B) li	ino 15 \		
Part X	Other Liabilities.	me 15.)		
Part X	Complete if the organization answered line 25.	I "Yes" to Form 990	, Part IV, line 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	ıe	
(1) Federal income taxes				
(2) DEFERRED RENT		1,260,	392.	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colur	mn (b) must equal Form 990, Part X, col. (B) line 25.)	1,260,	392.	
1 inhility f	or uncortain tay positions. In Part VIII, provide the	tout of the feetenate to	the example tipe and of extense	nto that was arts tha

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Х

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Schedule D (Form 990) 2014 Page **4** 

Ochicadi	C D (1 0111 330) 2014		1 age 4				
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	n.					
1	Total revenue, gains, and other support per audited financial statements	1	68,511,163.				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•	00,311,103.				
a	Net unrealized gains (losses) on investments  2a 1,105,433.						
b	Donated services and use of facilities  2b						
C	Recoveries of prior year grants 2c						
d	Other (Describe in Part XIII.)  2d 3,153,782.						
е	Add lines 2a through 2d	2e	4,259,215.				
3	Subtract line 2e from line 1	3	64,251,948.				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 925, 108.						
b	Other (Describe in Part XIII.)						
С	Add lines 4a and 4b	4c	925,108.				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	65,177,056.				
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	ırn.					
1	Total expenses and losses per audited financial statements	1	75,702,574.				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		<u> </u>				
а	Donated services and use of facilities 2a						
b	Prior year adjustments 2b						
С	Other losses 2c						
d	Other (Describe in Part XIII.) 2d 3,153,782.						
е	Add lines 2a through 2d	2e	3,153,782.				
3	Subtract line 2e from line 1	3	72,548,792.				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 925,108.						
b	Other (Describe in Part XIII.)	_	0.05 1.00				
	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4c	925,108.				
5 Port		5	73,473,900.				
Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line							
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.							
SEE	PAGE 5						
			<b></b>				

JSA 4E1271 1.000

Page 5

### Part XIII Supplemental Information (continued)

PART V, LINE 4:

THE ORGANIZATION INTENDED USES OF ENDOWMENT FUND IS TO PARTIALLY COVER GENERAL (UNRESTRICTED) EXPENSES.

PART X, LINE 2:

UNDER ASC 740, "INCOME TAXES", AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THE POSITION WILL BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY. HUMAN RIGHTS WATCH, INC. DOES NOT BELIEVE IT HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT HAS NOT RECORDED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE ORGANIZATION HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, THE ORGANIZATION HAS FILED IRS FORM 990 INFORMATION RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE SO REQUIRED. FOR THE YEAR ENDED JUNE 30, 2015, THERE WAS NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE STATEMENTS OF ACTIVITIES.

PART XI, LINE 2D AND PART XII, LINE 2D: SPECIAL EVENTS DIRECT EXPENSES

Schedule D (Form 990) 2014

## SCHEDULE F (Form 990)

## **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. 2014

Department of the Treasury Internal Revenue Service

Part I

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

Open to Public Inspection

OMB No. 1545-0047

Name of the organization Employer identification number HUMAN RIGHTS WATCH, INC. 13-2875808

	Form 990, Part IV, line 14	lb.				
1	For grantmakers. Does the orga assistance, the grantees' eligibility grants or assistance?	ty for the grant	s or assistance	e, and the selection criteri	a used to award the	X Yes No
2	For grantmakers. Describe in assistance outside the United Sta	•	ganization's pr	ocedures for monitoring	the use of its grants a	and other
3	Activities per Region. (The follow	ing Part I, line	3 table can be	e duplicated if additional sp	pace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	EUROPE	9.	92.	PROGRAM SERVICES	RES/ADVOCACY/COMM/FUND	15,403,312.
(2)	SUB-SAHARAN AFRICA	3.	12.	PROGRAM SERVICES	RESEARCH/ADVOCACY/COMM	1,206,722.
(3)	EAST ASIA AND THE PACIFIC	2.	6.	PROGRAM SERVICES	RES/ADVOCACY/COMM/FUND	1,181,356.
(4)	MIDDLE EAST AND NORTH AFRICA	3.	12.	PROGRAM SERVICES	RES/ADVOCACY/COMM/FUND	727,353.
(5)	RUSSIA/INDEPENDENT STATES	2.	6.	PROGRAM SERVICES	RESEARCH/ADVOCACY/COMM	647,839.
(6)	NORTH AMERICA	1.	5.	PROGRAM SERVICES	RES/ADVOCACY/COMM/FUND	502,702.
(7)	SOUTH AMERICA	1.	3.	PROGRAM SERVICES	RES/ADVOCACY/COMM/FUND	295,242.
(8)	EAST ASIA AND THE PACIFIC			GRANTMAKING		8,500.
(9)	NORTH AMERICA			GRANTMAKING		5,000.
10)	MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		5,000.
11)						
12)						
13)						
14)						
15)						
16)						
17)	Cub total					
3a b	Total from continuation sheets to Part I	21.	136.			19,983,026.
C	Totals (add lines 3a and 3h)	1 21	126			10 002 026

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

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014

Part II	Grants and Other Ass Part IV, line 15, for any							d "Yes" on F	orm 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
by t	er total number of recipient on the IRS, or for which the gran the recent of other orga	tee or counsel has provide	ed a section 501(c)(3) e	quivalency lette	r		<b>&gt;</b>		

Schedule F (Form 990) 2014

#### Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (h) Method of valuation (e) Manner of (f) Amount of (g) Description (a) Type of grant or assistance (c) Number of (d) Amount of (b) Region of non-cash cash non-cash disbursement recipients cash grant assistance assistance (book, FMV. appraisal, other) (1) (2) (3) (4) (5) (6) (7)

Schedule F (Form 990) 2014

(8)

(9)

(10)

(11)

(12)

(13)

(14)

(15)

(16)

(17)

(18)

Schedule F (Form 990) 2014

Part IV Foreign Forms

ıaıı	1 oreign i erms				
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)		Yes	X	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)		Yes	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)		Yes	X	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)		Yes	X	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)		Yes	X	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	X	Yes		No

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page **5** 

## Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PART I, LINE 2:

WE ASSIST HUMAN RIGHTS DEFENDERS WHO FACE SERIOUS THREATS TO THEIR LIFE
OR SAFETY AS A RESULT OF THEIR HUMAN RIGHTS ACTIVISM AND CANNOT AFFORD TO
TAKE MEASURES TO PROTECT THEMSELVES. WHERE A HUMAN RIGHTS DEFENDER'S WORK
WITH HUMAN RIGHTS WATCH HAS PLACED HER IN DANGER, WE FEEL A PARTICULAR
RESPONSIBILITY AND WILL GIVE PRIORITY.

WE MAY ALSO ASSIST DIRECT FAMILY MEMBERS OF AFFECTED HUMAN RIGHTS

DEFENDERS IF THEY, TOO, HAVE TO FLEE A THREATENING SITUATION. IN ALL

CASES, WE WILL REQUIRE THE REQUESTING STAFF MEMBER TO CONFIRM THAT THE

DEFENDER IS AT REAL RISK OF REPRAISALS BECAUSE OF THEIR HUMAN RIGHTS

ACTIVITIES.

REQUESTS NEED TO BE SUBMITTED TO THE FOUNDATIONS UNIT OF THE DEVELOPMENT DEPARTMENT, WITH A BRIEF DESCRIPTION OF THE PERSON IN NEED, HIS/HER WORK AND CIRCUMSTANCES, AND THE AMOUNT THE SAME PERSON WILL NEED AND FOR WHAT PURPOSE.

ONCE A REQUEST IS APPROVED, THE FINANCE DEPARTMENT WILL FACILITATE THE TRANSFER. WE ALSO MAY ASK FOR MORE INFORMATION DESCRIBING THE HUMAN RIGHTS DEFENDER TO ENABLE US TO REPORT BACK TO THE DONORS WHO SUPPORT THIS FUND.

#### **SCHEDULE G**

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

OMB No. 1545-0047

Department of the Treasury

HUMAN RIGHTS WATCH, INC.

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization

Inspection Employer identification number

13-2875808

<b>Fundraising Activities.</b> Corporate Part I				"Yes" to Form 9	90, Part IV, line 1	17.
1 Indicate whether the organization				activities. Check a	II that apply.	
a X Mail solicitations	е		•	non-government g		
<b>b</b> X Internet and email solicitations				government grants		
c Phone solicitations	g		•	ising events	•	
d X In-person solicitations	9	Оро	olai ranara	onig evente		
	or aral agraement w	with any in	dividual (in	aludina officara d	iraatara truotaaa	
<ul> <li>2a Did the organization have a writter or key employees listed in Form 9</li> <li>b If "Yes," list the ten highest paid in compensated at least \$5,000 by the</li> </ul>	90, Part VII) or entity ndividuals or entities	in connec	ction with p	rofessional fundrai	sing services?	X Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1	FUNDRAISING					
SCHULTZ & WILLIAMS, INC.	CONSULTANT		X	4,386,298.	1,963,909.	2,422,389.
2	FUNDRAISING				. ,	
BEACONFIRE RED ENGINE	CONSULTANT		X		100,576.	
3 PUBLIC INTEREST	TELEMARKET					
COMMUNICATIONS, INC.	&SOLICITING		X	11,158.	8,132.	3,026.
4					,	· · · · · · · · · · · · · · · · · · ·
5						
6						
7						
8						
9						
10						
Total  3 List all states in which the organi registration or licensing.	zation is registered of	or licensed	d to solicit	contributions or	has been notified	2,425,415. it is exempt from
AL, AK, AZ, AR, CA, CO, CT, FL, GA, F	IT TT.					
KS, KY, ME, MD, MA, MI, MN, MS, NH, N		OH .				
OK, OR, PA, RI, SC, TN, UT, VA, WA, V		, 011 ,				
	** , N± ,					

 Schedule G (Form 990 or 990-EZ) 2014
 Page 2

Pa	Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more
	than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.
	gross receipts greater than \$5,000.
	(a) Event #1 (b) Event #2 (c) Other events

		gross receipts greater than \$5,00	00.			
			(a) Event #1 DINNER	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	17,316,301.			17,316,301
Ľ	2	Less: Contributions	14,162,519.			14,162,519.
		Gross income (line 1 minus				
		line 2)	3,153,782.			3,153,782
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses	3,153,782.			3,153,782.
		Direct expense summary. Add lines 4				3,153,782
Pa		Net income summary. Subtract line 1  Gaming. Complete if the organization.				rted more
		than \$15,000 on Form 990-E	EZ, line 6a.	cs to 1 onin 550, 1 ai	(10, mic 15, or repo	rica more
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes% No	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)			
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)	<b>&gt;</b>	
9		nter the state(s) in which the organizat				
		the organization licensed to conduct of "No," explain:	gaming activities in each			Yes No
40 -	-	loss one of the owner-in-tirals are visual	liconoco voyelical ever-	and and an township to the district	and the day was and	
		/ere any of the organization's gaming l "Yes," explain:	licenses revoked, suspe			. Yes No
	_					

Sched	Iule G (Form 990 or 990-EZ) 2014
11	Does the organization conduct gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ►
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ► \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year > \$
Par	

Schedule G (Form 990 or 990-EZ) 2014

## **SCHEDULE J** (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

**Open to Public** 

Inspection

Name of the organization Employer identification number HUMAN RIGHTS WATCH, INC. 13-2875808 Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	41-		
_	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line	_		
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	H 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	Independent compensation consultant  X Compensation survey or study  X Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:  Receive a severance payment or change-of-control payment?	4a		Х
a	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a 4b		X
D	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40		21
	The second the second and provide the applicable amounts for each item in rait in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
5	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.	0.0		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
KENNETH ROTH	(i)	469,356.	(	) (	46,936.	24,834.	541,126.	0
1 EXECUTIVE DIRECTOR	(ii)	0	(	) (	0	0	0	0
BARBARA GUGLIELMO	(i)	176,478.	(	) (	17,648.	24,834.	218,960.	0
2 ASST. TREAS., ADMIN & FIN DIR	(ii)	0	(	)	0	0	0	0
BRUNO UGARTE	(i)	338,991.	(	(	0	24,834.	363,825.	0
3 DEPUTY EXECUTIVE DIR, ADVOCACY	(ii)	0	(	(	0	0	0	0
MICHELE ALEXANDER	(i)	287,449.	(	(	28,745.	24,834.	341,028.	0
4 DEPUTY EXEC DIR-DEV & OUTREACH	(ii)	0	(	)	0	0	0	0
IAIN LEVINE	(i)	251,022.	(	)	25,102.	24,834.	300,958.	0
5 DEPUTY EXECUTIVE DIRPROGRAM	(ii)	0	(	) (	0	0	0	0
CARROLL BOGERT	(i)	242,428.	(	) (	24,243.	14,471.	281,142.	0
6 DEPUTY EXEC DIR-EXTERNAL RELAT	(ii)	0	(		0	0	0	0
CHARLES LUSTIG	(i)	234,396.	(	(	23,440.	24,834.	282,670.	0
7 ASST. SEC & EXEC DEP. DIR. OPS	(ii)	0	(	(	0	0	0	0
JOSEPH SAUNDERS	(i)	197,646.	(	(	19,765.	24,834.	242,245.	0
8 DEPUTY PROGRAM DIRECTOR	(ii)	100 500	(		0	0	0	0
JAMES ROSS	(i)	192,599.	(		19,260.	8,261.	220,120.	0
9 DIR. LEGAL & POLICY COUNSEL	(ii)	100.015	(		10.001	0.4.03.4	006.040	0
SARAH LEAH WHITSON	(i)	182,917.	(		18,291.	24,834.	226,042.	0
10 <sup>EXEC DIR MIDDLE E. &amp; N. AFRICA</sup>	(ii)	102.054	(		10 205	24 024	226 122	0
DINAH POKEMPNER 11asst secretary & gen'l counsel	(i)	183,054.	(		18,305.	24,834.	226,193.	0
	(ii)	100 007	(		10 202	0 261	200 401	0
TOM P. PORTEOUS  12  DEPUTY PROGRAM DIRECTOR	(i)	182,027.	(		18,203.	8,261.	208,491.	0
JOSE M. VIVANCO	(ii)	181,449.			18,145.	24,834.	224,428.	
13EXECUTIVE DIRECTOR - AMERICAS	(i)	101,449.			10,145.	24,034.	224,420.	
13	(ii)	0			,	0	0	
4.4	(i) (ii)							
	(i)							
15	(ii)							
10	(i)							
16	(ii)							
10	(" <i>)</i>			<u> </u>			Soh.	edule .l (Form 990) 2014

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

## Part | Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2014

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

13-2875808

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HUMAN RIGHTS WATCH, INC.

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

**Types of Property** Part I (c) (b) (a) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 3 Art - Fractional interests Books and publications 5 Clothing and household goods...... 6 Cars and other vehicles 7 Boats and planes Intellectual property 8 Χ 92. 2,943,091. MARKET QUOTATION Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, 11 or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic structures ....... 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts Scientific specimens 23 24 Archeological artifacts 25 Other ►(\_\_\_\_\_) 26 Other ►(\_\_\_\_\_) Other ►(\_\_\_\_\_ 27 Other ►(\_\_\_\_\_ 28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . . . . . No Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required 30a Χ **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard 31 Χ contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Χ contributions? b If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) (2014)

Schedule M (Form 990) (2014) Page **2** 

Part II Supplem

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M (Form 990) (2014)

#### **SCHEDULE O**

(Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization Employer identification number
HUMAN RIGHTS WATCH, INC. 13-2875808

FORM 990, PART III, LINE 4D: 1) EUROPE & CENTRAL ASIA -EXPENSES: \$5,279,600. 2) WOMEN'S RIGHTS -EXPENSES: \$3,388,463. 3) CHILDREN'S RIGHTS -EXPENSES: \$2,840,151. 4) UNITED STATES -EXPENSES: \$2,808,255. 5) AMERICAS -EXPENSES: \$2,254,095. 6) INTERNATIONAL JUSTICE -EXPENSES: \$1,799,989. 7) HEALTH & HUMAN RIGHTS -EXPENSES: \$1,641,651. 8) OTHER PROGRAMS -

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

EXPENSES: \$16,859,590. GRANTS: \$26,500. REVENUE: \$34,276.

Name of the organization

HUMAN RIGHTS WATCH, INC.

Employer identification number

13-2875808

FORM 990, PART V, LINE 4B:

FORM 990, PART VI, SECTION B, LINE 12C:

AUSTRALIA, BELGIUM, BRAZIL, CANADA, FRANCE, GERMANY, JAPAN, JORDAN, KENYA, KYRGYZSTAN, LEBANON, NETHERLANDS, NORWAY, RUSSIA, RWANDA, SWEDEN, SWITZERLAND, SOUTH AFRICA, TUNISIA, AND UNITED KINGDOM.

FORM 990, PART VI, SECTION A, LINE 2:

BOARD DIRECTOR, JEAN-LOUIS SERVAN-SCHREIBER IS THE FATHER-IN-LAW OF,

BOARD DIRECTOR, KEVIN RYAN.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE CONTROLLER AND CFO BEFORE IT IS FILED. A

DRAFT COPY IS ALSO PROVIDED TO THE EXECUTIVE DIRECTOR AND BOARD MEMBERS

WITH THE OPPORTUNITY TO ASK QUESTIONS.

HUMAN RIGHTS WATCH, INC. REQUIRES ALL OFFICERS, DIRECTORS AND KEY
EMPLOYEES TO ANNUALLY CONFIRM THEIR RECEIPT OF THE CONFLICT OF INTEREST
POLICY AND DISCLOSE ANY NEW ASSOCIATIONS OR INTERESTS THAT MIGHT
POTENTIALLY POSE A CONFLICT. THE NOMINATING AND GOVERNANCE COMMITTEE OF
THE BOARD RECEIVES THESE DISCLOSURES AND OTHER QUESTIONS RELATING TO
CONFLICTS OF INTEREST AND DETERMINES WHETHER AND WHAT ACTION TO TAKE.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS OF HUMAN RIGHTS WATCH, INC. CONDUCTS A PERFORMANCE

REVIEW OF THE EXECUTIVE DIRECTOR AT LEAST BIANNUALLY.

THE BOARD DELEGATES THE TASK OF THE REVIEW TO A COMMITTEE THAT ORGANIZES

Name of the organization

HUMAN RIGHTS WATCH, INC.

Employer identification number

13-2875808

THE REVIEW AND REPORTS TO THE FULL BOARD ON ITS FINDINGS.

IN CONDUCTING ITS REVIEW, THE REVIEW COMMITTEE TAKES INTO CONSIDERATION

THE EXECUTIVE DIRECTOR'S PERFORMANCE IN LEADING HUMAN RIGHTS WATCH IN ALL

AREAS, AND CONSULTS WIDELY BOTH WITHIN AND OUTSIDE THE ORGANIZATION. IN

PARTICULAR, THE COMMITTEE EVALUATES:

- THE DEMONSTRABLE IMPACT OF HUMAN RIGHTS WATCH'S PROGRAM AND ACTIVITIES;
- THE EXECUTIVE DIRECTOR'S EFFECTIVENESS IN SETTING GOALS AND OBJECTIVES
  THAT ENABLE HUMAN RIGHTS WATCH TO ACHIEVE ITS MISSION, AND
- THE SUCCESS OF ITS PROGRAM IN FULFILLING THESE GOALS AND OBJECTIVES.

  THE REVIEW COMMITTEE ALSO CONDUCTS SURVEYS OF EXECUTIVE COMPENSATION FROM

  TIME TO TIME AS MAY BE NEEDED.

THE BOARD CHAIRS WRITES TO THE DIRECTOR OF HUMAN RESOURCES WITH THE EXECUTIVE DIRECTOR'S EVALUATION AND COMPENSATION RECOMMENDATIONS. THIS COMMUNICATION SERVES AS THE OFFICIAL DOCUMENTATION OF THE COMMITTEE'S DECISION ON THE EXECUTIVE DIRECTOR'S LEVEL OF COMPENSATION.

HUMAN RIGHTS WATCH STRIVES TO MAINTAIN A COMPETITIVE COMPENSATION SYSTEM
THAT IS IN THE BEST INTEREST OF BOTH THE ORGANIZATION AND OUR EMPLOYEES
TO APPROPRIATELY COMPENSATE OUR WORKFORCE FOR THE VALUE OF THE WORK
PROVIDED. IT IS OUR INTENTION TO USE AN OBJECTIVE AND NON-DISCRIMINATORY

COMPENSATION SYSTEM BASED ON PERIODICALLY UPDATED MARKET DATA ACROSS

FORM 990, PART VI, SECTION B, LINE 15B:

Schedule O (Form 990 or 990-EZ) 2014 Page 2

Name of the organization

HUMAN RIGHTS WATCH, INC.

Employer identification number

13-2875808

MULTIPLE JURISDICTIONS. COMPENSATION IS DETERMINED BASED UPON EXTERNAL AND INTERNAL EQUITY WITHIN THE GIVEN JURISDICTION, CONTINGENT ON AN INCUMBENT'S EDUCATION AND RELEVANT EXPERIENCE; WHILE SALARY DISCUSSIONS WILL OFTEN INCLUDE SUPERVISING DIRECTORS, APPROVAL MAY ONLY BE GRANTED BY THE HUMAN RESOURCES DIRECTOR. SUBSEQUENT SALARY INCREASES ARE BASED UPON AVAILABLE ORGANIZATIONAL RESOURCES, THE CURRENT COST OF LIVING TREND AND THE EMPLOYEE'S PERFORMANCE AS EVALUATED BY THEIR IMMEDIATE SUPERVISOR(S).

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST AND ON ITS WEBSITE.

ATTACHMENT 1

#### FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

HUMAN RIGHTS WATCH, INC. IS A NONPROFIT ORGANIZATION THAT WORKS TO STOP HUMAN RIGHTS ABUSES. CURRENTLY, IT MONITORS AND PROMOTES HUMAN RIGHTS IN OVER 80 COUNTRIES WORLWIDE. ITS PROGRAM IS DIVIDED INTO FIVE PARTS FOR EACH REGION OF THE WORLD PLUS THE UNITED STATES AND THEMATIC PROGRAMS.

ATTACHMENT 2

## FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT,

FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,

MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, TN, UT, VA, WA, WV, WI,

Schedule O (Form 990 or 990-EZ) 2014 Page 2

Name of the organization Employer identification number
HUMAN RIGHTS WATCH, INC. 13-2875808

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

SCHULTZ & WILLIAMS, INC.

PROF. FUNDRAISER

1,900,991.

325 CHESTNUT STREET, SUITE 700

PHILADELPHIA, PA 19106

TRI STATE CONSTRUCTION GROUP CONSTRUCTION 2,499,943.

770 LEXINGTON AVENUE NEW YORK, NY 10021

FUSIONSTORM NETWORK SOLUTION 649,707.

124 GROVE STREET, SUITE 311

FRANKLIN, MA 02038

CDW DIRECT LLC IT SOLUTIONS 422,026.

75 TRI-STATE INTERNATIONAL LINCOLNSHIRE, IL 60069

LANE OFFICE OFFICE SERVICES 214,938.

205 LEXINGTON AVENUE NEW YORK, NY 10016

ATTACHMENT 4

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION AMOUNT

ANNUAL DINNER HONORING HUMAN

RIGHTS 14,162,519.

TOTAL 14,162,519.

ATTACHMENT 5

FORM 990, PART VIII - FUNDRAISING EVENTS

GROSS DIRECT NET
DESCRIPTION INCOME EXPENSES INCOME

ANNUAL DINNER HONORING HUMAN

RIGHTS 3,153,782. 3,153,782.

Schedule O (Form 990 or 990-EZ) 2014

Schedule O (Form 990 or 990-EZ) 2014 Page **2** 

Name of the organization RIGHTS WATCH, INC.

13-2875808

ATTACHMENT 5 (CONT'D)

FORM 990, PART VIII - FUNDRAISING EVENTS

GROSS DIRECT NET

DESCRIPTION INCOME EXPENSES INCOME

3,153,782.

3,153,782.

TOTALS

# Form **4562**

# **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172 Attachment Sequence No.

Department of the Treasury Internal Revenue Service Name(s) shown on return

Identifying number

13-2875808

H	UMAN RIGHTS WATCH,	INC.						13-2875808
Busi	ness or activity to which this form relates							
G	ENERAL DEPRECIATION	J						
Pa	rt I Election To Expense Ce							
	Note: If you have any list	ted property, com	plete Part	V before	you comp	lete Part I.		
1	Maximum amount (see instructions)						1	
2	Total cost of section 179 property pla	aced in service (see in	structions)				2	
3	Threshold cost of section 179 proper				ns)		3	
4 5	Reduction in limitation. Subtract line Dollar limitation for tax year. Subtract line 4 from separately, see instructions	line 1. If zero or less, enter -	0 If married filing				5	
6	(a) Description	of property		(b) Cost (bu	siness use onl	y) (c) Elect	ed cost	
7	Listed property. Enter the amount fro							
8	Total elected cost of section 179 pro							
9	Tentative deduction. Enter the smalle	r of line 5 or line 8					9	
10	Carryover of disallowed deduction from	om line 13 of your 20	13 Form 4562				10	
11	Business income limitation. Enter the		•		,	•		
12	Section 179 expense deduction. Add	lines 9 and 10, but of	do not enter m	nore than lir	ne 11 . <u></u>	<u> </u>	12	
13	Carryover of disallowed deduction to	2015. Add lines 9 ar	nd 10, less line	12	<b>▶</b> 13			
Not	e: Do not use Part II or Part III below for	r listed property. Instea	ad, use Part V	<u>'.                                    </u>				
Pa	rt    Special Depreciation A	Illowance and Ot	her Depred	iation (D	o not includ	de listed prope	erty.) (See	instructions.)
14	Special depreciation allowance for	or qualified property	y (other tha	n listed	property) pl	aced in servi	ce	
	during the tax year (see instructions)							
15	Property subject to section 168(f)(1)	election					15	
16	. ,					<u> </u>	16	1,427,435
Pa	rt    MACRS Depreciation (D	Oo not include liste		`	ructions.)			
				tion A				
17	MACRS deductions for assets placed							
18	If you are electing to group any a	•	-	-		۱ -	al	
	asset accounts, check here							
	Section B - Assets	(b) Month and year				e General Dep	reciation S	ystem
	(a) Classification of property	placed in service	(c) Basis for (business/invonly - see in	estment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
k	5-year property							
	7-year property							
	1 10-year property							
_	15-year property							
	20-year property							
	25-year property				25 yrs.		S/L	
ŀ	Residential rental				27.5 yrs.	MM	S/L	
	property				27.5 yrs.	MM	S/L	
i	Nonresidential real				39 yrs.	MM	S/L	
	property					MM	S/L	
	Section C - Assets P	viaced in Service D	uring 2014	ıax Year	Using the	Aiternative De	Ī	System
	Class life						S/L	
	12-year				12 yrs.		S/L	
	40-year	iona \			40 yrs.	MM	S/L	
	rt IV Summary (See instructi	-						
	Listed property. Enter amount from lin						21	
22	Total. Add amounts from line 12, li							1 407 425
	and on the appropriate lines of your re	eturn. Partnerships an	ia S corporatio	ons - see in:	structions .		22	1,427,435

23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

23

13-2875808

Form 4562 (2014) Page 2

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

	24b, columns	(a) through (c) of	Section A, a	ll of Se	ection E	3, and S	ection (	C if app	licable.						
	Section A - D	epreciation and	Other Infor	matio	n (Caut	ion: Se	e the ii	nstructi	ions for	limits fo	r passe	nger au	itomobile	es. <b>)</b>	
248	Do you have evidence	to support the bus	iness/investme	nt use	claimed'	? <b>Y</b> (	es	No 2	4b If "	Yes," is t	he evide	nce writt	ten?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost	<b>(d)</b> or other b	:-	(e) sis for depr siness/inve use only	estment	(f) Recovery period	Met	<b>g)</b> hod/ ention	Depre	(h) eciation uction	Elected s	i) ection 179 est
25	Special depreciation the tax year and used		qualified list								25				
26	Property used more							, -			.,	1			
		<u> </u>	%	1											
			%												
			%	,											
27	Property used 50% of	or less in a qualifi	ed business	use:								•			
			%							S/L -					
			%							S/L -					
			%							S/L -					
28	Add amounts in colu	mn (h), lines 25	through 27. I	Enter	here ar	nd on lir	ne 21, p	page 1			_ 28				
<u> 29</u>	Add amounts in colu	mn (i), line 26. E											. 29		
	nplete this section for our employees, first answ			ietor, p	oartner, ou meet	or othe	r "more	than 5	5% ownering this	section 1	for those	vehicle	s.	1 .	
30	Total business/inves			( <b>a</b> Vehi	•		<b>b)</b> icle 2	1	( <b>c)</b> nicle 3	,	<b>d)</b> icle 4	1	( <b>e)</b> nicle 5		f) cle 6
21	the year (do not inclu	_													
	•	rsonal (nonco													
33	miles driven Total miles driven lines 30 through 32	during the ye													
34	Was the vehicle			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-duty he														
35	Was the vehicle us														
	than 5% owner or rel														
36	Is another vehicle use?														
	Sect	ion C - Questic	ns for Emp	oloyer	rs Who	Provi	de Vel	hicles	for Use	by Th	eir Em	ploye	es		
	swer these questions re than 5% owners or					comp	leting S	Section	B for v	ehicles	used b	y emp	loyees \	vho <b>are</b>	not
37	Do you maintain a	written policy s	tatement th	at pro	hibits	all pers	sonal u	se of	vehicles	, includ	ding co	mmutir	ng, by	Yes	No
38	your employees?  Do you maintain a	, ,		•		•			-	•		ting, by	y your		
	employees? See the			-	•	e office	rs, dired	ctors, o	r 1% or	more o	wners				
	Do you treat all use														
40	Do you provide mo		•			s, obta	ın ıntoı	rmation	from	your er	nployee	es abo	ut the		
44	use of the vehicles, a								(0:						
	Do you meet the req Note: If your answer	to 37, 38, 39, 4													
Pa	rt VI Amortizatio	n	Г												
	(a) Description of c	osts	<b>(b)</b> Date amortiz begins	ation	An	<b>(c)</b> nortizable	amount		(d) Code se		Amorti perio percer	zation d or	Amortiza	<b>(f)</b> ation for th	nis year
42	Amortization of costs	that begins duri	ng your 201	4 tax	year (se	ee instru	uctions)	):							
_															
	Amortization of costs	_	-	-								43			
44	Total. Add amounts	ın column (f). Se	e the instruc	tions f	or whe	re to re	port					44			

#### **Description of Property**

GENERAL DEPRECIATION

## DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me- thod	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
FURN. & FIXTURES	VARIOUS	561,436.	100.000			561,436.	233,984.	312,982.			7.000				78,998.
OFFICE EQUIPMENT	VARIOUS	1,164,862.	100.000			1,164,862.	632,498.	796,184.	SL		5.000				163,686.
COMPUTER SOFTWARE	VARIOUS	1,433,856.	100.000			1,433,856.	685,019.	915,059.	SL		5.000				230,040.
COMPUTER HARDWARE	VARIOUS		100.000			4,898,540.	3,538,507.	4,051,173.	SL		5.000				512,666.
LEASEHOLD IMPROV	VARIOUS		100.000			8,741,337.	3,348,487.	3,790,532.		2	7.500				442,045.
Less: Retired Assets									٦						
Subtotals	<u> </u>	16800031.				16800031.	8,438,495.	9,865,930.							1,427,435.
Listed Property		T					1	Т	1	1 1		1	1		
Less: Retired Assets									1						
Subtotals									1						
AMORTIZATION		16800031.				16800031.	8,438,495.	9,865,930.							1,427,435.
AWORTIZATION	Date placed in	Cost					Accumulated	Ending Accumulated							Current-year
Asset description	service	basis					amortization	amortization	Code	Life				_	amortization
			-											_	
TOTALS															

\*Assets Retired

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