Form 990	
Department of the Treasury Internal Revenue Service	

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ► Do not enter Social Security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990.

2013 Open to Public Inspection

OMB No. 1545-0047

Departr	nent (of the	Treasur
Internal	Reve	nue S	ervice

A	For t	he 201	3 calendar year, or tax year beginning 07/01, 2013,	and ending		06/30, 20 14
_			C Name of organization		D Employer ide	entification number
В	Check if	applicable:	HUMAN RIGHTS WATCH, INC.		13-2875	5808
		fress nge	Doing Business As WATCH COMMITTEE			
		ne change		Room/suite	E Telephone nu	Imber
	-	al return	350 FIFTH AVENUE, 34TH FLOOR		(212) 290	1-4700
		minated	12127 250) 4700		
\vdash		ended	C Create and inte			
	retu App	lication	NEW YORK, NY 10118 F Name and address of principal officer: KENNETH ROTH.		G Gross receipts H(a) Is this a group	
Ľ		ding		0110	subordinates?	
-	–		350 FIFTH AVENUE, 34TH FLOOR, NEW YORK, NY 1		H(b) Are all subordin	
<u> </u>		exempt st		527	If "No," attach	a list. (see instructions)
<u> </u>			WWW.HRW.ORG	1	H(c) Group exempt	F
K			ization: X Corporation Trust Association Other ►	L Year of for	<u>mation: 1976 M s</u>	State of legal domicile: NY
P	Part I	Sur	nmary			
	1	Briefly	describe the organization's mission or most significant activities: <u>HUMAN</u> I	RIGHTS WA	TCH, INC. IS	DEDICATED TO
Ge		PRO	TECTING THE HUMAN RIGHTS OF PEOPLE AROUND THE W	WORLD.		
nan						
ver	2	Check	this box 🕨 🧾 if the organization discontinued its operations or disposed	of more than 2	5% of its net assets.	
Governance	3	Numb	er of voting members of the governing body (Part VI, line 1a)			3 34.
		Numb	er of independent voting members of the governing body (Part VI, line 1b)	• • • • • • • • •		4 34.
ties	5	Total r	number of individuals employed in calendar year 2013 (Part V, line 2a)			5 990.
Activities &	6	Total r	number of volunteers (estimate if necessary)			6 425.
Ac	7a	Total	unrelated business revenue from Part VIII, column (C), line 12	30 C () - 10 - 10 (7a 57,786.
	, ́с	Netun	related business taxable income from Form 990-T, line 34	•••••		· · · · · · · · ·
	+ *	ivel un	neialed business taxable moonie non Form 990-1, ine 34	<u></u>	Prior Year	7b 52,786. Current Year
	8	Contril	butions and grants (Bart)/III line (b)			
Revenue	9	Drages	butions and grants (Part VIII, line 1h)		52,730,595	
ver	3	Progra	m service revenue (Part VIII, line 2g) PUBLIC INSPE		40,522	
Re		Investi	ment income (Part VIII, column (A), lines 3, 4, and 7d)	8 30 E	5,789,995	
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		781,081	
	12		evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		59,342,193	
	13	Grants	and similar amounts paid (Part IX, column (A), lines 1-3)	* • * * -	398,410	
	14	Benefi	ts paid to or for members (Part IX, column (A), line 4)	*****		0 0
ទទ	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10),	a - 1965	40,036,349	43,068,765.
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)		1,431,929	1,848,951.
ğ	b	Total f	undraising expenses (Part IX, column (D), line 25) ▶10,248,758.			
ш	17	Other (expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		21,189,851	. 21,592,798.
	18		xpenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		63,056,539	. 66,646,014.
	19		ue less expenses. Subtract line 18 from line 12		-3,714,346	7,568,869.
ces					ginning of Current Yes	
Net Assets Fund Balanc	20	Total a	ssets (Part X, line 16)		228,020,161	. 246,423,495.
Asi Ba	21		abilities (Part X, line 26)	· · · · ·	4,873,585	
Net Net	22		sets or fund balances. Subtract line 21 from line 20.	· · · · · -	223,146,576	
Pa	rt li		nature Block			
			perjury, I declare that I have examined this return, including accompanying schedules	and statements	and to the best of a	ny knowledge and helief it is
true	e, corre	ect, and c	omplete. Declaration of preparer (other than officer) is based on all information of which	preparer has any	knowledge.	
Sig	n	i 🕨 s	ignature of officer		Date	
He	re		•			
		- T	ype or print name and title			
				Dete		
Paic	1		ype preparer's signature	Date	Check if	
	parer	PAUL		JISIN	self-employed	101001110
	Only	Firm's r			Firm's EIN ► 13	
			address ▶100 PARK AVENUE, NEW YORK, NY 10017		Phone no. 21	2-885-8000
	_		uss this return with the preparer shown above? (see instructions)	<u></u> .	<u> </u>	. X Yes No
For	Paper	work R	eduction Act Notice, see the separate instructions.			Form 990 (2013)

Form 8868 (Rev. 1-2014)

Page 2

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension,			nal (no copies needed).	
		-	En	ter filer's identifying number, se	e instructions
	Name of exempt organization or other filer, see in	structions.		Employer identification number (E	EIN) or
Type or					
print	HUMAN RIGHTS WATCH, INC.	13-2875808			
- File by the	Number, street, and room or suite no. If a P.O. bo	x, see instruc	tions.	Social security number (SSN)	
File by the due date for	350 FIFTH AVENUE, 34TH FLOOR				
filing your return. See	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.		
instructions.	NEW YORK, NY 10118				
Enter the	Return code for the return that this application	is for (file a	separate application for each	ch return)	. 01
Applicati		Return	Application		Return
Is For		Code	is For		Code
Form 990) or Form 990-EZ	01			
Form 990)-BL	02	Form 1041-A		08
· · · -	20 (individual)	03	Form 4720 (other than ind	lividual)	09
Form 990		04	Form 5227		10
	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
	0-T (trust other than above)	06	Form 8870		12
	not complete Part II if you were not already	granted an		sion on a previously filed Forr	n 8868.
for the who list with the 4 I requ 5 For c 6 If the 7 State INFC	for a Group Return, enter the organization's four ole group, check this box ▶ If a names and EINs of all members the extension uest an additional 3-month extension of time un calendar year, or other tax year beginnin tax year entered in line 5 is for less than 12 me Change in accounting period a in detail why you need the extension DRMATION NECESSARY TO FILE A COME YET AVAILABLE FROM THIRD PARTIES	it is for pa n is for. ntil ng onths, chec PLETE AN	rt of the group, check this bo 05 07/01 , 20 13 , and k reason: Initial retu	ox	ach a
nonre b lf thi estim amou c Balar	s application is for Forms 990-BL, 990-PF, 99 efundable credits. See instructions. s application is for Forms 990-PF, 990-T, ated tax payments made. Include any prior int paid previously with Form 8868. Ince Due. Subtract line 8b from line 8a. Include y tronic Federal Tax Payment System). See instruct	4720, or or year of your payme	6069, enter any refund, verpayment allowed as a	8a able credits and credit and any 8b	0
	Signature and Verifica		t he completed for Pa		
	Ities of perjury, I declare that I have examined th and belief, it is true, correct, and complete, and that I a	is form, inc	luding accompanying schedul	•	best of my

Signature 🕨

For summer of

CRA, ON MARA Date 2/102/13 Title 🕨

Form 8868 (Rev. 1-2014)

	Check if Schedule O contains a response or note to any line in this Part III	[
	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? If "Yes," describe these new services on Schedule O.	Yes X
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X
	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program service	e se mossurod
	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and al the total expenses, and revenue, if any, for each program service reported.	
a	(Code:) (Expenses \$ 6,263,768. including grants of \$ 0) (Revenue \$	0)
	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.	
	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	ASIA DIVISION OF HUMAN RIGHTS WATCH, INC. MONITORS AND PROMOTES)
	ASIA DIVISION OF HUMAN RIGHTS WATCH, INC. MONITORS AND PROMOTES)
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	ASIA DIVISION OF HUMAN RIGHTS WATCH, INC. MONITORS AND PROMOTES	<u>)</u>
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c	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 \$	

Form 990 (2013)

Part	V 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		х
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	x	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
		5		Х
c	Part III	5		
6				
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6		х
-	"Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
-	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	X	
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	
12 a	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	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	х	
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	х	
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	х	
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			
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	- 22	
19		10		х
<u> </u>	If "Yes," complete Schedule G, Part III	19		 X
		20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2013)

JSA

Form 99	10 (2013)		F	Page 4
Part	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			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	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
b	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) and 501(c)(4) 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 L	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а		28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV.	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
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,"			37
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	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,	~		v
	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	0.5 h		
22		35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			v
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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,	27		х
20	Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O		Х	
		00	4 2	1

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			X
			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			
С	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 . 2a 990			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
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		37	
	account)?	4a	X	
b	If "Yes," enter the name of the foreign country: ►			
5 -	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Fa		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 5c		<u></u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		
0a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	va		
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.5		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	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 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	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 and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		_
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
10-	against amounts due or received from them.)	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax-exempt interest received or accrued during the year 12b	120		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.			
13 a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	iJa		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
U U	the organization is licensed to issue qualified health plans 13b			
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		
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Form 9	90 (2013) HUMAN RIGHTS WATCH, INC. 13-287	5808		Page 6
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI	• • •		Х
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 34			
	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 34			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		v	
	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		x
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6 70	Did the organization have members or stockholders?	–		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint 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) members,			
D	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Cod	ə.)	
			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 such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 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 that could give		37	
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		v	
	describe in Schedule O how this was done	12c	X X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by			
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150	Х	
a h	The organization's CEO, Executive Director, or top management official	15a 15b	~~	x
b	Other officers or key employees of the organization	130		
160				
10a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	Tou		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			<u>. </u>
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 (Section	501(0	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	``		.,
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	/, and
	financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of t	ne		
16.4	organization: ▶mitchell Make, 350 Fifth avenue, 34th floor, New York, NY 10118 212-216-1292		000	(06 : -:
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Compensation of Officers, Independent Contractors		·	•	•••	0	•	• •	
Check if Schedule O contains	a response	or note to	any lii	ne in this Part	VII			X

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

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.

				(0	C)					
(A)	(B)	(-1		Pos				(D)	(E)	(F)
Name and Title	Average					e than c is both		Reportable compensation	Reportable compensation from	Estimated amount of
	hours per week (list any					or/trust		from	related	other
	hours for		_					the	organizations	compensation
	related	Individual trustee or director	stitu	Officer	Key employee	ighe nplo	Former	organization	(W-2/1099-MISC)	from the organization
	organizations below dotted	dual	Ition	ñ	mplc	st cc yee	4	(W-2/1099-MISC)		and related
	line)	trus	al tru		yee	ompe				organizations
		ee	Institutional trustee			Highest compensated employee				
			Ű			ted				
WILL COMMENT MACON	1 00									
_(1)HASSAN_ELMASRY CO-CHAIRMAN	1.00	v		v				0	0	0
(2)JOEL MOTLEY	1.00	X		Х				0	0	0
CO-CHAIRMAN	0	x		Х				0	0	0
(3)JAMES F. HOGE, JR (THRU 10/13)	1.00			77				0	0	0
CHAIRMAN	0	x		х				o	0	0
(4)WENDY KEYS	1.00									0
VICE-CHAIRMAN	0	x		Х				0	0	0
(5)SUSAN MANILOW	1.00									
VICE-CHAIRMAN	0	х		Х				0	0	0
(6)JEAN-LOUIS SERVAN-SCHREIBER	1.00									
VICE-CHAIRMAN	0	Х		Х				0	0	0
_(7)SID_SHEINBERG	1.00									
VICE-CHAIRMAN	0	Х		Х				0	0	0
(8)JOHN J. STUZINSKI	1.00	-								
VICE-CHAIRMAN	0	Х		Х				0	0	0
(9)MICHAEL G. FISCH	1.00	-								
TREASURER	0	X		Х				0	0	0
(10)KAREN_ACKMAN	1.00									
DIRECTOR	0	X						0	0	0
(11) JORGE CASTANEDA	1.00									0
DIRECTOR	0	X						0	0	0
(12)TONY ELLIOTT	1.00	v							0	0
DIRECTOR (13)MICHAEL E. GELLERT	0	X						0	0	0
DIRECTOR	0	x						0	0	0
(14)HINA JILANI	1.00								0	0
DIRECTOR	0	x						0	0	0
	0	- 25						0	0	- 000 (00.00)

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Name and title Average was its and the low per related organization related related related related organization related related organization (W-2/1089-MISC) Reportable compensation from the organization (W-2/1089-MISC) Estimated related related organization (W-2/1089-MISC) 1) BETSY KAREL DIRECTOR 1.00 0 X 0 0 1) BETSY KAREL DIRECTOR 1.00 0 X 0 0 1) REPORTING related related organization 0 X 0 0 1) REPORTING related related organization 0 X 0 0 1) REPORTING related rel	Part VII Section A. Officers, Di (A)	(B)	<i>,</i>		(C)	,		(D)	(E)		(F)
Image: state independence of the state		Average hours per week (list any	box,	not che unless r and	Positio eck m perso a dire	ore than on is both ctor/trus	an tee)	Reportable compensation from the	Reporta compensatio related	nsation from	amount of other compensatio
DIRECTOR 0 x 0 0 0) ROBERT KISSANE 1.00 0 0 0 0) ROBERT KISSANE 0.00 0 0 0 0) RECTOR 0 0 0 0 0 0) BARRY MYER 1.00 0 0 0 0 0) AOIFE O'BRIEN 1.00 0 0 0 0 0) AOIFE O'BRIEN 1.00 0 0 0 0 0) AOIFE O'BRIEN 1.00 0 0 0 0 0) INECTOR 0 0 0 0 0 0 0) INECTOR 0 0 0 0 0 0 0 0) INECTOR 0 0 0 0 0 0 0 0 0		organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Highest compensated	Former		(W-2/1099-	MISC)	organization and related
DIRECTOR 0 x 0 0 0) KINBERLY MARTEAU EMERSON 1.00 x 0 0 DIRECTOR 0 x 0 0 3) OKI MATSUMOTO 1.00 x 0 0 DIRECTOR 0 x 0 0 DIRECTOR 0 x 0 0 DARRY MEYER 1.00 x 0 0 DIRECTOR 0 x 0 0 DIRECTOR 0 x 0 0 DIRECTOR 1.00 x 0 0 DIRECTOR 0 x 0 0 DIRECTOR 0 x 0 0 JOADF O'RIEN 1.00 x 0 0 DIRECTOR 0 x 0 0 0 JURCTOR 0 x 0 0 0 DIRECTOR 0 x 0 0 0 JURCTOR 0 x 0 0 0 JURCTOR			х					C		0	
DIRECTOR 0 x 0 0 0. OKI MATSUMOTO 1.00 0 0 DIRECTOR 0 x 0 0 Cotal inform continuation sheets to Part VII, Section A 2,515,874. 0 460,2 <td>6) ROBERT KISSANE DIRECTOR</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td>C</td> <td></td> <td>0</td> <td></td>	6) ROBERT KISSANE DIRECTOR		Х					C		0	
DIRECTOR 0 0 0 0 0) BARRY MEYER 1.00 0 0 0 DIRECTOR 0 0 0 0 DIRECTOR 0 0 0 0 DIRECTOR 0 0 0 0 JOAN F. PLATT 1.00 0 0 0 JOAN RAC 1.00 0 0 0 DIRECTOR 0 X 0 0 JOAN RAC 1.00 0 0 0 DIRECTOR 0 X 0 0 DIRECTOR 0 X 0 0 JUCTORIA RISKIN 1.00 0 0 0 JIRECTOR 0 X 0 0 JURCTOR 0 X 0 0 <tr< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td>C</td><td></td><td>0</td><td></td></tr<>			Х					C		0	
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DIRECTOR 0 x 0 0 1. JOAN R. PLATT 1.00 x 0 0 0 DIRECTOR 0 x 0 0 0 0 3) MEIL RIMER 1.00 x 0 0 0 0 DIRECTOR 0 x 0 0 0 0 0 DIRECTOR 0 x 0			х					C		0	
DIRECTOR 0 x 0 0 01RECTOR 0 1.00 0 0 DIRECTOR 0 0 x 0 0 01RECTOR 0 x 0 0 0 10ITECTOR 0 x 0 0 0 10Iter containuation sheets to Part VII, Section A 2,515,874. 0 460.2 <	0) AOIFE O'BRIEN DIRECTOR		х					C		0	
DIRECTOR 0 x 0 0 0) NEIL RIMER 1.00 0 x 0 0 0) NEIL RIMER 0 0 x 0 0 0) VICTORIA RISKIN 1.00 x 0 0 0 0) VICTORIA RISKIN 1.00 x 0 0 0 0) DIRECTOR 0 x 0 0 0 0 0 x 0 0 0 0 0 0 x 0 0 0 0 0 10 Idl cad lines 1b and 1c)	1) JOAN R. PLATT DIRECTOR		Х					C		0	
DIRECTOR 0 x 0 0 4) VICTORIA RISKIN 1.00 0 0 0 0 b) GRAHAM ROBESON 1.00 0 0 0 0 c) GRAHAM ROBESON 1.00 0 0 0 0 b) GRAHAM ROBESON 1.00 0 0 0 0 c) Total from continuation sheets to Part VII, Section A 2,515,874 0 460,2 c) Total from continuation sheets to Part VII, Section A 2,515,874 0 460,2 c) Total from continuation sheets to Part VII, Section A 2,515,874 0 460,2 c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 57 Yes i Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 3 i. Did any person listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 3 4 X i. Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for serv	2) AMY RAO DIRECTOR		Х					C		0	
DIRECTOR 0 x 0 0 5) GRAHAM ROBESON 1.00 0 x 0 0 DIRECTOR 0 X 0 0 0 b Sub-total 0 0 X 0 0 c Total from continuation sheets to Part VII, Section A 2,515,874. 0 460,2 d Total (add lines 1b and 1c) 2,515,874. 0 460,2 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 57 Yes a Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 b Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 X b Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 5 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax	3) NEIL RIMER DIRECTOR		х					C		0	
DIRECTOR 0 x 0 0 b Sub-total 0 0 0 0 c Total from continuation sheets to Part VII, Section A > 2,515,874. 0 460,2 d Total (add lines 1b and 1c) > 2,515,874. 0 460,2 2 for tal (add lines 1b and 1c) > 57 460,2 2,515,874. 0 460,2 c Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 57 Yes c Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 3 c For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 4 c Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 5 cection B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organi	4) VICTORIA RISKIN DIRECTOR		х					C		0	
C Total from continuation sheets to Part VII, Section A 2,515,874. 460,2 2,515,874. 460,2 2,515,874. 460,2 C Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 57 C Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual			Х					C		0	
Yes Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 3 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 X Section B. Independent Contractors 5 5 5 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. (C) (C) (A) (B) (C) Compensation	 c Total from continuation sheets t d Total (add lines 1b and 1c) 2 Total number of individuals (include) 	ling but not limited to the					• • •	2,515,874.	\$100,000 c	0	
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3 Did the organization list any f	ormer officer, directo	r, or	trus							
for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Compensation of services	organization and related orgar <i>individual</i>	nizations greater than	\$15	0,00	0?	lf "Ye	s,"	complete Schedu	le J for s	such	4 X
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Compensation of services Compensation	for services rendered to the organ										5
Name and business address Description of services Compensation	Complete this table for your five compensation from the organizat										
ATTACHMENT 3	Name an								ervices	Co	
	ATTACHMENT 3										

	Art VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any hours for	(do r box, office	not ch unless	(C) Posit eck n s pers) ion nore son i:	than o s both or/trust	ne an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		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 related organizations
26) SHELLEY RUBIN DIRECTOR	1.00	x				4		0		
27		1.00	x						0		
28) AMBASSADOR ROBIN SANDERS DIRECTOR	1.00	x						0	(
29) JAVIER SOLANA DIRECTOR	1.00 0	x						0	(
30) SIRI STOLT-NIELSEN DIRECTOR	1.00 0	x						0	(
) DARIAN W. SWIG DIRECTOR	1.00 0	x						0	(
32	DIRECTOR	1.00	x						0	(
) AMY TOWERS DIRECTOR) MARIE WARBURG	1.00 0 1.00	x		_				0	(
) CATHERINE ZENNSTROM	0	x			_			0	(
	DIRECTOR) KENNETH ROTH	40.00	x		_	_			0	(
(EXECUTIVE DIRECTOR Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not	limited to t		••••		ove) who	► ►	449,018.	\$100,000 of	67,74
3	Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Sched</i>	er, directo ule J for sue	ch ind	tru: ividu	al .	• •	•••	•••			Yes M
4 5	For any individual listed on line 1a, is the sorganization and related organizations graindividual. Did any person listed on line 1a receive or	eater than accrue co	\$15 mpen	0,00 satio	00? on fr	If om	"Yes any	<i>;,"</i> un	complete Schedu related organizatio	le J for such on or individual	4 X
	for services rendered to the organization? If "Ye ection B. Independent Contractors										5
1	Complete this table for your five highest com compensation from the organization. Report or year.										
	(A) Name and business add	lress							(B) Description of se	ervices	(C) Compensation
_	Total number of independent contractors (ir	cluding h	it not	lim	itad	to	thos	ا م	isted above) who	received	

	(A) Name and title	(B) Average hours per week (list any hours for related	box, office	ot ch unles r and	Pos neck is pe	more erson lirect	e than or is both a or/truste ⊈ ⊒.	an ee)	(D) Reportable compensation from the	(E) Reportab compensation related organization (W-2/1099-N	table tion from ted ations	(F) Estimated amount of other compensation from the
		organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(00-2/1099-1		organization and related organizations
7)	BARBARA GUGLIELMO	40.00			37				170 007		0	40 10
8)	ASST. TREAS., ADMIN & FIN DIR BRUCE RABB	0			X				170,007.		0	40,16
	SECRETARY	0			Х				0		0	
9)	MICHELE ALEXANDER	40.00										
0.)	DEVELOPMENT & OUTREACH DIR.	0				X			273,275.		0	50,56
<u>v)</u>	IAIN LEVINE PROGRAM DIRECTOR	40.00				x			241,364.		0	46,95
1)	CARROLL BOGERT	40.00							,			
	ASSOCIATE DIRECTOR	0				Х			233,701.		0	36,45
2)	CHARLES LUSTIG	40.00										
<u>3</u> 1	DEP. EXEC. DIR. FOR OPERATIONS	40.00				X			223,101.		0	41,94
21	CHRISTINE SQUIRES DEPUTY DIRECTOR, NORTH AMERICA	40.00					x		198,633.		о	42,72
4)	JOSEPH SAUNDERS	40.00										
	DEPUTY PROGRAM DIRECTOR	0					х		189,839.		0	42,12
5)	JAMES ROSS	40.00										
٤١	LEGAL & POLICY COUNSEL	0					X		183,942.		0	41,343
<u>0)</u>	DINAH POKEMPNER GENERAL COUNSEL	40.00					x		176,774.		0	25,150
7)	TOM P. PORTEOUS	40.00					-					
	DEPUTY PROGRAM DIRECTOR	0					Х		176,220.		0	25,114
1b	Sub-total				•	• • •						
	Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c)											
	Total number of individuals (including but not l							re	ceived more than	\$100,000 o	l	
	reportable compensation from the organization		57				, -			· · · · · · · · ·		
												Yes N
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3 2
4	For any individual listed on line 1a, is the s											J
+	organization and related organizations gre	eater than	\$15	0,00	00?	' If	"Yes,	" (complete Schedu	le J for s	uch	
	individual											4 X
5	Did any person listed on line 1a receive or											5 2
Sec	for services rendered to the organization? If "Ye ction B. Independent Contractors	s, comple	ie SCh	eau	ie J	זטרי	such į	Jer	50//	<u></u>		5 2
	Complete this table for your five highest com											
	compensation from the organization. Report co	ompensatio	on for	the	ca	lenc	lar yea	ar e	ending with or with	nin the organ	nization	's tax
	year.											
	(A) Name and business add	ress							(B) Description of se	ervices	Co	(C) ompensation
									· ·			-
								1				
								-				

151518-0002

				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a					
Grai	b	Membership dues 1b					
Am Am	с	Fundraising events 1c	12,185,376.				
ilar İlar	d	Related organizations					
ns, Sim	е	Government grants (contributions) 1e					
er (f	All other contributions, gifts, grants,					
đ		and similar amounts not included above . 1f	56,035,960.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$	2,539,087.				
	h	Total. Add lines 1a-1f		68,221,336.			
Program Service Revenue			Business Code				
Seve	2a	PUBLICATIONS	541900	33,093.	33,093.		
e E	b						
ŝ	с						
n Se	d						
Jran	е						
roc	f	All other program service revenue					
<u> </u>	g	Total. Add lines 2a-2f		33,093.			
	3	Investment income (including dividends, inter		996,187.			996,187.
	4	other similar amounts).		0			330,107.
	4 5	Royalties	•	0			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		134,156.			134,156.
	7a	Gross amount from sales of (i) Securities	(ii) Other				
	1 a	assets other than inventory 14,610,226.					
	b	Less: cost or other basis					
		and sales expenses 9,855,104.					
	с	Gain or (loss) 4,755,122.					
	d	Net gain or (loss)	<u></u> ▶	4,755,122.			4,755,122.
ue	8a	Gross income from fundraising					
enue		events (not including \$12,185,376.	ATCH 4				
Rev		of contributions reported on line 1c).					
5		See Part IV, line 18 a					
Other		Less: direct expenses b	<u>3,174,653.</u>				
Ó	С	Net income or (loss) from fundraising events	АІСП Э 🕨	0			
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities .	<u></u> ▶	0			
	10a	Gross sales of inventory, less					
		returns and allowances a					
		Less: cost of goods sold b					
	c	Net income or (loss) from sales of inventory. Miscellaneous Revenue	Business Code	0			
	11-	UBI FROM PARTNERSHIP INTEREST	900099	57,786.		57,786.	
	11a ⊾	UBI FROM PARINERSHIP INTERESI MISCELLANEOUS INCOME	900099	17,203.		57,700.	17,203.
	b	ALCOHOLMINGOOD INCOME		11,203.			11,203.
	c d	All other revenue					
	e	Total. Add lines 11a-11d	· · · · · · · •	74,989.			
	12	Total revenue. See instructions		74,214,883.	33,093.	57,786.	5,902,668.
16.4							Form 990 (2013)

Form 990 (2013)

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

(A)

(B)

(C)

Х

(D)

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations mu	ust complete all column			
Check if Schedule O contains a resp	onse or note to any line	e in this Part IX		
Do not include amounts reported on lines 6b, 7b, 8b, 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 governments and				
organizations in the United States. See Part IV, line 21	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	135,500.	135,500.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,932,042.	982,532.	607,256.	342,254
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	31,140,100.	25,867,216.	1,154,808.	4,118,076
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,397,685.	1,988,884.	89,252.	319,549
9 Other employee benefits	4,648,968.	3,791,630.	228,795.	628,543
10 Payroll taxes	2,949,970.	2,321,101.	162,030.	466,839
11 Fees for services (non-employees):a Management	0			
b Legal	43,200.	37,132.	6,068.	
c Accounting	294,214.	252,886.	41,328.	
d Lobbying	118,885.	118,885.		
e Professional fundraising services. See Part IV, line 17	1,848,951.			1,848,951
f Investment management fees	646,762.		646,762.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,562,959.	992,224.	181,584.	389,151
12 Advertising and promotion	0			
13 Office expenses	5,351,485.	4,153,898.	618,609.	578,978
14 Information technology	533,072.	439,670.	70,785.	22,617
15 Royalties	4 760 002	2 210 000	764 002	60F 100
16 Occupancy	4,760,092. 5,602,484.	3,310,980. 5,002,887.	764,003.	685,109 420,752
17 Travel18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	5,002,887.	1/0,045.	420,752
19 Conferences, conventions, and meetings	313,805.	280,221.	10,017.	23,567
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,219,024.	878,685.	177,126.	163,213
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.)	-			
aSPECIAL PROJECTS	609,741.	608,303.	1,438.	0.4.1 . 1 . 5 0
bDIRECT_MAIL cOUTREACH	526,851.	285,692. 10,224.		241,159
d				
e All other expenses				
 25 Total functional expenses. Add lines 1 through 24e 26 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 	66,646,014.	51,458,550.	4,938,706.	10,248,758
following SOP 98-2 (ASC 958-720)	0			

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Form 990 (2013)

Part	't X	Balance Sheet			Page 1
		Check if Schedule O contains a response or note to any line in this	Part X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	8,396,965.	1	10,293,841
	2	Savings and temporary cash investments	30,411,250.	2	25,717,005
	3	Pledges and grants receivable, net	83,917,731.	3	87,670,337
	4	Accounts receivable, net	159,081.	4	701,390
	5	Loans and other receivables from current and former officers, director	S,		
		trustees, key employees, and highest compensated employee	S.		
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under secti 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employe and sponsoring organizations of section 501(c)(9) voluntary employees' beneficia organizations (see instructions). Complete Part II of Schedule L	rs ry		
ets	7	Notes and loans receivable, net	C	7	
Assets	8	Inventories for sale or use	C	8	
	9	Prepaid expenses and deferred charges	730,359.	9	852,778
1	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10 14, 190, 11			
	b	Less: accumulated depreciation 10b 8,399,90			5,790,206
1	11	Investments - publicly traded securities			98,447,671
1	12	Investments - other securities. See Part IV, line 11			16,699,387
1	13	Investments - program-related. See Part IV, line 11	C	13	
1	14	Intangible assets	• •	14	
1	15	Other assets. See Part IV, line 11			250,880
_	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	246,423,495
	17	Accounts payable and accrued expenses			4,490,740
	18	Grants payable	<u>C</u>	18	
	19	Deferred revenue	21,480.		
	20	Tax-exempt bond liabilities		20	
9	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, director			
		trustees, key employees, highest compensated employees, and			
		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	U	24	
1	25	Other liabilities (including federal income tax, payables to related thi parties, and other liabilities not included on lines 17-24). Complete Part			
				25	328,647
	26	of Schedule D Total liabilities. Add lines 17 through 25		25	4,819,387
	20		nd	20	1,019,301
DC6	27		20,579,514.	27	21,204,102
ala	28	Unrestricted net assets Temporarily restricted net assets		28	220,400,006
	29	Permanently restricted net assets			2207 1007000
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here > ar complete lines 30 through 34.			
	30	Capital stack or trust principal, or current funde		30	
۵U	31	Paid-in or capital surplus, or land, building, or equipment fund	• •	31	
	32	Retained earnings, endowment, accumulated income, or other funds	••	32	
*	33	Total net assets or fund balances	223,146,576.	33	241,604,108
		Total liabilities and net assets/fund balances	228,020,161.	34	246,423,495

Form 99	0 (2013)				Pa	ge 12	
Part							
	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			14,8		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6		46,0		
3	Revenue less expenses. Subtract line 2 from line 1	3		7,568,869.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u>23,146,576.</u> 10,888,663.			
5							
6	Donated services and use of facilities	6				0	
7	Investment expenses	7				0	
	Prior period adjustments	8				0	
	Other changes in net assets or fund balances (explain in Schedule O)	9				0	
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
Dout	33, column (B))	10	24	±⊥,6	04,1	.08.	
Part 2	XII Financial Statements and Reporting 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		Г		res	NO	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	voloin					
	Schedule O.	Npiairi					
	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		х	
	If "Yes," check a box below to indicate whether the financial statements for the year were com	niled	or	2a			
	reviewed on a separate basis, consolidated basis, or both:	ipiicu					
	Separate basis Consolidated basis Both consolidated and separate basis						
				2b	х		
	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audit			20			
	separate basis, consolidated basis, or both:	leu un					
	X Separate basis Consolidated basis Both consolidated and separate basis						
•	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	viaht					
	of the audit, review, or compilation of its financial statements and selection of an independent accourt	•		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, e		in	-			
	Schedule O.	лріант					
	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in				
	the Single Audit Act and OMB Circular A-133?	ionin		3a		Х	
	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao t	the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b			

Form **990** (2013)

SCHEDULE A (Form 990 or 990-EZ)

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.

Departmo Internal F	ent of the Treasury Revenue Service	► Information about Sch	Attach to Form 990 nedule A (Form 990 or 990-				is at wи	vw.irs.go	ov/form9		Open to P Inspection	
Name o	f the organization							Emplo	yer iden	tificatio	n numbe	r
HUMAN	I RIGHTS WAT	CH, INC.							13	-2875	808	
Part I	Reason for	Public Charity Statu	s (All organizations mu	ust con	nplete	this pa	rt.) Se	e instr	uctions			
The org	ganization is not a	a private foundation be	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)				
1	A church, conv	vention of churches, or	association of churches	describ	ed in s	section 1	170(b)(1)(A)(i)).			
2	A school desc	ribed in section 170(b)	(1)(A)(ii). (Attach Schedu	le E.)								
3	A hospital or a	a cooperative hospital	service organization descr	ibed in	sectio	n 170(b))(1)(A)	(iii).				
4	A medical res	search organization op	perated in conjunction w	ith a h	nospita	I descri	bed in	sectio	n 170(b	o)(1)(A)(iii). Er	nter the
		e, city, and state:										
5	An organizatio	on operated for the be	nefit of a college or univ	versity	owned	l or ope	rated b	oy a go	vernme	ntal ur	nit desc	ribed in
	section 170(b))(1)(A)(iv). (Complete I	Part II.)									
6	A federal, stat	e, or local government	or governmental unit des	scribed	in sect	tion 170	(b)(1)(<i>l</i>	A)(v).				
7 X	An organizatio	on that normally receiv	es a substantial part of it	ts supp	ort fro	om a gov	vernme	ental ur	nit or fro	om the	genera	al public
	_ described in s	ection 170(b)(1)(A)(vi)	. (Complete Part II.)									
8	-		i on 170(b)(1)(A)(vi). (Con	-								
9	-	-	es: (1) more than 331/39									-
			s exempt functions - sub	•		•		. ,				
		•	ome and unrelated bus				•		n 511	tax) fr	om bus	sinesses
		-	ne 30, 1975. See section					-				
10	-		ated exclusively to test for	-	-				-			
11		• .	erated exclusively for the								•	
			upported organizations d					-			-	section
			bes the type of supporting	-			·			-		
•	a Type I		c Type III-Functio	-	-						ally inte	•
e		-	e organization is not con			-	-	-		-		-
		-	l other than one or more	publici	y supp		ganiza	tions o	iescribe	u in se		J9(a)(1)
4	or section 509		en determination from th		that it		no I T		or Tur		upportin	a
f	organization, c				liiat it	15 a Ty	pe i, i	ype II,	ог тур		pportin	y 🗌
a	-		inization accepted any gif	t or co	otributi	ion from	any of	the				•
g	following perso	-	inization accepted any gi		IIIIbuli		any or	uic				
			ctly controls, either alone	or tog	othor v	with ner	sons de	escribe	d in (ii)	and		res No
		-	f the supported organizati	-		ann per	50115 U	0001100		ana	11g(i)	
		nember of a person de		•							11g(ii)	
			son described in (i) or (ii) a	bove?	• • •						11g(iii)	
h			but the supported organiz		•••		• • •	• • • •			5()	
	Name of supported	ĭ	(iii) Type of organization	<u>т (</u>	ls the	(v) Did yo	ou notify	(vi)	Is the	(vii) Ar	mount of r	monetarv
	organization		(described on lines 1-9	organia	zation in listed in	the orga	nization	organi	zation in		support	
			above or IRC section (see instructions))	your go	overning ment?	in col. (i) supp			U.S.?			
				Yes	No	Yes	No	Yes	No			
(A)												
(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) 2013

OMB No. 1545-0047

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Schedule A (Form 990 or 990-EZ) 2013

13-2875808

Page 2

Part II 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	tion A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	39,220,034.	134,174,146.	70,520,001.	52,730,595.	68,221,336.	364,866,112.				
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	39,220,034.	134,174,146.	70,520,001.	52,730,595.	68,221,336.	364,866,112.				
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)						130,565,174.				
6	Public support. Subtract line 5 from line 4.						234,300,938.				
	tion B. Total Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total				
7	Amounts from line 4	39,220,034.	134,174,146.	70,520,001.	52,730,595.	68,221,336.	364,866,112.				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	24,077.	473,052.	308,543.	746,234.	1,130,343.	2,682,249.				
9	Net income from unrelated business activities, whether or not the business is regularly carried on	19,190.	119,635.	11,834.	30,445.	57,786.	238,890.				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ATCH 1			13,977.	568,431.	17,203.	599,611.				
11	Total support. Add lines 7 through 10						368,386,862.				
12	Gross receipts from related activities, etc. (s	see instructions) .				12	248,374.				
13	First five years. If the Form 990 is f organization, check this box and stop here			d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)				
Sec	tion C. Computation of Public Sup	port Percenta	ge								
14	Public support percentage for 2013 (li		•			14	63.60%				
15	Public support percentage from 2012					15	62.40%				
16a	331/3% support test - 2013. If the o	organization did	not check the	box on line 13,	and line 14 is	331/3 % or mo					
	this box and stop here. The organization			-							
b	331/3% support test - 2012. If the c	organization did	not check a bo	ox on line 13 c	or 16a, and line	15 is 331/3%	or more,				
	check this box and stop here. The orga	anization qualifi	es as a publicly :	supported orga	nization		▶∟				
17a	10%-facts-and-circumstances test - 2	2013. If the org	anization did no	ot check a box	on line 13, 16a	a, or 16b, and I	ine 14 is				
	10% or more, and if the organization					-					
	Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported										
	organization						▶∟				
b	10%-facts-and-circumstances test - 2	-	-								
	15 is 10% or more, and if the orga						•				
	Explain in Part IV how the organizati										
	supported organization										
18	Private foundation. If the organization										
	instructions	<u></u>					<u></u> ▶∟				

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013

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

Part III (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.)

Sect	Section A. Public Support						
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disgualified 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						
c	Add lines 7a and 7b.						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		1				I
	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
	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 IV.)						
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	port Percenta	age				
15	Public support percentage for 2013 (line 8	, column (f) divide	ed by line 13, colur	mn (f))		15	%
16	Public support percentage from 2012 Sche					16	%
Sect	tion D. Computation of Investme	nt Income Per	centage				
17	Investment income percentage for 2013 (li	ne 10c, column (f) divided by line 1	13, column (f))		17	%
18							
19 a	9a 331/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line						
	17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
b	331/3% support tests - 2012. If the orga	-	-	-		•••••	
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	, check this bo	ox and see instr	uctions 🕨
JSA 3E122	1 1.000				S	Schedule A (Form 9	990 or 990-EZ) 2013

Page 4

Part IV 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 INCOM	E			ATTACHMENT 1	
DESCRIPTION	2009	2010	2011	2012	2013	TOTAL
MISCELLANEOUS INCOME			13,977.	568,431.	17,203.	599,611.
TOTALS			13,977.	568,431.	17,203.	599,611.

Schedule A (Form 990 or 990-EZ) 2013

Sche	edu	le	В
(Form	990,	99	0-EZ.

or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attac	h to Form 990,	, Form 990-EZ,	or Form 990-P	۶F.
n about Schedi	le B (Form 990, 99	0-EZ. or 990-PF) and	d its instructions is	s at www.irs.gov/form990

2013

Name of the organization

HUMAN RIGHTS WATCH, INC.

Informatio

Employer identification number

13-2875808

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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 of \$5,000 or more during the year

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).

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) (2013)

Name of organization HUMAN RIGHTS WATCH, INC.

Employer identification number 13-2875808

Page **2**

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 1		\$ 11,875,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 2		\$ 5,993,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 3		\$2,600,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 4		\$\$,503,040.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 6		\$ 1,224,684.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

JSA

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization HUMAN RIGHTS WATCH, INC.

Employer identification number 13-2875808

Part I Contr	ributors (see instructions). Use duplicate copie		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$2,750,000.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization HUMAN RIGHTS WATCH, INC.

Employer identification number 13-2875808

(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
		 \$	

02373D 702V 5/8/2015 9:50:18 AM V 13-7.15

Part III Exclusively religious, charitable, etc., individual contributions to section 501c/(7), (8), or (10) or ganization that total more than \$1,000 for the year. Complete columns (a) through (b) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of 9,000 or less for the year. Clear this information once. See instructions.) ► \$		Form 990, 990-EZ, or 990-PF) (2013)			Page			
Part III Ecclosively religious, charitable, etc., individual contributions to section 501(c)(7), (8), (9), (7), (9) organizations completing Part III, enter the total of <i>exclusively</i> religious, chanitable, etc., contributions of \$1,000 or the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of <i>exclusively</i> religious, chanitable, etc., contributions of \$1,000 or the year. (Enter this information once. See instructions) > \$	Name of or	ganization HUMAN RIGHTS WATCH, INC	2.		Employer identification number			
contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$		that total more than \$1,000 for the ye For organizations completing Part III, e	ear. Complete colu enter the total of exe	mns (a) through (clusively religious,	501(c)(7), (8), or (10) organizations e) and the following line entry. charitable, etc.,			
(e) No. Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (f) Transfer of gift (f) No. Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (f) No. Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (f) No. Part I (f) No. Part I (f) Purpose of gift (c) Use of gift (d) Description of how gift is held (f) No. Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (f) No. Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (f) No. Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (f) No. Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held		contributions of \$1,000 or less for the	e year. (Enter this in	formation once. S	ee instructions.) \triangleright \$			
Part 1		Use duplicate copies of Part III if addition	onal space is neede	ed.				
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held </td <td>from Part I</td> <td>(b) Purpose of gift</td> <td>(c) Use</td> <td>of gift</td> <td>(d) Description of how gift is held</td>	from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
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Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee	from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
Transferee's name, address, and 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						
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from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held	(a) Na							
	(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
(e) Transfer of gift		(e) Transfer of gift						
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee		Transferee's name, address, and	d ZIP + 4	Relatio	nship of transferor to transferee			
JSA Schedule B (Form 990, 990-EZ, or 990-PF)	JSA				Schedule B (Form 990, 990-EZ, or 990-PF) (2013			

151518-0002

	rtment of the Treasury al Revenue Service				to Form 990 or Form 990-EZ : (Form 990 or 990-EZ) and it: form990.	
If the	organization answe	red "Yes,"	to Form 990, Part IV, line 3, or Form	990-EZ, Part V, line 46	6 (Political Campaign Activities	
			Complete Parts I-A and B. Do not complete			
٠	Section 501(c) (other	than secti	on 501(c)(3)) organizations: Complete F	Parts I-A and C below.	Do not complete Part I-B.	
	Section 527 organizat					
			to Form 990, Part IV, line 4, or Form			
			that have filed Form 5768 (election un			
			that have NOT filed Form 5768 (election		•	•
	-		to Form 990, Part IV, line 5 (Proxy Ta	ax) or Form 990-EZ, Pa	rt V, line 35c (Proxy Tax), ther	ı
		, or (6) org	anizations: Complete Part III.			
Name	of organization				Employer identific	
-	AN RIGHTS WAT				13-2875	
Par			organization is exempt under			zation.
1	•		organization's direct and indirect p			
2						
3	Volunteer hours				· · · · · · · · · · · · · · · · · · ·	
Par			organization is exempt under s			
1	Enter the amount of	of any exc	cise tax incurred by the organizatio	n under section 495	5▶\$	
2	Enter the amount of	of any exc	cise tax incurred by organization m	anagers under secti	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 m	nade?				Yes No
b	If "Yes," describe in					
Par	t I-C Complete	e if the c	organization is exempt under	section 501(c), ex	ccept section 501(c)(3).	
1		•	expended by the filing organization		•	
2	Enter the amount	of the fili	ng organization's funds contributed	l to other organizati	ons for section	
3	Total exempt fund	ction expe	enditures. Add lines 1 and 2. En	ter here and on Fo	orm 1120-POL,	
4			e Form 1120-POL for this year?			
5	Enter the names, a organization made the amount of pol	addresses payment itical cont	and employer identification numb ts. For each organization listed, en tributions received that were prom nd or a political action committee (I	er (EIN) of all section ter the amount paid ptly and directly de	on 527 political organizati d from the filing organizat livered to a separate polit	ons to which the filing ion's funds. Also enter ical organization, such
	(a) Name		(b) Address	(c) EIN	funds. If none, enter -0	(e) Amount of political ontributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
For F	Paperwork Reduction	Act Notic	e, see the Instructions for Form 990 o	990-EZ.	Schedule C	C (Form 990 or 990-EZ) 2013

Political Campaign and Lobbying Activities

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

SCHEDULE C

(Form 990 or 990-EZ)

OMB No. 1545-0047

13

20

Pa	art II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under				
Α	Check ► if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).							
В	Check ▶ if the filing organization checked box A and "limited control" provisions apply.							
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals				
1 a	Total lobbying expenditures to influence	e public opinion (grass roots lobbying)	118,885.					
b	 Total lobbying expenditures to influence 	e a legislative body (direct lobbying)						
c	Total lobbying expenditures (add lines	1a and 1b)	118,885.					
c	d Other exempt purpose expenditures		56,278,371.					
e		dd lines 1c and 1d)	56,397,256.					
f	Lobbying nontaxable amount. Enter	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 \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.						
	Over \$17,000,000	\$1,000,000.						
g	g Grassroots nontaxable amount (enter	25% of line 1f)	250,000.					
h	Subtract line 1g from line 1a. If zero o	0	0					
i	Subtract line 1f from line 1c. If zero or	less, enter -0-	0	0				
j		o on either line 1h or line 1i, did the organiz						
	reporting section 4911 tax for this year?							

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b	Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
С	Total lobbying expenditures	141,617.	177,088.	189,737.	118,885.	627,327.
d	Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
е	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f	Grassroots lobbying expenditures	141,617.	177,088.	189,737.	118,885.	627,327.

Schedule C (Form 990 or 990-EZ) 2013

	_
Page	3

Sche	dule C (Form 990 or 990-EZ) 2013					Page 3
Pa	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 5768		
For	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a)			(b)	
	cription of the lobbying activity.	Yes	No	4	Mount	
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:					
a h	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
b C						
d	Media advertisements? Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(C)(5)	, or s	ection		
	301(C)(0).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			Г	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	• • •	• • • •	••••	2	<u> </u>
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		· · ·		3	
Pa	t III-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, I	ine 3, is	
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount	unts	of			
	political expenses for which the section 527(f) tax was paid).					
а	Current year			2a		
b	Carryover from last year			2b		
c	Total			2c		
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ du			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible I					
		-	-	4		
5	and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	• • •	•••	5		
-	t IV Supplemental Information					
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated	aroup	list): F	Part II-A, li	ne 2: and	4
	II-B, line 1. Also, complete this part for any additional information.	3	,,	,.		

Schedule C (Form 990 or 990-EZ) 2013

Part IV Supplemental Information (continued)

151518-0002

SCHEE	DULE	D
(Form	990)	

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.

2 13 Opon to Dublic

OMB No. 1545-0047

	artment of the Treasury	Information shout Calendula	Attach to Form 990. Common Sector 2000 and its instructions is at users		Open to Public
	rnal Revenue Service the organization	Information about Schedule	e D (Form 990) and its instructions is at www	Employer identifi	Inspection
	-				
	MAN RIGHTS WAT		ad Funda an Othan Similar Funda a	13-2875	808
Pa	rt I Organizatio	ons maintaining Donor Advis if the organization answered "	ed Funds or Other Similar Funds or Yes" to Form 990, Part IV, line 6.	Accounts.	
	Completer		(a) Donor advised funds	(b) Funds ar	nd other accounts
1	Total number at a	nd of your	((0) - 0.00 - 0.	
		nd of year			
2		butions to (during year)			
3		from (during year)			
4		at end of year	advisors in writing that the coests hold	in denor odvised	
5	-		advisors in writing that the assets held		Yes No
~	•		e organization's exclusive legal control?		
6	-	-	nd donor advisors in writing that grant fu		
			t of the donor or donor advisor, or for a		Yes No
Po	rt II Conservation	on Essements, Complete if the	he organization answered "Yes" to F	orm 000 Part IV	
1			e organization (check all that apply).	0111 990, Fait IV,	
•		of land for public use (e.g., recre		of an historically	important land area
		f natural habitat	·	n of a certified histo	•
		of open space			
2			eld a qualified conservation contribution	in the form of a co	nconvotion
2		last day of the tax year.	eid a quaimed conservation contribution	In the form of a co	Inservation
	casement on the l	ast day of the tax year.		Held at th	e End of the Tax Year
_	Total number of a	an an estimation and a mante			
a ⊾					
b	-	-		•	
C L			historic structure included in (a)	. 20	
d			acquired after 8/17/06, and not on a	24	
2		-	oferred released extinguished or term		vization during the
3			sferred, released, extinguished, or term	inated by the organ	lization during the
		where property subject to come	nuction accompant is located		
4			invation easement is located		
5	-		ing the periodic monitoring, inspection,	-	. Yes No
c			sements it holds? specting, and enforcing conservation e		
6			ispecting, and enforcing conservation e	asements during th	e year
7			ting, and enforcing conservation easem	anta during the ver	
7		ses incurred in monitoring, inspec	sing, and enforcing conservation easen	ients during the yea	21
8	►\$	rvation assement reported on lin	e 2(d) above satisfy the requirements of	soction 170(b)(4)(B)
0					
9	In Part XIII descri	ibe how the organization reports	conservation easements in its revenue a	and evnense statem	ent and
5		e 1	of the footnote to the organization's final		•
		counting for conservation easeme	5		
Ра		· ·	of Art, Historical Treasures, or Oth	ner Similar Asset	S.
			"Yes" to Form 990, Part IV, line 8.		
1a	If the organization	a elected as permitted under SE	FAS 116 (ASC 958), not to report in it	s revenue stateme	ent and balance sheet
iu	works of art, hist	torical treasures, or other simila	ar assets held for public exhibition, economic to its financial statements that d	ducation, or resea	irch in furtherance of
_					
b			SFAS 116 (ASC 958), to report in its		
		vide the following amounts relation	ar assets held for public exhibition, ed ing to these items:	uucation, or resea	iten in furtherance of
		5		►	\$
2			rt, historical treasures, or other simila		
-	•		FAS 116 (ASC 958) relating to these ite		siai gain, provide the
а	-				\$
b					

Schedule D (Form 990) 2013

	dule D (Form 990) 2013	ng Collections of	Art Histori	cal Treasure	s or Oth	or Similar	Acco	te (contin	Page 2
Par		ing conections of	AIL, HISLOH		s, or ou	iei Siiiiiai	A226		ueu)
3	Using the organization's acquisition collection items (check all that app			-		-	e a sign	ificant use	of its
a	Public exhibition			Loan or exchan	• • •				
b	Scholarly research		e (Other					
C A	Preservation for future gene		and avalain	how thoy furth	or the or	aonization'a	overne	- nurnada i	n Dart
4	Provide a description of the organ XIII.		s and explain	now they full		yanizations	exemp	i purpose i	n Pan
5	During the year, did the organization	on solicit or receive (Innations of a	t historical trea		other similar			
Ŭ	assets to be sold to raise funds rath							Yes	No
Par	t IV Escrow and Custodial Ar or reported an amount or	rangements. Com	nplete if the o	-), Part IV,	line 9,
		ii Fuilli 990, Falt 7							
1a	Is the organization an agent, truste	e, custodian or othe	r intermediary	for contribution	ns or other	r assets not			
	included on Form 990, Part X?						. [Yes	No
b	If "Yes," explain the arrangement in	n Part XIII and compl	ete the followi	ng table:					
						Am	ount		
c	Beginning balance				C				
d	Additions during the year				d				
e	Distributions during the year				e				
f	Ending balance Did the organization include an am				f			Yes	No
2a b	If "Yes," explain the arrangement in				nrovided	in Part XIII	L		No
	t V Endowment Funds. Com								
r ar		(a) Current year	(b) Prior yea		/ears back	(d) Three yea		(e) Four yea	rs back
1a	Beginning of year balance	92,183,785.	83,741,9		58,197.	74,069,		66,921	
b	Contributions	34,137.	44,						
С	Net investment earnings, gains,								
	and losses	16,084,884.	8,842,4	4551,88	39,092.	15,481,	437.	8,754	1,291
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs)7,018.	3,000,),000.
f	Administrative expenses	602,789.	445,2		30,119.		244.		5,763
g	End of year balance	107,700,017.	92,183,		1,968.	86,168,	197.	74,069	9,004.
2	Provide the estimated percentage Board designated or quasi-endowr			ne 1g, column (a	a)) held as	:			
a b	Permanent endowment	%							
	Temporarily restricted endowment								
•	The percentages in lines 2a, 2b, ar		00%.						
3a	Are there endowment funds not in			n that are held	and admir	nistered for th	e		
	organization by:		-					Yes	s No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	Х
b	If "Yes" to 3a(ii), are the related org	-						3b	
4	Describe in Part XIII the intended u								
Par	t VI Land, Buildings, and Equ Complete if the organiza	i pment. ation answered "Ye	s" to Form 9	90 Part IV lin	e 11a .Se	e Form 99	0 Part	X line 10	
	Description of property	(a) Cost or) Cost or other basis (other)	s (c) Acc	cumulated eciation		I) Book value	•
1a	Land								
b	Buildings				_				
С	Leasehold improvements			7,101,553		50,181.		3,751,	
d	Equipment			6,650,070		38,732.		1,811,	
e	Other			438,490		10,994.			,496.
Tota	I. Add lines 1a through 1e. (Column	n (d) must equal Form	n 990, Part X, d	column (B), line	10(c).)			5,790,	
							Sched	ule D (Form 9	90) 2013

JSA 3E1269 2.000 02373D 702V 5/8/2015 9:50:18 AM V 13-7.15 151518-0002

Schedule D (Form 990) 2013			Page 3
Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" to Form 990,	, Part IV, line 11b. See Form 990, Part	X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu	he
(1) Financi	al derivatives			
(2) Closely	r-held equity interests			
(3) Other_		16 600 207		
<u>(A) LIM</u> (B)	IITED PARTNERSHIPS	16,699,387.	FMV	
<u>(C)</u>				
(D)				
(E)				
(F)				
<u>(G)</u>				
(H)		16 600 207		
Part VIII	In (b) must equal Form 990, Part X, col. (B) line 12.)	16,699,387.		
	Complete if the organization answered	"Yes" to Form 990.	Part IV. line 11c. See Form 990. Part	X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu	
(1)				
(2)				
(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	"Yes" to Form 990,	, Part IV, line 11d. See Form 990, Part	X, line 15.
	(a)	Description		b) Book value
(1)				
(2) (3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part X	umn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered line 25.			0, Part X,
1.	(a) Description of liability	(b) Book valu	e	
(1) Fede	ral income taxes			
	RRED RENT	328,	647.	
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 328,6	647.	

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 X JSA 3E1270 1.000 Schedule D (Form 990) 2013

Schedu	ile D (Form 990) 2013		Page 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.).	
1	Total revenue, gains, and other support per audited financial statements	1	87,631,437.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a 10,888,663.		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) 2d 3,174,653.		
е	Add lines 2a through 2d	2e	14,063,316.
3	Subtract line 2e from line 1	3	73,568,121.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a L	Investment expenses not included on Form 990, Part VIII, line 7b 4a 646, 762.		
b C	Other (Describe in Part XIII.) 4b 4b	4.0	646,762.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)	4c 5	74,214,883.
Part		-	/1,211,005.
T al t	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	69,173,905.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
C	Other losses 2c		
d	Other (Describe in Part XIII.) 2d 3,174,653.		
е	Add lines 2a through 2d	2e	3,174,653.
3	Subtract line 2e from line 1	3	65,999,252.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 646, 762.		
b	Other (Describe in Part XIII.)		
C E	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. <i>(This must equal Form 990, Part I, line 18.)</i>	4c	646,762.
5 Part		5	00,040,014.
Provic 2; Par	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform E PAGE 5		

Schedule D (Form 990) 2013

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, 2014, THERE WAS NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE STATEMENTS OF ACTIVITIES. TAX RETURNS FOR THE YEARS ENDED JUNE 30, 2010 THROUGH 2013 ARE SUBJECT TO AUDIT BY THE IRS.

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

Schedule D (Form 990) 2013

	m 990)			Outside the Uni "Yes" on Form 990, Part IV,		MB No. 1545-0047
	ment of the Treasury I Revenue Service			 See separate instructions. and its instructions is at with 		pen to Public spection
Name	of the organization				Employer identifica	
-	AN RIGHTS WATCH, INC.				13-2875808	
Part	Form 990, Part IV, line 14		Outside the l	Jnited States. Complete	if the organization answe	ered "Yes" on
	For grantmakers. Does the orga assistance, the grantees' eligibili grants or assistance?	nization mainta ty for the grant	ts or assistance	e, and the selection criter	ia used to award the	X Yes No
	For grantmakers. Describe in assistance outside the United Sta		ganization's p	rocedures for monitoring	the use of its grants a	and other
3	Activities per Region. (The follow	ving 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.	84.	PROGRAM SERVICES	ADVOCACY/COMM./FUNDR.	14,958,354.
(2)	EAST ASIA AND THE PACIFIC	1.	4.	FUNDRAISING		1,790,922.
(3)	SUB-SAHARAN AFRICA	2.	9.	DDOCDAM CEDULCEC	DROMOTEC HUMAN DIGUTE	1 107 704
	SUB-SARAKAN AFRICA	2.	9.	PROGRAM SERVICES	PROMOTES HUMAN RIGHTS	1,187,724.
(4)	MIDDLE EAST AND NORTH AFRICA	2.	10.	PROGRAM SERVICES	PROMOTES HUMAN RIGHTS	667,205.
(5)	NORTH AMERICA	1.	5.	FUNDRAISING		663,845.
(6)	RUSSIA/INDEPENDENT STATES	1.	5.	PROGRAM SERVICES	PROMOTES HUMAN RIGHTS	535,170.
(7)	SOUTH AMERICA	1.	3.	PROGRAM SERVICES	PROMOTES HUMAN RIGHTS	214,615.
(8)	EAST ASIA AND THE PACIFIC			GRANTMAKING		80,500.
(9)	NORTH AMERICA			GRANTMAKING		24,000.
(10)	EUROPE			GRANTMAKING		20,000.
<u>(11)</u>	RUSSIA/INDEPENDENT STATES			GRANTMAKING		6,000.
(12)	SUB-SAHARAN AFRICA			GRANTMAKING		5,000.
(13)						
(14)						
(15)						
<u>(16)</u>						
<u>(17)</u>	• • • • •					
3a b	Sub-total Total from continuation sheets to Part I	17.	120.			20,153,335.
	Totals (add lines 3a and 3b)	17.	120.			20,153,335.
For Pa	aperwork Reduction Act Notice, see	e the Instruction	s for Form 990.		Schedul	e F (Form 990) 2013

Page **2**

Schedule	E ((Form	990)	2013
Scheuule	F (330)	2013

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 o valuation (book, FMV appraisal, other)
)			EAST ASIA/PACIFIC	HUMAN RIGHTS	67,500.	CHECK/WIRE			
2)									
;)									
l)									
5)									
i)									
7)									
3)									
)									
0)									
1)									
2)									
3)									
4)									
5) 6)									
	ter total number of recipien	t organizations listed ab	ove that are recognized	as charities by the f			oxompt		<u> </u>
	the IRS, or for which the gra								1

Schedule F (Form 990) 2013

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) ASSISTANCE TO HUMAN RIGHTS ACTIVISTS	NORTH AMERICA	4.	24,000.	CHECK/WIRE			
(2) ASSISTANCE TO HUMAN RIGHTS ACTIVISTS	EUROPE/ICELAND/GREENLAND	4.	20,000.	CHECK/WIRE			
(3) ASSISTANCE TO HUMAN RIGHTS ACTIVISTS	EAST ASIA/PACIFIC	5.	13,000.	CHECK/WIRE			
(4) ASSISTANCE TO HUMAN RIGHTS ACTIVISTS	RUSSIA/NEWLY IND. STATES	1.	6,000.	CHECK/WIRE			
(5)							
(6)							
(7)							
(8)							
(9)							
10)							
11)							
12)							
13)							
14)							
15)							
16)							
17)							
18)							

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Schedule F (Form 990) 2013

JSA

HUMAN RIGHTS WATCH, INC.

Schedu	ıle F (Form 990) 2013		Page 4
Part	V Foreign Forms		
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)	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? <i>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)</i>	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)	X Yes	No

Schedule F (Form 990) 2013

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) Department of the Treasury		Supplemental Information Regarding Fundraising or Gaming Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.	OMB No. 1545-0047				
	Revenue Service	Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.i	rs.gov/form990.	Inspection			
Name	of the organization		Employer identificat	ion number			
HUMA	AN RIGHTS WAT	CH, INC.	13-287580	8			
Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations b X Internet and email solicitations c Phone solicitations g X Special fundraising events d X							
 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 							

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser 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						
SCHULTZ & WILLIAMS, INC.	SOLICITING		Х	2,964,806.	1,665,955.	1,298,851.
2						
ACR STRATEGIES	SOLICITING		Х	844,175.	163,488.	680,687.
3 PUBLIC INTEREST						
COMMUNICATIONS, INC.	SOLICITING		Х	26,853.	19,508.	7,345.
4						
5						
6						
7						
8						
9						
10						
Total				3,835,834.	1,848,951.	1,986,883.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL,AK,AZ,AR,CA,CO,CT,FL,GA,HI,IL,

 ${\rm KS}$, ${\rm KY}$, ${\rm ME}$, ${\rm MD}$, ${\rm MA}$, ${\rm MI}$, ${\rm MS}$, ${\rm NH}$, ${\rm NJ}$, ${\rm NM}$, ${\rm NY}$, ${\rm NC}$, ${\rm ND}$, ${\rm OH}$,

OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

			RIGHTS WATCH, INC		13-	-2875808
	edule I rt I	 G (Form 990 or 990-EZ) 2013 Fundraising Events. Complete than \$15,000 of fundraising ever gross receipts greater than \$5,00 	nt contributions and gros			
			(a) Event #1 DINNER	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	15,360,029.			15,360,029.
ш	2	Less: Contributions	12,185,376.			12,185,376.
	3	Gross income (line 1 minus line 2)	3,174,653.			3,174,653.
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses	3,174,653.			3,174,653.
		Direct expense summary. Add lines 4 Net income summary. Subtract line 1				3,174,653.
Pa	rt I		anization answered "Y			orted more
anue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						

5					., .	,			
Rever	1 Gross revenue								
ses	2 Cash prizes								
zpen	3 Noncash prizes								
Direct Expenses	4 Rent/facility costs								
	5 Other direct expenses								
		Yes %	Yes %	Yes %					
	6 Volunteer labor	No	No	No					
	7 Direct expense summary. Add lines 2 t	through 5 in column (d)							
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)								
9	Enter the state(s) in which the organization	on operates gaming acti	vities:						

a Is the organization licensed to operate gaming activities in each of these states?	Yes	No
b If "No," explain:		

10 a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	 Yes	No
b	If "Yes," explain:		

Schedule G (Form 990 or 990-EZ) 2013

HUMAN RIGHTS WATCH, INC

	HUMAN RIGHIS WAICH, INC.	13-20/	0000	
Sched	ule G (Form 990 or 990-EZ) 2013			Page 3
11	Does the organization operate 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 enti			
	formed to administer charitable gaming?	•	Yes	No
13	Indicate the percentage of gaming activity operated in:	••••		
a	The organization's facility	120		%
				%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events book records:	s and		
	Nama N			
	Name ►			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives			
	revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$	and the		
	amount of gaming revenue retained by the third party \blacktriangleright			
С	If "Yes," enter name and address of the third party:			
	Nama N			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming pro	vooda ta		
а				N
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt orga	anizations		
	or spent in the organization's own exempt activities during the tax year s	()	· · ·	
Par				
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part	to provid	e any	
	additional information (see instructions).			

Schedule G (Form 990 or 990-EZ) 2013

	SCHEDULE J (Form 990) Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" to Form 990, Part IV, line 23.				OMB No. 1545-0047			
					Copen to Public			
	nent of the Treasury Revenue Service	Attach to Form Information about Schedule J (Formation about Schedule J)	990. ► See separate instructions. prm 990) and its instructions is at www.irs.gov/i	form990,	pen to Insp			
	of the organization		-	Employer identification				
	5	WATCH, INC.		13-287580				
Part		s Regarding Compensation						
						Yes	No	
1a			ovided any of the following to or for a pers					
	990, Part VII,	Section A, line 1a. Complete Part III to	o provide any relevant information regarding	y these items.				
	First-cla	ss or charter travel	Housing allowance or residence for	•				
	Travel fo	or companions	Payments for business use of person					
		emnification and gross-up payments	Health or social club dues or initiation					
	Discretio	onary spending account	Personal services (e.g., maid, chauff	eur, chef)				
b	or reimburse	ement or provision of all of the ex	ne organization follow a written policy re openses described above? If "No," com	plete Part III to				
	explain				1b			
2	•		to reimbursing or allowing expenses	•				
			D/Executive Director, regarding the items					
					2			
3			nization used to establish the compensation					
	related organ	ization to establish compensation of the	at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in Pa	os useo by a art III				
	<u> </u>	isation committee	Written employment contract					
	· ·	dent compensation consultant	X Compensation survey or study					
	· · ·	00 of other organizations	X Approval by the board or compensa	tion committee				
		-						
4		ar, did any person listed in Form 990, I or a related organization:	Part VII, Section A, line 1a, with respect to	the filing				
а			ayment?		4a		Х	
b	Participate in	, or receive payment from, a suppleme	ental nonqualified retirement plan?		4b		Х	
с			ased compensation arrangement?		4c		Х	
			rovide the applicable amounts for each it					
	Only section	501(c)(3) and 501(c)(4) organizations	must complete lines 5-9.					
5	-		line 1a, did the organization pay or accrue a	anv				
-	•	n contingent on the revenues of:		5				
а	The organizat	ion?			5a		Х	
b	Any related o	rganization?			5b		Х	
		e 5a or 5b, describe in Part III.						
6	For persons I	isted in Form 990, Part VII, Section A,	line 1a, did the organization pay or accrue a	any				
	compensation	n contingent on the net earnings of:						
а	The organizat	ion?			6a		X	
b	Any related o	rganization?			6b		X	
		e 6a or 6b, describe in Part III.						
7			n A, line 1a, did the organization provi		_			
			escribe in Part III		7		X	
8			, paid or accrued pursuant to a contract					
		-	Regulations section 53.4958-4(a)(3)? If				37	
~			low the reputtable presumption presed		8		X	
9		5	low the rebuttable presumption proced		9			
For P		ction Act Notice, see the Instructions for Fo			Ule J (Fo	orm 004	0) 2012	
				ouneu			-, -0.0	

Page 2

Schedule J (Form 990) 2013

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-MISC 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)	reported as deferred in prior Form 990
KENNETH ROTH	(i)	449,018.	C	C	44,850.	22,891.	516,759.	(
1 EXECUTIVE DIRECTOR	(ii)	0	(0	0	0	0	(
BARBARA GUGLIELMO	(i)	170,007.	C	C	17,277.	22,891.	210,175.	(
2 ASST. TREAS., ADMIN & FIN DIR	(ii)	0	(0	0	0	0	(
MICHELE ALEXANDER	(i)	273,275.	C	C	27,675.	22,891.	323,841.	(
3 DEVELOPMENT & OUTREACH DIR.	(ii)	0	(0		0	0	(
IAIN LEVINE	(i)	241,364.	(C	24,059.	22,891.	288,314.	(
4 PROGRAM DIRECTOR	(ii)	0	(0		0	0	(
CARROLL BOGERT	(i)	233,701.	(C	23,301.	13,156.	270,158.	(
5 ASSOCIATE DIRECTOR	(ii)	0	(0	0	0	0	(
CHARLES LUSTIG	(i)	223,101.	(C	19,056.	22,891.	265,048.	(
6 DEP. EXEC. DIR. FOR OPERATIONS	(ii)	0	(0		0	0	(
CHRISTINE SQUIRES	(i)	198,633.	(C	19,833.	22,891.	241,357.	(
7 DEPUTY DIRECTOR, NORTH AMERICA	(ii)	0	(0	0	0	0	(
JOSEPH SAUNDERS	(i)	189,839.	(C	19,233.	22,891.	231,963.	(
8 DEPUTY PROGRAM DIRECTOR	(ii)	0	(0	0	0	0	(
JAMES ROSS	(i)	183,942.	(C	18,450.	22,891.	225,283.	(
9 LEGAL & POLICY COUNSEL	(ii)	0	(C	0	0	0	(
DINAH POKEMPNER	(i)	176,774.	C	C	17,608.	7,548.	201,930.	(
10 ^{GENERAL COUNSEL}	(ii)	0	(C	0	0	0	(
TOM P. PORTEOUS	(i)	176,220.	C	C	17,566.	7,548.	201,334.	(
11 DEPUTY PROGRAM DIRECTOR	(ii)	0	(C	0	0	0	(
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)	[[

Schedule J (Form 990) 2013

JSA 3E1291 1.000

Part III 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.

Page 3

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2013

Open To Public

Inspection

Department of the Treasury	
Internal Revenue Service	

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.

Name of the organization

Employer identification	number
13-2875808	

Dort I	Types	of Propor	417
HUMAN	RIGHTS	WATCH,	INC.

Par	I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash con			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
Ū	goods.							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	72.	2,539,087.	MARKET QU	JOTAT	TON	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
••	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
15	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
10	Food inventory							
20	Drugs and medical supplies							
20 21	Taxidermy							
22	Historical artifacts							
22 23								
23 24	Scientific specimens							
24 25								
25 26	Other \blacktriangleright ()							
20 27	Other \blacktriangleright ()							
27 28	Other \blacktriangleright ()							
20 29	Other ►() Number of Forms 8283 received	by the orac	nization during the tax ve	or for contributions for	<u> </u>			
29	which the organization completed F	, ,			29			
	which the organization completed i	0111 0203,	Fait IV, Donee Acknowledg				Yes	No
30 a	During the year, did the organizat	ion receive	by contribution any prope	rtv reported in Part I. line	s 1-28. that			
	it must hold for at least three year							
	used for exempt purposes for the er					30a		Х
b	If "Yes," describe the arrangement i					oou		
31	Does the organization have a		ance policy that require	s the review of anv r	on-standard			
	contributions?					31		х
32 a	Does the organization hire or use	e third parti	es or related organization	s to solicit, process, or s	sell noncash			
. 	contributions?	•	•			32a		х
b	If "Yes," describe in Part II.					02u		
33	If the organization did not report an	amount in	column (c) for a type of pro	perty for which column (a)) is checked			
	describe in Part II.			(u,				
For Pa	aperwork Reduction Act Notice, see the Instr	uctions for Fo	rm 990.		Schedule	M (For	m 990)	(2013)
							,	,

Page 2

Part II 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 O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.



Department of the Treasury Internal Revenue Service Name of the organization

HUMAN RIGHTS WATCH, INC.

Employer identification number

FORM 990, PART III, LINE 4D:

1) MIDDLE EAST & NORTH AFRICA -

EXPENSES: \$4,307,705.

2) UNITED STATES -

EXPENSES: \$3,215,729.

3) WOMEN'S RIGHTS -

EXPENSES: \$2,831,859.

4) HEALTH & HUMAN RIGHTS -

EXPENSES: \$2,435,010.

5) CHILDREN'S RIGHTS -

EXPENSES: \$2,427,423.

6) INTERNATIONAL JUSTICE -

EXPENSES: \$1,686,769.

7) HEALTH & HUMAN RIGHTS -

EXPENSES: \$1,416,540.

8) OTHER PROGRAMS -

EXPENSES: \$16,329,712. GRANTS: \$135,500. REVENUE: \$33,093.

Page 2

FORM 990, PART V, LINE 4B: BELGIUM, BRAZIL, CANADA, FRANCE, GERMANY, JAPAN, KENYA, KYRGYZSTAN, LEBANON, NETHERLANDS, NORWAY, RUSSIA, SWITZERLAND, SOUTH AFRICA, TUNIS,

UNITED KINGDOM AND AUSTRALIA

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.

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

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: POLICY AND PROCEDURES FOR COMPENSATION AND PERFORMANCE REVIEW OF EXECUTIVE DIRECTOR:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS SHALL PERFORM A

PERFORMANCE AND COMPENSATION REVIEW OF HRW'S EXECUTIVE DIRECTOR BIENNIALLY. THE FOLLOWING PROCEDURE SHALL BE FOLLOWED IN CONDUCTING THIS REVIEW:

 THE MEMBERS OF THE EXECUTIVE COMMITTEE, OR A MAJORITY OF THE COMMITTEE MEMBERS, SHALL INTERVIEW MEMBERS OF THE HRW COMMUNITY WITH KNOWLEDGE OF THE EXECUTIVE DIRECTOR'S JOB PERFORMANCE, INCLUDING DONORS, PEERS, GOVERNMENT OFFICIALS, AND STAFF MEMBERS REPORTING DIRECTLY TO THE ED.
 SEVERAL COMMON QUESTIONS SHALL BE ASKED IN EACH INTERVIEW.

3. THE INTERVIEWING COMMITTEE MEMBERS SHALL DISCUSS AND CONDENSE THEIR FINDINGS IN A CONFERENCE CALL. AREAS WHERE IMPROVEMENT MAY BE WARRANTED SHALL BE PRESENTED TO AND DISCUSSED WITH THE FULL EXECUTIVE COMMITTEE.

4. THE EXECUTIVE COMMITTEE SHALL MEET IN EXECUTIVE SESSION WITH THE ED TO ASK FOR HIS/HER IMPRESSION OF HIS/HER OWN JOB PERFORMANCE.

5. THE ED SHALL SUBMIT A WRITTEN SELF-EVALUATION. THE EXECUTIVE COMMITTEE SHALL OBTAIN AND CONSIDER A SURVEY OF SALARIES OF COMPARABLE CEOS OF NGOS OF SIMILAR SIZE AND BUDGET AND WITH A SIMILAR MISSION.

6. THE EXECUTIVE COMMITTEE SHALL MEET IN EXECUTIVE SESSION TO VOTE ON THE ED'S INCREASED LEVEL OF COMPENSATION, IF ANY.

7. WHENEVER A MEMBER OF THE EXECUTIVE COMMITTEE HAS A POTENTIAL CONFLICT OF INTEREST IN THE COMPENSATION OF THE ED, THE CONFLICT SHALL BE DISCLOSED PRIOR TO THE COMMITTEE DISCUSSION OF EXECUTIVE COMPENSATION AND THE MEMBER WITH THE POTENTIAL CONFLICT SHALL RECUSE HIM/HERSELF FROM THE DELIBERATIVE AND VOTING PROCESSES.

8. THE RESULTS OF THE PERFORMANCE AND COMPENSATION REVIEW SHALL BE SHARED WITH THE FULL BOARD.

9. THE CHAIRPERSON OF THE BOARD OF DIRECTORS SHALL WRITE A LETTER TO DIRECTOR OF HUMAN RESOURCES CONTAINING THE ED'S PERFORMANCE EVALUATION AND ANOTHER LETTER TO THE FINANCE AND ADMINISTRATION DIRECTOR CONTAINING THE BOARD'S COMPENSATION RECOMMENDATIONS. THESE LETTERS SHALL SERVE AS THE OFFICIAL DOCUMENTATION OF THE COMMITTEE'S DECISION ON THE ED'S LEVEL OF COMPENSATION.

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

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 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.

Schedule O (Form 990 or 990-EZ) 2013	Page 2
Name of the organization	Employer identification number
HUMAN RIGHTS WATCH, INC.	13-2875808
<u> </u>	ITACHMENT 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	
THE NAME FOR TAKE PERION OF THE WARD DIVIS THE INTER OF AND	
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,

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
TRISTATE CONSTRUCTION GROUP 770 LEXINGTON AVENUE NEW YORK, NY 10065	CONSTRUCTION	2,513,269.
SCHULTZ & WILLIAMS, INC. 325 CHESTNUT STREET, SUITE 700 PHILADELPHIA, PA 19106	PROF. FUNDRAISER	1,665,955.
FUSIONSTORM 124 GROVE STREET, SUITE 311 FRANKLIN, MA 02038	NETWORK SOLUTION	709,910.
SMART IMS INC. 103 MORGAN LANE, SUITE 104 PLAINSBORO, NJ 08356	NETWORK SOLUTION	305,957.
CDW, INC. P.O. BOX 75723	IT SOLUTIONS	222,644.

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Schedule O (Form 990 or 990-EZ) 2013			Page 2
Name of the organization			r identification number
HUMAN RIGHTS WATCH, INC.			-2875808
		ATTACH	MENT 3 (CONT'D)
990, PART VII- COMPENSATION OF THE	FIVE HIGHEST PAIL	D IND. CONTRACTORS	:
NAME AND ADDRESS	<u>D</u>	ESCRIPTION OF SERVICES	COMPENSATION
CHICAGO, IL 60675			
		ATTACH	MENT 4
FORM 990, PART VIII - EXCLUDED CON	TRIBUTIONS		
DESCRIPTION	AMOUNT		
ANNUAL DINNER HONORING HUMAN			
RIGHTS	12,185,376.		
TOTAL	12,185,376.		
<u>FORM 990, PART VIII - FUNDRAISING </u>	EVENTS	ATTACH	<u>MENT 5</u>
	GROSS	DIRECT	NET
DESCRIPTION	INCOME	EXPENSES	INCOME
ANNUAL DINNER HONORING HUMAN			
RIGHTS	3,174,653	. 3,174,653.	
TOTALS	3,174,653	3,174,653.	

Schedule O (Form 990 or 990-EZ) 2013

	4562		Deprec	iation and	d Am	ortizati	on			OMB No. 1545-017
-orm	TOOL		•	nformation						2013
	ent of the Treasury Revenue Service (99)	► S	ee separate instruc	tions.	Atta	۔ ch to your t	ax return.			Attachment Sequence No. 179
	s) shown on return	, , , , , , , , , , , , , , , , , , ,			, ,,,,,,	<u></u>				Identifying number
HUI	MAN RIGHTS	WATCH,	INC.							13-2875808
	ss or activity to which th									
	NERAL DEPR									
Part		•	tain Property U							
		-	ed property, com							
1 M	laximum amount (se	e instructions)	ad in convice (coo in	structions)				· · · -	1 2	
	hreshold cost of sector								2	
	eduction in limitation								4	
5 Do	ollar limitation for tax year eparately, see instructions	r. Subtract line 4 from li	ine 1. If zero or less, enter -	0 If married filing					5	
6		(a) Description o				siness use only				
7 Li	isted property. Enter	r the amount from	n line 29			7				
	otal elected cost of								8	
9 Te	entative deduction.	Enter the smaller	of line 5 or line 8					•••	9	
	arryover of disallow								10	
	usiness income limi								11	
	ection 179 expense							•••	12	
	arryover of disallow Do not use Part II or					▶ 13				
	Special De				tion (D	o not incluc	le listed prope	rtv) (S	See i	instructions)
	pecial depreciation	-								
	uring the tax year (se			•					14	
		•								
	roperty subject to se	ection 168(f)(1) el	lection						15	
5 Pi 6 O Part 7 M	MACRS De	ncluding ACRS) _	o not include listed in service in tax yea	d property.) (Se Section rs beginning befo	ee instr n A re 2013	uctions.)	· · · · · · · · · · · · · · ·		15 16 17	1,219,0
5 Pi 6 O Part 7 M 8 If	ther depreciation (in MACRS De ACRS deductions for you are electing to sset accounts, check	ncluding ACRS) . preciation (De or assets placed to group any as chere .	o not include lister in service in tax yea sets placed in ser	d property.) (Se Section rs beginning befo vice during the	ee instr n A re 2013 tax yea	uctions.) ar into one	or more gener. ▶		16 17	
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15 P 16 O Part 17 M 18 If as 19a 5 C 19a 6 2 6 12 6 2 6 12 7 N 19a 19a 19a 19a 19a 10 10 10 10 10 10 10 10 10 10	ther depreciation (in MACRS Definition of ACRS deductions for you are electing to seet accounts, check Section (a) Classification of 3-year property 5-year property 5-year property 0-year property 5-year property 0-year property 5-year property 0-year property 5-year property 0-year property 0-year property seidential rental roperty onresidential real roperty Section lass life 2-year 0-year V Summary (isted property. Enter otal. Add amounts nd on the appropriat	ncluding ACRS) . preciation (Decomposition of the second	 b not include lister in service in tax yea sets placed in service Placed in Service (b) Month and year placed in service aced in Service D aced in Service D ans.) a 28 as 14 through 17, urn. Partnerships an 	d property.) (Se Section rs beginning befo vice during the During 2013 T (c) Basis for dep (business/investri only - see instru	ee instr n A re 2013 tax yea reciation nent use ictions) x Year x Year	uctions.) r into one r Using the (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the 12 yrs. 40 yrs. 12 yrs. 40 yrs.	or more genera General Dep (e) Convention (e) Convention MM MM MM MM Alternative De MM Iline 21. Enter		16 17 bon Sy hod 	/stem (g) Depreciation deduc
15 P 16 O Part 17 M 18 If as 19a 19a 19a 19a 19a 19a 19a 19a	ther depreciation (in MACRS De ACRS deductions for you are electing to set accounts, check Section (a) Classification of 3-year property 5-year property 5-year property 0-year property 5-year property 5-year property 0-year property 5-year property 0-year property 5-year property 0-year property 5-year property 0-year property 5-year propert	Including ACRS) Preciation (December 2014) or assets placed to group any as a here on B - Assets F property 	 b not include lister in service in tax yea sets placed in service (b) Month and year placed in service (b) Month and year placed in service 	d property.) (Se Section rs beginning befo vice during the During 2013 T (c) Basis for dep (business/investri only - see instru	ee instr n A re 2013 tax yea reciation nent use cctions) x Year x Year	uctions.) r into one r Using the (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the A 12 yrs. 40 yrs. using the A 12 yrs. 40 yrs.	or more general General Dep (e) Convention (e) Convention MM MM MM MM MM Alternative De MM Iine 21. Enter		16 17 bon Sy hod - - - - - - - - - - - - - - - - - - -	/stem (g) Depreciation deduc

Forn	n 4562 (i	2013)												13	-2875	808	Page 2
	rt V	,	operty (Include	automobil	es. (certain	oth	er ve	ehic	les.	certain	comp	uters.	and	prope	rtv us	-
		entertainme	ent, recreation, o	r amuseme	nt.)										• •		
		Note: For a 24b, column	ny vehicle for wh s (a) through (c) of	nich you are Section A, a	using Il of S	g the si ection B	tanda . and	rd mi Sectio	leage on C	e rat if ap	te or deo plicable.	lucting	lease e	expense	e, comp	olete or	ily 24a
		,	Depreciation and	,								imits for	passer	nger au	tomobile	es.)	
24a	Do yo		e to support the bus					Yes			24b If "Y					Yes	No
		(a)	(b)	(c)					(e)		(f)	(g			h)	<u> </u>	i)
	Type of	property (list	Date placed	Business/	Cost	(d) or other ba		Basis for			Recovery	Meth			ciation	-	section
		cles first)	in service	investment use percentage	Cusi		1515 (busines use	s/invest e only)	tment	period	Conve			iction	179	cost
25	Spaci		n allowance for		od pr	oporty		d in c	onvi	co d	uring						
ZJ			ed more than 50%										25				
26			e than 50% in a qu				6 (36	6 1130	uctio	,113)			25				
20	Fiope	ity used mor			1	с.											
				%													
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27	Prope	erty used 50%	or less in a qualifi		1												
				%								S/L -					
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			lumn (h), lines 25														
29	Add a	mounts in co	lumn (i), line 26. E	inter here an	d on l	line 7, pa	age 1								. 29		
				Sectior	ו B -	Informa	ation	on U	se c	of Ve	ehicles						
Con	nplete t	his section fo	r vehicles used by									r." or re	elated p	erson. I	f vou p	rovided	vehicles
			swer the questions ir														
					(a)		(b)			(c)	(d)	(e)	(f)
~~	T		and the second			icle 1	V	ehicle 2		Ve	ehicle 3	Vehio			icle 5		cle 6
30			estment miles driv clude commuting r														
~ 1	-	-	-	-													
			niles driven during														
32	Total			mmuting)													
33			n during the y														
	lines (30 through 32	2														
34	Was	the vehicle	e available for	personal	Yes	No	Yes	5 N	0	Yes	i No	Yes	No	Yes	No	Yes	No
	use d	uring off-duty	hours?														
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36	ls ar	nother vehicl	le available for	personal													
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			ction C - Questic		nlove	rs Who	Pro	vide	Vehi	icles	for Use	by The	ir Fm	nlove	20		
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37			a written policy s		•		•						•		g, by		
20		employees?	a written policy s	statement th	at pr	ohihite				of vo	hiclos o	vcont c	ommut	ing by			
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20			e instructions for					ers, u	nect	015,	01 1% 01 1	nore ov	mers				
			e of vehicles by em						· .· .	• .			• • •				
40	-	-	nore than five ve	-			s, ob	tain ir	nforn	natio	on from y	our en	ployee	es abou	it the		
			and retain the info														
41			quirements conce														
			er to 37, 38, 39, 4	0, or 41 is "Y	′es," d	lo not co	omple	ete Seo	ction	B fo	r the cove	ered veh	icles.				
Pa	rt VI	Amortizati	ion	1													
				(b)									(e			(6)	
		(a)	footo	Date amortiz	ation	٨٣		c)	unt		(d) Code se	otion	Amortiz		Amortiza	(f)	ie veer
		Description o	00313	begins		AIT	Juzd	ble amo	un		Code se		perio percer		AmortiZa	ition for th	ns year
42	Amor	tization of cos	sts that begins dur	ing your 201	3 tax	year (se	e ins	tructio	ns):			1		I			
			~			,			,								
43	Amor	tization of cos	sts that began before	ore your 201	3 tax	vear								43			
			s in column (f). Se	-			re to	report		• •			• • •	43			

Form **4562** (2013)

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-	Conv	Life	ACRS	MA CRS class	Current-year 179 expense	Current-year depreciation
FURN. & FIXTURES	VARIOUS	438,490.			reduction	438,490.	132,057.	210,994.	SL	00111	7.000	01000	01000	CAPENDO	78,937
OFFICE EQUIPMENT	VARIOUS	1,164,215.				1,164,215.	555,467.	640,733.	SL		5.000				85,266
COMPUTER SOFTWARE	VARIOUS	1,140,475.				1,140,475.	496,152.	684,553.	SL		5.000				188,401
COMPUTER HARDWARE	VARIOUS	4,345,380.				4,345,380.	3,078,007.	3,513,446.	SL		5.000				435,439
LEASEHOLD IMPROV	VARIOUS	7,101,553.				7,101,553.	2,919,199.	3,350,181.	SL		27.500				430,982
Less: Retired Assets			_					-	1		•				
Subtotals		14190113.				14190113.	7,180,882.	8,399,907.							1,219,025
Listed Property				1				1		1					
Loop: Retired Appeto															
Less: Retired Assets			-						1					[]	
TOTALS		14190113.	-			14190113.	7,180,882.	8,399,907.	1						1,219,025
AMORTIZATION		14190113.				14190113.	7,180,882.	0,399,907.						<u> </u>	1,219,025
	Date	Cost						Ending							
Asset description	placed in service	or basis					Accumulated	Ending Accumulated amortization	Code	Life					Current-year amortization
	Service	Dasis	-				amortization	amortization	Code	LITE	<u>*</u>			-	amortization
			-								-			-	
			_											-	
			-											_	
TOTALS															

V 13-7.15