Form	990-т	Ех	empt Organiza			siness Inder section			m	OMB No. 1545-0687
		For cale	and pro) ndar year 2015 or other tax y						<b>n</b> 16	<i>ର</i> ଲ <b>1</b> ଜ
Departmen	t of the Treasury		formation about Form 99							
•	venue Service		not enter SSN numbers on					•		Open to Public Inspection for 501(c)(3) Organizations Only
	Check box if address changed		Name of organization (	Check bo	ox if nai	me changed and s	ee instruction	s.)		yer identification number yees' trust, see instructions.)
									(2	
	t under section	Print	HUMAN RIGHTS W						12 20	375808
	I(C)(3)	or	Number, street, and room of	r suite no. I	ra P.O	. DOX, SEE INSTRUCTION	ons.		-	ated business activity codes
408		Туре	350 FIFTH AVEN	IUE, 34	4тн	FLOOR				structions.)
529			City or town, state or provir				al code			
	alue of all assets		NEW YORK, NY 1		,	0 1			90000	00
at end o	of year	F Gro	up exemption number (Se	e instructi	ions.)	•				
220,	621,008.	G Che	ck organization type	X 501	(c) co	rporation	501(c	) trust	401(a)	trust Other trust
H Descr	ribe the organiz	ation's p	rimary unrelated business	activity.	•	AT	TACHM	ENT 1		
I Durin	g the tax year,	was the	corporation a subsidiary i	n an affili	iated g	roup or a parent-	-subsidiary o	controlled group?		▶ Yes X No
			identifying number of the	parent co	rporati	on. 🕨				
			MITCHELL MAKE,						12-216	
			or Business Income		1	(A) Inco	ome	(B) Expen	ses	(C) Net
	oss receipts or s			D-1- ►						
	s returns and allowa			Balance 🕨	1c 2					
			ule A, line 7) 2 from line 1c		2					
			ttach Schedule D)		3 4a					
			Part II, line 17) (attach Form		4a 4b					
			rusts		4c					
			ps and S corporations (attach s		-	-14	0,156.	ATCH 2		-140,156.
					6					
			come (Schedule E)		7					
8 Inte	erest, annuities, royal	ties, and rer	nts from controlled organizations (	Schedule F)	8					
<b>9</b> Inve	estment income of a	section 50	1(c)(7), (9), or (17) organization (\$	Schedule G)	9					
10 Ex	ploited exempt	activity in	ncome (Schedule I)		10					
<b>11</b> Ad	lvertising incom	ie (Schec	lule J)		11					
			tions; attach schedule)		12					
			ough 12		13		0,156.			-140,156.
Part II			Taken Elsewhere (S					, (	Except f	or contributions,
			be directly connecte							1
			directors, and trustees (Sc							
										5,001.
			See instructions for limitation							
			4562)			1				
			on Schedule A and elsew						22b	
						-			. 23	
24 Co	ontributions to c	leferred of	compensation plans						24	
25 En	nployee benefit	programs	8						25	
<b>26</b> Ex	cess exempt ex	penses (S	Schedule I)						26	
			chedule J)							
			schedule)							E 001
			s 14 through 28							5,001.
			le income before net o							-145,157.
			on (limited to the amount							-145,157.
			e income before specific ally \$1,000, but see line 3							1,000.
			ble income. Subtract lir							1,000.
			line 32				-			-145,157.
For Pape	erwork Reduct	ion Act N	lotice, see instructions.						34	Form <b>990-T</b> (2015)
5X2740 1.0	)2373D <sup>JSA</sup> 02	2V 1/2	27/2017 2:06:2	3 PM	V 1	5-7.18		151518-000	2	PAGE S

Form §	990-T (20	)15)	HUMAN	RIGHTS	WATCH,	INC	•					13-1	2875808	I	Page <b>2</b>
Part	t III	<b>Tax Computation</b>	)												
35	Organi	zations Taxable as	Corpor	ations. See	e instructio	ons fo	or tax com	putat	tion. Cor	ntrolled gro	oup				
	membe	rs (sections 1561 and 1	563) chec	k here 🕨	See ins	structi	ons and:								
а	Enter y	our share of the \$50,0	000, \$25,0	000, and \$	9,925,000	taxabl	e income bi	racke	ets (in th	at order):					
	(1) \$		(2)			(	3) \$								
b	Enter o	rganization's share of: (1)	Additional	5% tax (not	more than	\$11,7	50)		\$						
		itional 3% tax (not more													
		tax on the amount on lin									.►	35c			
36	Trusts	Taxable at Trust	Rates.	See ins	structions	for	tax comp	utatio	on. Inco	ome tax	on				
	the amo	ount on line 34 from:	Tax rate	schedule or	r 🗌 s	Schedu	le D (Form 1	041)			ן∙	36			
37	Proxy t	ax. See instructions										37			
38	Alterna	tive minimum tax										38			
39	Total. A	dd lines 37 and 38 to lin	e 35c or 3	6, whicheve	r applies							39			
Part	t IV	Tax and Payment	ts												
40 a	Foreign	tax credit (corporations	attach For	m 1118; trus	sts attach Fo	orm 11	16)	40a	a 📃						
b	Other c	redits (see instructions).						40k	<b>b</b>						
С	Genera	I business credit. Attach	Form 3800	(see instruc	tions)			400							
		or prior year minimum ta													
е	Total ci	redits. Add lines 40a thro	ugh 40d									40e			
41	Subtrac	t line 40e from line 39										41			
42	Other ta	xes. Check if from: Forr	n 4255 📃	Form 8611	Form	8697	Form 88	66	Other (	attach schedu	ule)	42			
43	Total ta	x. Add lines 41 and 42										43			0.
44 a	Paymer	nts: A 2014 overpayment	credited t	o 2015 🔒 🔒				44a	a 📃	12,1	.32.				
b	2015 es	stimated tax payments .						44b	<b>b</b>						
С	Tax dep	osited with Form 8868.						440	•						
d	Foreign	organizations: Tax paid	or withheld	d at source (s	ee instructio	ons) .		44c	k						
е	Backup	withholding (see instruct	tions)					44e	•						
f	Credit f	or small employer health	i insurance	premiums (/	Attach Form	8941)		44f	F						
g	Other c	redits and payments:		Form 24	439										
	F	orm 4136		Other			Total 🕨	44g	3						
45	Total p	ayments. Add lines 44a t	hrough 44								<u> </u>	45		12,	132.
46	Estimat	ed tax penalty (see instr	uctions). C	heck if Form	2220 is atta	ched.				►	$\square$	46			
47	Tax due	. If line 45 is less than t	he total of	lines 43 and	46, enter a	mount	owed				.►	47			
48	Overpa	yment. If line 45 is large	r than the	total of lines	3 43 and 46,	enter	amount overp	baid _			.►	48		12,	132.
49	Enter th	e amount of line 48 you want	Credited	l to 2016 esti	mated tax 🕨	•			12,132	Refunde	d 🕨	49			
Part		Statements Rega													
1	At any	time during the 2015 ca	lendar year	r, did the org	ganization h	ave ar	n interest in c	or a s	ignature o	or other aut	hority	overa	a financial	Yes	No
	account	t (bank, securities, or othe	ər) in a fore	eign country?	? If YES, the	orgar	nization may l	have	to file Fin	CEN Form 1	14, F	Report	of Foreign		
	Bank ar	d Financial Accounts. If N	/ES, enter t	the name of	the foreign	countr	y here 🕨 SE	EE S	SCHEDU	LE I				X	
2	-	the tax year, did the orga					vas it the gra	antor	of, or trar	sferor to, a	forei	gn trus	t?		X
	,	see instructions for other		0	,										
		ne amount of tax-exempt													
Sche	edule	A - Cost of Goods	<u>sold. E</u> <u>د</u>	Enter metho	od of inver										
1	Invento	ry at beginning of year	1				Inventory at					6			
2	Purchas	es	2			7	Cost of g	0			I				
3	Cost of	labor	3			_	6 from lir								
4 a		nal section 263A costs					Part I, line 2					7			<del></del>
	(attach	schedule)	4a			8	Do the r							Yes	No
		osts (attach schedule)	4b			_	property p			•					
5		dd lines 1 through 4b	5				to the organ	nizatio	on?	<u></u>					Х
	tri	nder penalties of perjury, I der ue, correct, and complete. Declar									the be	est of n	ny knowledge a	and bel	lief, it is
Sign			1.10		1			F. 6			Ma	y the	IRS discuss	this	return
Here		-					_ /				with	n the	preparer sh	iown I	
	S	ignature of officer			Date		Title				(see	e instruct	ions)? X Ye	s	No
Paid		Print/Type preparer's name			Preparer's s	•	e		Date 5/3/201	7	Check	i 🗌 i			
Prep	PAUL RAMMERSCHMIDI				Jathanurushinas 5/3/2017						self-er	mployed			
Use			USA, LI								Firm's	EIN 🕨			
	Jy	Firm's address ► 100									Phone	no.	212-88		
		NEW	YORK, 1	NY 1001	7-5001								Form <b>9</b>	90-Т	(2015)

JSA

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Х

File a separate application for each return.
 Information about Form 8868 and its instructions is at www.irs.gov/form8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

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

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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

#### Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

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

► All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number, see instructions

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

Enter the Return code for the return that this application is for (file a separate application for each return)

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► MITCHELL MAKE

	Telephone No. 🕨	212	216-1292	FAX No. ►	
•	If the organization of	does no	ot have an off	ice or place of business in the United States, check this box	
•	If this is for a Group	Return	n, enter the o	rganization's four digit Group Exemption Number (GEN)	. If this is

<ul> <li>If this is for a Group Return, enter the</li> </ul>	he organization's four digit Group Exemption I	Number (GEN)
for the whole group, check this box	▶ . If it is for part of the group	, check this box

a list with the names and EINs of all members the extension is for.

I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 1 \_\_\_\_05/15\_, 20 17\_, to file the exempt organization return for the organization named above. The extension is until for the organization's return for: calendar year 20 or

▶ X tax year beginning \_\_\_\_\_\_07/01, 2015 , and ending 06/30 ,**20**16 .

If the tax year entered in line 1 is for less than 12 months, check reason: | Initial return Final return 2 Change in accounting period

3a	If this	application	is for	Form	990-BL,	990-PF,	990-T,	4720,	or 6069	, enter	the	tentative	tax, les	ss any		
	nonrefu	undable crec	dits. Se	ee instr	uctions.										3a	\$ 12,132
h	If thic	application	ic f	or Eor	-m 000 E		T 472	0 or	6060 0	ntor o	<b>D</b> 1/ <b>r</b>	ofundable	orodit	e ond		

D	In this application is for Form 990-FF, 990-1, 4720, or 6069, enter any relationable credits and		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 12,132
С	Balance due, Subtract line 3b from line 3a, Include your payment with this form, if required, by using FFTPS		

(Electronic Federal Tax Payment System). See instructions.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

30 \$

and attach

Ο

Page 3

Form	990-T	(2015

Schedule C - Rent Incom (see instructions)	e (From Real P	roperty ar	nd Personal Prope	erty	Leased Wi	th Real Prope	erty)	
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ved or accrue	ed					
(a) From personal property (if the for personal property is more more than 50%	than 10% but not	percenta	rom real and personal pro age of rent for personal pro if the rent is based on pro	perty	exceeds			nected with the income ) (attach schedule)
(1)								
(2)								
(3)								
(4)								
		Total						
Total						(b) Total deducti	ons.	
(c) Total income. Add totals of the here and on page 1, Part I, line	6, column (A)	►	- ' ()			Enter here and o Part I, line 6, colu		•
Schedule E - Unrelated I	Jept-Financed II	ncome (se	e instructions)		3 De	ductions directly co	nnected w	ith or allocable to
1 Description of d	abt financed mean arts		2. Gross income from	-	<b>3.</b> De		iced proper	
1. Description of de	ebt-financed property		allocable to debt-financ property	ed		ght line depreciation tach schedule)(b) Other dedu (attach schedule)		
(1)								
(2)								
(3)								
(4)								
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	5. Average adjust of or allocal debt-financed (attach sche	ble to property	<b>6.</b> Column 4 divided by column 5			come reportable 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)				%				
(2)				%				
(3)				%				
(4)				%				
Totals Total dividends-received deduc	tions included in co	olumn 8			Part I, line	and on page 1, 7, column (A).	Enter h Part I,	ere and on page 1 line 7, column (B).
Schedule F - Interest, Ar			ents From Contro				(ctions)	
			empt Controlled Or					
1. Name of controlled organization	2. Employer identification nu	mber 3	. Net unrelated income (loss) (see instructions)	<b>4</b> . T	otal of specified ayments made	5. Part of column included in the o organization's gro	controlling	6. Deductions directly connected with incom in column 5
(1)								
(2)								
(3)								
				-				
(4) Nonovompt Controlled Orac								
Nonexempt Controlled Orga			<b>•</b> - ·		10 0-	rt of column 9 that is		1. Deductions directly
7. Taxable Income	8. Net unrelate (loss) (see inst		9. Total of specific payments made		includ	ed in the controlling ation's gross income	COI	nnected with income in column 10
(1)								
(2)								
(3)								
(4)								
					Enter	columns 5 and 10. here and on page 1, , line 8, column (A).	En	dd columns 6 and 11. ter here and on page 1, art I, line 8, column (B).
Totals	<u></u>	<u></u>	<u></u>		. •			Form <b>990-T</b> (20

			), (9), or (17) Orga 3. Deductions			5. Total deductions
1. Description of income	2. Amount of	income	directly connected (attach schedule)		t-asides schedule)	and set-asides (col. 3 plus col. 4)
1)			(			
2)						
(3)						
4)						
	Enter here and	on page 1.				Enter here and on page
	Part I, line 9, c					Part I, line 9, column
Γotals ►						
Schedule I - Exploited Exe		come. Other T	han Advertising Ir	ncome (see instru	ctions)	
	2. Gross	<ol> <li>Expenses directly</li> </ol>	4. Net income (loss) from unrelated trade	5. Gross income		<ol> <li>Excess exemp expenses</li> </ol>
4 Departmention of exploited activity	unrelated business income	connected with	or business (column 2 minus column 3).	from activity that	<ol> <li>Expenses attributable to</li> </ol>	(column 6 minus
1. Description of exploited activity	from trade or	production of unrelated	If a gain, compute	is not unrelated business income	column 5	column 5, but no more than
	business	business income	cols. 5 through 7.	business income		column 4).
1)						
2)						
3)						
4)						
	Enter here and on page 1, Part I,	Enter here and on page 1, Part I,	1			Enter here and on page 1,
	line 10, col. (A).	line 10, col. (B).				Part II, line 26.
Γotals						
Schedule J - Advertising Ir		uctions)				
Part I Income From Per		,	olidated Basis			
			4. Advertising			7. Excess readers
1 Name of pariadical	2. Gross	3. Direct	gain or (loss) (col.	5. Circulation	6. Readership	costs (column 6
1. Name of periodical	advertising income	advertising costs		income	costs	minus column 5, b not more than
			a gain, compute cols. 5 through 7.			column 4).
(1)						
(2)						
3)						
(4)						
Totals (carry to Part II, line (5))						
		ted on a Ser	parate Basis (For e	each periodical l	isted in Part	II fill in column
2 through 7 on a						.,
5						
			<ol> <li>Advertising</li> </ol>			<ol><li>Excess readersh</li></ol>
			°			
4 Name of posicilar	2. Gross	3. Direct	gain or (loss) (col.	5. Circulation	6. Readership	costs (column 6
1. Name of periodical	advertising	3. Direct advertising costs	gain or (loss) (col. 2 minus col. 3). If	5. Circulation income	6. Readership costs	costs (column 6 minus column 5, b
1. Name of periodical			gain or (loss) (col. 2 minus col. 3). If a gain, compute			costs (column 6 minus column 5, b not more than
1. Name of periodical	advertising		gain or (loss) (col. 2 minus col. 3). If			costs (column 6 minus column 5, b
1. Name of periodical	advertising		gain or (loss) (col. 2 minus col. 3). If a gain, compute			costs (column 6 minus column 5, b not more than
(1)	advertising		gain or (loss) (col. 2 minus col. 3). If a gain, compute			costs (column 6 minus column 5, b not more than
(1) (2)	advertising		gain or (loss) (col. 2 minus col. 3). If a gain, compute			costs (column 6 minus column 5, b not more than
(1) (2) (3)	advertising		gain or (loss) (col. 2 minus col. 3). If a gain, compute			costs (column 6 minus column 5, b not more than
(1) (2) (3) (4)	advertising income		gain or (loss) (col. 2 minus col. 3). If a gain, compute			costs (column 6 minus column 5, b not more than
(1) (2) (3)	advertising income	advertising costs	gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.			costs (column 6 minus column 5, b not more than column 4).
(1) (2) (3) (4)	advertising income	advertising costs	gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.			Costs (column 6 minus column 5, t not more than column 4).
(1) (2) (3) (4) Fotals from Part I▶	advertising income	advertising costs	gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.			costs (column 6 minus column 5, b not more than column 4).
(1) (2) (3) (4) Fotals from Part I ►	advertising income	Advertising costs	gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	income		Costs (column 6 minus column 5, b not more than column 4).
(1) (2) (3) (4) Fotals from Part I▶	advertising income	Advertising costs	gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	income		Costs (column 6 minus column 5, b not more than column 4).
(1)         (2)         (3)         (4)         Fotals from Part I         Fotals, Part II (lines 1-5)         Schedule K - Compensation	advertising income	Advertising costs	gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	uctions) 3. Percent of		Costs (column 6 minus column 5, b not more than column 4).
(1) (2) (3) (4) Fotals from Part I ►	advertising income	Advertising costs	gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	uctions)	costs	Costs (column 6 minus column 5, b not more than column 4).
(1)         (2)         (3)         (4)         Fotals from Part I         Fotals, Part II (lines 1-5)         Schedule K - Compensation	advertising income	Advertising costs	gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	uctions) 3. Percent of time devoted t	costs	Enter here and on page 1, Part II, line 27.
(1) (2) (3) (4) Totals from Part I► Fotals, Part II (lines 1-5)► Schedule K - Compensation 1. Name (1) ATCH 3	advertising income	Advertising costs	gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	uctions) 3. Percent of time devoted t	o 4. Compe uni	Enter here and on page 1, Part II, line 27.
(1) (2) (3) (4) Totals from Part I► Totals, Part II (lines 1-5)► Schedule K - Compensation 1. Name (1) ATCH 3 (2)	advertising income	Advertising costs	gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	uctions) 3. Percent of time devoted t	o 4. Compe un %	Enter here and on page 1, Part II, line 27.
(1) (2) (3) (4) Fotals from Part I► Fotals, Part II (lines 1-5)► Schedule K - Compensation 1. Name (1) ATCH 3 (2) (3)	advertising income	Advertising costs	gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	uctions) 3. Percent of time devoted t	o 4. Compe uni % %	Enter here and on page 1, Part II, line 27.
(1) (2) (3) (4) Fotals from Part I► Fotals, Part II (lines 1-5)► Schedule K - Compensation 1. Name (1) ATCH 3 (2) (3) (4)	advertising income	Enter here and on page 1, Part I, line 11, col. (B).	gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	uctions) 3. Percent of time devoted t	o 4. Compe uni % % %	Enter here and on page 1, Part II, line 27.
(1) (2) (3) (4) Fotals from Part I► Fotals, Part II (lines 1-5)► Schedule K - Compensation 1. Name (1) ATCH 3 (2) (3)	advertising income	Enter here and on page 1, Part I, line 11, col. (B).	gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	uctions) 3. Percent of time devoted t	o 4. Compe uni % %	Enter here and on page 1, Part II, line 27.

ATTACHMENT 1

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

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

ATTACHMENT 2

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

COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS V, LP	-1,772.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI, LP	-1,482.
COMMONFUND CAPITAL VENTURE PARTNERS VI, LP	-536.
COMMONFUND CAPITAL VENTURE PARTNERS VII, LP	858.
ENDOWMENT VENTURE PARTNERS V, LP	764.
HOLT OPPORTUNITY FUND, 2013, LP	-34,009.
HOLT OPPORTUNITY FUND (PARALLEL 1), 2013, LP	-76,791.
NAVITAS FUND, LP	-40,809.
VORTUS INVESTMENTS, LP	6,021.
VORTUS - NPR CO-INVESTMENT, LP	-1,902.
WESTBROOK REAL ESTATE FUND VII, LP	9,502.
	140 156

INCOME (LOSS) FROM PARTNERSHIPS

-140,156.

HUMAN RIGHTS WATCH, INC.

13-2875808

\_\_\_\_

ATTACHMENT 3

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
KENNETH ROTH 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	EXECUTIVE DIRECTOR	0	0.
BARBARA GUGLIELMO 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	ASST. TREAS., ADMIN & FIN DIR	0	0.
MICHELE ALEXANDER 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DEPUTY EXEC DIR-DEV & OUTREACH	0	0.
IAIN LEVINE 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DEPUTY EXECUTIVE DIRPROGRAM	0	0.
CARROLL BOGERT (THRU 2/16) 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	ASSOCIATE DIRECTOR	0	0.
CHARLES LUSTIG 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	ASST. SEC & EXEC DEP. DIR. OPS	0	0.
JOSEPH SAUNDERS 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DEPUTY PROGRAM DIRECTOR	0	0.
JAMES ROSS 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIR. LEGAL & POLICY COUNSEL	0	0.
TOM P. PORTEOUS 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DEPUTY PROGRAM DIRECTOR	0	0.
DINAH POKEMPNER 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	ASST SECRETARY & GEN'L COUNSEL	0	0.
02373D 702V 1/24/2017	11:03:09 AM V 15-7.15 151518-00	02	PAGE 65

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
JOSE M. VIVANCO 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	EXECUTIVE DIRECTOR - AMER	ICAS O	0.
MIRIAM MAHLOW 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	MANAGING DIRECTOR	0	0.
HASSAN ELMASRY 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	CO-CHAIRMAN	0	0.
JOEL MOTLEY 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	CO-CHAIRMAN	0	0.
WENDY KEYS 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	VICE-CHAIRMAN	0	0.
SUSAN MANILOW (THRU 10/15) 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	VICE-CHAIRMAN	0	0.
JEAN-LOUIS SERVAN-SCHREIBER 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	VICE-CHAIRMAN	0	0.
SID SHEINBERG 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	VICE-CHAIRMAN	0	0.
JOHN J. STUZINSKI 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	VICE-CHAIRMAN	0	0.
MICHAEL G. FISCH 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	TREASURER	0	0.
02373D 702V 1/24/2017	11:03:09 AM V 15-7.15	151518-0002	PAGE 66

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
BRUCE RABB 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	SECRETARY	0	0.
KAREN HERSKOVITZ ACKMAN 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0.
AKWASI AIDOO (FROM 2/16) 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0.
JORGE CASTANEDA 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0.
TONY ELLIOTT (THRU 10/15) 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0.
MICHAEL E. GELLERT 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0.
HINA JILANI (THRU 10/15) 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0.
BETSY KAREL 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0.
ROBERT KISSANE 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0.
DAVID LAKHDHIR 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0.
02373D 702V 1/24/2017	11:03:09 AM V 15-7.15	151518-0002	PAGE 67

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
KIMBERLY MARTEAU EMERSON 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0.
OKI MATSUMOTO 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0.
BARRY MEYER (THRU 10/15) 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0.
JOAN R. PLATT 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0.
AMY RAO 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0.
NEIL RIMER 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0.
VICTORIA RISKIN (THRU 10/15) 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0.
GRAHAM ROBESON 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0.
SHELLEY RUBIN 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0.
KEVIN P. RYAN 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0.
02373D 702V 1/24/2017	11:03:09 AM V 15-7.15	151518-0002	PAGE 68

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
AMBASSADOR ROBIN SANDERS 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0.
BRUCE SIMPSON (FROM 10/15) 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0.
DONNA SLAIGHT 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0.
JAVIER SOLANA (THRU 10/15) 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0.
SIRI STOLT-NIELSEN 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0.
DARIAN W. SWIG 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0.
MAKOTO TAKANO 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0.
JOHN R. TAYLOR 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0.
AMY TOWERS 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0.
PETER VISSER 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0.
02373D 702V 1/24/2017	11:03:09 AM V 15-7.15	151518-0002	PAGE 69

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

NAME AND ADDRESS	TITLE	BUSINESS <u>PERCENT</u> <u>COMPENSATION</u>
MARIE WARBURG 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0 0.
CATHERINE ZENNSTROM 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0 0.

TOTAL COMPENSATION

0.

Form <b>926</b> (Rev. December 2013) Department of the Treasury	to a Foreign	ansferor of Property Corporation warate instructions is at www.irs.gov/form920	Attachment
Internal Revenue Service Part I U.S. Trans	feror Information (see instructions)	or the year of the transfer or distribution.	Sequence No. 128
Name of transferor		Identifving	number (see instructions)
HUMAN RIGHTS	WATCH, INC.	13-28	, , ,
<ul> <li>1 If the transferor w</li> <li>a If the transfer was or fewer domestic</li> <li>b Did the transferor</li> </ul>	as a corporation, complete questions 1a throug a section 361(a) or (b) transfer, was the trans corporations? remain in existence after the transfer? rolling shareholder(s) and their identifying num	feror controlled (under section 368(c)) b	·
(	Controlling shareholder	Identifying num	ıber
<b>c</b> If the transferor w	as a member of an affiliated group filing a con	solidated return, was it the parent	
corporation?	e and employer identification number (EIN) of		. Yes No
Na	me of nevert concretion		
	me of parent corporation	EIN of parent corp	oration
	me of parent corporation		oration
<ul> <li>d Have basis adjust</li> <li>2 If the transferor v complete question</li> </ul>	ments under section 367(a)(5) been made?		. Yes No
<ul> <li>d Have basis adjust</li> <li>2 If the transferor v complete question</li> </ul>	ments under section 367(a)(5) been made?		Such under section 367),
<ul> <li>d Have basis adjust</li> <li>2 If the transferor v complete question</li> <li>a List the name and</li> <li>DAVIDSON KEMP</li> </ul>	ments under section 367(a)(5) been made? was a partner in a partnership that was the a hs 2a through 2d. I EIN of the transferor's partnership: Name of partnership PNER INSTITUTIONAL PARTNER	actual transferor (but is not treated as EIN of partners 13-035970	. Yes No such under section 367), ship
<ul> <li>d Have basis adjust</li> <li>2 If the transferor v complete question</li> <li>a List the name and</li> <li>DAVIDSON KEMP</li> <li>b Did the partner pic</li> <li>c Is the partner disp</li> <li>d Is the partner disp</li> </ul>	The section 367(a)(5) been made? The section 367(a)(5) been made? The section a partnership that was the arms a through 2d. It EIN of the transferor's partnership: Name of partnership PNER INSTITUTIONAL PARTNER The section of the transfer of the partnership? The section of the transfer of the partnership? The section of the transfer of the partnership?	actual transferor (but is not treated as <b>EIN of partners</b> <u>13-035970</u> of partnership assets?	Yes     No       such under section 367),       ship       20       Yes     X No       Yes     X No
<ul> <li>d Have basis adjust</li> <li>2 If the transferor v complete question</li> <li>a List the name and</li> <li>DAVIDSON KEMP</li> <li>b Did the partner pic</li> <li>c Is the partner disp</li> <li>d Is the partner disp</li> <li>securities market?</li> </ul>	The section 367(a)(5) been made? The section 367(a)(5) been made? The section a partnership that was the arms a through 2d. It EIN of the transferor's partnership: Name of partnership PNER INSTITUTIONAL PARTNER of up its pro rata share of gain on the transfer of posing of its entire interest in the partnership? The partnership that the partnership the	actual transferor (but is not treated as <b>EIN of partners</b> <u>13-035970</u> of partnership assets? at is regularly traded on an established	Yes     No       such under section 367),       ship       20       Yes     X No       Yes     X No
<ul> <li>d Have basis adjust</li> <li>2 If the transferor v complete question</li> <li>a List the name and</li> <li>DAVIDSON KEMP</li> <li>b Did the partner pic</li> <li>c Is the partner disp</li> <li>d Is the partner disp</li> <li>securities market?</li> <li>Part II Transferee</li> </ul>	The section 367(a)(5) been made? The section 367(a)(5) been made? The section a partnership that was the arms a through 2d. It EIN of the transferor's partnership: Name of partnership PNER INSTITUTIONAL PARTNER The section of the transfer of the partnership? The section of the transfer of the partnership? The section of the transfer of the partnership?	actual transferor (but is not treated as <b>EIN of partners</b> 13-035970 of partnership assets? at is regularly traded on an established structions)	Yes     No       such under section 367),       ship       20       Yes     X       Yes     X       Yes     X       No
<ul> <li>d Have basis adjust</li> <li>2 If the transferor v complete question</li> <li>a List the name and</li> <li>DAVIDSON KEMP</li> <li>b Did the partner pic</li> <li>c Is the partner disp</li> <li>d Is the partner disp</li> <li>d Is the partner disp</li> <li>d Is the partner disp</li> <li>generating</li> <li>Transferee</li> <li>3 Name of transferee</li> <li>DKIP (CAYMAN)</li> </ul>	<ul> <li>Imments under section 367(a)(5) been made?</li> <li>Iwas a partner in a partnership that was the abs 2a through 2d.</li> <li>IEIN of the transferor's partnership:</li> <li>Name of partnership</li> <li>PNER INSTITUTIONAL PARTNER</li> <li>Iwas a promote the partnership?</li> <li>Iwas a partnership and the partnership?</li> <li>Immediate the partnership that was the pa</li></ul>	EIN of partners 13-035970 of partnership assets? at is regularly traded on an established estructions) 4a Identif	Yes     No       such under section 367),       ship       20       Yes     X       Yes     X       Yes     X
<ul> <li>d Have basis adjust</li> <li>2 If the transferor v complete question</li> <li>a List the name and</li> <li>DAVIDSON KEMP</li> <li>b Did the partner pic</li> <li>c Is the partner disp</li> <li>d Is the partner disp</li> <li>securities market?</li> <li>Part II Transferee</li> <li>3 Name of transferee</li> <li>DKIP (CAYMAN)</li> <li>5 Address (including</li> <li>190 ELGIN AVENUE</li> </ul>	<pre>cments under section 367(a)(5) been made? was a partner in a partnership that was the a ns 2a through 2d. I EIN of the transferor's partnership: Name of partnership PNER INSTITUTIONAL PARTNER over a promote the partnership? Description of the transfer of gain on the transfer of posing of its entire interest in the partnership? posing of an interest in a limited partnership that the Foreign Corporation Information (see insection be (foreign corporation) LTD. II</pre>	EIN of partners 13-035970 of partnership assets? at is regularly traded on an established estructions) 4a Identif APP	Yes       No         Such under section 367),         Ship         20         Yes       No         Yes       No     <
<ul> <li>d Have basis adjust</li> <li>2 If the transferor v complete question</li> <li>a List the name and</li> <li>DAVIDSON KEMP</li> <li>b Did the partner pic</li> <li>c Is the partner disp</li> <li>d Is the partner disp</li> <li>d Is the partner disp</li> <li>securities market?</li> <li>Part II Transferee</li> <li>3 Name of transferee</li> <li>3 DKIP (CAYMAN)</li> <li>5 Address (including</li> <li>190 ELGIN AVENUE</li> <li>GEORGE TOWN GRAND CAYMAN</li> </ul>	<pre>sments under section 367(a)(5) been made? was a partner in a partnership that was the a hs 2a through 2d. I EIN of the transferor's partnership: Name of partnership PNER INSTITUTIONAL PARTNER ck up its pro rata share of gain on the transfer of bosing of its entire interest in the partnership? bosing of an interest in a limited partnership that e Foreign Corporation Information (see insect of the (foreign corporation) LTD. II g country) N CJ KY1-9005</pre>	actual transferor (but is not treated as EIN of partners 13-035970 of partnership assets? at is regularly traded on an established structions) 4a Identif APP 4b Refere (see instr	Yes       No         Such under section 367),         Ship         20         Yes       No         Yes       No     <
<ul> <li>d Have basis adjust</li> <li>2 If the transferor v complete question</li> <li>a List the name and</li> <li>DAVIDSON KEMP</li> <li>b Did the partner disp</li> <li>c Is the partner disp</li> <li>d Is the partner disp</li> <li>securities market?</li> <li>Part II Transferee</li> <li>3 Name of transferee</li> <li>3 Name of transferee</li> <li>BKIP (CAYMAN)</li> <li>5 Address (including</li> <li>190 ELGIN AVENUE</li> <li>GEORGE TOWN GRAND CAYMA</li> <li>6 Country code of c</li> </ul>	ments under section 367(a)(5) been made? was a partner in a partnership that was the ans 2a through 2d. I EIN of the transferor's partnership: Name of partnership PNER INSTITUTIONAL PARTNER ck up its pro rata share of gain on the transfer of posing of its entire interest in the partnership? bosing of an interest in a limited partnership that <b>Foreign Corporation Information</b> (see insection) LTD. II g country) IN CJ KY1-9005 ountry of incorporation or organization (see insection)	actual transferor (but is not treated as EIN of partners 13-035970 of partnership assets? at is regularly traded on an established structions) 4a Identif APP 4b Refere (see instr	Yes       No         Such under section 367),         Ship         20         Yes       No         Yes       No     <
<ul> <li>d Have basis adjust</li> <li>2 If the transferor v complete question</li> <li>a List the name and</li> <li>DAVIDSON KEMP</li> <li>b Did the partner disp</li> <li>c Is the partner disp</li> <li>d Is the partner disp</li> <li>d Is the partner disp</li> <li>securities market?</li> <li>Part II Transferee</li> <li>3 Name of transferee</li> <li>3 Name of transferee</li> <li>3 Name of transferee</li> <li>GEORGE TOWN GRAND CAYMA</li> <li>6 Country code of c</li> <li>CJ</li> <li>7 Foreign law chara</li> </ul>	<pre>sments under section 367(a)(5) been made? was a partner in a partnership that was the a hs 2a through 2d. I EIN of the transferor's partnership: Name of partnership PNER INSTITUTIONAL PARTNER ck up its pro rata share of gain on the transfer of bosing of its entire interest in the partnership? bosing of an interest in a limited partnership that e Foreign Corporation Information (see insect of the (foreign corporation) LTD. II g country) N CJ KY1-9005</pre>	actual transferor (but is not treated as EIN of partners 13-035970 of partnership assets? at is regularly traded on an established structions) 4a Identif APP 4b Refere (see instr	Yes       No         Such under section 367),         Ship         20         Yes       No         Yes       No     <
<ul> <li>d Have basis adjust</li> <li>2 If the transferor v complete question</li> <li>a List the name and</li> <li>DAVIDSON KEMP</li> <li>b Did the partner disp</li> <li>c Is the partner disp</li> <li>d Is the partner disp</li></ul>	<pre>cments under section 367(a)(5) been made? was a partner in a partnership that was the a so 2 a through 2d. EIN of the transferor's partnership: Name of partnership PNER INSTITUTIONAL PARTNER ck up its pro rata share of gain on the transfer of posing of its entire interest in the partnership? boosing of an interest in a limited partnership that e Foreign Corporation Information (see insee (foreign corporation) LTD. II g country) N CJ KY1-9005 ountry of incorporation or organization (see insee cterization (see instructions)</pre>	actual transferor (but is not treated as         EIN of partners         13-035970         of partnership assets?         at is regularly traded on an established         structions)         4a Identif         APP         4b Refere (see instructions)         structions)	Yes       No         such under section 367),         ship         20         Yes       X No         Yes       Yes         Yes
<ul> <li>d Have basis adjust</li> <li>2 If the transferor v complete question</li> <li>a List the name and</li> </ul> DAVIDSON KEMP <ul> <li>b Did the partner disp</li> <li>c Is the partner disp</li> <li>d Is the partner disp</li> <li>securities market?</li> </ul> Part II Transferee <ul> <li>3 Name of transferee</li> <li>3 Name of transferee</li> <li>3 Name of transferee</li> <li>3 Name of transferee</li> <li>3 Address (including</li> <li>190 ELGIN AVENUE</li> <li>GEORGE TOWN GRAND CAYMA</li> <li>6 Country code of c</li> <li>CJ</li> <li>7 Foreign law chara</li> <li>CORPORATION</li> <li>8 Is the transferee f</li> </ul>	ments under section 367(a)(5) been made? was a partner in a partnership that was the ans 2a through 2d. I EIN of the transferor's partnership: Name of partnership PNER INSTITUTIONAL PARTNER ck up its pro rata share of gain on the transfer of posing of its entire interest in the partnership? bosing of an interest in a limited partnership that <b>Foreign Corporation Information</b> (see insection) LTD. II g country) IN CJ KY1-9005 ountry of incorporation or organization (see insection)	actual transferor (but is not treated as         EIN of partners         13-035970         of partnership assets?         at is regularly traded on an established         structions)         4a Identif         APP         4b Refere (see instructions)         structions)	Yes       No         Such under section 367),         Ship         20         Yes       No         Yes       No     <

#### Part III Information Regarding Transfer of Property (see instructions)

Type of property	<b>(a)</b> Date of transfer	<b>(b)</b> Description of property	<b>(c)</b> Fair market value on date of transfer	<b>(d)</b> Cost or other basis	<b>(e)</b> Gain recognized on transfer
Cash	11/03/2015	P. 4 P 4. 1	111,964.		
Stock and					
securities					
Installment					
obligations,					
account receivables or					
similar property					
Foreign currency					
or other property denominated in					
foreign currency					
Inventory					
Assets subject to					
depreciation					
recapture (see					
Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property					
used in trade or					
business not listed under another					
category					
Intangible					
property					
Property to be leased					
(as described in final					
and temp. Regs. sec. 1.367(a)-4(c))					
Property to be					
sold (as described in					
Temp. Regs. sec.					
1.367(a)-4T(d))					
Transfers of oil and					
gas working interests (as described in					
Temp. Regs. sec.					
1.367(a)-4T(e))					
Other property					
		1			

## Supplemental Information Required To Be Reported (see instructions):

Ра	Additional Information Regarding Transfer of Property (see instructions)	
9	Enter the transferor's interest in the foreign transferee corporation before and after the transfer:	
(	(a) Before <u>.047634</u> % (b) After <u>.047634</u> %	
10	Type of nonrecognition transaction (see instructions) ► IRC_SECTION_351	
t c	Indicate whether any transfer reported in Part III is subject to any of the following:       Yes         a Gain recognition under section 904(f)(3)       Yes         b Gain recognition under section 904(f)(5)(F)       Yes         c Recapture under section 1503(d)       Yes         d Exchange gain under section 987       Yes	X No X No X No X No
12	Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?	X No
k c c 14	Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:       Yes         Tainted property       Yes         Depreciation recapture       Yes         Branch loss recapture       Yes         Any other income recognition provision contained in the above-referenced regulations       Yes         Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?       Yes	X No X No X No X No X No
15a	a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?	X No
k	<ul> <li>If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ►\$</li> </ul>	
16	Was cash the only property transferred? Yes	No No
	<ul> <li>a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?</li> <li>b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the</li> </ul>	X No
	transaction:	

Form 926 (Rev. 12-2013)

Human Rights Watch, Inc. EIN: 13-2875808 FYE: 6/30/2016

Form 990-T, Part V, Line 1

Australia, Belgium, Brazil, Canada, Congo, France, Germany, Japan, Jordan, Kenya, Kyrgyzstan, Lebanon, Netherlands, Norway, Russia, Rwanda, Sweden, Switzerland, South Africa, Tunisia, Ukraine, and United Kingdom.

								OMB No. 1545-0216
Form	5713	In	ternational Bo	oycott Repo	ort			Attachment Sequence No. 123
(Rev. Dec	cember 2010)	For tax year begin	ning_07/01		2015_	,		Paper filers must file in
	nt of the Treasury	and ending		2016				duplicate (see When and Where to File in the inst-
Internal Re	evenue Service		Controlled groups	, see instructions.			Identif	ructions) ying number
	RIGHTS WAT	TCH, INC.						875808
		or suite no. If a P.O. box, see	e instructions.				1 2 2	0,0000
350 F	IFTH AVENU	E, 34TH FLOOR						
City or to	wn, state, and ZIP	code						
	ORK, NY 10							
		where your tax return is filed			0.05		0400	1 0000
		HE TREASURY, INT	ERNAL REVENUE SE	ERVICES CENTER	, OGD	EN, UT	8420	1-0027
	filer (check one): ndividual	Partnership	X Corporation	Trust	E	state	[	Other
1 Ir	ndividuals - Ente	er adjusted gross incom	e from vour tax return (s	ee instructions)				
	Partnerships and							
		nter each partner's nam	e and identifying number					
bС	Corporations - E	nter the name and emp	loyer identification numb	per of each member	of the c	ontrolled	group (a	as defined in
		)). Do not list members of the controlled group n			attacha	a copy of	Form 8	51. List all
		prporations below or if			a comm	on tax ye	ar. Ente	er on line
4	b the name and	l employer identificatio	•	ration whose tax ye	ar is de	signated.		
			Name			1	Identify	/ing number
-								
-								
_								
_								
_								
It	more space is	needed, attach addition	al sheets and check this	БОХГ	Code	<u></u>	 Dor	
сF	nter principal b	usiness activity code an	d description (see instru	ctions)		HUMAN		TS ADVOCACY
		principal product or service of		· · -				
		ach partnership filing Fo			n:			
		al assets (see instruction						
		linary income (see instru						
	•	ach corporation filing Fo	•	•	n:	1		990T
	• •	d (Form 1120, 1120-FS) ar election (see instructio		_, 1120-PC, etc.)				
	-	ation $\blacktriangleright$						
(2	<ol> <li>2) Employer identi</li> </ol>	fication number				1		
(:	3) Common tax ye	ar beginning		, and endir	ng			
		g this form enter:					0.0	
		e instructions)					22	20,621,008.00
(2	2) Taxable income	before net operating loss	and special deductions (see	e instructions)				-140,130.00
5 E	states or trusts	- Enter total income (F	orm 1041 page 1)		<b>.</b>			
		mount (before reduction					benefits	s (see instructions):
		t		• •				
bС	Deferral of earnin	ngs of controlled foreign	corporations					
		SC income						
		eign trade income						
		come qualifying for the e					-1-1	
Please	my knowledge	es of perjury, I declare that and belief, it is true, correc	t nave examined this report ct, and complete.	i, including accompany	ying sche	equies and	stateme	mis, and to the best of
Sign					k			
Here	Signatu	re	I	Date		Title		

Form	5713 (Rev. 12-2010)		Page <b>2</b>
7a	Are you a U.S. shareholder (as defined in section 951(b)) of any foreign corporation (including a FSC that does not	Yes	No
	use the administrative pricing rules) that had operations reportable under section 999(a)?		Х
b	If the answer to question 7a is "Yes," is any foreign corporation a controlled foreign corporation (as defined in		
	section 957(a))?		
с	Do you own any stock of an IC-DISC?		Х
d	Do you claim any foreign tax credit?		Х
e	Do you control (within the meaning of section 304(c)) any corporation (other than a corporation included in this		
	report) that has operations reportable under section 999(a)?		Х
	If "Yes," did that corporation participate in or cooperate with an international boycott at any time during its tax		
	year that ends with or within your tax year?		
f	Are you controlled (within the meaning of section 304(c)) by any person (other than a person included in this		
•	report) who has operations reportable under section 999(a)?		X
	If "Yes," did that person participate in or cooperate with an international boycott at any time during its tax year		
	that ends with or within your tax year?		
q	Are you treated under section 671 as the owner of a trust that has reportable operations under section 999(a)?		X
9 h	Are you a partner in a partnership that has reportable operations under section 999(a)?		X
			x
'	Are you a foreign sales corporation (FSC) (as defined in section 922(a), as in effect before its repeal)?		
1	Are you excluding extraterritorial income (defined in section 114(e), as in effect before its repeal) from gross income?		x
Par			- 21

8 Boycott of Israel - Did you have any operations in or related to any country (or with the government, a company, or a national of that country) associated in carrying out the boycott of Israel which is on the list maintained by the Secretary of the Treasury under section 999(a)(3)? (See Boycotting Countries in the instructions.)

If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check

this box			<u></u>	
Name of country	Identifying number of		Principal business activity	IC-DISCs
	person having operations	Code	Description	only - Enter product code
(1)	(2)	(3)	(4)	(5)
a LEBANON	9	813000	HRW RESEARCH & DEVELOPMENT OFFICE	N/A
			IIIW RESEARCH & DEVELOPMENT OFFICE	
b				
c				
d				
e				
f				
g				
5				
h				
i				
i				
k				
ĸ				
I				
m				
n				
0				

Yes

No

Х

JSA

Form	5713 (Rev. 12-2010)				F	Page 3
9				any nonlisted country which you know or rnational boycott directed against Israel?	Yes	No X
				additional sheets using the exact format and c		
	this box					
	Name of country	Identifying number of		Principal business activity		ISCs Enter
	•	person having operations	Code	Description		ct code
	(1)	(2)	(3)	(4)	(	5)
a						
b						
C						
d						
е						
f						
g						
h						
10				any other country which you know or have onal boycott other than the boycott of Israel?	Yes	No X
	If "Yes," complete the following	ig table. If more space is nee	ded, attach a	additional sheets using the exact format and c	heck	
		Identifying number of		Principal business activity		ISCs
	Name of country (1)	person having operations (2)	Code (3)	Description (4)	produ	Enter ct code 5)
а						
b						
C						
d						
e						
f						
g						
h						
					Yes	
11		glish) of any and all such req	uests receive	ooycott? ed during your tax year. If the request was aining the nature and form of any and all		X
12	such requests. (See instruction	s.)	/cott?			X
12	such requests. (See instruction Did you participate in or coope If "Yes," attach a copy (in Engli	s.) erate with an international boy sh) of any and all boycott clau n other than a written agreer	ses agreed to	o, and attach a general statement of the agreen a separate sheet explaining the nature and for	nent.	X

**Note:** If the answer to either question 11 or 12 is "Yes," you must complete the rest of Form 5713. If you answered "Yes" to question 12, you must complete Schedules A and C or B and C (Form 5713).

Form 5713 (Rev. 12-2010) Part II Requests for and Acts of Participation in or Cooperation With an International							Page 4			
Pa		Acts of Participat		soperation with an	internation	ai			-	
120	Boycott Did you receive requests	to optor into or did y	ou ontor into	onv ogroomont (oo			Yes	No	Yes	No
130		· · · · · · · · · · · · · · · · · · ·								
	(1) As a condition of doing business directly or indirectly within a country or with the government, a company, or a national of a country to -									
	(a) Refrain from doing business with or in a country which is the object of an international									
	boycott or with the government, companies, or nationals of that country?							Х		Х
		ing business with an								
		ternational boycott o								
	country?							Х		Х
	(c) Refrain from doi	ng business with any	company w	hose ownership or r	nanagement	is made up, in				
	whole or in part,	, of individuals of a pa	articular natio	onality, race, or religi	on, or to rem	ove (or refrain				
		corporate directors whether the second se		•	•	ce, or religion?		X		X
	.,	ploying individuals of	•	•	•			Х		Х
	(2) As a condition of the	-	-			-				
	to refrain from shipp				-			x		Х
	who does not particip	-		-						
D	Requests and agreemer					nowing table. I				
	needed, attach additional	sheets using the exact format and check this box.		IC-DISCs		peration or pa			 n	
	Name of country	person receiving the	Principal business activity		only - Enter			Number of agree		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	request or having the agreement	Code	Description	product	Total	Code	То	tal	Code
	(1)	(2)	(3)	(4)	code (5)	(6)	(7)	(8	3)	(9)
а										
b										
C										
d										
<u> </u>										
е										
f										
g										1
h										
i					_					
j										
ŀ										
k										
ı										
<u> </u>										
m										
n										
							1			

Form 5713 (Rev. 12-2010)

0

\_\_\_\_p