# \*\* PUBLIC DISCLOSURE COPY \*\* 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.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For the	2022 calendar year, or tax year beginning JU	ль 1, 2022 <b>and</b>	ending J	UN 30, 2023			
	Check if applicable	C Name of organization			D Employer identif	ication number		
	Addres	HUMAN RIGHTS WATCH, INC.						
F	Name				13-2875808			
F	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone numb	er		
F	Final return/	350 FIFTH AVENUE, 34TH FLOOR	212-216-1292					
	termin- ated		G Gross receipts \$	115,335,979.				
	Ameno		<b>.</b>		H(a) Is this a group	return		
	Application	F Name and address of principal officer: 11000	NA HASSAN		for subordinate	s? Yes X No		
	pendin	SAME AS C ABOVE			H(b) Are all subordinates	included? Yes No		
1	Tax-exe	empt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	If "No," attach	a list. See instructions		
	Websit				H(c) Group exempti	on number		
			sociation Other	<b>L</b> Year	of formation: 1976	M State of legal domicile: NY		
P	_	Summary						
d)	1	Briefly describe the organization's mission or most			ATCH, INC. IS			
Governance		DEDICATED TO PROTECTING THE HUMAN RIGI	HTS OF PEOPLE AROUND TH	E WORLD.				
rns	2	Check this box if the organization disco	ntinued its operations or dispos	sed of more	than 25% of its net as	1		
Š	3	Number of voting members of the governing body			<u>3</u>			
		Number of independent voting members of the gov						
es	5	Total number of individuals employed in calendar y						
Activities &	6	Total number of volunteers (estimate if necessary)						
Act	7 a	Total unrelated business revenue from Part VIII, co						
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11	<u></u>	│7b Prior Year	+		
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Current Year		
ne	8	. (5 1)(11) 11 6 )			83,206,929. 9,557.	<del></del>		
Revenue	9		7-4\		10,181,612	<del>                                     </del>		
Be	10	Investment income (Part VIII, column (A), lines 3, 4,			10,181,812	<del>                                     </del>		
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,		93,499,541.				
_		Total revenue - add lines 8 through 11 (must equal			2,784,831.	<del>                                     </del>		
	1	Grants and similar amounts paid (Part IX, column (			2,704,031	<del>                                     </del>		
	45	Benefits paid to or for members (Part IX, column (A Salaries, other compensation, employee benefits (F			59,342,588.	<u> </u>		
Expenses	162	Professional fundraising fees (Part IX, column (A), li			2,926,865	<del>                                     </del>		
Sen C	h	Total fundraising expenses (Part IX, column (D), line			_,,,	-,,		
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d,			27,182,585,	30,034,506.		
		Total expenses. Add lines 13-17 (must equal Part I)			92,236,869.	<del>                                     </del>		
		Revenue less expenses. Subtract line 18 from line			1,262,672.			
or	3			Ве	ginning of Current Year			
ets	20	Total assets (Part X, line 16)			224,270,259.	241,144,801.		
Ass	21	T-1-1 P-1-194 (D-14 V. P-1-00)			5,452,141.	26,493,473.		
Net Assets	22	Net assets or fund balances. Subtract line 21 from			218,818,118.	214,651,328.		
	art II	Signature Block						
Und	ler pena	lties of perjury, I declare that I have examined this return,	including accompanying schedules	s and stateme	ents, and to the best of m	ny knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wh	nich preparer	has any knowledge.			
Sig		Signature of officer			Date			
He	re	MARUSYA LAZO, CFO						
		Type or print name and title	T r	Doto I :	DTIN			
_	_	Print/Type preparer's name	Preparer's signature		Date Check if	PTIN		
Pai	_	LYNNE JOHNSON			self-empli	· · ·		
	parer	Firm's name RSM US LLP			Firm's EIN 42-0714325			
Use	Only	Firm's address 4 TIMES SQUARE			240 270 4222			
N # -		NEW YORK, NY 10036  S discuss this return with the preparer shown about	vol Coo instructions		Phone no. 21	2-372-1000 X Yes No		
11/12	v ment	No discuss this return with the preparer snown abo	ve coee instructions			A   TES   INO		

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. u	Chack if Schodula O contains a response or note to any line in this Bart III	X
1	Check if Schedule O contains a response or note to any line in this Part III	Δ
'	Briefly describe the organization's mission: HUMAN RIGHTS WATCH ("HRW") DEFENDS THE RIGHTS OF PEOPLE WORLDWIDE. WE	
	SCRUPULOUSLY INVESTIGATE ABUSES, EXPOSE THE FACTS WIDELY, AND PRESSURE	
	THOSE WITH POWER TO RESPECT RIGHTS AND SECURE JUSTICE. HUMAN RIGHTS	
	WATCH IS AN INDEPENDENT, INTERNATIONAL ORGANIZATION THAT WORKS AS PART	
_	·	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	d by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to	tal expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$	)
	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.	
	7 777 679	
4b	(Code:) (Expenses \$7,777,678. including grants of \$2,700. ) (Revenue \$	)
	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.	
4c	(Code:) (Expenses \$	\
	MIDDLE EAST & NORTH AFRICA - FOR MORE THAN TWO DECADES HUMAN RIGHTS	
	WATCH HAS WORKED TO EXPOSE AND CURB A WIDE RANGE OF HUMAN RIGHTS	
	VIOLATIONS IN THE MIDDLE EAST AND NORTH AFRICA. WITH A STAFF OF MORE	
	THAN 30 PEOPLE, WE REPORT ON 17 COUNTRIES IN THE REGION FROM OUR LOCAL	
	OFFICES IN TUNISIA, LEBANON, ISRAEL, JORDAN, AS WELL AS FROM OUR OTHER	
	INTERNATIONAL OFFICES.	
4d	Other program services (Describe on Schedule O.)	
		,157.)
4e	Total program service expenses 66,918,945.	,
	, ,	000

# Form 990 (2022) HUMAN RIGHTS WATCH, INC. Part IV 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	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l	v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	-
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444	х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	X	
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Tie		
'	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	
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	· · · · · · · · · · · · · · · · · · ·	12a		x
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	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
14a	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	Х	L
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	226	Х

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Form 990 (2022) HUMAN RIGHTS WATCH, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? 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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		77	
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		v	
200	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	х	
Pai	Note: All Form 990 filers are required to complete Schedule O  **T V Statements Regarding Other IRS Filings and Tax Compliance	38	**	L
	Check if Schedule O contains a response or note to any line in this Part V			х
	C. Con Course C Contains a respective of free to dry line in the fact v		Yes	
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		.03	1.10
b	Enter the number reported in 50x 5 of 10fm 1050. Enter 40 in not applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b  0			
2	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c	х	
	V V		000	()

Form 990 (2022) HUMAN RIGHTS WATCH, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
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 374			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign countrySEE SCHEDULE O			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-	х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		x
٨		7c		
d e		7e		х
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources 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?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans  Then the ground of recovery as head.			
	Enter the amount of reserves on hand  Did the exemplation vession any payments for indeed template adminst the toy year?	110		х
14a	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation on School of O.	14a		<del>                                     </del>
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
10	excess parachute payment(s) during the year?	15	х	
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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

	to mile sa, so, or real sector, asserble the should be the										
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		Х							
Sec	tion A. Governing Body and Management		T.,	T							
_			Yes	No							
та	Enter the number of voting members of the governing body at the end of the tax year										
	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 on Schedule 0.  Enter the number of voting members included on line 1a, above, who are independent.										
b	Enter the flamber of voting members included of line ra, above, who are independent	-									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			х							
•	officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		_ A							
3	of efficient diseases to observe the state of the state o	_		x							
4	of officers, directors, trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
4		5		X							
5	Did the consisting term of a the latest										
6 7a	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6_		Х							
1 a		7a		x							
b		1a		<del>                                     </del>							
b	and the state of t	7b		x							
8	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	70									
а		8a	Х								
b		8b	Х								
9	ls there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00									
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
	(This Section B requests information about policies not required by the internal nevertue Gode.)		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	111							
	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	Х								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х							
b	Describe on 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		12b	Х								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	on Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?	14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	Х								
b	Other officers or key employees of the organization	15b		Х							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	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							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filedAL,AK,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ble							
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
	KURT SODEE - 212-216-1292 350 FIFTH AVENUE, 34TH FLOOR, NEW YORK, NY 10118-3299										
	JJU PIPIN AVENUE, JHIN PHOOK, NEW IORK, NI IUIIO-3233										

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

#### 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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. See the instructions for the order in which to list the persons above.

(A)	(B)	J			C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week	<u> </u>	Cei ai	lu a u	liecto	i / ii us	(66)	from	from related	other
	(list any hours for	directo				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	96 Or (	stee			ısatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		oyee	nd mc		1099-NEC)	,	and related
	below	ndividual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) KENNETH ROTH	40.00									
EXECUTIVE DIRECTOR (THRU 8/31/22)	1.00			Х				2,736,748.	0.	62,585.
(2) WISLA HENEGHAN, DEPUTY EXEC.	40.00									
DIRECTOR, CHIEF OPERATING OFFICER	1.00			Х				481,923.	0.	73,026.
(3) TIRANA HASSAN, CHIEF PROGRAM	40.00									
OFFICER, EXEC. DIR. (FROM 3/27/23)	1.00			Х				425,609.	0.	14,631.
(4) BRUNO STAGNO UGARTE	40.00									
CHIEF ADVOCACY OFFICER	1.00					Х		382,446.	0.	41,651.
(5) JAMES POWELL	40.00									
CHIEF TECHNOLOGY OFFICER	1.00				Х			347,805.	0.	53,032.
(6) COLIN MINCY	40.00									
CHIEF PEOPLE OFFICER	1.00				Х			350,435.	0.	44,744.
(7) BARBARA PIRTO, DIRECTOR OF	40.00									
FINANCE & ADMIN. (THRU 4/30/23)	1.00			Х				313,550.	0.	72,458.
(8) PHILIPPE BOLOPION	40.00									
CHIEF OF STAFF	1.00				Х			306,513.	0.	66,255.
(9) MEI FONG	40.00									
CHIEF COMMUNICATIONS OFFICER	1.00				Х			333,230.	0.	35,625.
(10) LAUREN CAMILLI	40.00									
GENERAL COUNSEL	1.00			Х				329,185.	0.	28,759.
(11) JOSEPH SAUNDERS	40.00									
DEPUTY PROGRAM DIRECTOR	1.00					Х		270,927.	0.	65,584.
(12) SARI BASHI	40.00									
PROGRAM DIRECTOR	1.00				Х			279,933.	0.	35,034.
(13) WALID AYOUB	40.00									
DIRECTOR, IT	1.00					Х		243,583.	0.	63,352.
(14) JAMES ROSS	40.00									
LEGAL AND POLICY DIRECTOR	1.00					Х		266,185.	0.	38,593.
(15) VALENTINA ROSA	40.00									
CHIEF DEVELOPMENT OFFICER	1.00				Х			256,071.	0.	28,510.
(16) MICHELE ALEXANDER	0.00									
FORMER CHIEF DEVELOPMENT OFFICER	0.00		L		L	L	Х	266,174.	0.	8,666.
(17) ALAN FELDSTEIN, GEN. COUNSEL	40.00									
FOR OPERATIONS, ASST. SECRETARY	1.00			Х				215,719.	0.	39,036.
										Earm 990 (2022)

Form **990** (2022)

Port VIII									13-207300	o Page <b>o</b>
Part VII   Section A. Officers, Directors, Trus	tees, Key Emp	loy	ees,	and	Hig	ghes	t Co			
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average		Position (do not check more than one					Reportable	Reportable	Estimated
	hours per week		box, unless perso					compensation from	compensation from related	amount of other
	(list any	io						the	organizations	compensation
	hours for	ndividual trustee or director				P		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	Institutional trustee		oyee	Highest compensated employee		1099-NEC)	•	and related
	below	vidua	itutio	Ser	Key employee	nest c	ner			organizations
	line)	Indi	Inst	Officer	Key	High	Former			
(18) MINJON THOLEN, DIRECTOR,	40.00									
DIVERSITY, EQUITY, & INCLUSION	1.00					Х		244,023.	0.	4,751.
(19) JOE LISI	40.00									
SENIOR DIRECTOR	1.00				Х			157,477.	0.	40,229.
(20) SHANTHA BARRIGA	40.00									
STRATEGY DEVELOPMENT PROJECT LEADER	1.00				Х			167,264.	0.	18,216.
(21) DINAH POKEMPNER	0.00									
FORMER GENERAL COUNSEL	0.00						Х	175,000.	0.	0.
(22) AKWASI AIDOO	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(23) LISHAN AKLOG	1.00									
DIRECTOR	1.00	х						0.	0.	0.
(24) GEORGE COELHO	1.00									
DIRECTOR	1.00	х						0.	0.	0.
(25) ROBERTO DANINO	1.00									_
DIRECTOR	1.00	х						0.	0.	0.
(26) KIMBERLY MARTEAU EMERSON	1.00									
DIRECTOR	1.00	х						0.	0.	0.
1b Subtotal								8,549,800.	0.	834,737.
c Total from continuation sheets to Part VI	l, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								8,549,800.	0.	834,737.

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

130

			100	140
3	Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3	Х	
4	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	4	Х	
5	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	Х	
_				

#### Section B. Independent Contractors

1 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) Name and business address	(B) Description of services	(C) Compensation
FAIRCOM NEW YORK INC., 12 WEST 27TH		
STREET, 13TH FLOOR, NEW YORK, NY 10001	FUNDRAISING CONSULTANT	2,013,261.
LANDSEER SERVICES LLC, 489 FIFTH AVE, 31ST		
FLOOR, NEW YORK, NY 10017	INVESTMENTS CONSULTANT	845,000.
BRIGHT VISIONZ INC.		
803 LOWELL DR., BEAR, DE 19701	IT CONSULTANT	737,786.
SALESFORCE INC.		
P.O. BOX 203141, DALLAS, TX 75320-3141	IT CONSULTANT	718,305.
SMART IMS INC., 103 MORGAN LANE #104,		
PLAINSBORO TOWNSHIP, NJ 08536	IT CONSULTANT	534,102.
Total number of independent contractors (including but not limited to \$100,000 of compensation from the organization	o those listed above) who received more than	
GER DARK WIT GROWN A GOVERNMENT WITH GUIDENG	<del></del>	000

	S WATCH, INC	•							13-28/58	000
Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	yee	s, aı	nd F	ligh	est	Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	ı		Reportable	Reportable	Estimated
ramo ana mio	hours	(cl	heck				lv)	compensation	compensation	amount of
	per	(0.			T	<u> </u>	.,,	from	from related	other
	week					ee e		the	organizations	compensation
	(list any	tor				l gd		organization	(W-2/1099-MISC)	from the
	hours for	or director				e e		(W-2/1099-MISC)	,	organization
	related	tee o	stee			ınsat		,		and related
	organizations	Individual trustee	Institutional trustee		o yee	Highest compensated employee				organizations
	below	idua	tution	ъ	Key employee	est c	Jer.			
	line)	Indi	Insti	Officer	Key	High	Former			
(27) LOUBNA FREIH	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(28) LESLIE GILBERT-LURIE	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(29) PAUL GRAY	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(30) CAITLIN HEISING	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(31) JUDITH HEUMANN	1.00									
DIRECTOR (THRU 3/31/23)	1.00	Х						0.	0.	0.
(32) BETSY KAREL	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(33) DAVID LAKHDHIR	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(34) LOUISA LEE-REIZES	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(35) ALICIA MINANA	1.00	,							_	
DIRECTOR (36) GLORIA PRINCIPE	1.00	Х						0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(37) AMBASSADOR ROBIN SANDERS	1.00	Λ						0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(38) BRUCE SIMPSON	1.00							0.	· ·	· · ·
DIRECTOR	1.00	х						0.	0.	0.
(39) JOSEPH SKRZYNSKI	1.00								•	•
DIRECTOR	1.00	х						0.	0.	0.
(40) DONNA SLAIGHT	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(41) SIRI STOLT-NIELSEN	1.00									
DIRECTOR	1.00	х						0.	0.	0.
(42) MARIE WARBURG	1.00									
DIRECTOR	1.00	х		L	L		L	0.	0.	0.
(43) ISABELLE DE WISMES	1.00									
DIRECTOR	1.00	х						0.	0.	0.
(44) MASA YANAGISAWA	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(45) ANDREW ZOLLI	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(46) AMY RAO	1.00									
CO-CHAIRMAN	1.00	Х		Х				0.	0.	0.
Total to Part VII, Section A, line 1c										

Form 990 HUMAN RIGHTS	WATCH, INC	•							13-28/58	308
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd H	lighe	est (	Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	Position						Reportable	Reportable	Estimated
Name and the	hours	(cl			that		lv)	compensation	compensation	amount of
	per	(0,	I	T	I	I	' <i>y'</i>	from	from related	other
	week					an.		the	organizations	compensation
	I .	5				loye		organization	(W-2/1099-MISC)	from the
	(list any	irect				em			(88-2/1099-181130)	
	hours for	ord	ee ee			ated		(W-2/1099-MISC)		organization
	related	stee	trust		gy.	bens				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	ividu	慧	Officer	e	hest	Former			
	line)	pul	lnst	0#ii	Key	Hig	For			
(47) NEIL RIMER	1.00									
CO-CHAIRMAN	1.00	Х		х				0.	0.	0.
(48) AMY TOWERS	1.00									
		х		х				0.	0.	0
VICE-CHAIRMAN & TREASURER	1.00	Α		Λ				0.	υ,	0.
(49) OKI MATSUMOTO	1.00	_								
VICE-CHAIRMAN	1.00	Х		Х				0.	0.	0.
(50) CATHERINE ZENNSTROM	1.00									
VICE-CHAIRMAN	1.00	х		х				0.	0.	0.
(51) BRUCE RABB	1.00	<del></del>	$\vdash$	<del></del>			$\vdash$		· · ·	
		4								
SECRETARY	1.00			Х				0.	0.	0.
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Total to Part VII, Section A, line 1c			<u></u>	<u></u>	<u></u>	<u></u>				
								·	·	

Form 990 (2022) HUMAN RIGHT

Part VIII Statement of Revenue

			Check if Schedule O c	ontains a respons	e or note to any line	e in this Part VIII			
					9 0 1 1 1 9 1 9 1 9 1 9 1	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contri All other contributions, gifts, g similar amounts not included Noncash contributions included in li Total. Add lines 1a-1f	to the state of th	9,084,890. 11,863,382. 64,628,547. 1,188,107.	85,576,819.			
					Business Code				
Program Service Revenue	2	a b c d	PUBLICATIONS		541900	4,157.	4,157.		
gra		e							
Prc		f	All other program service r	revenue					
			Total. Add lines 2a-2f			4,157.			
	3		Investment income (includ	ing dividends, inte	erest, and	3,675,802.		-618,439.	4,294,241.
	5		Royalties						
	6	b		00	).				
			Rental income or (loss)	6c 104,30	4.	104 202			104 202
	_		Net rental income or (loss)	(i) Securities	(ii) Other	104,302.			104,302.
	′	а	Gross amount from sales of assets other than inventory	7a 23,504,785					
anne			Less: cost or other basis and sales expenses		5.				
eve			Gain or (loss)  Net gain or (loss)			4,405,644.		353,079.	4,052,565.
Other Revenue	8		Gross income from fundraisin	g events (not 84,890. of line 1c). See	3a 2,462,201.	-,,			2,332,333
					<b>3b</b> 2,050,893.	111 200			444 200
	9		Net income or (loss) from f Gross income from gaming Part IV, line 19	g activities. See	)a	411,308.			411,308.
		b			9b				
			Net income or (loss) from g						
	10		Gross sales of inventory, leand allowances	<u> </u> 1	0a 0b				
			Less: cost of goods sold  Net income or (loss) from s		00				
sno	11		MISCELLANEOUS INCOME		Business Code	7,909.			7,909.
nec	•	b				,			,
Miscellaneous Revenue		c							
Aisc B		d	All other revenue						
2			Total. Add lines 11a-11d			7,909.			
	12		Total revenue See instruction	ne		94 185 941.	4 157.	-265 360.	8 870 325.

13-2875808

#### Part IX | Statement of Functional Expenses

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

0001	on 501(c)(3) and 501(c)(4) organizations must complete Check if Schedule O contains a respons			ipiete column (r.y.	
Do I	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	10,000.	10,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	6,391.	6,391.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	5,636,974.	2,809,894.	2,041,739.	785,341.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	15.071.000		0.744.404	
7	Other salaries and wages	46,951,933.	35,225,303.	3,566,606.	8,160,024.
8	Pension plan accruals and contributions (include	2 455 050	2 412 526	227 204	706 440
_	section 401(k) and 403(b) employer contributions)	3,457,250.	2,413,726.	337,384.	706,140.
9	Other employee benefits	6,716,268. 5,531,914.	4,992,786. 3,985,556.	392,888. 612,609.	1,330,594. 933,749.
10	Payroll taxes	5,531,914.	3,365,556.	012,009.	933,749.
11	Fees for services (nonemployees):				
	Management	133,358.		133,358.	
	Legal	351,595.	33,952.	317,643.	
	Accounting	2,500.	2,500.	317,043.	
	Lobbying Professional fundraising services. See Part IV, line 17	3,158,802.	2,300.		3,158,802.
f	Investment management fees	1,908,112.		1,908,112.	0,200,002.
	Other. (If line 11g amount exceeds 10% of line 25,	_,===,===•		_,,,,,	
9	column (A), amount, list line 11g expenses on Sch O.)	6,770,442.	3,353,733.	1,450,132.	1,966,577.
12	Advertising and promotion	191,619.	21,327.	, , ,	170,292.
13	Office expenses	1,644,555.	1,083,333.	181,967.	379,255.
14	Information technology	2,965,016.	1,588,954.	619,541.	756,521.
15	Royalties			·	·
16	Occupancy	6,095,187.	3,791,042.	660,076.	1,644,069.
17	Travel	5,116,506.	4,210,884.	412,370.	493,252.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	9,270.	3,958.	3,583.	1,729.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,776,067.	999,198.	340,437.	436,432.
23	Insurance	1,122,872.	683,831.	140,356.	298,685.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PUBLICATIONS & MULTIMED	1,876,570.	1,694,345.	58,741.	123,484.
b	BANK FEES	70,837.	8,232.	62,496.	109.
c		, ,	,	,	
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	101,504,038.	66,918,945.	13,240,038.	21,345,055.
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 following SOP 98-2 (ASC 958-720)				5 000 (2000)

# Form 990 (2022) Part X Balance Sheet

га	IL A	Check if Schedule O contains a response or	note to an	v line in this Dart V			
		CHECK II Schedule O Contains a response of	note to any	y line in this Part A	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,297,874.	1	110,181.
	2	Savings and temporary cash investments			23,462,241.	2	15,461,369.
	3	Pledges and grants receivable, net			19,963,949.	3	27,434,651.
	4	Accounts receivable, net	843,628.	4	661,314.		
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of		·	10,875.	5	
	6	Loans and other receivables from other disqu	•				
		under section 4958(f)(1)), and persons descri	•	,		6	
s	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			8		
As	9	Prepaid expenses and deferred charges		2,079,586.	9	1,129,176.	
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	1 1	17,519,099.			
	ь	Less: accumulated depreciation		13,045,375.	6,329,159.	10c	4,473,724.
	11	Investments - publicly traded securities		, ,	56,422,366.	11	56,136,406.
	12	Investments - other securities. See Part IV, lin			111,050,532.	12	113,749,680.
	13	Investments - program-related. See Part IV, li			, ,	13	, ,
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	2,810,049.	15	21,988,300.		
	16	Total assets. Add lines 1 through 15 (must e			224,270,259.	16	241,144,801.
	17	Accounts payable and accrued expenses	940,822.	17	4,540,931.		
	18	Grants payable			,	18	, ,
	19					19	
	20	Deferred revenue Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Loans and other payables to any current or former officer, director,					
Liabilities		trustee, key employee, creator or founder, su					
i		controlled entity or family member of any of				22	
Ë	23	Secured mortgages and notes payable to un	-			23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on li					
		of Schedule D		. Complete Fall X	4,511,319.	25	21,952,542.
	26				5,452,141.	26	26,493,473.
		Organizations that follow FASB ASC 958,			, ,		, ,
es		and complete lines 27, 28, 32, and 33.	onoon nor				
ũ	27	Net assets without donor restrictions			22,858,726.	27	9,544,978.
3ale	28	Net assets with donor restrictions			195,959,392.	28	205,106,350.
β		Organizations that do not follow FASB AS			, ,		, ,
Ē		and complete lines 29 through 33.	0 000, 0				
ō	29	Capital stock or trust principal, or current fur	nde			29	
ets	30	Paid-in or capital surplus, or land, building, o				30	
3SS	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			218,818,118.	32	214,651,328.
Z	33	Total liabilities and net assets/fund balances			224,270,259.	33	241,144,801.
	1 33	TOTAL HADIILIES AND HEL ASSELS/TUND DAIMNES			,_,0,	<b>J</b>	5 <b>990</b> (0000)

Form **990** (2022)

Pai	rt XI   Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		94,	185,	941.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	01,	504,	038.
3	Revenue less expenses. Subtract line 2 from line 1	3		-7 <b>,</b>	318,	097.
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))				818,	118.
5	Net unrealized gains (losses) on investments	5		5,	816,	783.
6	Donated services and use of facilities	6		-2,	289,	533.
7	Investment expenses	7				
8	Prior period adjustments	8		-	100,	503.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-	275,	440.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	2	14,	651,	328.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u></u>		
			_		Yes	No
1	Accounting method used to prepare the Form 990:   Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L <i>:</i>	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O	).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>L</u> ;	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed aud	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
					$\alpha$	

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number

		RIGHTS WATCH, I						13-2875808
Part I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	,	
The orga	anization is not a private found	lation because it is: (F	For lines 1 through 12, cl	heck only	one box.)			
1 _	A church, convention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	า 990).)				
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in <b>sectio</b>	n 170(b)(1)(A)(i	ii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental uni	t describe	ed in
	section 170(b)(1)(A)(iv).							
6	☐ A federal, state, or local go	_						
7 X	_ · · · · · <b>9</b> -· · · - · · · · · · · · · · · · · · ·	•	ntial part of its support fr	om a gove	ernmental	unit or from the	general <sub>l</sub>	oublic described in
	section 170(b)(1)(A)(vi). (C	-						
8	A community trust describe							
9	An agricultural research org	-			-		-	•
	or university or a non-land-	grant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of tr	ne college	or
10	university:  An organization that norma	ully receives (1) more:	than 22 1/20/ of its supp	ort from o	ontribution	no momborobin	food on	d grass resoints from
10	activities related to its exen							
	income and unrelated busin		•					-
	See section 509(a)(2). (Co		(icss scotion on reak) inc	iii busiiica	soco acqui	red by the orga	inzation e	arter durie do, 1070.
11	An organization organized		vely to test for public sat	fety See	section 50	)9(a)(4).		
12	An organization organized						v out the	purposes of one or
	more publicly supported or	•	· · ·	•				
	lines 12a through 12d that	-						
а	Type I. A supporting orga						-	giving
	the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustees	of the su	upporting
	organization. You must o	complete Part IV, Se	ections A and B.					
b [	Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organization(	s), by hav	ving
	control or management of	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage	the supp	oorted
_	organization(s). You mus	t complete Part IV,	Sections A and C.					
С	Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally	integrate	ed with,
_	its supported organizatio	n(s) (see instructions)	). You must complete F	Part IV, Se	ctions A,	D, and E.		
d L	Type III non-functionally	<b>y integrated.</b> A supp	orting organization oper	ated in co	nnection v	vith its supporte	ed organiz	zation(s)
	that is not functionally int	tegrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and a	ın attentiv	/eness
_	requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
e	Check this box if the orga					Type I, Type II,	Type III	
	functionally integrated, o		nally integrated supporting	ng organiz	ation.			
	nter the number of supported of	•						
<b>g</b> Pr	ovide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of n	nonetary	(vi) Amount of other
	organization		(described on lines 1-10	in your governi	No No	support (see inst	tructions)	support (see instructions)
-			above (see instructions))		- 110			
Total						<u> </u>		1

### 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) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	75,812,130.	61,724,058.	83,439,706.	83,206,929.	85,576,819.	389,759,642.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	75,812,130.	61,724,058.	83,439,706.	83,206,929.	85,576,819.	389,759,642.
	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)						59,138,731.
6	Public support. Subtract line 5 from line 4.						330,620,911.
	ction B. Total Support						, , , -
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	75,812,130.	61,724,058.	83,439,706.	83,206,929.	85,576,819.	389,759,642.
	Gross income from interest,	,					· · ·
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,642,200.	2,371,522.	5,644,986.	3,581,312.	4,398,543.	18,638,563.
9	Net income from unrelated business	, ,	, ,	, ,	, ,		, ,
•	activities, whether or not the						
	business is regularly carried on			461,414.	175,019.		636,433.
10	Other income. Do not include gain			,	,		,
	or loss from the sale of capital						
	assets (Explain in Part VI.)	2,436,410.	1,440,532.	347,313.	1,223,700.	2,470,110.	7,918,065.
11	Total support. Add lines 7 through 10	, ,	, ,	,	, ,		416,952,703.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	55,365.
	First 5 years. If the Form 990 is for th	·='		ourth. or fifth tax v	ear as a section 50	-	· · ·
	organization, check this box and stop			,,			
Sec	tion C. Computation of Publi		centage				
	Public support percentage for 2022 (li			olumn (f))		14	79.29 %
	Public support percentage from 2021					15	72.92 %
	33 1/3% support test - 2022. If the o					ore, check this box	k and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did not	check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quali	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the facts						
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pul	olicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2021. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	stances test, chec	k this box and st	<b>op here.</b> Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. The	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organizatio	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box ar	nd see instructions	·

## Schedule A (Form 990) 2022 HUMAN RIGHTS WATCH, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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 per- formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</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.)						
Section B. Total Support		Ī	I	<u> </u>	1	1
alendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6					1	
loa Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
3 Total support. (Add lines 9, 10c, 11, and 12.)						
4 First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
check this box and stop here	<u></u>	······································	<u></u>	<u></u>	<u></u>	<u></u> [
ection C. Computation of Public	Support Per	centage				
5 Public support percentage for 2022 (lii	ne 8, column (f), d	livided by line 13, o	column (f))		15	
6 Public support percentage from 2021	Schedule A, Part	III, line 15			16	
ection D. Computation of Inves						
7 Investment income percentage for 20	22 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	
8 Investment income percentage from 2	•				18	
9a 33 1/3% support tests - 2022. If the						7 is not
more than 33 1/3%, check this box an						· · ·
<b>b 33 1/3% support tests - 2021.</b> If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	
line 18 is not more than 33 1/3%, chec						_
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in:	structions	L

#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	163	NO
4		
1		
_		
2		
3a		
3b		
3с		
4a		
4b		
4-		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
30		
10-		
10a		
40.		
10b		

Pa	rt IV Supporting Organizations (continued)			J
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	4		
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	-		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		- 1	
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in: Activities Test. Answer lines 2a and 2b below.	struction	s). Yes	No
2 a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	INO
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 ( explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continu</sub>	ed)			
Secti	on D - Distributions		•		Current Year		
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1			
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount	T		10			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributable Amount for 2022		
_1_	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2022						
<u>a</u>	From 2017						
b	From 2018						
<u>C</u>	From 2019						
<u>d</u>	From 2020						
	From 2021						
	Total of lines 3a through 3e						
	Applied to underdistributions of prior years						
	Applied to 2022 distributable amount						
<u> </u>	Carryover from 2017 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7: \$						
	Applied to underdistributions of prior years						
	Applied to 2022 distributable amount						
	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in <b>Part VI.</b> See instructions.  Remaining underdistributions for 2022. Subtract lines 3h						
6	3						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.  Excess distributions carryover to 2023. Add lines 3						
7	and 4c.						
8	Breakdown of line 7:						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
	Excess from 2021						
	Excess from 2022						

Schedule A (Form 990) 2022

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10: Part II, line 17a or 17b: Part III, line 12:
	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
-	

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

**2022** 

E	UMAN RIGHTS WATCH, INC.	13-2875808
Organization type (check	cone):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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	
•	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.
-	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ny one contributor. Complete Parts I and II. See instructions for determining a contributor'	•
Special Rules		
sections 509(a)( contributor, duri	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an ng the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	d that received from any one
contributor, duri	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any the year, total contributions of more than \$1,000 exclusively for religious, charitable, so ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e) instead of the contributor name and address), II, and III.	sientific,
year, contribution is checked, enter purpose. Don't o	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an exclusively for religious, charitable, etc., purposes, but no such contributions totaled may here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the <b>General Rule</b> applies to this organization because it able, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
answer "No" on Part IV, li	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, ling requirements of Schedule B (Form 990).	•
LHA For Paperwork Redu	ction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2022)

Name of organization

Employer identification number

HUMAN RIGHTS WATCH, INC.

13-2875808

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Trumo, address, and En 1 1	\$7,862,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$7,000,000.	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
3		\$5,600,266.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 3,000,000.	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
5		\$3,000,000.	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
6		\$2,747,401.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

HUMAN RIGHTS WATCH, INC.

13-2875808

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	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
8		\$2,000,000.	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.)

Name of organization

Employer identification number

HUMAN RIGHTS WATCH, INC.

13-2875808

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(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

Employer identification number

Name of organization

MAN RIO	GHTS WATCH, INC.				13-2875808
art III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	) through (e) and the following I charitable, etc., contributions of \$1,0	ine entry. For ord	ganizations	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	:	(d) Descr	ription of how gift is held
-	Transferee's name, address, a	(e) Transfer and ZIP + 4		elationship of tran	nsferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	:	(d) Desc	ription of how gift is held
<u> </u>					
_	Transferee's name, address, a	(e) Transfer		elationship of tran	nsferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	:	(d) Desc	ription of how gift is held
		(e) Transfer	of gift	-	
	Transferee's name, address, a	and ZIP + 4	Re	elationship of tran	nsferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	:	(d) Desc	ription of how gift is held
	Transferee's name, address, a	(e) Transfer	_	elationship of tran	nsferor to transferee
	- I and the state of the state		ne	nationismp of trai	istory to Hullstolde

### **SCHEDULE C**

(Form 990)

### **Political Campaign and Lobbying Activities**

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization **Employer identification number** HUMAN RIGHTS WATCH, INC. 13-2875808 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \_\_\_\_\_\_\$ \_\_\_\_ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$\_\_\_\_\_\_\$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

`	Form 990) 2022
Part II-A	Complete if

HUMAN	RIGHTS	WATCH,	INC.
-------	--------	--------	------

Part II-A Complete if the org	ganization is			501(c)(3) and file		ction under
section 501(h)).						
	_			Part IV each affiliated	group member's name	e, address, EIN,
expenses, and sha		, ,	. ,			
Lim	its on Lobbyinç	g Exper	nd "limited control" pro nditures nts paid or incurred.)		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to infl	luence public or	oinion (c	grassroots lobbying)		15,526.	
<b>b</b> Total lobbying expenditures to infl					49,924.	
c Total lobbying expenditures (add l	_				65,450.	
d Other exempt purpose expenditur		101,438,588.				
e Total exempt purpose expenditure		101,504,038.				
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)			bying nontaxable am			
Not over \$500,000			the amount on line 1e.			
Over \$500,000 but not over \$1,00	0,000	\$100,00	0 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000	\$175,00	0 plus 10% of the exce	ess 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	9	\$1,000,0	000.			
g Grassroots nontaxable amount (er	nter 25% of line	1f)			250,000.	
h Subtract line 1g from line 1a. If ze	ro or less, enter	-0			0.	
i Subtract line 1f from line 1c. If zer	•				0.	
j If there is an amount other than ze	ero on either line	e 1h or l	ine 1i, did the organiza	tion file Form 4720	_	
reporting section 4911 tax for this	•					Yes No
(Some organizations t	that made a sec	ction 50	eraging Period Under 01(h) election do not l ate instructions for lin	nave to complete all c	of the five columns be	elow.
	Lobbying	g Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2019	)	<b>(b)</b> 2020	(c) 2021	( <b>d)</b> 2022	(e) Total
2a Lobbying nontaxable amount	1,000	,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))						6,000,000.
c Total lobbying expenditures	62	,603.	125,805.	130,257.	65,450.	384,115.
d Grassroots nontaxable amount	250	,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))						1,500,000.

30,756.

13,376.

35,726.

Schedule C (Form 990) 2022

95,384.

15,526.

f Grassroots lobbying expenditures

## Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.  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 Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes	No	Amo	
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?				
<ul> <li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li> <li>c Media advertisements?</li> <li>d Mailings to members, legislators, or the public?</li> <li>e Publications, or published or broadcast statements?</li> <li>f Grants to other organizations for lobbying purposes?</li> <li>g Direct contact with legislators, their staffs, government officials, or a legislative body?</li> </ul>				
<ul> <li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li> <li>c Media advertisements?</li> <li>d Mailings to members, legislators, or the public?</li> <li>e Publications, or published or broadcast statements?</li> <li>f Grants to other organizations for lobbying purposes?</li> <li>g Direct contact with legislators, their staffs, government officials, or a legislative body?</li> </ul>		-		
<ul> <li>d Mailings to members, legislators, or the public?</li> <li>e Publications, or published or broadcast statements?</li> <li>f Grants to other organizations for lobbying purposes?</li> <li>g Direct contact with legislators, their staffs, government officials, or a legislative body?</li> </ul>				
f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?				
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				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
<b>b</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?  Part III-A Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6).	n 501(c)(5	), or sect	ion	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
answered "Yes."  1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
			,	
<b>b</b> Carryover from last year				
b Carryover from last year c Total		2b		
c Total		2b 2c		
c Total		2b 2c		
c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	ess	2b 2c		
<ul> <li>c Total</li> <li>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc</li> </ul>	ess olitical	2b 2c		

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

HUMAN RIGHTS WATCH, INC.

**Employer identification number** 13-2875808

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ed funds
_	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor o		
Pa			
1	Purpose(s) of conservation easements held by the organization		,
	Preservation of land for public use (for example, recrea		f a historically important land area
	Protection of natural habitat	·	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			4.
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year	, 3	3
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treatments		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	5	\$ <u></u>
<b>L</b>	Assats included in Form 000 Part V		Φ

Pai	t III   Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Oth	er Si	milar Asse	ets <sub>(cor</sub>	ntinue	ed)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	signifi	icant use of it	S		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or excl	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further th	e organization's ex	empt	purpose in Pa	art XIII.		
5	During the year, did the organization solicit o					_			
_	to be sold to raise funds rather than to be ma						Yes		No
Pai	t IV Escrow and Custodial Arrang		ete if the organization	n answered "Yes" o	on For	m 990, Part I	V, line 9,	or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi						<b>-</b> ,,		┌
	on Form 990, Part X?					L	Yes		∟ No
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:  Amount								
<del>- +</del>					AIIIO	unt			
						1c			
	Additions during the year					1e			
f	Distributions during the year Ending balance					1f			
	Did the organization include an amount on Fo						Yes		No
	If "Yes," explain the arrangement in Part XIII.				-				
Pai		f the organization an	swered "Yes" on Fo	rm 990, Part IV, line	e 10.				
	·	(a) Current year	(b) Prior year	(c) Two years back		Three years bad	ck <b>(e)</b> Fo	our ye	ars back
1a	Beginning of year balance	154,752,923.	168,364,158.	134,504,671	. 1	.35,285,654	1. 13	5,66	54,651.
b	Contributions								
С	Net investment earnings, gains, and losses	10,552,707.	-6,111,235.	33,859,487		-780,983	3.	-37	78,997.
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses	7,600,000.	7,500,000.						
g	End of year balance	157,705,630.	154,752,923.	168,364,158	. 1	.34,504,673	1. 13	5,28	35,654.
2	Provide the estimated percentage of the curr	•	e (line 1g, column (a)	) held as:					
а	Board designated or quasi-endowment	.0000	_%						
b	Permanent endowment .0000	%							
С	Term endowment100								
	The percentages on lines 2a, 2b, and 2c show	•							
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	d administered for	the			\ \ \	es No
	organization by:						[a (	_	X
	(i) Unrelated organizations								X
	(ii) Related organizations	tions listed as requir	ad an Cabadula DO				3a(i	_	- A
Δ Δ	Describe in Part XIII the intended uses of the						30	<u> </u>	
Pai	t VI Land, Buildings, and Equipm		willent fulfus.						
	Complete if the organization answered		, Part IV, line 11a. S	ee Form 990, Part	X, line	10.			
	Description of property	(a) Cost or o	ther (b) Cost	or other (c)	Accur	mulated	(d) Bo	ook v	alue
	Land	basis (investn	nent) basis	(Otrier)	depred	iation			
	Land								
	Buildings		<u> </u>	,117,228.	6	110,260.		3 00	06,968.
	Leasehold improvements			,375,544.		935,115.			10,429.
	Equipment Other			26,327.	٠,	233,113.			26,327.
	Other		V oolumn (D) lin = 11			-			73,724.
iola	<u>i Add iiles Ta tillough Te. (Column (a) Must e</u>	<u>quai Forrii 990, Part .</u>	<u> A. COIUITIII (B), IINE T</u>	JC.,)				-,-	,

13-2875808

	1 01111 000) 2022
Part VII	<b>Investments - Other Securities</b>

Complete if the organization answered "Yes" on 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 value		
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A) LIMITED PARTNERSHIPS	113,749,680.	END-OF-YEAR MARKET VALUE		
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	113,749,680.			

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on 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 value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (b) must equal Form 990, Part X. col. (B) line 13.)		

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	1,134,876.
(2) OTHER ASSETS	15,994.
(3) RIGHT-OF-USE ASSETS, NET	18,267,616.
(4) DUE FROM AFFILIATES	2,566,044.
(5) DEFERRED RENT	3,770.
(6)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	21,988,300.

#### Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DUE TO AFFLIATES	889,056.
(3)	CAPITAL LEASE OBLIGATION	21,047,492.
(4)	SECURITY DEPOSIT	15,994.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	21,952,542.

<sup>2.</sup> 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

	dule D (Form 990) 2022 HUMAN RIGHTS WATCH, INC.		13-2875808	Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenu	ie per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	<u> </u>	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	I I . VAPIL E	5	
Pai	t XII Reconciliation of Expenses per Audited Financial Sta		ses per Heturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	I I		
b	Prior year adjustments	2b		
С	Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)	5	
	t XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; F	Part V, line 4; Part X, line 2; Part	t XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional information.		
D3.D0	1 17 T T T T T T			
PART	V, LINE 4:			
שטט	ORGANIZATION'S INTENDED USE OF ENDOWMENT FUND IS TO PARTI.	ALLA COMED		
Inc	ORGANIZATION S INTENDED USE OF ENDOWMENT FUND IS TO PARTIE	ADDI COVER		
CENE	RAL (UNRESTRICTED) EXPENSES.			
GENE	RAL (UNKESTRICIED) EAFENGES.			
חמגם	LV IIME 2.			
FARI	X, LINE 2:			
прм	TO EVENDE FROM FEREDAL AND CHAME THOOME TAVEC HARDED CECHT.	ON 501/C)/3)		
пкм	IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION	ON 501(C)(3)		
OE	WE INMEDIAL DEVENUE CODE (IDC) AND MIEDEFORE HAG MADE N	O DDOMEGLON		
OF 1	HE INTERNAL REVENUE CODE (IRC) AND, THEREFORE, HAS MADE N	O PROVISION		
HOD	THEOME WAYES IN THE ACCOMPANYING CONSOLIDATION STRANGIAL CO	ma mentenama		
FOR	INCOME TAXES IN THE ACCOMPANYING CONSOLIDATED FINANCIAL S	TATEMENTS.		
IIDII	VIA DEEM DECENTAGE BY CHE INCREMY DEVENUE CERVICE (IDC)	NOT TO DE 3		
HKW	HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE (IRS)	NOT TO BE A		
DD TT	NAME BOINDAMION NIMITN MIR MEANING OF GROWTON 506/3 \ OF MY	E TOO HOW TO		
-KTA	ATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF TH	E IKC. HKW IS		
7 x1217	INITY DECLIDED WO ELLE & DEWLINA OF ODGSWIESWICH EAGLES TO C	M TNCOME DAY		
ANNU	ALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM	M INCOME TAX		
/ EAP	M 000) WIME MED TOO IN ADDITION UPD TO CUDIDAD NO THOOSE	ь шул Ом мыш		
(FOR	M 990) WITH THE IRS. IN ADDITION, HRW IS SUBJECT TO INCOM	E TAA ON NET		

# SCHEDULE F (Form 990)

#### Statement of Activities Outside the United States

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

Open to Public

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name of the organization **Employer identification number** HUMAN RIGHTS WATCH, INC. 13-2875808 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, ..... X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the

United States.			·		
3 Activities per Region. (T (a) Region	he following Part (b) Number of offices in the region	I, line 3 table ca (c) Number of employees, agents, and independent contractors in the region	n be duplicated if additional space is r (d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service,	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING					
ICELAND & GREENLAND)	4	96	PROGRAM SERVICES	RES/ADVOCACY/COMM/FUND	16,727,362.
MIDDLE EAST AND	_				
NORTH AFRICA	3	14	PROGRAM SERVICES	RES/ADVOCACY/COMM/FUND	1,375,107.
SUB-SAHARAN AFRICA	2	19	PROGRAM SERVICES	RES/ADVOCACY/COMM/FUND	1 054 016
SUB-SAHARAN AFRICA	2	19	FROGRAM SERVICES	RES/ADVOCACI/COMM/FOND	1,854,916.
RUSSIA AND					
NEIGHBORING STATES	3	7	PROGRAM SERVICES	RES/ADVOCACY/COMM/FUND	181,954.
NORTH AMERICA	2	8	PROGRAM SERVICES	RES/ADVOCACY/COMM/FUND	466,101.
SUB-SAHARAN AFRICA			GRANTMAKING		2 700
BUB-BAHARAN AFRICA			GRANIMARING		2,700.
NORTH AMERICA			GRANTMAKING		3,691.
EUROPE (INCLUDING					
ICELAND & GREENLAND)			INVESTMENTS		19,529,790.
3 a Subtotal	14	144			40,141,621.
<b>b</b> Total from continuation					
sheets to Part I	0	0			44,771,799.
c Totals (add lines 3a	1.4	1 4 4			94 913 439
and 3b)	14	144			84,913,420.

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

Schedule F (Form 990) 2022

Part I   Continuation	on of Activitie	s ner Region	Schedule F (Form 990), Part I, line 3)	13-28/3808	Page
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
CENTRAL AMERICA AND					
THE CARIBBEAN			INVESTMENTS		35,020,873
SUB-SAHARAN AFRICA			INVESTMENTS		9,750,926
					1
					-
Totals	•				44,771,799

Schedule F (Form 990) 2022 HUMAN RIGHTS WATCH, INC.

Part II Grants and Other Assistance to Organizations or Entities Organizations.

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	nization by the IRS, o	or for which the grantee	recognized as charities by the for counsel has provided a sect			<b>&gt;</b>		

HUMAN RIGHTS WATCH, INC.

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. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash assistance noncash assistance ADF GRANT TO ACTIVISTS FOR RELOCATION TO AVOID POLITICAL SUB-SAHARAN AFRICA 2,700.CASH PROSECUTIONS 0.

Page 4

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)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X Yes	☐ 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)	X Yes	☐ 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	X Yes	☐ No

Schedule F (Form 990) 2022

Page 5

## Part V | Supplemental Information

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 REPRISAL 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)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization							ntification number
	TS WATCH, INC.					13-287580	
Part I Fundraising Activities required to complete this part	<ul> <li>Complete if the organization answert.</li> </ul>	ered "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not
Indicate whether the organization rai     a	e X Solicita	tion of tion of	non-g gover	overnment grants nment grants			
<ul> <li>2 a Did the organization have a written key employees listed in Form 990, F</li> <li>b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the</li> </ul>	Part VII) or entity in connection with p ividuals or entities (fundraisers) pursu	rofessi	onal fu	undraising services?	ĺ	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization
FAIRCOM NEW YORK - 12 W 27TH		Yes	No				
ST, NEW YORK, NY 10001	FUNDRAISING CONSULTANT		Х	5,508,324.		2,654,221.	2,854,103.
VERADATA - 1910 PARK MEADOWS							
DR #200, FORT MYERS, FL	FUNDRAISING CONSULTANT		Х	289,757.		103,673.	103,673.
GIVEBRIDGE INC - 550 W. VAN							
BUREN, SUITE 1100, CHICAGO,	FUNDRAISING CONSULTANT		Х	42,713.		292,098.	42,713.
KNEW SALES INC. DBA UP							
FUNDRAISING - 550 QUEEN ST,	FUNDRAISING CONSULTANT		Х	13,497.		78,810.	13,497.
BLUE STATE DIGITAL INC - 3							
WORLD TRADE CENTER, 30TH	FUNDRAISING CONSULTANT		Х	2,443.		30,000.	3,442.
Total				5,856,734.		3,158,802.	3,017,428.
List all states in which the organization or licensing.			utions	•	it is e	<u> </u>	
AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, I	L,KS,KY,LA,ME,MD,MA,MI,MN,M	IS,NH	NJ,N	M,NY,NC			
ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,W	W,WV,WI						

Page 2

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and gr				
		or iditariating event contributions and gr	(a) Event #1 ANNUAL VFJ DINNER SILICON VALLEY	(b) Event #2 ANNUAL VFJ DINNER NEW YORK	(c) Other events	(d) Total events (add col. (a) through col. (c))
eni			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	2,878,666.	1,658,136.	7,010,289.	11,547,091.
	2	Less: Contributions	2,585,173.	1,294,577.	5,205,140.	9,084,890.
	3	Gross income (line 1 minus line 2)	293,493.	363,559.	1,805,149.	2,462,201.
	4	Cash prizes				
	5	Noncash prizes				
sesu	6	Rent/facility costs	170,004.	229,555.	855,571.	1,255,130.
Direct Expenses				,		
Direc	7	Food and beverages			5,938.	
	8	Entertainment			307,573.	
	9	Other direct expenses			312,329.	
	10	Direct expense summary. Add lines 4 throug				2,050,893.
Pa		Net income summary. Subtract line 10 from				411,308.
Г		<b>II Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than	
_		\$13,000 on Form 990-EZ, line oa.	T	(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue				341 3		(-7 3 (-7)
Re	1	Gross revenue				
_	•	dioss revenue				
ses	2	Cash prizes				
xpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	_	Other direct expenses				
_	<u> </u>	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
		Direct expense summary. Add lines 2 throug				
	8	Net gaming income summary. Subtract line 7	<sup>7</sup> from line 1, column (d)			
•	Ent	ter the state(s) in which the organization condi	uoto gamina activitica:			
		he organization licensed to conduct gaming a				Yes No
		No," explain:				1e3 No
,	"					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended. or te	erminated during the tax v	rear?	Yes No
		Yes," explain:				

Sch	nedule G (Form 990) 2022 HUMAN RIGHTS WATCH, INC. 13-	2875808	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	O No
13	Indicate the percentage of gaming activity conducted in:	1 1	
	a The organization's facility	13a	%
	a An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Name		
	Address		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
ı	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
•	c If "Yes," enter name and address of the third party:		
	Name		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17			
•	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	☐ No
,	retain the state gaming license? • Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	163	
•	organization's own exempt activities during the tax year \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SCI	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
_			
(I)	NAME OF FUNDRAISER: VERADATA		
(I)	ADDRESS OF FUNDRAISER: 1910 PARK MEADOWS DR #200, FORT MYERS, FL 33907		
,	NAME OF THEORY AND ASSESSED TO		
(1)	NAME OF FUNDRAISER: GIVEBRIDGE INC		
(T)	ADDRESS OF FUNDRAISER: 550 W. VAN BUREN, SUITE 1100, CHICAGO, IL 60607		
` _ /			
(I)	NAME OF FUNDRAISER: KNEW SALES INC. DBA UP FUNDRAISING		

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization	UN MOUL TNG						Employer identification number
Part I General Information on Grants a							13-2875808
Does the organization maintain records to criteria used to award the grants or assis     Describe in Part IV the organization's pro-	to substantiate the				-		
Part II Grants and Other Assistance to recipient that received more than 9	Domestic Organiz	zations and Domesti	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) an	-						
3 Enter total number of other organizations	s iistea in the line 1	i tadie					

Schedule I (Form 990) 2022 HUMAN RIGHTS WATCH, INC. 13-2875808 Page 2

ANT TO ASSIST FAMILY OF DECEASED EMPLOYEE  1 10,000.  0.  Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	sh assistar	(f) Description of noncash	(e) Method of valuation (book, FMV, appraisal, other)	d) Amount of non- cash assistance	(c) Amount of cash grant	<b>(b)</b> Number of recipients	(a) Type of grant or assistance
art IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.				0.	10,000.	1	IT TO ASSIST FAMILY OF DECEASED EMPLOYEE
rt IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.							
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.							
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.							
**TIV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.							
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.							
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.							
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.							
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.							
			I Iditional information	): and any other ad	e 2: Part III. column	Luired in Part Lline	t IV Supplemental Information. Provide the information rec
				,, a.i.a a.i.j 0 iii.o. aa	<u> </u>	, a	
	,						

#### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

HUMAN RIGHTS WATCH, INC.

Employer identification number 13-2875808

Pa	Part I Questions Regarding Compensation			
	·		Yes	No
<b>1</b> a	a Check the appropriate box(es) if the organization provided any of the following to or form	or a person listed on Form 990,		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regar	ding these items.		
	First-class or charter travel Housing allowa	nce or residence for personal use		
	Travel for companions Payments for b	ousiness use of personal residence		
	Tax indemnification and gross-up payments Health or socia	I club dues or initiation fees		
	Discretionary spending account Personal service	es (such as maid, chauffeur, chef)		
b	<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy	regarding payment or		
	reimbursement or provision of all of the expenses described above? If "No," complete	e Part III to explain		
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses	incurred by all directors,		
	trustees, and officers, including the CEO/Executive Director, regarding the items chec	cked on line 1a?2		
3	Indicate which, if any, of the following the organization used to establish the compens	sation of the organization's		
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods us	sed by a related organization to		
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employ	ment contract		
	Independent compensation consultant  X Compensation	survey or study		
	X Form 990 of other organizations X Approval by the	e board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with re	espect to the filing		
	organization or a related organization:			
а	a Receive a severance payment or change-of-control payment?	4a	Х	
b	<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan?	4b_		Х
С	c Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for e	ach item in Part III.		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete line	s 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay	or accrue any compensation		
	contingent on the revenues of:			
а	a The organization?	<u>5a</u>		Х
b	b Any related organization?	<u>5b</u>		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay	or accrue any compensation		
	contingent on the net earnings of:			
а	a The organization?	6a_		Х
b	b Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7				
	not described on lines 5 and 6? If "Yes," describe in Part III			Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a con	tract that was subject to the		
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," d	escribe in Part III8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedu	ure described in		
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 HUMAN RIGHTS WATCH, INC. 13-2875808 Page 2

#### 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 on 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 aren't 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.

(A) Name and Title		(B) Breakdown of W	J-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) KENNETH ROTH	(i)	466,489.	0.	2,270,259.	51,000.	11,585.	2,799,333.	0,	
EXECUTIVE DIRECTOR (THRU 8/31/22)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) WISLA HENEGHAN, DEPUTY EXEC.	(i)	478,311.	0.	3,612.	33,173.	39,853.	554,949.	0.	
DIRECTOR, CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) TIRANA HASSAN, CHIEF PROGRAM	(i)	424,349.	0.	1,260.	0.	14,631.	440,240.	0.	
OFFICER, EXEC. DIR. (FROM 3/27/23)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) BRUNO STAGNO UGARTE	(i)	382,446.	0.	0.	41,651.	0.	424,097.	0.	
CHIEF ADVOCACY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) JAMES POWELL	(i)	342,261.	0.	5,544.	17,407.	35,625.	400,837.	0.	
CHIEF TECHNOLOGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) COLIN MINCY	(i)	349,595.	0.	840.	32,280.	12,464.	395,179.	0.	
CHIEF PEOPLE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) BARBARA PIRTO, DIRECTOR OF	(i)	309,938.	0.	3,612.	31,374.	41,084.	386,008.	0.	
FINANCE & ADMIN. (THRU 4/30/23)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) PHILIPPE BOLOPION	(i)	305,253.	0.	1,260.	29,850.	36,405.	372,768.	0.	
CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) MEI FONG	(i)	331,298.	0.	1,932.	0.	35,625.	368,855.	0.	
CHIEF COMMUNICATIONS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) LAUREN CAMILLI	(i)	327,925.	0.	1,260.	0.	28,759.	357,944.	0.	
GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.	
(11) JOSEPH SAUNDERS	(i)	265,383.	0.	5,544.	26,849.	38,735.	336,511.	0.	
DEPUTY PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(12) SARI BASHI	(i)	278,808.	0.	1,125.	0.	35,034.	314,967.	0.	
PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(13) WALID AYOUB	(i)	240,039.	0.	3,544.	24,994.	38,358.	306,935.	0.	
DIRECTOR, IT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(14) JAMES ROSS	(i)	260,641.	0.	5,544.	26,064.	12,529.	304,778.	0.	
LEGAL AND POLICY DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(15) VALENTINA ROSA	(i)	256,071.	0.	0.	28,510.	0.	284,581.	0.	
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(16) MICHELE ALEXANDER	(i)	58,098.	0.	208,076.	5,810.	2,856.	274,840.	0.	
FORMER CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	

Schedule J (Form 990) 2022 HUMAN RIGHTS WATCH, INC. 13-2875808 Page 2

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 on 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 aren't 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.

(A) Name and Title		(B) Breakdown of W	J-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(17) ALAN FELDSTEIN, GEN. COUNSEL	(i)	214,368.	0.	1,351.	21,691.	17,345.	254,755.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) MINJON THOLEN, DIRECTOR,	(i)	243,618.	0.	405.	0.	4,751.	248,774.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) JOE LISI	(i)	156,731.	0.	746.	15,581.	24,648.	197,706.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) SHANTHA BARRIGA	(i)	167,264.	0.	0.	18,216.	0.	185,480.	0.
STRATEGY DEVELOPMENT PROJECT LEADER	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) DINAH POKEMPNER	(i)	0.	0.	175,000.	0.	0.	175,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
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.
PART I, LINE 4A:
MICHELLE ALEXANDER, FORMER CHIEF DEVELOPMENT OFFICER, LEFT HUMAN RIGHTS
WATCH, INC. IN JANUARY OF 2022 AND RECEIVED SEVERANCE OF \$207,187.
DINAH POKEMPNER, FORMER GENERAL COUNSEL, LEFT HUMAN RIGHTS WATCH, INC. IN
JUNE OF 2021 AND RECEIVED SEVERANCE OF \$175,000.
HRW ENTERED INTO AN AGREEMENT WITH ITS FORMER EXECUTIVE DIRECTOR, KEN ROTH,
MEMORIALIZING THE TERMS OF HIS TRANSITION FROM THE ORGANIZATION AFTER 35
YEARS OF SERVICE. IN ADDITION TO THE STANDARD ELEMENTS OF AGREEMENTS OF
THIS NATURE, HRW AGREED TO PAY MR. ROTH CERTAIN REMUNERATION UPON HIS
DEPARTURE FROM THE ORGANIZATION, ALL OF WHICH IS REFLECTED ON THIS RETURN
AND ON THE ATTACHED FORM 4720. THIS INCLUDES REASONABLE COMPENSATION FOR
HIS ONGOING ASSISTANCE AND ADVICE TO HRW.

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

HUMAN RIGHTS WATCH, INC.

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

13-2875808

Pai	rt I   Types of Property							
		(a) Check if applicable	(b) Number of contributions or litems contributed	(c) Noncash contribution amounts reported of Form 990, Part VIII, lin	noncash con	(d) of determin tribution ar	_	s
1	Art - Works of art		Terrio certificatea	1 01111 000, 1 412 1111, 1111				
2	Art - Works of art Art - Historical treasures							
3								
	Art - Fractional interests							
4	Books and publications							
5								
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property	X	58	1 188	107. FAIR MARKET V	AT.IIF		
9	Securities - Publicly traded	<u> </u>	30	1,100,	107. FAIR MARKET VI	лион		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ( )							
26	Other ()							
27	Other ()							
28	Other (							
29	Number of Forms 8283 received by the organization	ation during	the tax vear for co	ontributions				
	for which the organization completed Form 828	-	•				0	
	5	,	3		1		Yes	No
30a	During the year, did the organization receive by	contributio	n anv property rep	orted in Part I. lines 1 tl	hrough 28, that it			
	must hold for at least 3 years from the date of the							
	exempt purposes for the entire holding period?			-		30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance po	olicy that re	equires the review o	of any nonstandard con	tributions?	31	Х	
	Does the organization hire or use third parties o				***************************************			
	contributions?		•			32a	х	
b	If "Yes," describe in Part II.					523		
33	If the organization didn't report an amount in co	lumn (c) for	r a type of property	for which column (a) is	s checked.			
	describe in Part II	(5, .01	-,,,,,	(4)	··			

LHA

#### **SCHEDULE 0** (Form 990)

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.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information. Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** HUMAN RIGHTS WATCH INC 13-2875808

HOMEN RIGHTS WHICH, INC.	13 2073000							
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:								
F A VIBRANT MOVEMENT TO UPHOLD HUMAN DIGNITY AND ADVANCE THE CAUSE OF								
IUMAN RIGHTS FOR ALL.								
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:								
THE EUROPE & CENTRAL ASIA								
EXPENSES \$ 6,429,943. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.								
DISABILITY RIGHTS								
EXPENSES \$ 4,337,380. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.								
CHILDREN'S RIGHTS								
EXPENSES \$ 4,074,272. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.								
WOMEN'S RIGHTS								
EXPENSES \$ 3,940,256. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.								
AMERICAS								
EXPENSES \$ 3,738,917. INCLUDING GRANTS OF \$ 3,691. REVENUE \$ 0.								
LGBT'S RIGHTS								
EXPENSES \$ 2,028,163. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.								
UNITED STATES								
EXPENSES \$ 1,289,997. INCLUDING GRANTS OF \$ 10,000. REVENUE \$ 0.								

Schedule O (Form 990) 2022 Page 2

**Employer identification number** Name of the organization HUMAN RIGHTS WATCH, INC. 13-2875808 OTHER PROGRAMS EXPENSES \$ 17,290,439. INCLUDING GRANTS OF \$ 0. REVENUE \$ 4,157. FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES: AUSTRALIA, BELGIUM, BRAZIL, CANADA, CONGO (BRAZZAVILLE), FRANCE, GERMANY, JAPAN JORDAN, KENYA, KYRGYZSTAN, LEBANON, NETHERLANDS, NORWAY, RUSSIA, RWANDA, SOUTH AFRICA, SOUTH KOREA, SWEDEN, SWITZERLAND TUNISIA, UKRAINE, UNITED KINGDOM, DENMARK FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS REVIEWED BY THE CONTROLLER AND THE CHIEF FINANCIAL OFFICER BEFORE IT IS FILED. A COPY OF THE FORM 990 IS ALSO PROVIDED PRIOR TO FILING, WITH THE OPPORTUNITY TO ASK QUESTIONS, TO THE EXECUTIVE DIRECTOR THE CHAIRS OF THE BOARD OF DIRECTORS, AS WELL AS CHAIRS OF THE AUDIT & RISK, FINANCE & INVESTMENT AND THE DEVELOPMENT COMMITTEES TO REVIEW ON BEHALF OF THE BOARD, AND THE FINAL 990 IS CIRCULATED WITH THE FULL BOARD. FORM 990, PART VI, SECTION B, LINE 12C: HUMAN RIGHTS WATCH, INC. REQURIES 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. RESTRICTIONS ARE IMPOSED ON PERSONS WITH A CONFLICT, SUCH AS PROHIBITING THEM FROM PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE TRANSACTION.

Schedule O (Form 990) 2022 Page 2

Name of the organization **Employer identification number** HUMAN RIGHTS WATCH, INC. 13-2875808 FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD OF DIRECTORS OF HUMAN RIGHTS WATCH, INC. CONDUCTS A PERFORMANCE REVIEW OF THE EXECUTIVE DIRECTOR AT LEAST BIANNUALLY. THE BOARD DELEGATES THE TASK OF THE REVIEW TO A COMMITTEE THAT ORGANIZES THE REVIEW AND REPORTS TO THE FULL BOARD ON ITS FINDINGS. IN CONDUCTING ITS REVIEW. THE REVIEW COMMITTEE TAKES INTO CONSIDERATION THE EXECUTIVE DIRECTOR'S PERFORMANCE IN LEADING HUMAN RIGHTS WATCH IN ALL AREAS, AND CONSULTS WIDELY BOTH WITHIN AND OUTSIDE THE ORGANIZATION. IN PARTICULAR, THE COMMITTEE EVALUATES: THE DEMONSTRABLE IMPACT OF HUMAN RIGHTS WATCH'S PROGRAM AND ACTIVITIES THE EXECUTIVE DIRECTOR'S EFFECTIVENESS IN SETTING GOALS AND OBJECTIVES THAT ENABLE HUMAN RIGHTS WATCH TO ACHIEVE ITS MISSION, AND THE SUCCESS OF ITS PROGRAM IN FULFILLING THESE GOALS AND OBJECTIVES. THE REVIEW COMMITTEE ALSO CONDUCTS SURVEYS OF EXECUTIVE COMPENSATION FROM TIME TO TIME AS MAY BE NEEDED. THE BOARD CHAIR WRITES TO THE DIRECTOR OF HUMAN RESOURCES WITH THE EXECUTIVE DIRECTOR'S EVALUATION AND COMPENSATION RECOMMENDATIONS. THIS COMMUNICATION SERVES AS THE OFFICIAL DOCUMENTATION OF THE COMMITTEE'S DECISION ON THE EXECUTIVE DIRECTOR'S LEVEL OF COMPENSATION. 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

Schedule O (Form 990) 2022 Page **2** 

Schedule O (Form 990) 2022	Page 2
Name of the organization HUMAN RIGHTS WATCH, INC.	Employer identification number 13-2875808
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, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL,AK,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,LA,ME,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC	
ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI	
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 FOR THE	
SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
FOREIGN CURRENCY TRANSLATION ADJUSTMENT -119,232.	
NET ASSETS RELEASED -156,208.	
TOTAL TO FORM 990, PART XI, LINE 9 -275,440.	

#### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization HUMAN RIGHTS WATCH	H, INC.				E	mployer identific 13-2875808	cation n	ımber
Part I Identification of Disregarded Entities. Com	plete if the organization answered "Y	es" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	or Total inc	come End-of-year		Direct c	(f) controlling ntity	3
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	nizations. Complete if the organization	on answered "Yes" on Form 99	0, Part IV, line 34,	because it had one	or more	e related tax-exer	mpt	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	status (if section	Dire	(f) ect controlling entity	cont	<b>g)</b> 512(b)(13 trolled tity?
				501(c)(3))			Yes	No
THE AUSTRALIAN FOUNDATION FOR HUMAN RIGHTS WATCH, SUITE 1106, LEVEL 11, 5 HUNTER STREET	3ET					RIGHTS		
, SYDNEY, AUSTRALIA NSW 2000	HUMAN RIGHTS ADVOCACY	AUSTRALIA	501(C)(3)		WATCH	, INC.	Х	
HUMAN RIGHTS WATCH BRAZIL ALAMEDA JAU, N' 72, SALAS 54, 55, 56						RIGHTS		
SAO PAULO, BRAZIL SP BRASIL	HUMAN RIGHTS ADVOCACY	BRAZIL	501(C)(3)		WATCH	, INC.	Х	
HUMAN RIGHTS WATCH CANADA								
1 EGLINTON AVE. EAST, SUITE 617	<u> </u>		504 (5) (5)			RIGHTS		
TORONTO, CANADA M4P 3A1	HUMAN RIGHTS ADVOCACY	CANADA	501(C)(3)		WATCH	, INC.	Х	<del>                                     </del>
FRENCH ASSOCIATION IN SUPPORT OF HUMAN RIGHTS WATCH, 142 RUE MONTMARTRE, 75002					HUMAN	RIGHTS		

FRANCE

501(C)(3)

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

Schedule R (Form 990) 2022

WATCH, INC.

HUMAN RIGHTS ADVOCACY

PARIS, FRANCE

HUMAN RIGHTS WATCH, INC. 13-2875808

### Part II Continuation of Identification of Related Tax-Exempt Organizations

Schedule R (Form 990)

(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr	zation?
ASSOCIATION FOR THE PROTECTION OF HUMAN				501(0)(3))		Yes	No
RIGHTS - E.V., NEUE PROMENADE 5, BERLIN,	1				HUMAN RIGHTS		
GERMANY 10178	HUMAN RIGHTS ADVOCACY	GERMANY	501(C)(3)		WATCH, INC.	x	
JAPAN FOUNDATION IN SUPPORT OF HUMAN RIGHTS	1						
WATCH, MBE704 AKASAKA 258 BLDG. 1F 2-5-8,	1				HUMAN RIGHTS		
AKASAKA MINATO-KU TOKYO, JAPAN 107-0052	HUMAN RIGHTS ADVOCACY	JAPAN	501(C)(3)		WATCH, INC.	x	
STICHTING HUMAN RIGHTS WATCH NETHERLANDS						<del></del>	
LEEUWENVELDSEWEG 1	1				HUMAN RIGHTS		
1382 LV WEESP, NETHERLANDS	HUMAN RIGHTS ADVOCACY	NETHERLANDS	501(C)(3)		WATCH, INC.	x	
THE SOUTH AFRICAN FOUNDATION IN SUPPORT OF					,		
HUMAN RIGHTS WATCH, 1ST FL, WILDS VIEW, ISLE	1				HUMAN RIGHTS		
OF HOUGHTON, BOUNDARY ROAD, PARKTOWN, SOUTH	HUMAN RIGHTS ADVOCACY	SOUTH AFRICA	501(C)(3)		WATCH, INC.	х	
HUMAN RIGHTS WATCH SCANDINAVIA							
INSAMLINGSSTIFTELSEN, JARLSGATAN 57, BOX 78,	1				HUMAN RIGHTS		
STOCKHOLM, SWEDEN 113 56	HUMAN RIGHTS ADVOCACY	SWEDEN	501(C)(3)		WATCH, INC.	х	
SWISS FOUNDATION IN SUPPORT OF HUMAN RIGHTS					, .		
WATCH, BRANDSCHENKESTRASSE 4, ZURICH,	1				HUMAN RIGHTS		
SWITZERLAND 8001	HUMAN RIGHTS ADVOCACY	SWITZERLAND	501(C)(3)		WATCH, INC.	х	
STIFTELSEN HUMAN RIGHTS WATCH					,		
SKOYEN TERRASSE 38	1				HUMAN RIGHTS		
OSLO, NORWAY 0276	HUMAN RIGHTS ADVOCACY	NORWAY	501(C)(3)		WATCH, INC.	х	
HUMAN RIGHTS WATCH INC. (JORDAN)					,		
7TH FLOOR, WAHA AMMOUN BLDG. GARDENS STREET	1				HUMAN RIGHTS		
AMMAN, JORDAN	HUMAN RIGHTS ADVOCACY	JORDAN	501(C)(3)		WATCH, INC.	х	
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Page 2

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

· · · · · · · · · · · · · · · · · · ·	thership during the tax			1			_		T		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	1	ortionate itions?	Code V-UBI amount in box 20 of Schedule	General of managing partner?	Percentage ownership
		country)		sections 512-514)		4,000,00	Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
											<del> </del>

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		country)		ŕ				Yes	No
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b,	Part V	Transactions With Related Organizations.	Complete if the organization answered "Ye	es" on Form 990.	. Part IV. line 34	. 35b. or
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Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b	Х	
С	Gift, grant, or capital contribution from related organization(s)	1c	Х	
	Loans or loan guarantees to or for related organization(s)	1d		Х
е	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
-1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1p	Х	
q	Reimbursement paid by related organization(s) for expenses	1q	Х	
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d)  Method of determining amount involved
(1) THE SOUTH AFRICAN FOUNDATION IN SUPPORT OF HUMAN RIGHTS WATCH	В	817,973.	
(2) FRENCH ASSOCIATION IN SUPPORT OF HUMAN RIGHTS WATCH	В	654,650.	
HUMAN RIGHTS WATCH - ASSOCIATION FOR THE PROTECTION OF HUMAN  (3) RIGHTS - E.V.	В	536,025.	
(4) HUMAN RIGHTS WATCH BRAZIL	В	300,000.	
(5) HUMAN RIGHTS WATCH CANADA	В	236,899.	
(6) SWISS FOUNDATION IN SUPPORT OF HUMAN RIGHTS WATCH	С	3,725,050.	

Schedule R (Form 990) HUMAN RIGHTS WATCH, INC. 13-2875808

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a)  Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) HUMAN RIGHTS WATCH SCANDINAVIA INSAMLINGSSTIFTELSEN	С	2,567,961.	
AUSTRALIAN FOUNDATION IN SUPPORT OF HUMAN RIGHTS WATCH			
(8) LIMITED	С	286,523.	
(9) JAPAN FOUNDATION IN SUPPORT OF HUMAN RIGHTS WATCH	С	231,846.	
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(20)			
(21)			
(22)			
(24)			

13-2875808

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000