

Return of Organization Exempt From Income Tax

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

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

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

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 07/01, 2016, and ending 06/30, 2017

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HUMAN RIGHTS WATCH, INC.		D Employer identification number 13-2875808	
	Doing business as		E Telephone number (212) 290-4700	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 350 FIFTH AVENUE, 34TH FLOOR		G Gross receipts \$ 77,862,466.	
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10118		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
F Name and address of principal officer: KENNETH ROTH, 350 FIFTH AVENUE, 34TH FLOOR, NEW YORK, NY 10118		H(c) Group exemption number ▶		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.HRW.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1976 M State of legal domicile: NY	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: HUMAN RIGHTS WATCH, INC. IS DEDICATED TO PROTECTING THE HUMAN RIGHTS OF PEOPLE AROUND THE WORLD.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	29.	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	29.	
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	313.	
	6	Total number of volunteers (estimate if necessary)	293.	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	13,429.	
7b	Net unrelated business taxable income from Form 990-T, line 34	0.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	57,620,234.	47,845,601.
	9	Program service revenue (Part VIII, line 2g)	24,806.	21,998.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,474,497.	7,798,927.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,122.	-32,662.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	61,140,659.	55,633,864.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,000.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	48,105,430.	46,203,284.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,291,314.	2,895,892.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 14,446,715.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	25,612,478.	21,459,010.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	76,024,222.	70,558,186.
19	Revenue less expenses. Subtract line 18 from line 12	-14,883,563.	-14,924,322.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	220,621,008.	211,044,860.
	21	Total liabilities (Part X, line 26)	5,969,108.	6,062,961.
	22	Net assets or fund balances. Subtract line 21 from line 20	214,651,900.	204,981,899.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name PAUL HAMMERSCHMIDT	Preparer's signature 	Date 5/8/2018	Check <input type="checkbox"/> if self-employed	PTIN P01384178
	Firm's name ▶ BDO USA, LLP			Firm's EIN ▶ 13-5381590	
	Firm's address ▶ 100 PARK AVENUE, NEW YORK, NY 10017-5001			Phone no. 212-885-8000	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2016)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 6,749,014. including grants of \$ 0.) (Revenue \$ 0.) AFRICA DIVISION OF HUMAN RIGHTS WATCH, INC. MONITORS AND PROMOTES HUMAN RIGHTS IN SUB-SAHARAN AFRICA. HUMAN RIGHTS WATCH SENDS INVESTIGATIVE MISSIONS TO COLLECT INFORMATION AND REPORTS ITS FINDINGS TO THE PUBLIC.

4b (Code:) (Expenses \$ 5,990,430. including grants of \$ 0.) (Revenue \$ 0.) ASIA DIVISION OF HUMAN RIGHTS WATCH, INC. MONITORS AND PROMOTES HUMAN RIGHTS IN ASIAN COUNTRIES FROM AFGHANISTAN TO THE EAST. HUMAN RIGHTS WATCH SENDS INVESTIGATIVE MISSIONS TO COLLECT INFORMATION AND REPORTS ITS FINDINGS TO THE PUBLIC.

4c (Code:) (Expenses \$ 5,312,617. including grants of \$ 0.) (Revenue \$ 0.) 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 in Schedule O.) (Expenses \$ 32,460,533. including grants of \$ 0.) (Revenue \$ 21,998.)

4e Total program service expenses 50,512,594.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-19 detailing various organizational requirements and reporting obligations.

Form 990 (2016)

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 20a through 38 regarding organizational operations, financial statements, grants, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [X]

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, Form W-3, and other IRS filings.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (voting members), 1b (independent members), 2-9 (relationships, control, documentation, etc.).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a-16b (local chapters, conflict of interest, whistleblower, etc.).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: MITCHELL MAKE, 350 FIFTH AVENUE, 34TH FLOOR, NEW YORK, NY 10118

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. X

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HASSAN ELMASRY CO-CHAIRMAN	1.00 0.			X	X			0.	0.	0.
(2) ROBERT KISSANE CO-CHAIRMAN	1.00 0.			X	X			0.	0.	0.
(3) JOEL MOTLEY (THRU 10/16) CO-CHAIRMAN	1.00 0.			X	X			0.	0.	0.
(4) MICHAEL G. FISCH VICE-CHAIRMAN AND TREASURER	1.00 0.			X	X			0.	0.	0.
(5) WENDY KEYS (THRU 10/16) VICE-CHAIRMAN	1.00 0.			X	X			0.	0.	0.
(6) OKI MATSUMOTO VICE-CHAIRMAN	1.00 0.			X	X			0.	0.	0.
(7) AMY RAO VICE-CHAIRMAN	1.00 0.			X	X			0.	0.	0.
(8) JOHN J STUDZINSKI (THRU 10/16) VICE-CHAIRMAN	1.00 0.			X	X			0.	0.	0.
(9) AMY TOWERS VICE-CHAIRMAN	1.00 0.			X	X			0.	0.	0.
(10) CATHERINE ZENNSTROM VICE-CHAIRMAN	1.00 0.			X	X			0.	0.	0.
(11) KAREN HERSKOVITZ ACKMAN DIRECTOR	1.00 0.			X				0.	0.	0.
(12) AKWASI AIDOO DIRECTOR	1.00 0.			X				0.	0.	0.
(13) JORGE CASTANEDA DIRECTOR	1.00 0.			X				0.	0.	0.
(14) MICHAEL E. GELLERT DIRECTOR (THRU 1/17)	1.00 0.			X				0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) LESLIE GILBERT-LURIE ----- DIRECTOR (FROM 10/16)	1.00 0.	X					0.	0.	0.	
(16) PAUL GRAY (FROM 10/16) ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(17) BETSY KAREL ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(18) DAVID LAKHDIR ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(19) KIMBERLY MARTEAU EMERSON ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(20) ALICIA MINANA (FROM 1/17) ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(21) JOAN R. PLATT ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(22) NEIL RIMER ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(23) GRAHAM ROBESON (THRU 10/16) ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(24) SHELLEY RUBIN ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(25) KEVIN P. RYAN (THRU 10/16) ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							2,809,061.	0.	572,999.	
d Total (add lines 1b and 1c)							2,809,061.	0.	572,999.	

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 **74**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

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
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **12**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) AMBASSADOR ROBIN SANDERS ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(27) JEAN-LOUIS SERVAN-SCHREIBER ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(28) SID SHEINBERG ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(29) BRUCE SIMPSON ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(30) JOSEPH SKRZYNSKI (FROM 1/17) ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(31) DONNA SLAIGHT ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(32) SIRI STOLT-NIELSEN ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(33) DARIAN W. SWIG ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(34) MAKOTO TAKANO ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(35) JOHN R. TAYLOR (THRU 10/16) ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(36) PETER VISSER (THRU 3/17) ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **74**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

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

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) MARIE WARBURG ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(38) KENNETH ROTH ----- EXECUTIVE DIRECTOR	40.00 0.			X			527,767.	0.	83,016.	
(39) BARBARA PIRTO ----- ASST. TREAS., ADMIN & FIN DIR	40.00 0.			X			216,141.	0.	51,853.	
(40) CHARLES LUSTIG ----- ASST. SEC & EXEC DEP. DIR. OPS	40.00 0.			X			253,393.	0.	55,578.	
(41) DINAH POKEMPNER ----- ASST SECRETARY & GEN'L COUNSEL	40.00 0.			X			198,242.	0.	50,063.	
(42) BRUCE RABB ----- SECRETARY	1.00 0.			X			0.	0.	0.	
(43) MICHELE ALEXANDER ----- DEPUTY EXEC DIR-DEV & OUTREACH	40.00 0.				X		323,368.	0.	62,576.	
(44) IAIN LEVINE ----- DEPUTY EXECUTIVE DIR.-PROGRAM	40.00 0.				X		289,083.	0.	59,147.	
(45) JOSEPH SAUNDERS ----- DEPUTY PROGRAM DIRECTOR	40.00 0.					X	215,718.	0.	51,811.	
(46) JAMES ROSS ----- DIR. LEGAL & POLICY COUNSEL	40.00 0.					X	212,313.	0.	31,202.	
(47) TOM P. PORTEOUS ----- DEPUTY PROGRAM DIRECTOR	40.00 0.					X	199,818.	0.	29,953.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **74**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

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

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for JOSE M. VIVANCO and MIRIAM MAHLOW.

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 74

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Header row is present, but no data rows are filled.

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

Part VIII Statement of Revenue

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

				(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	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	12,387,638.					
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	35,457,963.					
	g Noncash contributions included in lines 1a-1f: \$		2,288,899.					
	h Total. Add lines 1a-1f			47,845,601.				
Program Service Revenue			Business Code					
	2a PUBLICATIONS		541900	21,998.	21,998.			
	b							
	c							
	d							
	e							
	g Total. Add lines 2a-2f			21,998.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			2,626,545.			2,626,545.	
	4 Income from investment of tax-exempt bond proceeds			0.				
	5 Royalties			0.				
	6a Gross rents	(i) Real	111,266.					
		(ii) Personal						
		b Less: rental expenses						
	c Rental income or (loss)		111,266.					
	d Net rental income or (loss)			111,266.			111,266.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	25,131,801.					
		(ii) Other						
		b Less: cost or other basis and sales expenses		19,959,419.				
	c Gain or (loss)		5,172,382.					
	d Net gain or (loss)			5,172,382.			5,172,382.	
	8a Gross income from fundraising events (not including \$ 12,387,638. of contributions reported on line 1c). See Part IV, line 18	a	2,269,183.					
		b Less: direct expenses		2,269,183.				
c Net income or (loss) from fundraising events				0.				
9a Gross income from gaming activities. See Part IV, line 19	a	0.						
	b Less: direct expenses		0.					
	c Net income or (loss) from gaming activities			0.				
10a Gross sales of inventory, less returns and allowances	a	0.						
	b Less: cost of goods sold		0.					
	c Net income or (loss) from sales of inventory			0.				
Miscellaneous Revenue			Business Code					
11a UBI FROM PARTNERSHIP INTEREST		900099	13,429.		13,429.			
b MISCELLANEOUS INCOME		900099	-157,357.			-157,357.		
c								
d All other revenue								
e Total. Add lines 11a-11d			-143,928.					
12 Total revenue. See instructions			55,633,864.	21,998.	13,429.	7,752,836.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,150,067.	1,096,201.	747,003.	306,863.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	32,056,770.	24,613,105.	1,665,088.	5,778,577.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,603,760.	2,007,396.	125,900.	470,464.
9 Other employee benefits	6,262,525.	4,765,368.	367,958.	1,129,199.
10 Payroll taxes	3,130,162.	2,360,501.	211,178.	558,483.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	48,575.	39,684.	8,891.	
c Accounting	184,164.	150,454.	33,710.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	2,895,892.			2,895,892.
f Investment management fees	850,546.		850,546.	
9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,606,656.	1,211,603.	108,394.	286,659.
12 Advertising and promotion	27,363.	20,635.	1,846.	4,882.
13 Office expenses	2,783,151.	2,213,069.	401,710.	168,372.
14 Information technology	2,068,498.	1,559,885.	139,552.	369,061.
15 Royalties	0.			
16 Occupancy	5,699,875.	4,298,359.	384,545.	1,016,971.
17 Travel	4,801,605.	3,620,960.	323,943.	856,702.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	336,196.	253,530.	22,682.	59,984.
20 Interest	40,937.	30,871.	2,762.	7,304.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	1,362,997.	1,027,856.	91,955.	243,186.
23 Insurance	945,179.	712,773.	63,767.	168,639.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES & SUBSCRIPTIONS	258,347.	194,823.	17,430.	46,094.
b SPECIAL PROJECTS	127,439.	96,103.	8,598.	22,738.
c MISCELLANEOUS	317,482.	239,418.	21,419.	56,645.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	70,558,186.	50,512,594.	5,598,877.	14,446,715.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,795,531.	1	946,880.
	2 Savings and temporary cash investments	17,314,707.	2	24,660,142.
	3 Pledges and grants receivable, net	52,513,880.	3	35,631,543.
	4 Accounts receivable, net	1,077,852.	4	132,159.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	990,441.	9	801,963.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 18,178,099.		
	b Less: accumulated depreciation.	10b 12,152,523.		
		6,226,200.	10c	6,025,576.
	11 Investments - publicly traded securities	103,248,580.	11	95,131,794.
	12 Investments - other securities. See Part IV, line 11	33,174,695.	12	47,518,624.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	279,122.	15	196,179.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	220,621,008.	16	211,044,860.	
Liabilities	17 Accounts payable and accrued expenses	4,655,335.	17	4,721,052.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,313,773.	25	1,341,909.
	26 Total liabilities. Add lines 17 through 25.	5,969,108.	26	6,062,961.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	24,413,060.	27	22,273,411.
	28 Temporarily restricted net assets	190,238,840.	28	182,708,488.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	214,651,900.	33	204,981,899.	
34 Total liabilities and net assets/fund balances.	220,621,008.	34	211,044,860.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI. X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	55,633,864.
2	Total expenses (must equal Part IX, column (A), line 25)	2	70,558,186.
3	Revenue less expenses. Subtract line 2 from line 1	3	-14,924,322.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	214,651,900.
5	Net unrealized gains (losses) on investments	5	12,480,187.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-7,225,866.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	204,981,899.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
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?
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 Consolidated basis Both consolidated and separate basis
- c** 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations.
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2016 (87.32%); 15 Public support percentage from 2015 Schedule A, Part II, line 14 (82.53%); 16a 33 1/3% support test - 2016 (checked); 16b 33 1/3% support test - 2015; 17a 10%-facts-and-circumstances test - 2016; 17b 10%-facts-and-circumstances test - 2015; 18 Private foundation.

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

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2015 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2015 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. 19b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their status, support tests, foreign organizations, and excess business holdings.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)			
Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2016 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		
Section E - Distribution Allocations (see instructions)			
	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2016:		
a			
b			
c	From 2013.		
d	From 2014.		
e	From 2015.		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2016 distributable amount		
i	Carryover from 2011 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2016 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2016 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2017. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a			
b	Excess from 2013. . . .		
c	Excess from 2014. . . .		
d	Excess from 2015. . . .		
e	Excess from 2016. . . .		

Part VI **Supplemental Information.** 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.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
MISCELLANEOUS INCOME	568,431.	17,203.	38,404.	4,010.	-157,357.	470,691.
TOTALS	<u>568,431.</u>	<u>17,203.</u>	<u>38,404.</u>	<u>4,010.</u>	<u>-157,357.</u>	<u>470,691.</u>

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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 HUMAN RIGHTS WATCH, INC.	Employer identification number 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. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

Part I-B 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? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 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 ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 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 filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2016

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		55,300.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)		108,500.	
c Total lobbying expenditures (add lines 1a and 1b)		163,800.	
d Other exempt purpose expenditures		55,947,671.	
e Total exempt purpose expenditures (add lines 1c and 1d)		56,111,471.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:			
Not over \$500,000		20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000		\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	0.
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	0.
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	118,885.	88,470.	98,871.	163,800.	470,026.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	118,885.	88,470.	10,204.	55,300.	272,859.

Schedule C (Form 990 or 990-EZ) 2016

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)).

Table with columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d 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), section 501(c)(5), or section 501(c)(6).

Table with columns Yes/No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 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 prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with columns 1-5. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

Name of the organization

Employer identification number

HUMAN RIGHTS WATCH, INC.

13-2875808

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue included in Form 990, Part VIII, line 1; Assets included in Form 990, Part X. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2016

JSA 6E1268 1.000

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment 100.0000 %
The percentages on lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

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	47,518,624.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	47,518,624.	

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. (Column (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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) DEFERRED RENT	1,341,909.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,341,909.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

PART V, LINE 4:

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

PART X, LINE 2:

UNDER ASC 740, "INCOME TAXES", AN ORGANIZATION MUST RECOGNIZE THE TAX
BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN
IT IS MORE LIKELY THAN NOT THE POSITION WILL BE SUSTAINED UPON
EXAMINATION BY A TAXING AUTHORITY. HUMAN RIGHTS WATCH, INC. DOES NOT
BELIEVE IT HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS AND,
ACCORDINGLY, IT HAS NOT RECORDED ANY LIABILITY FOR UNRECOGNIZED TAX
BENEFITS. THE ORGANIZATION HAS FILED FOR AND RECEIVED INCOME TAX
EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO.
ADDITIONALLY, THE ORGANIZATION HAS FILED IRS FORM 990 INFORMATION
RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS
WHERE SO REQUIRED. FOR THE YEAR ENDED JUNE 30, 2017, THERE WAS NO
INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE STATEMENTS OF
ACTIVITIES.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

HUMAN RIGHTS WATCH, INC.

Employer identification number

13-2875808

Part I **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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EUROPE	3.	70.	PROGRAM SERVICES	RES/ADVOCACY/COMM/FUND	11,498,408.
(2) SUB-SAHARAN AFRICA	3.	21.	PROGRAM SERVICES	RES/ADVOCACY/COMM/FUND	1,281,850.
(3) MIDDLE EAST AND NORTH AFRICA	3.	13.	PROGRAM SERVICES	RES/ADVOCACY/COMM/FUND	1,034,200.
(4) RUSSIA/INDEPENDENT STATES	3.	6.	PROGRAM SERVICES	RES/ADVOCACY/COMM/FUND	401,031.
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total,	12.	110.			14,215,489.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	12.	110.			14,215,489.

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

Schedule F (Form 990) 2016

JSA
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Part II 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) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.

3 Enter total number of other organizations or entities.

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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes 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; do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes 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; do not file with Form 990)* Yes No

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 or 990-EZ)**

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, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization
HUMAN RIGHTS WATCH, INC.

Employer identification number
13-2875808

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 BEACONFIRE RED ENGINE	FUNDRAISING CONSULTANT		X	2,342,563.	1,896,312.	446,251.
2 THE HARRINGTON AGENCY	FUNDRAISING CONSULTANT		X	3,847,360.	999,580.	2,847,780.
3						
4						
5						
6						
7						
8						
9						
10						
Total				6,189,923.	2,895,892.	3,294,031.

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

AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL,
KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		DINNER (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	14,656,821.		14,656,821.
	2	Less: Contributions	12,387,638.		12,387,638.
	3	Gross income (line 1 minus line 2)	2,269,183.		2,269,183.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	704,814.		704,814.
	7	Food and beverages	527,982.		527,982.
	8	Entertainment	16,577.		16,577.
	9	Other direct expenses	1,019,810.		1,019,810.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

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

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b 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 ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

HUMAN RIGHTS WATCH, INC.

Employer identification number

13-2875808

Part I Questions Regarding Compensation

		Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td style="border: none;"><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)										
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b										
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2										
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee					
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract										
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study										
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee										
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:											
a Receive a severance payment or change-of-control payment?	4a		X								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.											
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 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:											
a The organization?	5a		X								
b Any related organization?	5b		X								
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:											
a The organization?	6a		X								
b Any related organization?	6b		X								
If "Yes" on line 6a or 6b, describe in Part III.											
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9										

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

Schedule J (Form 990) 2016

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-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KENNETH ROTH EXECUTIVE DIRECTOR	527,767.	0.	0.	52,777.	30,239.	610,783.	0.
BARBARA PIRTO	216,141.	0.	0.	21,614.	30,239.	267,994.	0.
2 ASST. TREAS., ADMIN & FIN DIR	323,368.	0.	0.	32,337.	30,239.	385,944.	0.
MICHELLE ALEXANDER	289,083.	0.	0.	28,908.	30,239.	348,230.	0.
3 DEPUTY EXEC DIR-DEV & OUTREACH	253,393.	0.	0.	25,339.	30,239.	308,971.	0.
CHARLES LUSTIG	215,718.	0.	0.	21,572.	30,239.	267,529.	0.
4 DEPUTY PROGRAM DIRECTOR	212,313.	0.	0.	21,231.	9,971.	243,515.	0.
JAMES ROSS	199,818.	0.	0.	19,982.	9,971.	229,771.	0.
5 DIR. LEGAL & POLICY COUNSEL	198,242.	0.	0.	19,824.	30,239.	248,305.	0.
TOM P. PORTEOUS	198,049.	0.	0.	19,805.	30,239.	248,093.	0.
6 DEPUTY PROGRAM DIRECTOR	175,169.	0.	0.	17,517.	30,239.	222,925.	0.
DINAH POKEMPNER	0.	0.	0.	0.	0.	0.	0.
7 ASST SECRETARY & GEN'L COUNSEL	0.	0.	0.	0.	0.	0.	0.
JOSE M. VIVANCO	0.	0.	0.	0.	0.	0.	0.
8 EXECUTIVE DIRECTOR - AMERICAS	0.	0.	0.	0.	0.	0.	0.
MIRIAM MAHLOW	0.	0.	0.	0.	0.	0.	0.
9 MANAGING DIRECTOR	0.	0.	0.	0.	0.	0.	0.
10							
11							
12							
13							
14							
15							
16							

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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

HUMAN RIGHTS WATCH, INC.

Employer identification number

13-2875808

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	121.	2,288,899.	MARKET QUOTATION
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 during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a		X
33		

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) (2016)

JSA

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PAGE 49

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

**SCHEDULE O
(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

HUMAN RIGHTS WATCH, INC.

13-2875808

FORM 990, PART III, LINE 4D:

1) EUROPE AND CENTRAL ASIA -

EXPENSES: \$4,165,572.

2) WOMEN'S RIGHTS -

EXPENSES: \$2,905,645.

3) CHILDREN'S RIGHTS -

EXPENSES: \$2,488,005.

4) UNITED STATES -

EXPENSES: \$2,316,500.

5) AMERICAS -

EXPENSES: \$2,226,310.

6) INTERNATIONAL JUSTICE -

EXPENSES: \$1,539,849.

7) LGBT -

EXPENSES: \$1,530,353.

8) OTHER PROGRAMS -

EXPENSES: \$15,288,299. REVENUE: \$21,998.

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

FORM 990, PART V, LINE 4B:

BELGIUM, CONGO, FRANCE, JORDAN, KENYA, KYRGYZSTAN, LEBANON, NORWAY,
RUSSIA, RWANDA, SWITZERLAND, TUNISIA, UKRAINE, AND UNITED KINGDOM.

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

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

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

FORM 990 IS REVIEWED BY THE CONTROLLER AND CFO BEFORE IT IS FILED. A
DRAFT COPY IS ALSO PROVIDED TO THE EXECUTIVE DIRECTOR AND BOARD MEMBERS
WITH THE OPPORTUNITY TO ASK QUESTIONS.

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

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

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

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.

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

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 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

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

INCUMBENT'S EDUCATION AND RELEVANT EXPERIENCE; WHILE SALARY DISCUSSIONS WILL OFTEN INCLUDE SUPERVISING DIRECTORS, APPROVAL MAY ONLY BE GRANTED BY THE HUMAN RESOURCES DIRECTOR. SUBSEQUENT SALARY INCREASES ARE BASED UPON AVAILABLE ORGANIZATIONAL RESOURCES, THE CURRENT COST OF LIVING TREND AND THE EMPLOYEE'S PERFORMANCE AS EVALUATED BY THEIR IMMEDIATE SUPERVISOR(S).

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

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

FORM 990, PART XI, LINE 9:

THE ACCOMPANYING FORM 990 FOR YEAR END JUNE 30, 2017 EXCLUDES ACTIVITIES CONDUCTED BY FOREIGN CHARITABLE AFFILIATES OF HUMAN RIGHTS WATCH, INC. PART XI, LINE 9 REPORTS AN ADJUSTMENT TO ELIMINATE NET ASSETS OF FOREIGN CHARITABLE AFFILIATES AT JULY 1, 2016, CONSISTENT WITH CONSOLIDATED FINANCIAL STATEMENT REPORTING FOR HUMAN RIGHTS WATCH INC. AND SUBSIDIARIES.

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

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

HUMAN RIGHTS WATCH 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 OF A VIBRANT MOVEMENT TO UPHOLD HUMAN DIGNITY AND ADVANCE THE CAUSE OF HUMAN RIGHTS FOR ALL.

ATTACHMENT 2FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT,
FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,
MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
THE HARRINGTON AGENCY 416 GANTTOWN ROAD SEWELL, NJ 08080	PROF. FUNDRAISER	1,799,346.
BEACONFIRE REDENGINE 2300 CLARENDON BLVD. ARLINGTON, VA 22201	PROF. FUNDRAISER	488,697.
SMART IMS, INC. 103 MORGAN LANE, #104 PLAINSBORO TOWNSHIP, NJ 08536	IT CONSULTANT	310,091.
FUSIONSTORM	IT NETWORK SOLUTION	270,644.

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

ATTACHMENT 3 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
124 GROVE STREET, SUITE 311 FRANKLIN, MA 02038		
SUNGARD AVAILABILITY SERVICES 23-10 43RD AVENUE LONG ISLAND CITY, NY 11101	IT SOLUTIONS	241,117.