

EXTENDED TO MAY 15, 2020

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2018

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

Form 990 header section containing fields B through M: B Check if applicable, C Name of organization (HUMAN RIGHTS WATCH, INC.), D Employer identification number (13-2875808), E Telephone number (212-216-1292), F Name and address of principal officer (KENNETH ROTH), G Gross receipts (\$125,594,780), H(a) Is this a group return, H(b) Are all subordinates included?, I Tax-exempt status (501(c)(3)), J Website (WWW.HRW.ORG), K Form of organization (Corporation), L Year of formation (1976), M State of legal domicile (NY).

Part I Summary

Table with 3 main sections: 1. Activities & Governance (lines 1-7b), 2. Revenue (lines 8-12), 3. Expenses (lines 13-19), 4. Net Assets or Fund Balances (lines 20-22). Includes columns for Prior Year and Current Year.

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.

Signature block section containing fields for Sign Here (Signature of officer: BARBARA PIRTO, DIR. OF FINANCE & OPERATIONS), Paid (Preparer's name: LYNNE JOHNSON, signature, date: 4/2/2020), and Preparer Use Only (Firm's name: RSM US LLP, address: 4 TIMES SQUARE, NEW YORK, NY 10336).

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

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: 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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 8,329,524. including grants of \$ 474,185. ) (Revenue \$ ) AFRICA DIVISION OF HUMAN RIGHTS WATCH, INC. MONITORS AND PROMOTES HUMAN RIGHTS IN SUB SAHARAN AFRICA. HUMAN RIGHTS WATCH SENDS INVESTIGATIVE MISSIONS TO COLLECT INFORMATION AND REPORTS ITS FINDINGS TO THE PUBLIC.

4b (Code: ) (Expenses \$ 7,239,576. including grants of \$ 354,593. ) (Revenue \$ ) 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 \$ 6,714,576. including grants of \$ ) (Revenue \$ ) 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 \$ 38,326,734. including grants of \$ 544,108. ) (Revenue \$ 16,512. )

4e Total program service expenses 60,610,410.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

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

**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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 (33), 1b (33), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) 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 TAWFIK ELKASHEF - 212-216-1292 350 FIFTH AVENUE, 34TH FLOOR, NEW YORK, NY 10118-3299

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 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 1.00	X		X				0.	0.	0.
(2) ROBERT KISSANE CO-CHAIRMAN	1.00 1.00	X		X				0.	0.	0.
(3) MICHAEL G. FISCH VICE-CHAIR & TREAS. (THRU 06/30/19)	1.00 1.00	X		X				0.	0.	0.
(4) OKI MATSUMOTO VICE-CHAIRMAN	1.00 1.00	X		X				0.	0.	0.
(5) AMY RAO VICE-CHAIRMAN	1.00 1.00	X		X				0.	0.	0.
(6) AMY TOWERS VICE-CHAIRMAN	1.00 1.00	X		X				0.	0.	0.
(7) CATHERINE ZENNSTROM VICE-CHAIRMAN	1.00 1.00	X		X				0.	0.	0.
(8) AKWASI AIDOO DIRECTOR	1.00 1.00	X						0.	0.	0.
(9) ZEID RA'AD AL HUSSEIN DIRECTOR (FROM 02/28/19)	1.00 1.00	X						0.	0.	0.
(10) JORGE CASTANEDA DIRECTOR	1.00 1.00	X						0.	0.	0.
(11) GEORGE COELHO DIRECTOR	1.00 1.00	X						0.	0.	0.
(12) NATASHA DOLBY DIRECTOR	1.00 1.00	X						0.	0.	0.
(13) KIMBERLY MARTEAU EMERSON DIRECTOR	1.00 1.00	X						0.	0.	0.
(14) LAWTON FITT DIRECTOR (THRU 04/30/19)	1.00 1.00	X						0.	0.	0.
(15) LOUBNA FREIH DIRECTOR (FROM 06/30/19)	1.00 1.00	X						0.	0.	0.
(16) LESLIE GILBERT-LURIE DIRECTOR	1.00 1.00	X						0.	0.	0.
(17) PAUL GRAY DIRECTOR	1.00 1.00	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 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			
(18) CAITLIN HEISING DIRECTOR	1.00 1.00	X						0.	0.	0.
(19) KAREN HERSKOVITZ DIRECTOR	1.00 1.00	X						0.	0.	0.
(20) SUSAN KANE DIRECTOR (FROM 10/31/18)	1.00 1.00	X						0.	0.	0.
(21) BETSY KAREL DIRECTOR	1.00 1.00	X						0.	0.	0.
(22) DAVID LAKHDIR DIRECTOR	1.00 1.00	X						0.	0.	0.
(23) LOUISA LEE-REIZES DIRECTOR (FROM 10/31/18)	1.00 1.00	X						0.	0.	0.
(24) ALICIA MINANA DIRECTOR	1.00 1.00	X						0.	0.	0.
(25) JOAN R. PLATT DIRECTOR	1.00 1.00	X						0.	0.	0.
(26) NEIL RIMER DIRECTOR	1.00 1.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								6,750,167.	0.	1,433,378.
<b>d Total (add lines 1b and 1c)</b>								6,750,167.	0.	1,433,378.

**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 113

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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	
<b>5</b> 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
THE HARRINGTON AGENCY 416 GANTTOWN ROAD, SEWWLL, NJ 08080	PROFESSIONAL FUNDRAISER	1,626,918.
UNISPACE OF BOSTON LLC, ONE POST OFFICE SQUARE, 37TH FLOOR, BOSTON, MA 02109	LHI CONSULTANT	867,314.
LANDSEER ADVISORS LLC, 489 FIFTH AVE, 31ST FLOOR, NEW YORK, NY 10017	INVESTMENTS CONSULTANT	757,500.
SMART IMS INC., 103 MORGAN LANE # 104, PLAINSBORO TOWNSHIP, NJ 08536	IT CONSULTANT	555,124.
SCALE PARTNERS 134 BOWERY, SUITE 3N, NEW YORK, NY 10013	PUBLIC ENGAGEMENT CONSULTANT	431,500.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 11

SEE PART VII, SECTION A CONTINUATION SHEETS



**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 line)	(C) Position (check all that apply)						(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			
(27) SHELLEY RUBIN DIRECTOR	1.00 1.00	X						0.	0.	0.
(28) AMBASSADOR ROBIN SANDERS DIRECTOR	1.00 1.00	X						0.	0.	0.
(29) SIDNEY SHEINBERG DIRECTOR (THRU 03/31/19)	1.00 1.00	X						0.	0.	0.
(30) BRUCE SIMPSON DIRECTOR	1.00 1.00	X						0.	0.	0.
(31) JOSEPH SKRZYNSKI DIRECTOR	1.00 1.00	X						0.	0.	0.
(32) DONNA SLAIGHT DIRECTOR	1.00 1.00	X						0.	0.	0.
(33) SIRI STOLT-NIELSEN DIRECTOR	1.00 1.00	X						0.	0.	0.
(34) DARIAN W. SWIG DIRECTOR	1.00 1.00	X						0.	0.	0.
(35) MARIE WARBURG DIRECTOR	1.00 1.00	X						0.	0.	0.
(36) BRUCE RABB SECRETARY	1.00 1.00			X				0.	0.	0.
(37) KENNETH ROTH EXECUTIVE DIRECTOR	40.00 1.00			X				566,316.	0.	61,066.
(38) NICHOLAS DAWES DEPUTY EXECUTIVE DIRECTOR	40.00 1.00			X				339,355.	0.	45,353.
(39) CHARLES LUSTIG DEPUTY EXEC. DIR. FOR OPERATIONS	40.00 1.00			X				306,837.	0.	66,128.
(40) BARBARA PIRTO DIR. OF FINANCE & OPERATIONS	40.00 1.00			X				240,224.	0.	62,054.
(41) DINAH POKEMPNER GENERAL COUNSEL	40.00 1.00			X				213,931.	0.	55,608.
(42) MICHELE ALEXANDER DEPUTY EXEC. DIR. FOR DEVELOPMENT	40.00 1.00				X			349,855.	0.	74,593.
(43) BRUNO STAGNO UGARTE DEPUTY EXEC. DIR. FOR ADVOCACY	40.00 1.00				X			347,035.	0.	37,235.
(44) IAIN LEVINE DEPUTY EXEC. DIR. FOR PROGRAMS	40.00 1.00				X			327,991.	0.	63,192.
(45) JOSEPH SAUNDERS DEPUTY DIRECTOR, PROGRAM	40.00 1.00				X			234,089.	0.	60,900.
(46) JAMES ROSS LEGAL AND POLICY COUNSEL	40.00 1.00				X			229,071.	0.	36,166.
<b>Total to Part VII, Section A, line 1c</b> .....										

<b>Part VII</b> Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(47) TOM PORTEOUS DEPUTY DIRECTOR, PROGRAM	40.00 1.00				X			215,682.	0.	42,487.
(48) WALID AYOUB CHIEF INFO TECHNOLOGY OFFICER	40.00 1.00				X			209,554.	0.	63,218.
(49) BABATUNDE OLUGBOJI DEPUTY DIRECTOR, PROGRAM	40.00 1.00				X			208,636.	0.	57,954.
(50) FRANCES SINHA DIRECTOR, GLOBAL HUMAN RESOURCES	40.00 1.00				X			208,031.	0.	44,246.
(51) MATTHEW COLLINS-GIBSON DEPUTY DIRECTOR, DEVELOPMENT	40.00 1.00				X			202,721.	0.	33,155.
(52) PHILIPPE BOLOPION DEPUTY DIRECTOR, ADVOCACY	40.00 1.00				X			189,336.	0.	58,340.
(53) ARVIND G. GANESAN DIR., BUSINESS & HUMAN RIGHTS	40.00 1.00				X			178,300.	0.	54,528.
(54) LAURA BOARDMAN MANAGING DIRECTOR, DEVELOPMENT	40.00 1.00				X			175,440.	0.	18,232.
(55) LIESL GERNTHOLTZ DEPUTY EXEC. DIR. FOR PROGRAMS	40.00 1.00				X			173,851.	0.	54,259.
(56) MIRIAM MAHLOW MANAGING DIRECTOR, DEVELOPMENT	40.00 1.00				X			170,999.	0.	51,640.
(57) EMMA S. DALY DIRECTOR, COMMUNICATIONS	40.00 1.00				X			170,865.	0.	52,666.
(58) MAUSI SEGUN EXECUTIVE DIRECTOR, AFRICA	40.00 1.00				X			164,360.	0.	50,002.
(59) MITCHELL A. MAKE GLOBAL CONTROLLER	40.00 1.00				X			163,004.	0.	22,356.
(60) STEPHEN NORTHFIELD DIGITAL DIRECTOR	40.00 1.00				X			151,223.	0.	22,289.
(61) JOSE MIGUEL VIVANCO EXECUTIVE DIRECTOR, AMERICAS	40.00 1.00					X		213,443.	0.	56,076.
(62) BRAD ADAMS EXECUTIVE DIRECTOR, ASIA	40.00 1.00					X		206,261.	0.	55,578.
(63) RICHARD DICKER DIRECTOR, INTERNATIONAL JUSTICE	40.00 1.00					X		199,139.	0.	55,564.
(64) LOTTE LEICHT DIRECTOR, EU ADVOCACY	40.00 1.00					X		199,066.	0.	21,126.
(65) SARAH LEAH WHITSON EXECUTIVE DIRECTOR, MENA	40.00 1.00					X		195,552.	0.	57,367.
<b>Total to Part VII, Section A, line 1c</b>								6,750,167.		1,433,378.

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b> 9,405,852.				
	<b>d</b> Related organizations .....	<b>1d</b> 13,810,323.				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 52,595,955.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	2,436,409.				
	<b>h Total.</b> Add lines 1a-1f .....	▶ 75,812,130.				
<b>Program Service Revenue</b>	<b>2 a</b> PUBLICATIONS	<b>Business Code</b> 541900	16,512.	16,512.		
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue .....					
	<b>g Total.</b> Add lines 2a-2f .....	▶ 16,512.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	▶ 1,325,280.		-1,125,581.	2,450,861.	
	<b>4</b> Income from investment of tax-exempt bond proceeds	▶				
	<b>5</b> Royalties .....	▶				
	<b>6 a</b> Gross rents .....	(i) Real	191,339.			
		(ii) Personal				
		<b>b</b> Less: rental expenses .....	0.			
		<b>c</b> Rental income or (loss) .....	191,339.			
	<b>d</b> Net rental income or (loss) .....	▶ 191,339.			191,339.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	45,813,109.			
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....	37,571,093.			
		<b>c</b> Gain or (loss) .....	8,242,016.			
	<b>d</b> Net gain or (loss) .....	▶ 8,242,016.		34,406.	8,207,610.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 9,405,852. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b> 2,436,410.				
		<b>b</b> Less: direct expenses .....	<b>b</b> 2,436,410.			
<b>c</b> Net income or (loss) from fundraising events .....		▶ 0.				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....	▶				
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory .....	▶				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> _____	<b>a</b>					
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> All other revenue .....					
	<b>e Total.</b> Add lines 11a-11d .....	▶				
<b>12 Total revenue.</b> See instructions .....	▶ 85,587,277.	16,512.	-1,091,175.	10,849,810.		

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	1,372,886.	1,372,886.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	6,043,685.	3,768,373.	767,949.	1,507,363.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....	550,417.	442,489.	41,397.	66,531.
<b>7</b> Other salaries and wages .....	32,458,523.	26,313,784.	2,116,668.	4,028,071.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,262,434.	2,610,229.	277,142.	375,063.
<b>9</b> Other employee benefits .....	6,748,628.	4,806,067.	944,206.	998,355.
<b>10</b> Payroll taxes .....	3,341,872.	2,458,426.	425,809.	457,637.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	3,832,635.	2,917,050.	909,428.	6,157.
<b>c</b> Accounting .....	539,033.	49,336.	489,691.	6.
<b>d</b> Lobbying .....	128,773.	128,773.		
<b>e</b> Professional fundraising services. See Part IV, line 17	2,248,018.			2,248,018.
<b>f</b> Investment management fees .....	1,794,449.		1,794,449.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	542,974.	209,484.	312,575.	20,915.
<b>12</b> Advertising and promotion .....	23,788.		23,788.	
<b>13</b> Office expenses .....	1,636,200.	1,174,281.	88,914.	373,005.
<b>14</b> Information technology .....	2,697,244.	1,384,126.	674,929.	638,189.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	6,689,330.	4,557,762.	315,547.	1,816,021.
<b>17</b> Travel .....	5,687,000.	4,676,296.	349,015.	661,689.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	635,838.	552,509.	57,309.	26,020.
<b>20</b> Interest .....	16,088.	9,814.	2,252.	4,022.
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	994,214.	610,613.	135,539.	248,062.
<b>23</b> Insurance .....	959,471.	600,224.	114,391.	244,856.
<b>24</b> 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.)				
<b>a</b> PUBLICATION AND MEDIA	2,077,541.	1,967,888.	13,339.	96,314.
<b>b</b> DIRECT MAIL	401,383.			401,383.
<b>c</b> FOREIGN CURRENCY EXCHAN	199,088.		199,088.	
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	84,881,512.	60,610,410.	10,053,425.	14,217,677.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,219,420.	<b>1</b>	1,569,447.
	<b>2</b> Savings and temporary cash investments .....	19,413,332.	<b>2</b>	28,854,103.
	<b>3</b> Pledges and grants receivable, net .....	27,960,984.	<b>3</b>	21,842,245.
	<b>4</b> Accounts receivable, net .....	779,395.	<b>4</b>	1,569,651.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	1,558,496.	<b>9</b>	1,244,235.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 21,761,709.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 14,689,555.		
	<b>11</b> Investments - publicly traded securities .....	5,537,530.	<b>10c</b>	7,072,154.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	106,243,450.	<b>11</b>	83,878,054.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	58,139,112.	<b>12</b>	67,024,855.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	221,317.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	221,073,036.	<b>15</b>	4,559,120.	
		<b>16</b>	217,613,864.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	4,574,069.	<b>17</b>	5,282,754.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	3,005,397.	<b>25</b>	2,912,535.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	7,579,466.	<b>26</b>	8,195,289.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	18,062,537.	<b>27</b>	19,064,282.
	<b>28</b> Temporarily restricted net assets .....	195,431,033.	<b>28</b>	190,354,293.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	213,493,570.	<b>33</b>	209,418,575.	
<b>34</b> Total liabilities and net assets/fund balances .....	221,073,036.	<b>34</b>	217,613,864.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	85,587,277.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	84,881,512.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	705,765.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	213,493,570.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-5,910,318.
<b>6</b>	Donated services and use of facilities	<b>6</b>	4,115,719.
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	-325,329.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-2,660,832.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	209,418,575.

**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
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		



**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**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	62,843,469.	57,620,234.	47,845,601.	71,618,194.	75,812,130.	315,739,628.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	62,843,469.	57,620,234.	47,845,601.	71,618,194.	75,812,130.	315,739,628.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						39,323,968.
<b>6 Public support.</b> Subtract line 5 from line 4.						276,415,660.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	62,843,469.	57,620,234.	47,845,601.	71,618,194.	75,812,130.	315,739,628.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1,533,319.	1,598,094.	2,737,811.	4,559,420.	2,642,200.	13,070,844.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	25,187.	0.	13,429.			38,616.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	3,192,186.	3,272,035.	2,282,612.	3,098,288.	2,436,410.	14,281,531.
<b>11 Total support.</b> Add lines 7 through 10						343,130,619.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	122,378.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	80.56 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	85.66 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ►

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** 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 ..... ►

**b 33 1/3% support tests - 2017.** 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**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

**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 <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			



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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**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 <p style="text-align: center;">HUMAN RIGHTS WATCH, INC.</p>	Employer identification number <p style="text-align: center;">13-2875808</p>
-------------------------------------------------------------------------------------	---------------------------------------------------------------------------------

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**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-.

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)	18,541.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	110,232.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	128,773.													
<b>d</b>	Other exempt purpose expenditures	84,752,739.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	84,881,512.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
<b>j</b>	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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>						
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total	
<b>2a</b>	Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b>	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b>	Total lobbying expenditures	98,871.	163,800.	119,350.	128,773.	510,794.
<b>d</b>	Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b>	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b>	Grassroots lobbying expenditures	10,204.	55,300.	18,850.	18,541.	102,895.



**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)).**

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

**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."**

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> 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?	4	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	5	

**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.

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization HUMAN RIGHTS WATCH, INC. Employer identification number 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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) about conservation easements, including checkboxes for various purposes, a table for lines 2a-2d, and yes/no questions about monitoring and requirements.

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.

Form with questions 1a, 1b, and 2 regarding reporting requirements for art and historical treasures, including fields for revenue and assets.

**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?  Yes  No

**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?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- 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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	135,664,651.	124,104,856.	107,324,433.	109,971,567.	107,700,017.
b Contributions					
c Net investment earnings, gains, and losses	-378,997.	11,559,795.	16,780,423.	-2,647,134.	3,147,359.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					875,809.
g End of year balance	135,285,654.	135,664,651.	124,104,856.	107,324,433.	109,971,567.

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  100.00 %

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

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		8,824,442.	5,306,755.	3,517,687.
d Equipment		11,078,799.	9,382,800.	1,695,999.
e Other		1,858,468.		1,858,468.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,072,154.

**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	67,024,855.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	67,024,855.	

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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	1,874,466.
(3) SECURITY DEPOSIT	16,590.
(4) DUE TO AFFLIATE	818,727.
(5) CAPITAL LEASE OBLIGATION	202,752.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,912,535.

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.

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

**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.

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

**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.

PART V, LINE 4:

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

PART X, LINE 2:

HRW IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3)  
 OF THE INTERNAL REVENUE CODE AND THEREFORE HAS MADE NO PROVISION FOR  
 INCOME TAXES IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. HRW  
 HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE (IRS) NOT TO BE A  
 "PRIVATE FOUNDATION" WITHIN THE MEANING OF SECTION 509(A) OF THE INTERNAL  
 REVENUE CODE.

**Part XIII** Supplemental Information (continued)

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 NOT BE SUSTAINED UPON  
 EXAMINATION BY A TAXING AUTHORITY. HRW DOES NOT BELIEVE IT HAS TAKEN ANY  
 MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT HAS NOT RECORDED ANY  
 LIABILITY FOR UNRECOGNIZED TAX BENEFITS. HRW HAS FILED FOR AND RECEIVED  
 INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO.  
 ADDITIONALLY, HRW 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, 2019, THERE WAS NO INTEREST OR PENALTIES RECORDED  
 OR INCLUDED IN THE CONSOLIDATED STATEMENT OF ACTIVITIES. UNDER IRS  
 STATUTES, HRW IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S.  
 FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR FISCAL YEARS BEFORE 2016.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization <b>HUMAN RIGHTS WATCH, INC.</b>	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.

- 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**
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 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
EUROPE (INCLUDING ICELAND & GREENLAND)	5	68	PROGRAM SERVICES	RES/ADVOCACY/COMM/FUND	11,402,976.
MIDDLE EAST AND NORTH AFRICA	3	18	PROGRAM SERVICES	RES/ADVOCACY/COMM/FUND	1,427,719.
SUB-SAHARAN AFRICA	3	19	PROGRAM SERVICES	RES/ADVOCACY/COMM/FUND	1,298,193.
RUSSIA AND NEIGHBORING STATES	3	7	PROGRAM SERVICES	RES/ADVOCACY/COMM/FUND	607,305.
SOUTH AMERICA	0	0	GRANTMAKING		540,000.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		474,185.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		354,593.
NORTH AMERICA	0	0	GRANTMAKING		4,108.
<b>3 a Subtotal</b> .....	14	112			16,109,079.
<b>b Total from continuation sheets to Part I</b> .....	0	0			39,949,853.
<b>c Totals</b> (add lines 3a and 3b) .....	14	112			56,058,932.

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

Schedule F (Form 990) 2018

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		360,926.
SUB-SAHARAN AFRICA	0	0	INVESTMENTS		3,976,039.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		7,698,114.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		27,914,774.
<b>Totals</b> .....					39,949,853.



**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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	RES/ADVOCACY/COMM/FUND	540,000.		0.		
		SUB-SAHARAN AFRICA	RES/ADVOCACY/COMM/FUND	474,185.		0.		
		EAST ASIA AND THE PACIFIC	RES/ADVOCACY/COMM/FUND	354,593.		0.		
		NORTH AMERICA	RES/ADVOCACY/COMM/FUND	4,108.		0.		

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 ..... 5

3 Enter total number of other organizations or entities ..... 5



**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; don't 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; don't 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.



**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	
		SILICON VALLEY DINNER	NEW YORK DINNER	11	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	1,772,467.	1,700,276.	8,369,519.	11,842,262.
	2	Less: Contributions	1,407,802.	1,350,463.	6,647,587.	9,405,852.
	3	Gross income (line 1 minus line 2)	364,665.	349,813.	1,721,932.	2,436,410.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	138,610.	166,175.	461,614.	766,399.
	7	Food and beverages			253,259.	253,259.
	8	Entertainment			14,470.	14,470.
	9	Other direct expenses	226,055.	183,637.	992,590.	1,402,282.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				2,436,410.
11	Net income summary. Subtract line 10 from line 3, column (d)				0.	

**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			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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: \_\_\_\_\_

10a 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 ▶ \_\_\_\_\_

- 15a 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 explanations 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 G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: THE HARRINGTON AGENCY

(I) ADDRESS OF FUNDRAISER: 1615 L STREET , WASHINGTON, DC 20036

(I) NAME OF FUNDRAISER: BEACONFIRE RED DIGITAL

(I) ADDRESS OF FUNDRAISER:

2300 CLARENDON BLVD, SUITE 925 , ARLINGTON, VA 22201





**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
HUMAN RIGHTS WATCH, INC.

Employer identification number  
13-2875808

**Part I Questions Regarding Compensation**

**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.

- |                                                                    |                                                                            |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <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 .....

**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? .....

**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.

- |                                                                     |                                                                                     |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input 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? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- 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? .....
- b** Any related organization? .....
- 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? .....
- b** Any related organization? .....
- 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 .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2018

**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	(i)	560,772.	0.	5,544.	46,000.	15,066.	627,382.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NICHOLAS DAWES DEPUTY EXECUTIVE DIRECTOR	(i)	338,095.	0.	1,260.	10,375.	34,978.	384,708.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CHARLES LUSTIG DEPUTY EXEC. DIR. FOR OPERATIONS	(i)	303,225.	0.	3,612.	27,500.	38,628.	372,965.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BARBARA PIRTO DIR. OF FINANCE & OPERATIONS	(i)	238,324.	0.	1,900.	24,022.	38,032.	302,278.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DINAH POKEMPNER GENERAL COUNSEL	(i)	210,920.	0.	3,011.	21,116.	34,492.	269,539.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MICHELE ALEXANDER DEPUTY EXEC. DIR. FOR DEVELOPMENT	(i)	344,311.	0.	5,544.	34,281.	40,312.	424,448.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) BRUNO STAGNO UGARTE DEPUTY EXEC. DIR. FOR ADVOCACY	(i)	347,035.	0.	0.	34,117.	3,118.	384,270.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) IAIN LEVINE DEPUTY EXEC. DIR. FOR PROGRAMS	(i)	324,379.	0.	3,612.	27,500.	35,692.	391,183.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JOSEPH SAUNDERS DEPUTY DIRECTOR, PROGRAM	(i)	230,725.	0.	3,364.	23,398.	37,502.	294,989.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JAMES ROSS LEGAL AND POLICY COUNSEL	(i)	225,813.	0.	3,258.	22,713.	13,453.	265,237.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) TOM PORTEOUS DEPUTY DIRECTOR, PROGRAM	(i)	212,636.	0.	3,046.	21,344.	21,143.	258,169.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) WALID AYOUB CHIEF INFO TECHNOLOGY OFFICER	(i)	206,498.	0.	3,056.	21,406.	41,812.	272,772.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) BABATUNDE OLUGBOJI DEPUTY DIRECTOR, PROGRAM	(i)	205,666.	0.	2,970.	20,852.	37,102.	266,590.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) FRANCES SINHA DIRECTOR, GLOBAL HUMAN RESOURCES	(i)	205,060.	0.	2,971.	20,859.	23,387.	252,277.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) MATTHEW COLLINS-GIBSON DEPUTY DIRECTOR, DEVELOPMENT	(i)	202,048.	0.	673.	20,350.	12,805.	235,876.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) PHILIPPE BOLOPION DEPUTY DIRECTOR, ADVOCACY	(i)	188,702.	0.	634.	19,276.	39,064.	247,676.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

**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				
(17) ARVIND G. GANESAN DIR., BUSINESS & HUMAN RIGHTS	(i)	177,414.	0.	886.	18,071.	36,457.	232,828.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) LAURA BOARDMAN MANAGING DIRECTOR, DEVELOPMENT	(i)	175,440.	0.	0.	17,006.	1,226.	193,672.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) LIESL GERNTHOLTZ DEPUTY EXEC. DIR. FOR PROGRAMS	(i)	172,538.	0.	1,313.	17,524.	36,735.	228,110.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) MIRIAM MAHLOW MANAGING DIRECTOR, DEVELOPMENT	(i)	170,326.	0.	673.	17,388.	34,252.	222,639.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) EMMA S. DALY DIRECTOR, COMMUNICATIONS	(i)	169,564.	0.	1,301.	17,376.	35,290.	223,531.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) MAUSI SEGUN EXECUTIVE DIRECTOR, AFRICA	(i)	163,194.	0.	1,166.	15,750.	34,252.	214,362.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) MITCHELL A. MAKE GLOBAL CONTROLLER	(i)	159,476.	0.	3,528.	16,516.	5,840.	185,360.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) STEPHEN NORTHFIELD DIGITAL DIRECTOR	(i)	151,223.	0.	0.	14,845.	7,444.	173,512.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) JOSE MIGUEL VIVANCO EXECUTIVE DIRECTOR, AMERICAS	(i)	210,443.	0.	3,000.	21,044.	35,032.	269,519.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(26) BRAD ADAMS EXECUTIVE DIRECTOR, ASIA	(i)	203,357.	0.	2,904.	20,426.	35,152.	261,839.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(27) RICHARD DICKER DIRECTOR, INTERNATIONAL JUSTICE	(i)	191,073.	0.	8,066.	19,308.	36,256.	254,703.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(28) LOTTE LEICHT DIRECTOR, EU ADVOCACY	(i)	199,066.	0.	0.	19,516.	1,610.	220,192.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(29) SARAH LEAH WHITSON EXECUTIVE DIRECTOR, MENA	(i)	193,995.	0.	1,557.	20,475.	36,892.	252,919.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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	X	3	261,903.	MARKET QUOTATION
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	104	2,384,169.	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	X	1	4,764.	MARKET QUOTATION
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? **X**
- 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? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- 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.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2018

**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 M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS IS BASED ON THE NUMBER OF GIFTS RECEIVED.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

HUMAN RIGHTS WATCH, INC.

Employer identification number

13-2875808

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OF A VIBRANT MOVEMENT TO UPHOLD HUMAN DIGNITY AND ADVANCE THE CAUSE OF

HUMAN RIGHTS FOR ALL.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EUROPE AND CENTRAL ASIA

EXPENSES \$ 5,339,464. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

WOMEN'S RIGHTS

EXPENSES \$ 3,490,312. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CHILDREN'S RIGHTS

EXPENSES \$ 2,991,840. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

UNITED STATES

EXPENSES \$ 3,642,714. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

AMERICAS

EXPENSES \$ 3,028,912. INCLUDING GRANTS OF \$ 540,000. REVENUE \$ 0.

INTERNATIONAL JUSTICE

EXPENSES \$ 2,486,794. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

LGBT

EXPENSES \$ 1,896,795. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

## OTHER PROGRAMS

EXPENSES \$ 15,449,903. INCLUDING GRANTS OF \$ 4,108. REVENUE \$ 16,512.

## FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

AUSTRALIA, BELGIUM, BRAZIL, CANADA,

CONGO (BRAZZAVILLE), FRANCE, GERMANY, JAPAN,

JORDAN, KENYA, KYRGYZSTAN, LEBANON,

NETHERLANDS, NORWAY, RUSSIA, RWANDA,

SOUTH AFRICA, SOUTH KOREA, SWEDEN, SWITZERLAND,

TUNISIA, UKRAINE, UNITED KINGDOM, DENMARK

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

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

OF THE FORM 990 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.



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

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

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

IN CONDUCTING ITS REVIEW, THE REVIEW COMMITTEE TAKES INTO CONSIDERATION THE

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

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

PARTICULAR, THE COMMITTEE EVALUATES:

- THE DEMONSTRABLE IMPACT OF HUMAN RIGHTS WATCH'S PROGRAM AND ACTIVITIES,

- THE EXECUTIVE DIRECTOR'S EFFECTIVENESS IN SETTING GOALS AND OBJECTIVES

THAT ENABLE HUMAN RIGHTS WATCH TO ACHIEVE ITS MISSION, AND

- THE SUCCESS OF ITS PROGRAM IN FULFILLING THESE GOALS AND OBJECTIVES. THE

REVIEW COMMITTEE ALSO CONDUCTS SURVEYS OF EXECUTIVE COMPENSATION FROM TIME

TO TIME AS MAY BE NEEDED.

THE BOARD CHAIR WRITES TO THE DIRECTOR OF HUMAN RESOURCES WITH THE

EXECUTIVE DIRECTOR'S EVALUATION AND COMPENSATION RECOMMENDATIONS. THIS

COMMUNICATION SERVES AS THE OFFICIAL DOCUMENTATION OF THE COMMITTEE'S

DECISION ON THE EXECUTIVE DIRECTOR'S LEVEL OF COMPENSATION.

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

HUMAN RIGHTS WATCH STRIVES TO MAINTAIN A COMPETITIVE COMPENSATION SYSTEM

THAT IS IN THE BEST INTEREST OF BOTH THE ORGANIZATION AND OUR EMPLOYEES TO

APPROPRIATELY COMPENSATE OUR WORKFORCE FOR THE VALUE OF THE WORK PROVIDED.

IT IS OUR INTENTION TO USE AN OBJECTIVE AND NON-DISCRIMINATORY COMPENSATION

SYSTEM BASED ON PERIODICALLY UPDATED MARKET DATA ACROSS MULTIPLE

JURISDICTIONS. COMPENSATION IS DETERMINED BASED UPON EXTERNAL AND INTERNAL

EQUITY WITHIN THE GIVEN JURISDICTION, CONTINGENT ON AN INCUMBENT'S

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

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

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

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

THE ORGANIZAION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST AND ON ITS WEBSITE FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

FOREIGN CURRENCY TRANSLATION ADJUSTMENT	9,208.
OTHER EXPENSE/LOSSES FROM LIMITED PARTNERSHIPS	-2,670,040.
TOTAL TO FORM 990, PART XI, LINE 9	-2,660,832.

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

HUMAN RIGHTS WATCH, INC.

Employer identification number

13-2875808

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
AUSTRALIAN FOUNDATION IN SUPPORT OF HUMAN RIGHTS WATCH LIMITED, LEVEL 12, 173-175 PHILLIP STREET, SYDNEY NSW, AUSTRALIA	HUMAN RIGHTS ADVOCACY	AUSTRALIA	501(C)(3)		HUMAN RIGHTS WATCH, INC.	X	
HUMAN RIGHTS WATCH BRAZIL ALAMEDA JAU, N' 72, SALAS 54, 55, 56 SAO PAULO, SP, BRAZIL	HUMAN RIGHTS ADVOCACY	BRAZIL	501(C)(3)		HUMAN RIGHTS WATCH, INC.	X	
HUMAN RIGHTS WATCH, INC. 1 EGLINTON AVE. EAST, SUITE 617 TORONTO, CANADA M4P 3A1	HUMAN RIGHTS ADVOCACY	CANADA	501(C)(3)		HUMAN RIGHTS WATCH, INC.	X	
FRENCH ASSOCIATION IN SUPPORT OF HUMAN RIGHTS WATCH, 142 RUE MONTMARTRE, PARIS, FRANCE 75002	HUMAN RIGHTS ADVOCACY	FRANCE	501(C)(3)		HUMAN RIGHTS WATCH, INC.	X	

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

Schedule R (Form 990) 2018

SEE PART VII FOR CONTINUATIONS



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(j) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HUMAN RIGHTS WATCH, INC (CANADA)	C	454,373.	
(2) JAPAN FOUNDATION IN SUPPORT OF HUMAN RIGHTS WATCH	C	630,957.	
(3) AUSTRALIAN FOUNDATION IN SUPPORT OF HUMAN RIGHTS WATCH LIMITED	C	662,363.	
(4) HUMAN RIGHTS WATCH SCANDINAVIA INSAMLINGSSTIFTELSEN	C	1,050,952.	
(5) STICHTING HUMAN RIGHTS WATCH NETHERLANDS	C	3,837,130.	
(6) SWISS FOUNDATION IN SUPPORT OF HUMAN RIGHTS WATCH	C	7,174,548.	

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) HUMAN RIGHTS WATCH KOREA THE SOUTH AFRICAN FOUNDATION IN SUPPORT OF HUMAN RIGHTS	B	354,593.	
(8) WATCH	B	471,185.	
(9) HUMAN RIGHTS WATCH BRAZIL	B	540,000.	
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			





**Part VII Supplemental Information.**

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME AND ADDRESS OF RELATED ORGANIZATION:

THE SOUTH AFRICAN FOUNDATION IN SUPPORT OF HUMAN RIGHTS

WATCH

1ST FL, WILDS VIEW, ISLE OF HOUGHTON

BOUNDARY ROAD, PARKTOWN, SOUTH AFRICA 2918