

Form **990-T**Department of the Treasury
Internal Revenue Service**Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e))

OMB No. 1545-0087

2011Open to Public Inspection for
501(c)(3) Organizations OnlyFor calendar year 2011 or other tax year beginning 07/01, 2011, and
ending 06/30, 2012. ▶ See separate instructions.A ☐ Check box if
address changedName of organization (☐ Check box if name changed and see instructions.)D **Employer identification number**
(Employees' trust, see instructions.)

B Exempt under section

☒ 501(C)(3) ☐ 220(e)
☐ 408(e) ☐ 530(a)
☐ 408A ☐ 529(a)Print
or
Type

HUMAN RIGHTS WATCH, INC.

Number, street, and room or suite no. If a P.O. box, see instructions.

350 FIFTH AVENUE, 34TH FLOOR

City or town, state, and ZIP code

NEW YORK, NY 10118

13-2875808

E **Unrelated business activity codes**
(See instructions.)

900000

C Book value of all assets
at end of year

229,511,883.

F Group exemption number (See instructions.) ▶

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity. ▶

ATTACHMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ SUZANNA DAVIDSON,

Telephone number ▶ 212-216-1292

Part I Unrelated Trade or Business Income

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance ▶ 1c			
2 Cost of goods sold (Schedule A, line 7)			
3 Gross profit. Subtract line 2 from line 1c			
4a Capital gain net income (attach Schedule D)			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c Capital loss deduction for trusts			
5 Income (loss) from partnerships and S corporations (attach statement)	11,834.	ATCH 2	11,834.
6 Rent income (Schedule C)			
7 Unrelated debt-financed income (Schedule E)			
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10 Exploited exempt activity income (Schedule I)			
11 Advertising income (Schedule J)			
12 Other income (See instructions; attach schedule.)			
13 Total. Combine lines 3 through 12.	11,834.		11,834.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules.)	20	
21 Depreciation (attach Form 4562).	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	11,834.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	11,834.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	10,834.

JSA For Paperwork Reduction Act Notice, see instructions.
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Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$
 (2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 **35c** 1,625.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) **36**

37 Proxy tax. See instructions **37**

38 Alternative minimum tax **38**

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies. **39** 1,625.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a**

b Other credits (see instructions) **40b**

c General business credit. Attach Form 3800 (see instructions) **40c**

d Credit for prior year minimum tax (attach Form 8801 or 8827) **40d**

e Total credits. Add lines 40a through 40d **40e**

41 Subtract line 40e from line 39 **41** 1,625.

42 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) **42**

43 Total tax. Add lines 41 and 42 **43** 1,625.

44a Payments: A 2010 overpayment credited to 2011 **44a**

b 2011 estimated tax payments **44b** 30,000.

c Tax deposited with Form 8868 **44c**

d Foreign organizations: Tax paid or withheld at source (see instructions) **44d**

e Backup withholding (see instructions) **44e**

f Credit for small employer health insurance premiums (Attach Form 8941) **44f**

g Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other **44g**

45 Total payments. Add lines 44a through 44g **45** 30,000.

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐ **46**

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **47**

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 28,375.

49 Enter the amount of line 48 you want: Credited to 2012 estimated tax 28,375. Refunded **49**

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here SEE SCHEDULE I **Yes** **No**

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? **Yes** **No**

3 Enter the amount of tax-exempt interest received or accrued during the tax year **\$**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **▶**

1 Inventory at beginning of year **1**

2 Purchases **2**

3 Cost of labor **3**

4a Additional section 263A costs (attach schedule) **4a**

b Other costs (attach schedule) **4b**

5 Total. Add lines 1 through 4b **5**

6 Inventory at end of year **6**

7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. **7**

8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes** **No**

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer [Signature] Date 12/31/13 Title Executive Director

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

Paid Preparer Use Only

Print/Type preparer's name PAUL HAMMERSCHMIDT Preparer's signature [Signature] Date 1/18/14 Check ☐ if self-employed PTIN P01384178

Firm's name ▶ BDO USA, LLP Firm's EIN ▶ 13-5381590

Firm's address ▶ 100 PARK AVENUE, Phone no. 212-885-8000

NEW YORK, NY 10017

Form 990-T (2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

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

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

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

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

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

Part I only ☒

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

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

Enter the Return code for the return that this application is for (file a separate application for each return) 0 7

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

- The books are in the care of ► SUZANNA DAVIDSON,

Telephone No. ► 212 216-1292

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☐ calendar year 20 ____ or
► ☒ tax year beginning 07/01, 20 11, and ending 06/30, 20 12.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	30,000.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	30,000.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0

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

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

Form **8868** (Rev. 1-2012)

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)**1. Description of property**

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ▶				

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Enter here and on page 1, Part I, line 9, column (A).				Enter here and on page 1, Part I, line 9, column (B).
Totals ▶				

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Enter here and on page 1, Part I, line 10, col. (A).		Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals ▶						

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) . . . ▶						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Enter here and on page 1, Part I, line 11, col. (A).		Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) . . . ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) ATCH 3		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14, ▶			

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

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

ATTACHMENT 2FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS V, LP	10,663.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI, LP	-2,060.
COMMONFUND CAPITAL VENTURE PARTNERS VI, LP	-998.
COMMONFUND CAPITAL VENTURE PARTNERS VII, LP	-1,509.
DAVIDSON KEMPNER INSTITUTIONAL PARTNERS	1.
ENDOWMENT VENTURE PARTNERS V, LP	2,315.
WESTBROOK REAL ESTATE FUND VII, LP	3,422.
INCOME (LOSS) FROM PARTNERSHIPS	<u>11,834.</u>

ATTACHMENT 3SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
KENNETH ROTH 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	EXECUTIVE DIRECTOR	0	0
BARBARA GUGLIELMO 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	ASST. TREAS., ADMIN & FIN DIR	0	0
MICHELE ALEXANDER 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DEVELOPMENT & OUTREACH DIR.	0	0
IAIN LEVINE 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	PROGRAM DIRECTOR	0	0
CARROLL BOGERT 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	ASSOCIATE DIRECTOR	0	0
CHARLES LUSTIG 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DEP. EXEC. DIR. FOR OPERATIONS	0	0
JOSEPH SAUNDERS 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DEPUTY PROGRAM DIRECTOR	0	0
DINAH POKEMPNER 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	GENERAL COUNSEL	0	0
JAMES ROSS 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	LEGAL AND POLICY COUNSEL	0	0
CHRISTINE SQUIRES 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DEPUTY DIRECTOR, NORTH AMERICA	0	0

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

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
JOSE M. VIVANCO 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	AMERICAS DIRECTOR	0	0
JAMES F. HOGE, JR. 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	CHAIRMAN	0	0
SUSAN MANILOW 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	VICE-CHAIRMAN	0	0
JOEL MOTLEY 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	VICE-CHAIRMAN	0	0
SID SHEINBERG 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	VICE-CHAIRMAN	0	0
JOHN J. STUZINSKI 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	VICE-CHAIRMAN	0	0
BRUCE J. KLATSKY (THRU 10/11) 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	TREASURER	0	0
HASSAN ELMASRY 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	TREASURER	0	0
BRUCE RABB 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	SECRETARY	0	0
KAREN ACKMAN 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0

ATTACHMENT 3 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
JORGE CASTANEDA 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0
TONY ELLIOTT 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0
MICHAEL G. FISCH 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0
MICHAEL E. GELLERT 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0
HINA JILANI 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0
BETSY KAREL 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0
WENDY KEYS 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0
ROBERT KISSANE 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0
JOANNE LEEDOM-ACKERMAN (THRU 10/11) 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0
OKI MATSUMOTO 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0

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

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
BARRY MEYER 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0
PAT MITCHELL (THRU 4/12) 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0
AOIFE O'BRIEN (FROM 10/11) 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0
JOAN R. PLATT 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0
AMY RAO 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0
NEIL RIMER 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0
VICTORIA RISKIN 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0
AMY L. ROBBINS 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0
GRAHAM ROBESON (FROM 4/12) 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0
SHELLEY RUBIN 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0

ATTACHMENT 3 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
KEVIN P. RYAN 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0
AMBASSADOR ROBIN SANDERS (FROM 4/12) 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0
JEAN-LOUIS SERVAN-SCHREIBER 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0
JAVIER SOLANA 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0
SIRI STOLT-NIELSEN (FROM 10/11) 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0
DARIAN W. SWIG 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0
JOHN R. TAYLOR 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0
MARIE WARBURG (FROM 10/11) 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0
CATHERINE ZENNSTROM 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	DIRECTOR	0	0

TOTAL COMPENSATION

0

Human Rights Watch, Inc.

EIN: 13-2875808

FYE: 6/30/2012

Form 990-T, Part V, Line 1

United Kingdom, Belgium, France, Germany, Switzerland, Netherlands,
Canada, Kenya, Lebanon, Russia, Norway, Japan, Tunis, and South Africa.

Form **5713**

(Rev. December 2010)

Department of the Treasury
Internal Revenue Service**International Boycott Report**

OMB No. 1545-0216

**Attachment
Sequence No. 123****Paper filers must file in
duplicate (see When and Where
to File in the instructions)**For tax year beginning 07/01, 20 11
and ending 06/30, 20 12
▶ **Controlled groups, see instructions.**

Name

HUMAN RIGHTS WATCH, INC.

Identifying number

13-2875808

Number, street, and room or suite no. If a P.O. box, see instructions.

350 FIFTH AVENUE, 34TH FLOOR

City or town, state, and ZIP code

NEW YORK, NY 10118

Address of service center where your tax return is filed

DEPARTMENT OF THE TREASURY, INTERNAL REVENUE SERVICES CENTER, OGDEN, UT 84201-0027

Type of filer (check one):

☐ Individual ☐ Partnership ☒ Corporation ☐ Trust ☐ Estate ☐ Other**1 Individuals**—Enter adjusted gross income from your tax return (see instructions)**2 Partnerships and corporations:****a Partnerships**—Enter each partner's name and identifying number.**b Corporations**—Enter the name and employer identification number of each member of the controlled group (as defined in section 993(a)(3)). Do not list members included in the consolidated return; instead, attach a copy of Form 851. List all other members of the controlled group not included in the consolidated return.**If you list any corporations below or if you attach Form 851, you must designate a common tax year. Enter on line 4b the name and employer identification number of the corporation whose tax year is designated.**

Name

Identifying number

If more space is needed, attach additional sheets and check this box ☐**c** Enter principal business activity code and description (see instructions)

Code

Description

813000

HUMAN RIGHTS ADVOCACY

d IC-DISCs—Enter principal product or service code and description (see instructions)**3 Partnerships**—Each partnership filing Form 5713 must give the following information:**a** Partnership's total assets (see instructions)**b** Partnership's ordinary income (see instructions)**4 Corporations**—Each corporation filing Form 5713 must give the following information:**a** Type of form filed (Form 1120, 1120-FSC, 1120-IC-DISC, 1120-L, 1120-PC, etc.)

990T

b Common tax year election (see instructions)

(1) Name of corporation ▶

(2) Employer identification number

(3) Common tax year beginning _____, 20____, and ending _____, 20____

c Corporations filing this form enter:

(1) Total assets (see instructions)

229,511,883

(2) Taxable income before net operating loss and special deductions (see instructions)

11,834

5 Estates or trusts—Enter total income (Form 1041, page 1)**6** Enter the total amount (before reduction for boycott participation or cooperation) of the following tax benefits (see instructions):**a** Foreign tax credit**b** Deferral of earnings of controlled foreign corporations**c** Deferral of IC-DISC income**d** FSC exempt foreign trade income**e** Foreign trade income qualifying for the extraterritorial income exclusion**Please
Sign
Here**

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature

Date

Title

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 12030E

Form **5713** (Rev. 12-2010)

- 7a** Are you a U.S. shareholder (as defined in section 951(b)) of any foreign corporation (including a FSC that does not use the administrative pricing rules) that had operations reportable under section 999(a)? **Yes** **No**
- b** If the answer to question 7a is "Yes," is any foreign corporation a controlled foreign corporation (as defined in section 957(a))? ☐ ☒
- c** Do you own any stock of an IC-DISC? ☐ ☒
- d** Do you claim any foreign tax credit? ☐ ☒
- e** Do you control (within the meaning of section 304(c)) any corporation (other than a corporation included in this report) that has operations reportable under section 999(a)? ☐ ☒
- If "Yes," did that corporation participate in or cooperate with an international boycott at any time during its tax year that ends with or within your tax year? ☐ ☐
- f** Are you controlled (within the meaning of section 304(c)) by any person (other than a person included in this report) who has operations reportable under section 999(a)? ☐ ☒
- If "Yes," did that person participate in or cooperate with an international boycott at any time during its tax year that ends with or within your tax year? ☐ ☐
- g** Are you treated under section 671 as the owner of a trust that has reportable operations under section 999(a)? ☐ ☒
- h** Are you a partner in a partnership that has reportable operations under section 999(a)? ☐ ☒
- i** Are you a foreign sales corporation (FSC) (as defined in section 922(a), as in effect before its repeal)? ☐ ☒
- j** Are you excluding extraterritorial income (defined in section 114(e), as in effect before its repeal) from gross income? ☐ ☒

Part I Operations in or Related to a Boycotting Country (see instructions)

- 8 Boycott of Israel**—Did you have any operations in or related to any country (or with the government, a company, or a national of that country) associated in carrying out the boycott of Israel which is on the list maintained by the Secretary of the Treasury under section 999(a)(3)? (See **Boycotting Countries** in the instructions.) **Yes** **No**
- If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box ☐

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only—Enter product code (5)
		Code (3)	Description (4)	
a LEBANON	9	813000	HRW RESEARCH & DEVELOPMENT OFFICE	N/A
b				
c				
d				
e				
f				
g				
h				
i				
j				
k				
l				
m				
n				
o				

- 9 Nonlisted countries boycotting Israel**— Did you have operations in any nonlisted country which you know or have reason to know requires participation in or cooperation with an international boycott directed against Israel?

Yes	No
	☒

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

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only—Enter product code (5)
		Code (3)	Description (4)	
a				
b				
c				
d				
e				
f				
g				
h				

- 10 Boycotts other than the boycott of Israel**—Did you have operations in any other country which you know or have reason to know requires participation in or cooperation with an international boycott other than the boycott of Israel?

Yes	No
	☒

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

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only—Enter product code (5)
		Code (3)	Description (4)	
a				
b				
c				
d				
e				
f				
g				
h				

- 11** Were you requested to participate in or cooperate with an international boycott?
If "Yes," attach a copy (in English) of any and all such requests received during your tax year. If the request was in a form other than a written request, attach a separate sheet explaining the nature and form of any and all such requests. (See instructions.)

Yes	No
	☒

- 12** Did you participate in or cooperate with an international boycott?
If "Yes," attach a copy (in English) of any and all boycott clauses agreed to, and attach a general statement of the agreement. If the agreement was in a form other than a written agreement, attach a separate sheet explaining the nature and form of any and all such agreements. (See instructions.)

Yes	No
	☒

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

Part II**Requests for and Acts of Participation in or Cooperation With an International Boycott**

Requests		Agreements	
Yes	No	Yes	No

13a Did you receive requests to enter into, or did you enter into, any agreement (see instructions):

- (1) As a condition of doing business directly or indirectly within a country or with the government, a company, or a national of a country to—
- (a) Refrain from doing business with or in a country which is the object of an international boycott or with the government, companies, or nationals of that country?
- (b) Refrain from doing business with any U.S. person engaged in trade in a country which is the object of an international boycott or with the government, companies, or nationals of that country?
- (c) Refrain from doing business with any company whose ownership or management is made up, in whole or in part, of individuals of a particular nationality, race, or religion, or to remove (or refrain from selecting) corporate directors who are individuals of a particular nationality, race, or religion?
- (d) Refrain from employing individuals of a particular nationality, race, or religion?
- (2) As a condition of the sale of a product to the government, a company, or a national of a country, to refrain from shipping or insuring products on a carrier owned, leased, or operated by a person who does not participate in or cooperate with an international boycott?

b Requests and agreements—if the answer to any part of 13a is “Yes,” complete the following table. If more space is needed, attach additional sheets using the exact format and check this box ☐

Name of country (1)	Identifying number of person receiving the request or having the agreement (2)	Principal business activity		IC-DISCs only—Enter product code (5)	Type of cooperation or participation			
		Code (3)	Description (4)		Number of requests		Number of agreements	
					Total (6)	Code (7)	Total (8)	Code (9)
a								
b								
c								
d								
e								
f								
g								
h								
i								
j								
k								
l								
m								
n								
o								
p								