

Return of Organization Exempt From Income Tax

2006

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2006 calendar year, or tax year beginning 07/01, 2006, and ending 06/30/2007

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: HUMAN RIGHTS WATCH, INC. Number and street (or P.O. box if mail is not delivered to street address): 350 FIFTH AVENUE - 34TH FLOOR. Room/suite: City or town, state or country, and ZIP + 4: NEW YORK, NY 10118

D Employer identification number: 13-2875808 E Telephone number: (212) 290-4700 F Accounting method: Cash [ ], Accrual [X], Other (specify) [ ]

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: WWW.HRW.ORG J Organization type (check only one) [X] 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check here [ ] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and I are not applicable to section 527 organizations H(a) Is this a group return for affiliates? Yes [ ], No [X] H(b) If "Yes," enter number of affiliates H(c) Are all affiliates included? Yes [ ], No [ ] H(d) Is this a separate return filed by an organization covered by a group ruling? Yes [ ], No [X] I Group Exemption Number

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 51,626,207. M Check [ ] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows and 3 columns: Description, Sub-part, Amount. Includes Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Total revenue: 50,323,224. Total expenses: 34,760,704. Net assets at end of year: 120,095,130.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22a-22b, 23-24, 25a-25c, 26-43, and 44 Total functional expenses.

Joint Costs. Check [ ] if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [ ] Yes [X] No
If "Yes," enter (i) the aggregate amount of these joint costs \$ ; (ii) the amount allocated to Program services \$ ; (iii) the amount allocated to Management and general \$ ; and (iv) the amount allocated to Fundraising \$

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? <b>SEE STATEMENT 10</b>	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a <u>AFRICA DIVISION OF HRW MONITORS AND PROMOTES HUMAN RIGHTS IN SUB-SAHARAN AFRICA. HRW SENDS INVESTIGATIVE MISSIONS TO COLLECT INFO. AND REPORTS ITS FINDINGS TO THE PUBLIC.</u> ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	4,027,200.
b <u>EUROPE &amp; CENTRAL ASIA DIVISION OF HRW MONITORS AND PROMOTES HUMAN RIGHTS IN EUROPE AND CENTRAL ASIA. HRW SENDS INVESTIGATIVE MISSIONS TO COLLECT INFO. AND REPORTS ITS FINDINGS TO THE PUBLIC.</u> ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	3,378,567.
c <u>ASIA DIVISION OF HRW MONITORS AND PROMOTES HUMAN RIGHTS IN ASIAN COUNTRIES FROM AFGHANISTAN TO THE EAST. HRW SENDS INVESTIGATIVE MISSIONS TO COLLECT INFO. AND REPORTS ITS FINDINGS TO THE PUBLIC.</u> ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	2,879,884.
d <u>MIDDLE EAST &amp; NORTH AFRICA DIVISION OF HRW MONITORS AND PROMOTES HUMAN RIGHTS IN THE MIDDLE EAST AND NORTH AFRICA. HRW SENDS INVESTIGATIVE MISSIONS TO COLLECT INFO. AND REPORTS ITS FINDINGS TO THE PUBLIC.</u> ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	2,177,836.
e Other program services (attach schedule) <u>SEE STATEMENT 11</u> (Grants and allocations \$ <u>107,358.</u> ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	14,442,930.
f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . . ▶	26,906,417.

**Part IV Balance Sheets** (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	514,282.	45	1,532,037.
	46 Savings and temporary cash investments	18,915,965.	46	20,372,168.
	47a Accounts receivable	47a 330,053.		
	b Less: allowance for doubtful accounts	47b	1,673,315.	47c 330,053.
	48a Pledges receivable	48a 15,082,031.		
	b Less: allowance for doubtful accounts	48b	7,486,755.	48c 15,082,031.
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		179,212.	53 497,921.
	54a Investments - publicly-traded securities STMT 12 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		71,952,432.	54a 82,999,695.
	b Investments - other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b
55a Investments - land, buildings, and equipment: basis	55a			
b Less: accumulated depreciation (attach schedule)	55b		55c	
56 Investments - other (attach schedule)			56	
57a Land, buildings, and equipment: basis STMT 13	57a 6,000,653.			
b Less: accumulated depreciation (attach schedule)	57b 3,753,861.	2,557,951.	57c 2,246,792.	
58 Other assets, including program-related investments (describe STMT 14)		90,465.	58 156,709.	
59 Total assets (must equal line 74). Add lines 45 through 58		103,370,377.	59 123,217,406.	
Liabilities	60 Accounts payable and accrued expenses		1,857,311.	60 2,049,669.
	61 Grants payable			61
	62 Deferred revenue		32,454.	62 27,906.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63
	64a Tax-exempt bond liabilities (attach schedule)			64a
	b Mortgages and other notes payable (attach schedule)			64b
	65 Other liabilities (describe STMT 15)		1,090,447.	65 1,044,701.
66 Total liabilities. Add lines 60 through 65		2,980,212.	66 3,122,276.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		10,247,832.	67 10,634,711.
	68 Temporarily restricted		90,142,333.	68 109,460,419.
	69 Permanently restricted			69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds			70
	71 Paid-in or capital surplus, or land, building, and equipment fund			71
	72 Retained earnings, endowment, accumulated income, or other funds			72
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		100,390,165.	73 120,095,130.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		103,370,377.	74 123,217,406.	



Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

- 75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 34
75b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)
75c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."
75d Does the organization have a written conflict of interest policy?

Table with 3 columns: Question, Yes, No. Rows 75b, 75c, 75d with 'X' marks in Yes/No columns.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains -0- in columns B, C, D, and E.

Part VI Other Information (See the instructions.)

- 76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
80b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt
81a Enter direct and indirect political expenditures. (See line 81 instructions.)
81b Did the organization file Form 1120-POL for this year?

Table with 3 columns: Question, Yes, No. Rows 76, 77, 78a, 78b, 79, 80a, 81b with 'X' marks in Yes/No columns.

Part VII Other Information (continued)

Yes No

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues, assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders
87b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX
88b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 NONE; section 4912 NONE; section 4955 NONE
89b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction
89c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 NONE
89d Enter: Amount of tax on line 89c, above, reimbursed by the organization NONE
89e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90a List the states with which a copy of this return is filed SEE STATEMENT 29
90b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) 235
91a The books are in care of HUMAN RIGHTS WATCH, INC. Telephone no. 212-290-4700
Located at 350 FIFTH AVENUE - 34TH FLOOR, NEW YORK, NY ZIP + 4 10118

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
If "Yes," enter the name of the foreign country BELGIUM
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

**Part VI Other Information (continued)**

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? . . . . . 91c  X

If "Yes," enter the name of the foreign country ▶ BELGIUM

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here . . . . .   
and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ | 92 | N/A

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a PUBLICATIONS					143,091.
b					
c					
d					
e					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments . . . . .			14	300,697.	
96 Dividends and interest from securities . . . . .			14	303,840.	
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
98 Net rental income or (loss) from personal property . . . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory . . . . .			18	8,614,520.	
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue: a					
b SUBTENANT REVENUE			16	180,532.	
c UNRELATED DEBT					
d FINANCED INCOME					
e FROM P'SHIP INTRST	900000	78,615.			
104 Subtotal (add columns (B), (D), and (E)) . . . . .		78,615.		9,399,589.	143,091.
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					9,621,295.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	HUMAN RIGHTS WATCH, INC. PROMOTES AND MONITORS INTERNATIONALLY RECOGNIZED CIVIL AND POLITICAL RIGHTS WORLDWIDE. THE PUBLICATIONS THAT ARE SOLD REPORT ON HUMAN RIGHTS ABUSES IN VARIOUS COUNTRIES.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .  Yes  X  No  
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .  Yes  X  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
N/A	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
N/A	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
N/A	

**Please Sign Here**

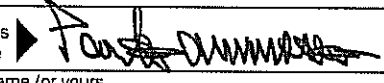
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_

Type or print name and title: \_\_\_\_\_

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**Paid Preparer's Use Only**

Preparer's signature: 	Date: 2/6/08	Check if self-employed: <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X): P00037219
Firm's name (or yours if self-employed), address, and ZIP + 4: BDO SEIDMAN, LLP 330 MADISON AVENUE NEW YORK, NY 10017-5001	EIN: 13-5381590	Phone no.: 212-885-8000	

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

Department of the Treasury  
Internal Revenue Service

► 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  **X**
  - 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.**

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

Section 501(c) corporations 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.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>HUMAN RIGHTS WATCH, INC.</b>	Employer identification number <b>13-2875808</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>350 FIFTH AVENUE - 34TH FLOOR</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10118</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

• The books are in the care of ► HUMAN RIGHTS WATCH

Telephone No. ► 212 290-4700 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 will cover.

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 02/15, 2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year \_\_\_\_\_ or
- tax year beginning 07/01, 2006, and ending 06/30, 2007.

2 If this tax year 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	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

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.

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information - (See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2006**

Name of the organization

HUMAN RIGHTS WATCH, INC.

Employer identification number

13-2875808

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 30				

Total number of other employees paid over \$50,000 . . . ▶ 160

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 31		

Total number of others receiving over \$50,000 for professional services . . . ▶ 2

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 32		

Total number of other contractors receiving over \$50,000 for other services . . . ▶ 3

Part III Statements About Activities (See page 2 of the instructions.)

Table with columns for question number, description, Yes, and No. Includes questions 1 through 4g regarding lobbying, property, and donor advised funds.

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
  - Type I
  - Type II
  - Type III - Functionally Integrated
  - Type III - Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					▶

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

**Part V Private School Questionnaire** (See page 9 of the instructions.) NOT APPLICABLE  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	29	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	30	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	31	
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	32d	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? . . . . .	33a	
b	Admissions policies? . . . . .	33b	
c	Employment of faculty or administrative staff? . . . . .	33c	
d	Scholarships or other financial assistance? . . . . .	33d	
e	Educational policies? . . . . .	33e	
f	Use of facilities? . . . . .	33f	
g	Athletic programs? . . . . .	33g	
h	Other extracurricular activities? . . . . .	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34 a	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	34a	
b	Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

Table with 3 columns: Line number, Amount, and To be completed for all electing organizations. Rows include Total lobbying expenditures, Total exempt purpose expenditures, and Lobbying nontaxable amount.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

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 instructions for lines 45 through 50 on page 13 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows include Lobbying nontaxable amount, Lobbying ceiling amount, Total lobbying expenditures, and Grassroots nontaxable amount.

Part VI-B Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

Table with 3 columns: Question, Yes, No, Amount. Rows include Volunteers, Paid staff or management, Media advertisements, Mailings to members, Publications, Grants to other organizations, Direct contact with legislators, Rallies, and Total lobbying expenditures.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash
(ii) Other assets
b Other transactions:
(i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

Table with 2 columns: Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

**Schedule of Contributors**

**2006**

Supplementary Information for  
 line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

Name of organization <b>HUMAN RIGHTS WATCH, INC.</b>	Employer identification number <b>13-2875808</b>
---	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.)

**General Rule -**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules -**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) . . . . . ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization HUMAN RIGHTS WATCH, INC.

Employer identification number  
13-2875808**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	THE SANDLER FAMILY SUPPORTING FOUNDATION FOUR EMBARCADERO CENTER - SUITE 3150 SAN FRANCISCO, CA 94111	3,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	THE OPEN SOCIETY INSTITUTE 400 WEST 59TH STREET NEW YORK, NY 10019	2,189,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	THE SIGRID RAUSING TRUST 4 UXBRIDGE STREET - 2ND FLOOR W8 7SY LONDON UK	1,440,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	VANGUARD CHARITABLE ENDOWMENT PROGRAM POST OFFICE BOX 3075 SOUTHEASTERN, PA 19398	1,200,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	GENESIS FOUNDATION PO BOX 43721 W14 8XX LONDON UK	1,123,085.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	ARCADIA 50 HANS CRESCENT SW1X 0NA LONDON UK	971,375.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **HUMAN RIGHTS WATCH, INC.**

Employer identification number  
**13-2875808**

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	<p>WENDY KEYS AND DONALD PELS</p> <p>63 EAST 79TH STREET</p> <p>NEW YORK, NY 10021</p>	969,553.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<p>ATLANTIC PHILANTHROPIES</p> <p>125 PARK AVENUE - 21ST FLOOR</p> <p>NEW YORK, NY 10017</p>	875,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990 - GENERAL EXPLANATION ATTACHMENT  
=====FORM 990, PART II - OTHER GRANT AND ALLOCATIONS PAID DURING THE YEAR  
INFORMATION ABOUT THE HELLMAN/HAMMETT GRANTS

THE HELLMAN/HAMMETT GRANTS ARE DESIGNED FOR WRITERS FROM AROUND THE WORLD WHO ARE IN FINANCIAL NEED AS A RESULT OF POLITICAL PERSECUTION. THE PROGRAM IS GEARED TOWARD WRITERS WHO MAKE WRITING THEIR PRIMARY VOCATION, BUT ALSO CONSIDERS ACTIVISTS WHO WRITE TO ADVANCE HUMAN RIGHTS, AND HELPS WRITERS WHO WERE TARGETED FOR EXPRESSING VIEWS THAT THE GOVERNMENT OPPOSES, FOR CRITICIZING GOVERNMENT OFFICIALS OR ACTIONS, OR FOR WRITING ABOUT THINGS THAT THE GOVERNMENT DID NOT WANT REPORTED.

IN ADDITION TO OFFERING FINANCIAL ASSISTANCE, THE GRANTS, BY HIGHLIGHTING INDIVIDUAL CASES, HELP FOCUS ATTENTION ON REPRESSION AND CENSORSHIP AROUND THE WORLD. SOME RECIPIENTS DECIDE TO ASK TO REMAIN ANONYMOUS FOR SAFETY REASONS, BUT MANY OTHERS USE THE GRANT TO CALL ATTENTION TO HUMAN RIGHTS CONDITIONS IN THEIR COUNTRIES. HELLMAN/HAMMETT GRANTS TYPICALLY RANGE FROM \$1,000 TO \$10,000 AND CAN INCLUDE EMERGENCY GRANTS OF \$1,000 TO \$2,000, USUALLY TO WRITERS WHO HAVE AN URGENT NEED TO LEAVE THEIR COUNTRY OR WHO ARE OTHERWISE IN DIRE MATERIAL CIRCUMSTANCES.

THE GRANTS ARE AWARDED EVERY SPRING AFTER THE NOMINATIONS HAVE BEEN REVIEWED BY A SEVEN-MEMBER SELECTION COMMITTEE COMPOSED OF AUTHORS, EDITORS, AND JOURNALISTS WHO HAVE A LONG-STANDING INTEREST IN FREE EXPRESSION ISSUES, BASED ON:

- 1) BIOGRAPHICAL INFORMATION ABOUT THE NOMINEE;
- 2) A LIST OF THE NOMINEE'S PUBLISHED WRITING;
- 3) A STATEMENT ABOUT THE POLITICAL PERSECUTION SUFFERED;
- 4) A STATEMENT OF NEED.
- 4) A STATEMENT OF NEED.

FORM 990 - GENERAL EXPLANATION ATTACHMENT

=====

FORM 990, PART VI, LINE 91B - FINANCIAL ACCOUNTS IN A FOREIGN COUNTRY  
INTEREST IN OR SIGNATURE OVER A FINANCIAL ACCOUNT IN FOREIGN COUNTRIES

BELGIUM, CANADA, GERMANY, UNITED KINGDOM, RUSSIA, SWITZERLAND

FORM 990 - GENERAL EXPLANATION ATTACHMENT  
=====

FORM 990, PART VI, LINE 91C - OFFICE MAINTAINED OUTSIDE OF UNITED STATES  
OFFICES MAINTAINED OUTSIDE OF UNITED STATES IN THESE FOREIGN COUNTRIES

BELGIUM, CANADA, GERMANY, UNITED KINGDOM, RUSSIA, SWITZERLAND

FORM 990, PART I - EXCLUDED CONTRIBUTIONS  
=====

DESCRIPTION  
-----

AMOUNT  
-----

ANNUAL DINNER HONORING HUMAN  
RIGHTS

3,063,285.

TOTAL

-----  
3,063,285.  
=====

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
ANNUAL DINNER HONORING HUMAN RIGHTS	1,302,983.	1,302,983.	NONE
TOTALS	1,302,983.	1,302,983.	NONE

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES  
=====

DESCRIPTION -----	AMOUNT -----
NET UNREALIZED GAIN ON INVESTMENTS	4,142,445.
TOTAL	<u>4,142,445.</u> =====

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR  
AND  
FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

RECIPIENT NAME AND ADDRESS

AMOUNT

GRANTS PAID

HELLMAN/HAMMETT GRANTS  
C/O HUMAN RIGHTS WATCH, INC.  
350 FIFTH AVENUE - 34TH FLOOR  
NEW YORK, NY 10118

NONE  
INDIVIDUALS

GRANTS TO WRITERS OF HUMAN RIGHTS ISSUES  
SEE STATEMENT 1

107,350.

TOTAL CONTRIBUTIONS PAID

107,358.

FORM 990, PART II, LINE 25A - CURRENT OFFICER COMPENSATION SCHEDULE

CURRENT OFFICER NAME	PROGRAM SERVICES	MANAGEMENT AND GENERAL
KENNETH ROTH		
COMPENSATION:	286,280.	53,720.
CONTRIBUTIONS TO BENEFIT PLANS:	39,316.	7,377.
TOTALS	325,596.	61,097.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
CONSULTANTS FEE	1,264,031.	949,457.	17,662.	257,933.
INFORMATION SERVICES	176,789.	147,934.	19,234.	9,621.
OUTREACH	382,192.	382,192.		
SPECIAL PROJECTS	311,252.	311,252.		
DIRECT MAIL	96,726.			96,726.
OFFICE EXPENSE	1,052,237.	803,495.	113,544.	135,198.
PROFESSIONAL FEES	555,965.	448,982.		145,962.
BANK CHARGES	17,401.	11,645.	1,970.	3,786.
INVESTMENT ADVISORY FEES	483,138.		483,138.	
CUSTODY FEES	121,398.		121,398.	
TOTALS	4,461,129.	3,054,957.	756,946.	649,226.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

=====

HUMAN RIGHTS WATCH, INC. IS DEDICATED TO PROTECTING THE HUMAN RIGHTS  
OF PEOPLE AROUND THE WORLD.

FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
CHILDREN'S RIGHTS DIVISION - MONITORS AND PROMOTES CHILDREN'S RIGHTS.		1,615,406.
AMERICAS DIVISION - MONITORS AND PROMOTES HUMAN RIGHTS IN SOUTH/CENTRAL AMERICA AND THE CARIBBEAN.		1,390,736.
WOMEN'S RIGHTS DIVISION - MONITORS AND PROMOTES WOMEN'S RIGHTS.		1,419,140.
UNITED STATES DIVISION - MONITORS AND PROMOTES HUMAN RIGHTS IN THE UNITED STATES.		1,069,441.
INTERNATIONAL JUSTICE DIVISION - MONITORS AND PROMOTES INTERNATIONAL JUSTICE.		1,200,080.
OTHER DIVISIONS - MONITOR AND PROMOTE INTERNATIONALLY RECOGNIZED CIVIL AND POLITICAL RIGHTS WORLDWIDE.	107,358.	7,748,127.
TOTALS	107,358.	14,442,930.

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES  
=====

DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
MUTUAL FUND	50,629.	FMV
CERTIFICATES OF DEPOSIT	2,079,465.	FMV
LIMITED PARTNERSHIPS	31,850,757.	FMV
CORPORATE STOCKS	37,852,862.	FMV
CORPORATE BONDS	7,123,113.	FMV
US GOVERNMENT OBLIGATIONS	4,042,869.	FMV
OTHER SECURITIES	NONE	FMV
	-----	
TOTALS	82,999,695.	
	=====	

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

ACCUMULATED DEPRECIATION DETAIL

FIXED ASSET DETAIL

ASSET DESCRIPTION	METHOD/ CLASS	FIXED ASSET DETAIL			ACCUMULATED DEPRECIATION DETAIL		
		BEGINNING BALANCE	ADDITIONS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	ENDING BALANCE
FURN & FIXTURES	SI	696,717.		696,717.	511,100.	67,736.	578,844.
OFFICE EQUIPMENT	SI	254,401.		254,481.	205,071.	26,841.	231,912.
COMPUTER SOFTWARE	SI	355,677.		355,677.	154,744.	70,030.	232,702.
COMPUTER HARDWARE	SI	1,598,643.		1,598,643.	622,227.	395,421.	1,017,648.
LEASEHOLD IMPROV	SI	3,095,135.		3,095,135.	1,501,223.	191,452.	1,692,675.
TOTALS		6,000,653.		6,000,653.	2,994,373.		3,753,861.

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION

ENDING  
BOOK VALUE

SECURITY DEPOSITS

156,709.

TOTALS

-----  
156,709.  
=====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
DEFERRED RENT	1,044,701.
TOTALS	----- 1,044,701. =====

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION	AMOUNT
-----	-----
SPECIAL EVENT EXPENSE	1,302,983.
	-----
TOTAL	1,302,983.
	=====

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

=====

DESCRIPTION	AMOUNT
-----	-----
INVESTMENT ADVISORY FEES	483,138.
CUSTODY FEES	121,399.
TOTAL	----- 604,537. =====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION	AMOUNT
-----	-----
SPECIAL EVENT EXPENSE	1,302,983.
TOTAL	----- 1,302,983. =====

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS

=====

DESCRIPTION	AMOUNT
-----	-----
INVESTMENT ADVISORY FEES	483,138.
CUSTODY FEES	121,399.
	-----
TOTAL	604,537.
	=====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
KENNETH ROTH 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	EXECUTIVE DIRECTOR 40.00	340,000.	46,693.	NONE
ROLAND ALGRANT 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	BOARD EMERITUS 1.00	NONE	NONE	NONE
OMAR AMANAT 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR 1.00	NONE	NONE	NONE
LISA ANDERSON 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	BOARD EMERITUS 1.00	NONE	NONE	NONE
LLOYD AXWORTHY 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR 1.00	NONE	NONE	NONE
ROBERT L BERNSTEIN 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	FOUNDING CHAIRMAN 1.00	NONE	NONE	NONE
DAVID M BROWN	DIRECTOR 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118				
WILLIAM D CARMICHAEL 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	BOARD EMERITUS 1.00	NONE	NONE	NONE
JORGE CASTANEDA 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR 1.00	NONE	NONE	NONE
DOROTHY CULLMAN 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	BOARD EMERITUS 1.00	NONE	NONE	NONE
ADRIAN W DEWIND 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	BOARD EMERITUS 1.00	NONE	NONE	NONE
EDITH EVERETT 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	BOARD EMERITUS 1.00	NONE	NONE	NONE
JONATHAN F FANTON 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	FORMER CHAIRMAN 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MICHAEL E GELLERT 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR 1.00	NONE	NONE	NONE
RICHARD J GOLDSTONE 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR 1.00	NONE	NONE	NONE
VARTAN GREGORIAN 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR 1.00	NONE	NONE	NONE
ALICE H HENKIN 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	BOARD EMERITUS 1.00	NONE	NONE	NONE
JAMES F HOGE JR 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR 1.00	NONE	NONE	NONE
STEPHEN L KASS 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	BOARD EMERITUS 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MARINA PINTO KAUFMAN 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	BOARD EMERITUS 1.00	NONE	NONE	NONE
WENDY KEYS 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR 1.00	NONE	NONE	NONE
ROBERT KISSANE 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR 1.00	NONE	NONE	NONE
BRUCE J KLATSKY 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	VICE-CHAIRMAN 1.00	NONE	NONE	NONE
JOANNE LEEDOM-ACKERMAN 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR 1.00	NONE	NONE	NONE
JOSH MAILMAN 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR 1.00	NONE	NONE	NONE
SUSAN MANILLOW	DIRECTOR 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118				
KATI MARTON 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR 1.00	NONE	NONE	NONE
LINDA MALSON 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR 1.00	NONE	NONE	NONE
BARRY MEYER 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR 1.00	NONE	NONE	NONE
PAT MITCHELL 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR 1.00	NONE	NONE	NONE
JOEL MOTLEY 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR 1.00	NONE	NONE	NONE
SAMUEL K MURUMBA 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JANE OLSON 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	CHAIRMAN 1.00	NONE	NONE	NONE
PETER OSNOS 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	BOARD EMERITUS 1.00	NONE	NONE	NONE
KATHLEEN PERATIS 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	BOARD EMERITUS 1.00	NONE	NONE	NONE
CATHERINE POWELL 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR 1.00	NONE	NONE	NONE
BRUCE RABB 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	SECRETARY 1.00	NONE	NONE	NONE
SIGRID RAUSING 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
VICTORIA RISKIN 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR 1.00	NONE	NONE	NONE
KEVIN P RYAN 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR 1.00	NONE	NONE	NONE
ORVILLE SCHELL 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	BOARD EMERITUS 1.00	NONE	NONE	NONE
SID SCHEINBERG 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	VICE-CHAIRMAN 1.00	NONE	NONE	NONE
GARY SICK 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	BOARD EMERITUS 1.00	NONE	NONE	NONE
MALCOLM B SMITH 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	BOARD EMERITUS 1.00	NONE	NONE	NONE
JOHN J STUDZINSKI	VICE-CHAIRMAN 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118				
JOHN R TAYLOR 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR 1.00	NONE	NONE	NONE
SHIBLEY TELHAMI 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR 1.00	NONE	NONE	NONE
TONY ELLIOTT 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR 1.00	NONE	NONE	NONE
HASSAN ELMASRY 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR 1.00	NONE	NONE	NONE
MICHAEL G FISCH 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR 1.00	NONE	NONE	NONE
SHELLEY F RUBIN 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
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DARIAN W SWIG 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DIRECTOR 1.00	NONE	NONE	NONE
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GRAND TOTALS		340,000.	46,693.	NONE
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FORM 990, PART VI, LINE 90A - STATES  
=====

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

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
MICHELE A ALEXANDER 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	DEVELOPMENT DIRECTOR 40.00	205,700.	36,263.	NONE
IAIN LEVINE 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	PROGRAM DIRECTOR 40.00	172,750.	32,968.	NONE
CARROLL BOGERT 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	ASSOCIATES DIRECTOR 40.00	164,950.	32,188.	NONE
JOSEPH SAUNDERS 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	PROGRAM DEPUTY DIR 40.00	145,000.	30,193.	NONE
BARBARA GUGLIELMO 350 FIFTH AVENUE - 34TH FLOOR NEW YORK, NY 10118	FINANCE DIRECTOR 40.00	125,888.	28,282.	NONE
TOTAL COMPENSATION		814,288.	159,894.	NONE

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

=====

EUROAMERICAN COMMUNICATION INC 119 WEST 23RD STREET - SUITE 1005 NEW YORK, NY 10011	PROFL FUNDRAISING	1,415,929.
MARK SARKADY 1300 PENNSYLVANIA AVENUE - SUITE 700 WASHINGTON, DC 20004	MGMT CONSULTING	240,614.
CAMBRIDGE CAPITAL ADVISORS INC ONE WINTHROP SQUARE - SUITE 500 BOSTON, MA 33750	INVSTMT MGMT CONSULT	149,765.
INTERLOOK CORPORATION 1382 THIRD AVENUE - PMB 406 NEW YORK, NY 10121	INFORMATION TECH	108,965.
JENNIFER O'NEAL 796 PRESIDENT STREET BROOKLYN, NY 11215	EVENT ORGANIZER	57,181.
TOTAL COMPENSATION		----- 1,972,454. =====

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.  
=====

AMERICAN MUSEUM OF NATURAL HISTORY CENTRAL PARK WEST 79TH STREET NEW YORK, NY 10024	EVENT VENUE	175,000.
FEDEX PO BOX 371461 PITTSBURGH, PA 15250	MAILING	131,641.
PACIFIC LISTS INC 1300 CLAY STREET, 11TH FLOOR OAKLAND, CA 94612	FUNDRAISING LISTS	112,626.
WILSON WEST INC 1601 DOLORES STREET SAN FRANCISCO, CA 94110	EVENT VENUE	101,515.
THE BEVERLY HILTON 9876 WILSHIRO BOULEVARD BEVERLY HILLS, CA 90210	EVENT VENUE	94,568.
	TOTAL COMPENSATION	----- 615,350. =====

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2005	2004	2003	2002	TOTAL
SUBTENANT REVENUE	153,915.	144,616.	75,848.	114,235.	488,614.
OTHER REVENUE	30,431.	1,987.	35,548.		67,966.
TOTALS	184,346.	146,603.	111,396.	114,235.	556,580.

# Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

Name of estate or trust

Employer identification number

HUMAN RIGHTS WATCH, INC.

13-2875808

Note: Form 5227 filers need to complete only Parts I and II.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 35)	(f) Gain or (Loss) for the entire year (col. (d) less col. (e))
1					
2	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				2
3	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts				3
4	Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2005 Capital Loss Carryover Worksheet				4 ( )
5	Net short-term gain or (loss). Combine lines 1 through 4 in column (f). Enter here and on line 13, column (3) below				5

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 35)	(f) Gain or (Loss) for the entire year (col. (d) less col. (e))
6					
	SEE STATEMENT 1		8,614,520.		8,614,520.
7	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824				7
8	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts				8
9	Capital gain distributions				9
10	Gain from Form 4797, Part I				10
11	Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2005 Capital Loss Carryover Worksheet				11 ( )
12	Net long-term gain or (loss). Combine lines 6 through 11 in column (f). Enter here and on line 14a, column (3) below				12
					8,614,520.

**Part III Summary of Parts I and II**

Caution: Read the instructions before completing this part.

	(1) Beneficiaries' (see page 36)	(2) Estate's or trust's	(3) Total
13 Net short-term gain or (loss)	13		
14 Net long-term gain or (loss):			
a Total for year	14a		8,614,520.
b Unrecaptured section 1250 gain (see line 18 of the worksheet on page 36).	14b		
c 28% rate gain	14c		
15 Total net gain or (loss). Combine lines 13 and 14a	15		8,614,520.

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4. If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.

**Part IV Capital Loss Limitation**

16 Enter here and enter as a (loss) on Form 1041, line 4, the smaller of:  
 a The loss on line 15, column (3) or  
 b \$3,000

16 ( )

If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22, is a loss, complete the Capital Loss Carryover Worksheet on page 39 of the instructions to determine your capital loss carryover.

**Part V Tax Computation Using Maximum Capital Gains Rates** (Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22 is more than zero.)

Note: If line 14b, column (2) or line 14c, column (2) is more than zero, complete the worksheet on page 38 of the instructions and skip Part V. Otherwise, go to line 17.

17	Enter taxable income from Form 1041, line 22	17	
18	Enter the smaller of line 14a or 15 in column (2) but not less than zero	18	
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2)	19	
20	Add lines 18 and 19	20	
21	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-	21	
22	Subtract line 21 from line 20. If zero or less, enter -0-	22	
23	Subtract line 22 from line 17. If zero or less, enter -0-	23	
24	Enter the smaller of the amount on line 17 or \$2,050	24	
25	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 through 27; go to line 28 and check the "No" box. <input type="checkbox"/> No. Enter the amount from line 23	25	
26	Subtract line 25 from line 24	26	
27	Multiply line 26 by 5% (.05)	27	
28	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 28 through 31; go to line 32. <input type="checkbox"/> No. Enter the smaller of line 17 or line 22	28	
29	Enter the amount from line 26 (If line 26 is blank, enter -0-)	29	
30	Subtract line 29 from line 28	30	
31	Multiply line 30 by 15% (.15)	31	
32	Figure the tax on the amount on line 23. Use the 2006 Tax Rate Schedule on page 23 of the instructions	32	
33	Add lines 27, 31, and 32	33	
34	Figure the tax on the amount on line 17. Use the 2006 Tax Rate Schedule on page 23 of the instructions	34	
35	Tax on all taxable income. Enter the smaller of line 33 or line 34 here and on line 1a of Schedule G, Form 1041	35	



**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

HUMAN RIGHTS WATCH, INC.

Business or activity to which this form relates

**GENERAL DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses . . . . .	1	
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation . . . . .	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	5	
<b>(a) Description of property</b>		<b>(b) Cost (business use only)</b>	<b>(c) Elected cost</b>
6			
7	Listed property. Enter the amount from line 29 . . . . .	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .	9	
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562 . . . . .	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13	Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12 . . . . . ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS) . . . . .	16	759,488.

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2006 . . . . .	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . ▶ <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property. Enter amount from line 28 . . . . .	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. . . . .	22	759,488.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25
26 Property used more than 50% in a qualified business use: % % %
27 Property used 50% or less in a qualified business use: % % % S/L - S/L - S/L -
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours? Yes No Yes No Yes No Yes No Yes No Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2006 tax year (see instructions):
43 Amortization of costs that began before your 2006 tax year 43
44 Total. Add amounts in column (f). See the instructions for where to report 44

