Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax
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.

OMB No. 1545-0047 Open to Public

				PR 1, 2003	and en	ding MAR 31	<u>, 2</u> 004	<u> </u>
В	Check applica	if ible:	Please Use IRS				·	identification number
	Add char		useins	INC.			12_1	2875808
Г	Nam	ne	type. Number and street (or D.O. how if mail is no		.,	Room/suite		
	lnitia retu	aĺ	Specific 350 FIFTH AVENUE — 34	t delivered to street address 4TH_FLOOR	·)	Room/suite	E Telephon	e number 2) 290–4700
	Fina	d T	linstruc- tions. City or town, state or country, and ZIP + 4				F Accounting in	
	Ame	ende				ļ	Other (specif	
	TApp		<ul> <li>Section 501(c)(3) organizations and 4947(a)(1</li> </ul>	) nonexempt charitable tru	ısts	Hand lare not ann		ection 527 organizations.
	•		must attach a completed Schedule A (Form 99	0 or 990-EZ).		H(a) Is this a group r		
<u>G</u>	Webs	ite:	►WWW.HRW.ORG			H(b) If "Yes," enter no		
			ion type (check only one) X 501(c) ( 03 ) (insert		527	H(c) Are all affiliates	included?	N/A Yes No
K	Check	her	re 🕨 🔲 if the organization's gross receipts are norm	ally not more than \$25,000.	. The	(If "No," attach a H(d) Is this a separat		
	organ	izati	on need not file a return with the IRS; but if the organiza	tion received a Form 990 Pa	ickage	ganization cove	red by a grou	up ruling? Yes X No
	in the	mai	l, it should file a return without financial data. Some stat	es require a complete retui	rn.	1 Group Exemption	n Number 🕨	<b>&gt;</b>
	_							zation is not required to attach
			eipts: Add lines 6b, 8b, 9b, and 10b to line 12	27,343,3	15.	Sch. B (Form 9	90, 990-EZ, o	or 990-PF).
2 2	art I		Revenue, Expenses, and Changes in		l Bala	nces	p	***
	1		Contributions, gifts, grants, and similar amounts receive	•	1	1 00 00- 1		
			Direct public support			23,287,4	54.	
		0	Indirect public support		1b			
		C	Government contributions (grants)	07 454	10	<u> </u>		
	۱.		Total (add lines 1a through 1c) (cash \$ 23,2	87,454 noncash \$	<u> </u>	<del></del>	_) <u>  1d</u>	
	2		Program service revenue including government fees an	d contracts (from Part VII, I	ine 93)		2	
	3		Membership dues and assessments		• • • • • • • • • • • • • • • • • • • •	······	3	
	5		Interest on savings and temporary cash investments				4	
	1 -	а	Dividends and interest from securities			 I	5	778,593.
	"	_	Gross rents					
		C	Less: rental expenses		_ 6b			
	7		Net rental income or (loss) (subtract line 6b from line 6 Other investment income (describe ►	a)	•••••	•••••••••••••••••••••••••••••••••••••••		<del></del>
en e	ļ ģ		Gross amount from sales of assets other	/B) Co 757	1	170.00	) 7	
Revenue	"	•	than inventory	(A) Securities 2,079,262	+-	(B) Other		
æ		h	Less: cost or other basis and sales expenses	2,015,202	<del></del>			
			Gain or (loss) (attach schedule)	2,079,262	- 8b			
	1		Net gain or (loss) (combine line 8c, columns (A) and (B		•   00	<u> </u>	80	2,079,262.
	9						2,015,202.	
	1	a	Gross revenue (not including \$ 1,541,4		K HOIG I			
	1		reported on line 1a)		9a	880,7	<b>'</b> 59.	
	Ì	þ	Less: direct expenses other than fundraising expenses		9b	880,7		
			Net income or (loss) from special events (subtract line					0.
	10		Gross sales of inventory, less returns and allowances				·····	
	ŀ	b	Less: cost of goods sold		10b			
		C	Gross profit or (loss) from sales of inventory (attach so	hedule) (subtract line 10b fr	rom line	10a)	10	ic
	11		Other revenue (from Part VII, line 103)	•••••			11	4 4 4 4 4 4
	12		Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10	c, and 11)		**************************	12	26,462,556.
Ś	13		Program services (from line 44, column (B))			***************************************	13	
Expenses	14		Management and general (from line 44, column (C))				14	
De C	.   15		Fundraising (from line 44, column (D))				18	3,543,742.
ŵ			Payments to affiliates (attach schedule)				11	
_	17		Total expenses (add lines 16 and 44, column (A))				ļ <b>1</b> .	
. 4	18		Excess or (deficit) for the year (subtract line 17 from lin	e 12)				
Net	19		Net assets or fund balances at beginning of year (from	line 73, column (A))			19	
~	20 21		Other changes in net assets or fund balances (attach ex	planation)	SEE	STATEMENT	.3. 21	
323	001 17-03		Net assets or fund balances at end of year (combine lin	es 18, 19, and 20)	·····		2	<del></del>
12-	17-03	,	LHA For Paperwork Reduction Act Notice, see the s	eparate instructions.				Form 990 (2003)

P	art 11 Statement of All org	anizati ) orgai	ons must complete column	ı (A). Columns (B), (C), and (a)(1) noneyemet charitabl	d (D) are required for section trusts but optional for othe	501(c)(3) Page 2	
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	, o.g.,	(A) Total	(B) Program	(C) Management	(D) Fundraising	
22	Grants and allocations (attach schedule)			services	and general		
	cash \$164,930 • noncash\$	22	164,930.	164,930.	STATEMENT 7		
23	Specific assistance to individuals (attach schedule)	23					
24	The state of the s	24					
25		25	230,000.	171,672.	31,004.	27,324.	
26	3	26	9,885,606.	8,074,395.	414,348.	1,396,863.	
27		27	686,392.	569,725.	35,695.	80,972.	
28	Other employee benefits	28	1,460,931.	1,193,696.	88,778.	178,457.	
29	***************************************	29	926,319.	757,292.	57,913.	111,114.	
30		30	66.050	40.000	0.014		
31		31	66,852.	49,898.	9,014.	7,940.	
32 33		32					
34	- · ·	33	459,949.	381,588.	21 005	16 276	
35		35	219,241.	162,844.		46,376. 42,870.	
36		36	2,030,603.	1,427,062.	250,659.	352,882.	
37		37	270007003.	1,421,002.	230,033.	332,002.	
38		38	407,258.	352,689.	19,654.	34,915.	
39		39	1,052,000.	881,836.		127,310.	
40		40					
41	***************************************	41					
42		42	965,977.	720,994.	130,244.	114,739.	
43	Other expenses not covered above (itemize):						
	a	43a					
	b	43b					
	G	43c					
	e SEE STATEMENT 4	43d 43e	3 605 826	2,479,952.	102 004	1 021 000	
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	438	22.161.884	17,388,573.	103,894. 1,229,569.	1,021,980. 3,543,742.	
Jo	int Costs. Check ► ☐ if you are following SOP 9		22/101/001.	17/300/373	1,225,505.	3,343,142.	
	e any joint costs from a combined educational campa		d fundraising solicitation re	ported in (B) Program sen	vices?	Yes X No	
If'	Yes," enter (i) the aggregate amount of these joint co	sts \$	;	(ii) the amount allocated to	Program services \$		
(ii	<ul> <li>the amount allocated to Management and general \$</li> </ul>	3	: and	(iv) the amount allocated t	o Fundraising \$		
	Part III Statement of Program Servi		ccomplishments				
W	hat is the organization's primary exempt purpose? 🕨	<u></u>	EE STATEMENT	5			
A11	omanizations must describe the in-		·			Program Service Expenses	
acı	organizations must describe their exempt purpose achievemen nievements that are not measurable. (Section 501(c)(3) and (4) or	nts in a d rganizal	plear and concise manner. State it is and 4947(a)(1) nonexempt	the number of clients served, p charitable trusts must also ente	oublications issued, etc. Discuss or the amount of grants and	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1)	
_	ocations to others.)  HIMAN PICUMS WARCH DROY	MOIII.	EC AND MONTH	ODG THEFT	770177777	trusts; but optional for others.)	
C	HUMAN RIGHTS WATCH PROPRECOGNIZED CIVIL AND PO	OT. T	PTCAT. PTCHMC	MUDI DMIDE			
	INVESTIGATIVE MISSIONS	UT.	COLLECT THE	WOYTDMIDE.	IT SENDS		
	FINDINGS TO THE PUBLIC	•		Grants and allocations \$	164,930.)	4,979,662.	
ī				Grants and anocations &	104,730.1	4,575,002.	
					- Lancordo L		
		•			*******		
(Grants and allocations \$ ) 1,179,901							
c AFRICA DIVISION OF HRW MONITORS AND PROMOTES HUMAN RIGHTS							
	IN SUB-SAHARAN AFRICA. IT SENDS INVESTIGATIVE MISSIONS TO						
	COLLECT INFO. AND REPORT	RTS	ITS FINDING	S TO THE PUR	BLIC.	ĺ	
				Cranta and allegations &	1	2,370,261.	
				Grants and allocations \$		2,370,201.	
_	ASIA DIVISION OF HRW MO	INC	TORS AND PRO	MOTES HUMAN	RIGHTS IN	2,370,201.	
-	ASIAN COUNTRIES FROM A	FGH.	TORS AND PRO ANISTAN TO T	MOTES HUMAN HE EAST, SEI	NDS	2,370,201.	
•	ASIAN COUNTRIES FROM A INVESTIGATIVE MISSIONS	FGH TO	TORS AND PRO ANISTAN TO T	MOTES HUMAN HE EAST, SEI	NDS		
_	ASIAN COUNTRIES FROM ASIAN COUNTRIES FROM ASIAN ENDINGS TO THE PUBLIC	FGH TO	TORS AND PRO ANISTAN TO T COLLECT INF (	MOTES HUMAN HE EAST, SEI O. & REPORT: Grants and allocations \$	NDS	1,651,699.	
_	ASIAN COUNTRIES FROM A: INVESTIGATIVE MISSIONS FINDINGS TO THE PUBLIC Other program services (attach schedule)	FGH TO • STA	TORS AND PRO ANISTAN TO T COLLECT INF ( TEMENT 8	MOTES HUMAN HE EAST, SET O. & REPORTS Grants and allocations \$ Grants and allocations \$	NDS	1,651,699. 7,207,050.	
	ASIAN COUNTRIES FROM ASIAN COUNTRIES FROM ASIAN ENDINGS TO THE PUBLIC	FGH TO • STA	TORS AND PRO ANISTAN TO T COLLECT INF ( TEMENT 8	MOTES HUMAN HE EAST, SET O. & REPORTS Grants and allocations \$ Grants and allocations \$	NDS	1,651,699. 7,207,050. 17,388,573.	

## Part IV Balance Sheets

Note:	Wher shou	re required, attached schedules and amounts w Id be for end-of-year amounts only.	rithin the description column	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing			45	
	46	Savings and temporary cash investments		12,140,638.	46	13,319,841.
	47.0	Accounts receivable	1			
		Accounts receivable				
	IJ	Less: allowance for doubtful accounts	47b		47c	
	40 -	Pledges receivable				
		***************************************				
	49	Less: allowance for doubtful accounts		7'	48c	<del></del>
	50	Grants receivable			49	
	30	Receivables from officers, directors, trustees,			1	
ts	E1 A	and key employees			50	· · · · · · · · · · · · · · · · · · ·
Assets	b b	Other notes and loans receivable				
⋖	52				51c	
	53	Inventories for sale or use		67 107	52	222 265
	54	Prepaid expenses and deferred charges Investments - securities STMT 9 STMT		67,127.	53	232,365.
		Investments - land, buildings, and	LIO P L. COST LA FMV	41,307,993.	54	56,857,850.
	00 "	equipment: basis	l sea l			
		equipment, basis	553			
	h	Less: accumulated depreciation	FEL	į	******	
	56	Investments - other			55c	·
	57 a	Land, buildings, and equipment: basis			56	
	}	Less: accumulated depreciation STMT 1		2 506 002	**************************************	2 052 266
	58		SEE STATEMENT 12	3,596,093. 7,560,875.	57c	3,053,366
			SEE CHIEFERNI 12	7,300,073.	58	5,487,170.
	59	Total assets (add lines 45 through 58) (must equal	line 74)	64,672,726.	59	78,950,592
	60	Accounts payable and accrued expenses		1,740,366.	60	1,861,956
	61	Grants payable			61	
LO.	62	Deferred revenue			62	
Liabilities	63	Loans from officers, directors, trustees, and key en	nployees		63	
jp	64 8	Tax-exempt bond liabilities			64a	
Ë	1	Mortgages and other notes payable			64b	
	65	Other liabilities (describe	SEE STATEMENT 13	1,733,092.	65	1,792,993
	66	Total liabilities (add lines 60 through 65)		3,473,458.	66	3,654,949
	Orga	nizations that follow SFAS 117, check here 🕨 🗌	X and complete lines 67 through	3/1/3/130.	00	3,034,747
		69 and lines 73 and 74.	and somplete mice of through			
Ces	67	Unrestricted		1,947,478.	67	2,869,088
au	68	Temporarily restricted		58,491,790.	68	72,426,555
Ва	69	Permanently restricted		760,000.	69	0
Net Assets or Fund Balances	Orga	nizations that do not follow SFAS 117, check here J	and complete lines	,		
щ		70 through 74.	and complete lines			
Õ 9	70	Capital stock, trust principal, or current funds			70	
set	71	Paid-in or capital surplus, or land, building, and equ	uipment fund		71	
As	72	Retained earnings, endowment, accumulated incom	ne or other funds	······································	72	
Net	73	Total net assets or fund balances (add lines 67 th	rough 69 or lines 70 through 72:	<u> </u>	12	
~		column (A) must equal line 19; column (B) must eq	nual line 21)	61,199,268.	73	75,295,643
	74	Total liabilities and net assets / fund balances (ad	Id lines 66 and 73)	64,672,726.	74	78,950,592
		O is available for public increation and for		01/0/2/120.	14	10,000,002

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.

75	Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all relat	ted
	organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. > Yes X No	
	organizations, or which more than \$\phi(0,000 was provided by the related organizations? It yes, attach schedule.	

FARRIAGE TO	Other Information	3-28758			Page 5
	f VI Other Information			Yes	No
76 77	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	y	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?		77		X
70 -	If "Yes," attach a conformed copy of the changes.				
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<u>7</u>	'8a		X
- b	If "Yes," has it filed a tax return on Form 990-T for this year?	I/A 7	'8b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?		79		X
	If "Yes," attach a statement				
80 a	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?	8	30a		X
p	If "Yes," enter the name of the organization				
	and check whether it is exempt or	nonexempt.			
81 a	Enter direct or indirect political expenditures. See line 81 instructions	0.			
b	Did the organization file Form 1120-POL for this year?	l a	31 b		X
82 a	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?	8	32a		X
þ	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.)	N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		33a	Х	7
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	i a	33b	X	1
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	I/A	84a		<del> </del>
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not				
	tax deductible?	A\r	84b		***********
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A [	85b		<del>                                     </del>
	if "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for	proxy tax			
	owed for the prior year.	F1419 tax			
C	Dues, assessments, and similar amounts from members	N/A			
đ		N/A			
9		N/A			
f		N/A			
g		7/3	85q	000000000000000000000000000000000000000	22000000000
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estir	nate of dues			<del> </del>
	allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h		1
86		N/A			
þ		N/A			
87		N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources				
		N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership.	**************************************	0000000		************
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?				
	If "Yes," complete Part IX		88		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:				
	section 4911 ► 0 • ; section 4912 ► 0 • ; section 4955 ►	0.			
b	501(c)(3) and 501(c)(4) organizations. 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?	į			
	If "Yes," attach a statement explaining each transaction		89b		X
ε	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under		<u> </u>	I	
	sections 4912, 4955, and 4958	<b>•</b>			0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	··· •			0.
yu a	List the states with which a copy of this return is filed \( \sum_{\text{SEE}} \text{STATEMENT} 17				
b	Number of employees employed in the pay period that includes March 12, 2003	.T			183
91	The books are in care of ► HUMAN RIGHTS WATCH Telephone no. ►		290	-41	$\frac{100}{700}$
	No protection and the second s	7===1_5			
	Located at ► 350 FIFTH AVENUE, 34TH FLOOR, NEW YORK, NY	ZIP+4 ► 10	)11	8	
		<del></del>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here				
2000	and enter the amount of tax-exempt interest received or accrued during the tax year		N/	Ά	
32304 12-17	· · · · · · · · · · · · · · · · · · ·				0 /2002

Part	VII Analysis of Income-F	Producing /			tructions.)		
Note:	Enter gross amounts unless otherw	rise		ed business income		ed by section 512, 513, or 514	(E)
<b>i</b> ndica	ited.		(A) Business	(B)	(C) Exclu-	(D)	Related or exempt
<b>93</b> Pr	rogram service revenue:		code	Amount	sion	Amount	function income
a S	SALE OF PUBLICATION	ons			Lode		167,309.
b							101,309.
							<del></del>
٠.			<u> </u>				<del></del>
и_							
е_					_		
	ledicare/Medicaid payments						
	ees and contracts from government age						
94 M	lembership dues and assessments						
	terest on savings and temporary cash i				14	38,542.	
	ividends and interest from securities				14	778,593.	
	et rental income or (loss) from real esta					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	ebt-financed property						
h n	ot debt-financed property	••••••	<u> </u>				
וו ע	ot reptatings me as (less) from a success						
	et rental income or (loss) from persona						
	ther investment income						
	ain or (loss) from sales of assets						
01	ther than inventory				18	2,079,262.	
	et income or (loss) from special events				-01		
<b>102</b> G	ross profit or (loss) from sales of inven	tory	L				
103 0	ther revenue:						
а	SUBTENANT REVENUE		1	1	16	75,848.	
b	OTHER INCOME				01	35,548.	
ε		<del></del>	· · · · · · · · · · · · · · · · · · ·			33/310:	
ď							
е.							
	ubtotal (add columns (B) (D) and (C))				0	2 007 702	167 200
	ubtotal (add columns (B), (D), and (E))				0.		167,309.
Note:	otal (add line 104, columns (B), (D), an	g (E))			• • • • • • • • • • • • • • • • • • • •	<b>&gt;</b>	3,175,102.
NUCE.	Line 105 plus line 1d, Part I, should	equal the amo	ount on line 1	2, Part I.		<del></del>	
	Relationship of Activ	vities to the	Accomp	lishment of Exe	mpt Pur	poses (See page 34 of the	e instructions.)
Line I	The second desired the second	ch income is rep	orted in colum	nn (E) of Part VII contrib	outed import	antly to the accomplishment	of the organization's
<u>93A</u>		TCH, INC	C. PROM	IOTES AND M	OTIMO	RS INTERNATIO	NALLY
	RECOGNIZED CIVI	L AND PO	OLITICA	L RIGHTS W	ORLDW	TDE. THE PUR	SLICATIONS
	THAT ARE SOLD R	EPORT O	N HUMAN	RIGHTS AB	USES	IN VARIOUS CO	UNTRIES.
Par	IX Information Regardi	ng Taxable	Subsidia	ries and Disrega	arded Er	ntities (See page 34 of the	instructions )
	(A)	(B)		(C)		(D)	(E)
	ne, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership inter	f	Nature of activities		Total income	End-of-year
	partnership, or disregarded entity	Ownership litter	%				assets
	N/A	··	%			· · · · · · · · · · · · · · · · · · ·	
	N/A					·	
			%				
37-2000000000000000000000000000000000000			%				
Par		ng Transfe	<u>rs Associa</u>	ated with Perso	nal Bene	efit Contracts (See page	ge 34 of the instructions.)
(a)	Did the organization, during the year, re	eceive any funds	, directly or ind	lirectly, to pay premium	is on a perso	onal benefit contract?	Yes X No
	Did the organization, during the year, pa						Yes X No
	e: If "Yes" to (b), file Form 8870 and						
Please	Under population of position, distance the	t I have examined t	his retum, includi	ng accompanying schedule	s and stateme	nts, and to the best of my knowle	dge and belief, it is true.
	where any compare Deciaration of pr	eparer (outer man c	officer) is based o	8/16/04	12 1	v knowledge.	0, 1
	h /2. /_ h			10116104	N Darba	re Chalcala a te i	nance Director
Sign Here	Dalvera He	ylul				ra Guglielmo ti	nance Director
Sign	Signature of officer	yhel		Date	Type or p	rint name and title.	
Sign	Signature of officer  Preparer's	an Adalia	ik.		Type or p	rint name and title.  Check if self-	Preparer's SSN or PTIN
Sign Here	Signature of officer  Preparer's signature	missin	Ŵ		Type or p	rint name and title. Check if	
Sign Here Paid Prepai	Signature of officer  Preparer's signature  Firm's name (or BDO SE yours if		LLP LLP		Type or p	Check if self-	
Sign Here Paid Prepai Use Oi	Signature of officer  Preparer's signature  Firm's name (or yours if self-employed), 330 MA	DISON A	VENUE		Type or p	Check if self-employed	
Sign Here Paid Prepai	Signature of officer  Preparer's signature  Firm's name (or yours if self-employed), 330 MA	•	VENUE		Type or p	Check if self-employed	

# Form **8868** (December 2000)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

<ul><li>If you a</li></ul>	re filing for an Automatic 3-Month Extension, complete only Part I and check this box re filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this not complete Part II unless you have already been granted an automatic 3-month extension on a p	form).
Part I	Automatic 3-Month Extension of Time - Only submit original (no copies needed)	
All other o	m 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I orporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file inco artnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 10	me tax
Type or print	Name of Exempt Organization	Employer identification number
·	HUMAN RIGHTS WATCH, INC.	13-2875808
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions.  350 FIFTH AVENUE — 34TH FLOOR	
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY $10118$	
Check ty	pe of return to be filed (file a separate application for each return):	
For	m 990	227 069
• If this is box ► [  1   I re  to f  ► [	ganization does <b>not</b> have an office or place of business in the United States, check this box	nis is for the <b>whole</b> group, check this I members the extension will cover.
2 If th	is tax year is for less than 12 months, check reason: Initial return Final return	Change in accounting period
	is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any refundable credits. See instructions	<b>\$</b>
b If the	is application is for Form 990-PF or 990-T, enter any refundable credits and estimated payments made. Include any prior year overpayment allowed as a credit	<b>\$</b>
c Bai	ance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit wit pon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	h FTD \$ N/A
	Signature and Verification	
Under pen it is true, c	alties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to tl orrect, and complete, and that I am authorized to prepare this form.	ne best of my knowledge and belief,
Signature	► Title ►	Date ►
LHA F	or Paperwork Reduction Act Notice, see instruction	Form 8868 (12-2000)

### SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

2003

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Employer identification number HUMAN RIGHTS WATCH, INC. 13 2875808 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (b) Title and average hours per week devoted to d) Contributions to employee benefit plans & deferred compensation (a) Name and address of each employee paid (e) Expense (c) Compensation account and other more than \$50,000 position allowances IAIN\_LEVINE\_\_\_\_\_ PROG. DIR. C/O HRW, 350 FIFTH AVE., NY, NY 1011840 143,885. 26,006. 0. MICHELE A. ALEXANDER DEV. DIR. C/O HRW, 350 FIFTH AVE., NY, NY 1011840 137,133. 27,713. 0. CARROLL BOGERT ASSOC. DIR. C/O HRW, 350 FIFTH AVE., NY, NY 10118|40 131,573. 13,797. 0. WILDER TAYLER LEG & POL DIR C/O HRW, 350 FIFTH AVE., NY, NY 1011840 115,000. 18.861. 0. ALICE BROWN PROG DEP DIR C/O HRW, 350 FIFTH AVE., NY, NY 1011840 105,000 15,492 0. Total number of other employees paid over \$50,000 80 Part II 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 EUROAMERICAN COMMUNICATION, INC. FUNDRAISING 80 EIGHTH AVE, SUITE 1108, NEW YORK, NY 10011 CONSULTING 616,802. CAMBRIDGE CAPITAL ADVISORS INC. INVESTMENT ONE WINTHROP SQUARE, SUITE 500, BOSTON, MA 33750 ADVISORS 135,000. CAUSE EFFECTIVE 505 8TH AVENUE, SUITE 1212, NEW YORK, NY 10018 SPECIAL EVENTS 53,193. INTERLOOK CORPORATION 1382 THIRD AVENUE PMB 406, NEW YORK, NY 10121 COMPUTER SERVICES 134,485. RAFAEL JIMENEZ WEBSITE AND 204 PARK PLACE #4, BROOKLYN, NY 11238 GRAPHIC DESIGNER 63,400.

323101/12-05-03 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2003

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

323111

An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 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.							
	dar year (or fiscal year						
15	Gifts, grants, and contributions	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total	
	received. (Do not include unusual grants. See line 28.)	18,730,186.	19,836,349.	17,403,427.	44,416,932.	100,386,894.	
16	Membership fees received						
17	Gross receipts from admissions, merchandise sold or services			:			
	performed, or furnishing of						
	facilities in any activity that is						
	related to the organization's charitable, etc., purpose	204,773.	269,770.	289,076.	312,522	1,076,141.	
18	Gross income from interest,		2057770.	203,070.	312,322	1,070,141.	
	dividends, amounts received from payments on securities loans (sec-						
	tion 512(a)(5)), rents, royalties, and						
	unrelated business taxable income (less section 511 taxes) from						
	businesses acquired by the organization after June 30, 1975	740,768.	991 281	1,478,428.	1 022 010	4 242 205	
19	Net income from unrelated business		331,201.	1,470,420.	1,032,010	4,243,295.	
	activities not included in line 18						
20	Tax revenues levied for the organization's benefit and either						
	paid to it or expended on its behalf						
21	The value of services or facilities furnished to the organization by a						
	governmental unit without charge. Do not include the value of services						
	or facilities generally furnished to						
	the public without charge Other income. Attach a schedule.			<u> </u>			
22	Do not include gain or (loss) from	114 225	124 151	SEE STATEME			
23	sale of capital assets  Total of lines 15 through 22	19 789 962	134,151.	110,494.	109,155	. 468,035. .106,174,365.	
24	Line 23 minus line 17	19,585,189	20,961,781	18.992.349	45,671,427	.105,098,224.	
25	Enter 1% of line 23	197,900.	212,316.	192,814	458,714		
26	Organizations described on lines 1	10 or 11: a Enter 2% of	amount in column (e), li	ne 24	▶ 26a		
b	Prepare a list for your records to sh	ow the name of and amor	unt contributed by each p	erson (other than a gove	rnmental		
	unit or publicly supported organizat	tion) whose total gifts for	1999 through 2002 exce			22 106 050	
c	Do not file this list with your return Total support for section 509(a)(1)					22,196,958.	
d	Add: Amounts from column (e) for	lines: $18$ $4,2$	243,295. 19			103,030,224.	
				22,196,95	58. ▶ 260	26,908,288.	
9	Public support (line 26c minus line	26d total)			▶ 266		
27	Public support percentage (line 26	Se (numerator) divided b	y line 26c (denominator	))	▶ 261		
27	Organizations described on line 12 records to show the name of, and to	2: <b>a</b> FOI amounts included of all amounts received in a	I in lines 15, 16, and 17 t	hat were received from a	"disqualified person," pro	epare a list for your	
	such amounts for each year:	N/A	ach year noin, each uis	quanneu person. Do not	me uns ust with your re	RUITH. ENTER THE SUM OF	
	(2002)	(2001)	(	2000)	(1999)		
b	For any amount included in line 17	that was received from ea	ch person (other than "di	isqualified persons"), prej	pare a list for your recor	ds to show the name of,	
	and amount received for each year,	that was more than the I	arger of (1) the amount	on line 25 for the year or	(2) \$5,000. (Include in t	the list organizations	
	described in lines 5 through 11, as the larger amount described in (1)	well as individuals.) <b>Do n</b> i or <b>(2)</b> , enter the sum of th	ot file this list with your i	return. After computing t	he difference between th	e amount received and	
	(2002)	(2001)	ese unierences (tile exce )	2000)	ar: N/A. /1000\		
C	Add: Amounts from column (e) for	lines: 15		16		•••••••	
	17 Add: Line 27a total	20		21	> 27	N/A	
d	Add: Line 27a total	a	nd line 27b total	······	27		
e f	Public support (line 27c total minus	s line 2/d total)		<b>\</b>   674	▶ 27	e N/A	
g	Total support for section 509(a)(2)  Public support percentage (li	ne 27e (numerator) di	s 20, COIUINN (8) Vided by line 27f Idea	nominator))	N/A ▶ 27	q N/A %	
•	Investment income percentage	ge (line 18, column (e)	(numerator) divided	by line 27f (denomin	ator)) 27		
28	Jnusual Grants: For an organization show, for each year, the name of the	on described in line 10, 11	, or 12 that received any	unusual grants during 1	999 through 2002, prep		
1	our return. Do not include these gra	nts in line 15.	io amount of the grant, as	na a priet description of t	ne nature of the grant. E	o not file this list with	

NONE

323121 12-05-03

Schedule A (Form 990 or 990-EZ) 2003

### Private School Questionnaire (See page 7 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

9	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
)	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		
í	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?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
		-		
		-		
		-		
2	Does the organization maintain the following:	-		
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		00000
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	52.5	<del>                                     </del>	
	admissions, programs, and scholarships?	32c	1	
đ	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	<b></b>	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		-		
3	Does the organization discriminate by race in any way with respect to:	-		
a		33a	4000000000	900000
b	Admissions policies?	33b	<b>-</b>	-
C		33c	T	-
đ	Scholarships or other financial assistance?	33d	<b>—</b> —	1
е	Educational policies?	33e		1
f	Use of facilities?	331		T
g	Athletic programs?	33q		Ť
h	Other extracurricular activities?	33h		T
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		_		
		-		
4 a	Does the organization receive any financial aid or assistance from a governmental agency?		1	essa 
b	Has the organization's right to such aid ever been revoked or suspended?	34b		1
	If you answered "Yes" to either 34a or b, please explain using an attached statement.	570		
5	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50		010000000	ARCO CO
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		1

Schedule A (Form 990 or 990-EZ) 2003

250,000.

Sch	edule A (Form 990 or 990-EZ) 2003 HUMAN RIGHTS WATCH, INC.			13-2875808 Page 5
P	Art VI-A Lobbying Expenditures by Electing Public Charities (See page (To be completed ONLY by an eligible organization that filed Form 5768)	age 9 of		
Che	eck ▶ a ☐ if the organization belongs to an affiliated group. Check ▶ b ☐ if	you ch	ecked "a" and "limited con	trol" provisions apply.
	Limits on Lobbying Expenditures  (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 37	Total lobbying expenditures to influence public opinion (grassroots lobbying)  Total lobbying expenditures to influence a legislative body (direct lobbying)	37	N/A	0. 92,479.
38 39	Total lobbying expenditures (add lines 36 and 37) Other exempt purpose expenditures	38		92,479.
40	Total exempt purpose expenditures (add lines 38 and 39)	39 40		18,618,142. 18,710,621.
41	Lobbying nontaxable amount. Enter the amount from the following table -  If the amount on line 40 is -  Not over \$500,000 20% of the amount on line 40			
	Over \$500,000 but not over \$1,000,000       \$100,000 plus 15% of the excess over \$500,000         Over \$1,000,000 but not over \$1,500,000       \$175,000 plus 10% of the excess over \$1,000,000         Over \$1,500,000 but not over \$17,000,000       \$225,000 plus 5% of the excess over \$1,500,000	41		1,000,000.
	Over \$17,000,000 \$1,000,000			

### 4-Year Averaging Period Under Section 501(h)

43

44

(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 11 of the instructions 1

		Lobbying Expe	enditures During 4-Year Avera	ging Period	
Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	966,577.	3,966,577
46 Lobbying ceiling amount (150% of line 45(e))					5,949,866
47 Total lobbying expenditures	92,479.	100,000.	75,000.	100,000.	367,479
48 Grassroots nontaxable amount	250,000.	250,000.	250,000.	241,644.	991,644
49 Grassroots ceiling amount (150% of line 48(e))			· ·		1,487,466
60 Grassroots lobbying expenditures					0

### Part VI-B Lobbying Activity by Nonelecting Public Charities

42 Grassroots nontaxable amount (enter 25% of line 41)

43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36

44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38

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

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

	The first of the instructions that and not complete that VI A/ (See page 12 of the instructions.)			N/A
	ring the year, did the organization attempt to influence national, state or local legislation, including any attempt to uence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
	Volunteers			
þ	Paid staff or management (Include compensation in expenses reported on lines c through h.)			
C	Media advertisements			
ď	Mailings to members, legislators, or the public			
8	Publications, or published or broadcast statements			
f	Grants to other organizations for lobbying purposes			
g	Direct contact with legislators, their staffs, government officials, or a legislative body			***
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i	Total lobbying expenditures (Add lines c through h.)			Ō.
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities	<u> </u>	200000000000000000000000000000000000000	

		HUMAN RIGHTS WAY		13-28		<u>R L</u>	Page 6
Part	Information Rega	arding Transfers To and	Transactions and	l Relationships With Noncharit	able		
51 Di		ations (See page 12 of the instruectly or indirectly engage in any of the		institution de la cita de la casación de la			
		ction 501(c)(3) organizations) or in					
		nization to a noncharitable exempt of		nitical organizations?	ſ	Yes	No
		· · · · · · · · · · · · · · · · · · ·	•		51a(i)	100	X
, (i	i) Other assets		••••••	······································	a(ii)		X
	ther transactions:				.   -(/		
(	i) Sales or exchanges of assets	with a noncharitable exempt organi	ization		b(i)		х
(i	i) Purchases of assets from a n	oncharitable exempt organization			b(ii)		X
(ii	i) Rental of facilities, equipment	t, or other assets			b(iii)		X
(ir	v) Reimbursement arrangement	ts			b(iv)		X
()	v) Loans or loan guarantees				b(v)		X
(v	<ul> <li>i) Performance of services or n</li> </ul>	nembership or fundraising solicitatio	ons		. b(vi)		X
c Si	haring of facilities, equipment, n	nailing lists, other assets, or paid em	nployees		C		X
d If	the answer to any of the above i	is "Yes," complete the following scho	edule. Column (b) should a	always show the fair market value of the			_
		given by the reporting organization.					
		nt, show in column (d) the value of	the goods, other assets, o	r services received:		N/A	<u> </u>
(a) Line no.	(b) Amount involved	(C)	mat avani-ation	(d)			
LINE NO.	Amount myored	Name of noncharitable exe	inplorganization	Description of transfers, transactions, and	snaring ar	ranger	nents
<del></del>		<del></del>					
			·				
	<del>                                     </del>						
		——————————————————————————————————————					
		<del></del>					·····
		~					
							·····
			·				
				,			
					<del></del>		
<b>52 a</b> is	the organization directly or ind	irectly affiliated with, or related to, o	ne or more tax-exempt or	ganizations described in section 501(c) of the			
C	ode (other than section 501(c)(	(3)) or in section 527?		<b></b>	Yes		X No
b_lf	"Yes," complete the following so	chedule: N/A	<b>7</b>		<del> </del>		
	Name of ora	anization	(b)	(c)			
	Name of org	atiizatioii	Type of organization	Description of relations	hip		
				<u> </u>			
	<del></del>						
					<del></del>		
					<del></del>		
		<del></del>	<del></del>				
				-			
		<del></del>	<del> </del>			<del></del>	
			-	<del> </del>			
			<u> </u>				
-							
323151 12-05-03	1			Schedule A (Fo	rm 990 o	- 99n-F	Z) 2001
				Outrodate V (t n	200 01		, = 000

### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

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

OMB No. 1545-0047

2003

ivame of organization		Employer identification number
	HUMAN RIGHTS WATCH, INC.	13-2875808
Organization type (chec	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\overline{X}$ 501(c)(03) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a pr	rivate foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a privat	te foundation
	501(c)(3) taxable private foundation	
Check if your organizati	on is covered by the <b>General Rule</b> or a <b>Special Rule</b> . ( <b>Note:</b> <i>Only a</i> le and a Special Rule-see instructions.)	section 501(c)(7), (8), or (10) organization can check box(es)
General Rule-		
	ons filing Form 990, 990-EZ, or 990-PF that received, during the year, complete Parts I and II.)	, \$5,000 or more (in money or property) from any one
Special Rules-		
sections 509(a	501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 3a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the on line 1 of these forms. (Complete Parts I and II.)	33 1/3% support test of the regulations under see year, a contribution of the greater of \$5,000 or 2%
aggregate con	501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, the stributions or bequests of more than \$1,000 for use exclusively for respectively to children or animals. (Complete Parts I, II,	eligious, charitable, scientific, literary, or educational
some contribu \$1,000. (If this charitable, etc	501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that itions for use exclusively for religious, charitable, etc., purposes, but to box is checked, enter here the total contributions that were received, purpose. Do not complete any of the Parts unless the <b>General Ru</b> y religious, charitable, etc., contributions of \$5,000 or more during the	these contributions did not aggregate to more than ad during the year for an exclusively religious, ale applies to this organization because it received
they must check the be	s that are not covered by the General Rule and/or the Special Rules of ox in the heading of their Form 990, Form 990-EZ, or on line 1 of thei ule B (Form 990, 990-EZ, or 990-PF).	do not file Schedule B (Form 990, 990-EZ, or 990-PF), but ir Form 990-PF, to certify that they do not meet the filing
LHA For Paperwork F for Form 990 and	Reduction Act Notice, see the Instructions d Form 990-EZ	Schedule B (Form 990, 990-EZ, or 990-PF) (2003

Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (2003)		Page $1$ to $1$ of Part 1
Name of org	anization	Emp	oyer identification number
HUMAN	RIGHTS WATCH, INC.	1	.3-2875808
Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	SEE ATTACHED SCHEDULE I	\$\$ \$11,339,975.	Person X Payroll Noncash (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 Payroll Noncash (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 Payroll Noncash (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 Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) S Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) s Type of contribution
		\$	Person Payroll Complete Part II if there

# 2003 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 2

990

Т	•	•	<b>4</b>						
Amount Of Depreciation	294,997.	91,783	54,127.	313,242	211,828.	- 300			
Current Sec 179					0	22222222222222			
Accumulated Depreciation	477,940.	189,705.	73,519.	1024810.	742,347.	ı <del></del>			
Basis For Depreciation	1116443.	.006,868	270,634.	1711150.	3030537.	6527664			
Reduction In Basis					O	• 0			
Bus % Excl									
Unadjusted Cost Or Basis	1116443.	398,900.	270,634.	1711150.	3030537.	6527664.			
S O	17	17	9	17	<u> </u>				
Life	7.00	5.00	00 00	00.	27.5017				
Method	200DB	200DB		200DB					
Date Acquired	VARIES	VARIES200DB5	VARIESSI	VARIES200DB5	ZARIES				
Description	PROGRAM SERVICES  TEURNITURE AND FIXTURES VARIES 200DB7.	2OFFICE EQUIPMENT	3COMPUTER SOFTWARE	4COMPUTER HARDWARE	5LEASEHOLD IMPROVEMENTSVARIESSI * 990 PAGE 2 TOTAL	* GRAND TOTAL 990 PAGE 2 DEPR			
Asset No.		. •		7	ш.				

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction

FORM 990 GAIN (	LOSS) FF	ROM PUB	LICLY T	RADED SI	ECURITIE	ES	STATE	MENT	1
DESCRIPTION			OSS PRICE	COST OTHER 1		EXPENSE OF SALE		T GAIN	
GAIN ON SALE OF SECURITIES - DETAILS AVAIL. ON REQUEST		2.07	9,262.		0.	0.	2	070 24	
TO FORM 990, PART I, L	INE 8	<del></del>	9,262.		0. 0.	0.		079,26	<del></del>
FORM 990	SPEC	IAL EVE	NTS AND	ACTIVI	ries		STATE	MENT	<del></del> 2
DESCRIPTION OF EVENT		ROSS	CONTRI		GROSS EVENUE	DIRE( EXPENS		NET INCOM	E
ANNUAL DINNER HONORING HUMAN RIGHTS	2,42	22,208.	1,541,	449.	880,759	. 880,7	59.		0.
TO FM 990, PART I, LIN	E 9 2,42	22,208.	1,541,	449.	880,759	880,7	59.		0.
FORM 990 OTHER	CHANGES	IN NET	ASSETS	OR FUN	D BALAN	CES	STATE	MENT	3
DESCRIPTION							AM	OUNT	
UNREALIZED GAIN ON SAL	E OF SEC	CURITIE	S			•	9,	795,7	03.
TOTAL TO FORM 990, PAR	T I, LII	NE 20					9,	795 <b>,</b> 7	03.
FORM 990		ОТН	ER EXPE	ENSES			STATE	MENT	4
	(1	A)		(B) OGRAM	(C MANAG			(D)	
DESCRIPTION	тот	<b>FAL</b>		RVICES		ENERAL	FUND	RAISI	NG
CONSULTANTS' FEES INFORMATION SERVICES MISSIONS OUTREACH	1 ( 9 (	41,192. 05,942. 49,974. 62,638.	g	124,833. 79,026. 049,974.		23,856. 12,410.		192,5 14,5	
SPECIAL PROJECTS DIRECT MAIL OFFICE EXPENSES	1! 6!	52,038. 52,205. 97,359. 43,279.	1	162,638. 109,844. 339,263.		46,967.	/	42,3 697,3 57,0	59.

HUMAN RIGHTS V	VATCH, INC	C.			13-28758	8 0
PROFESSIONAL FEI	ES	153,237.	114,374.	20,661.	18,20	2.
TOTAL TO FM 990	LN 43 ==	3,605,826.	2,479,952.	103,894.	1,021,98	0.
FORM 990 STA	TEMENT OF	ORGANIZATION'	S PRIMARY EXEM	PT PURPOSE S	STATEMENT	5
EXPLANATION  HUMAN RIGHTS WAY AROUND THE WORLD	rch is dei	DICATED TO PRO	OTECTING THE H	UMAN RIGHTS OF	F PEOPLE	
FORM 990			SERVICE ACCOMPL	ISHMENTS S	STATEMENT	6
AMERICAS DIVISION THE COUNTRIE CARRIBEAN. IT & REPORTS ITS F	ON OF HRW S OF S. A SENDS INV	MONITORS AND MERICA CENTRAI ESTIGATIVE MIS	PROMOTES HUMAN L AMERICA & THE SSIONS TO COLLE			
				GRANTS	EXPENSES	
TO FORM 990, PA	RT III, L	INE B			1,179,90	)1.
FORM 990		CASH GRANTS AI	ND ALLOCATIONS	<u> </u>	STATEMENT	<del></del>
CLASSIFICATION	DONEE'S	NAME		DONEE'S RELATIONSHI	P AMOUI	T
CENTRAL PROGRAM	HELLMAN	HARMMETT		NONE	164,9	 30.

164,930.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22

FORM 990	OTHE	R PROGRAM SE	CRVICES	ST	ATEMENT	8
DESCRIPTION			GRANTS ALLOCA		EXPENSES	
MIDDLE EAST DIVISION HUMAN RIGHTS IN THE M EAST AND N. AFRICA. MISSIONS TO COLLECT I REPORTS ITS FINDINGS	TES		1,667,28	37.		
ARTICLES WRITTEN REPO FESTIMONY. HUMAN RIGHTS WATCH WO MONITORS & PROMOTES W WOMEN'S RIGHTS. IT S MISSIONS TO COLLECT I ITS FINDINGS TO THE E WRITTEN REPORTS AND T	MEN'S RIGHTS ORLDWIDE ENDS INVESTI ONFO & REPORT OUBLIC THROUG	GATIVE S			905,10	58.
HUMAN RIGHTS WATCH AF CURTAIL ARMS TRANSFEF	MS PROJECT S	EEKS TO			1,190,2	64.
HRW/CHILDREN'S RIGHTS PROMOTES WORLDWIDE CH RIGHTS. IT SENDS INV COLLECT INFORMATION 8	IILDRENS ÆSTIGATIVE M				1,032,0	
WRITTEN REPORTS AND THE EUROPE AND CENTRAL PRACTICES AMONG THE CEUROPE AND CENTRAL AS INVESTIGATIVE MISSION REPORTS ITS FINDINGS	AL ASIA DIVIS COUNTRIES IN SIA. IT SEND IS TO COLLECT	S 'INFO &			2,412,2	80.
TOTAL TO FORM 990, PA	ART III, LINE	E			7,207,0	50.
FORM 990	NON-GOVE	ERNMENT SECU	RITIES	S	TATEMENT	9
SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV	7'T
				1,696,884. 17930095.	1,696,8	884
OTHER SECURITIES LIMITED PARTNERSHIPS CORPORATE STOCKS CORPORATE BONDS	22,777,113.	7,466,060.		113000301	22,777,1 7,466,0	.13

FORM 990 GOVE	RNMENT SECURITIE	ES	STATEMENT 1	0
DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES	
US GOVERNMENT OBLIGATIONS	6,987,698.	**************************************	6,987,698	<del>-</del>
TOTAL TO FORM 990, LINE 54, COL B	6,987,698.		6,987,698	;. =
FORM 990 DEPRECIATION OF ASSE	TS NOT HELD FOR	INVESTMENT	STATEMENT 1	= l 1
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	
FURNITURE AND FIXTURES OFFICE EQUIPMENT COMPUTER SOFTWARE COMPUTER HARDWARE LEASEHOLD IMPROVEMENTS	1,116,443. 398,900. 270,634. 1,711,150. 3,030,537.	772,937. 281,488. 127,646. 1,338,052. 954,175.	343,506 117,412 142,988 373,098 2,076,362	2. 8. 8.
TOTAL TO FORM 990, PART IV, LN 57	6,527,664.	3,474,298.	3,053,366	<u>б.</u>
FORM 990 O	THER ASSETS		STATEMENT ]	12
DESCRIPTION			AMOUNT	
OTHER RECEIVABLES SECURITY DEPOSITS CONTRIBUTIONS RECEIVABLE UNCONDITIONAL PROMISES TO GIVE (NE DISCOUNTS)	T OF		530,495 93,300 4,381,362 482,013	0. 2.
TOTAL TO FORM 990, PART IV, LINE 5	8, COLUMN B		5,487,170	
FORM 990 OTHER	R LIABILITIES	<u>-                                      </u>	STATEMENT	13
DESCRIPTION			Truoma	
DEFERRED REVENUE			1,744,74	

<u> </u>		,	
FORM 990 OT	HER REVENUE NOT INCLUDED ON FORM 990	STATEM	ENT 14
DESCRIPTION		AMC	)UNT
SPECIAL EVENT EXPENSE		8	80,759.
TOTAL TO FORM 990, PA	RT IV-A	3	880,759.
FORM 990 OT	HER EXPENSES NOT INCLUDED ON FORM 990	STATE	MENT 15
DESCRIPTION		AMO	TNUC
SPECIAL EVENT EXPENSE	}		380,759.
TOTAL TO FORM 990, PA	RT IV-B		380,759.
FORM 990 PAR	TT V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATE	MENT 16
NAME AND ADDRESS		EMPLOYEE BEN PLAN : CONTRIB :	
KENNETH ROTH C/O HRW, 350 FIFTH AV NEW YORK, NY 10118	EXECUTIVE DIRECTOR 40 230,000.	34,452.	0
JONATHON FANTON C/O HRW, 350 FIFTH AV NEW YORK, NY 10118	CHAIRMAN VENUE <1 0.	0.	0
BRUCE RABB C/O HRW, 350 FIFTH AV NEW YORK, NY 10118	SECRETARY /ENUE <1 0.	0.	0
DR. KHALED ABOU EL FA C/O HRW, 350 FIFTH AN NEW YORK, NY 10118		0.	0
ROLAND ALGRANT C/O HRW, 350 FIFTH A'NEW YORK, NY 10118	BOARD EMERITUS VENUE <1 0.	0.	0

HUMAN RIGHTS WATCH, INC.			13-28	75808
LISA ANDERSON C/O HRW, 350 FIFTH AVENUE NEW YORK, NY 10118	DIRECTOR <1	0.	0.	0.
LLOYD AXWORTHY C/O HRW, 350 FIFTH AVENUE NEW YORK, NY 10118	DIRECTOR <1	0.	0.	0.
ROBERT L. BERNSTEIN C/O HRW, 350 FIFTH AVENUE NEW YORK, NY 10118	DIRECTOR <1	0.	0.	0.
DAVID M. BROWN C/O HRW, 350 FIFTH AVENUE NEW YORK, NY 10118	DIRECTOR <1	0.	0.	0.
WILLIAM D. CARMICHAEL C/O HRW, 350 FIFTH AVENUE NEW YORK, NY 10118	DIRECTOR <1	0.	0.	0.
JORGE CASTANEDA C/O HRW, 350 FIFTH AVENUE NEW YORK, NY 10118	DIRECTOR <1	0.	0.	0.
DOROTHY CULLMAN C/O HRW, 350 FIFTH AVENUE NEW YORK, NY 10118	DIRECTOR <1	0.	0.	0.
ADRIAN W. DEWIND C/O HRW, 350 FIFTH AVENUE NEW YORK, NY 10118	DIRECTOR <1	0.	0.	0.
EDITH EVERETT C/O HRW, 350 FIFTH AVENUE NEW YORK, NY 10118	DIRECTOR <1	0.	0.	0.
JONATHAN F. FANTON C/O HRW, 350 FIFTH AVENUE NEW YORK, NY 10118	DIRECTOR <1	0.	0.	0.
MICHAEL E. GELLERT C/O HRW, 350 FIFTH AVENUE NEW YORK, NY 10118	DIRECTOR <1	0.	0.	0.
VARTAN GREGORIAN C/O HRW, 350 FIFTH AVENUE NEW YORK, NY 10118	DIRECTOR <1	0.	0.	0.
ALICE H. HENKEN C/O HRW, 350 FIFTH AVENUE NEW YORK, NY 10118	BOARD EMERITUS	0.	0.	0.

HUMAN RIGHTS WATCH, INC.			13-28	75808
JAMES F. HOGE, JR. C/O HRW, 350 FIFTH AVENUE NEW YORK, NY 10118	VICE-CHAIR <1	0.	0.	0.
STEPHEN L. KASS C/O HRW, 350 FIFTH AVENUE NEW YORK, NY 10118	DIRECTOR <1	0.	0.	0.
MARINA PINTO KAUFMAN C/O HRW, 350 FIFTH AVENUE NEW YORK, NY 10118	DIRECTOR <1	0.	0.	0.
WENDY KEYS C/O HRW, 350 FIFTH AVENUE NEW YORK, NY 10118	DIRECTOR <1	0.	0.	0.
ROBERT KISSANE C/O HRW, 350 FIFTH AVENUE NEW YORK, NY 10118	DIRECTOR <1	0.	0.	0.
BRUCE J. KLATSKY C/O HRW, 350 FIFTH AVENUE NEW YORK, NY 10118	DIRECTOR <1	0.	0.	0.
JOANNE LEEDOM-ACKERMAN C/O HRW, 350 FIFTH AVENUE NEW YORK, NY 10118	DIRECTOR <1	0.	0.	0.
JOSH MAILMAN C/O HRW, 350 FIFTH AVENUE NEW YORK, NY 10118	DIRECTOR <1	0.	0.	0.
KATI MARTON C/O HRW, 350 FIFTH AVENUE NEW YORK, NY 10118	DIRECTOR <1	0.	0.	0.
BARRY MEYER C/O HRW, 350 FIFTH AVENUE NEW YORK, NY 10118	DIRECTOR <1	0.	0.	0.
JOEL MOTLEY C/O HRW, 350 FIFTH AVENUE NEW YORK, NY 10118	DIRECTOR <1	0.	0.	0.
SAMUEL K. MURUMBA C/O HRW, 350 FIFTH AVENUE NEW YORK, NY 10118	DIRECTOR <1	0.	0.	0.
JANE OLSON C/O HRW, 350 FIFTH AVENUE NEW YORK, NY 10118	CHAIRMAN <1	0.	0.	0.

HUMAN RIGHTS WATCH, INC.			13-	2875808
PETER OSNOS C/O HRW, 350 FIFTH AVENUE NEW YORK, NY 10118	DIRECTOR <1	0.	0.	0.
KATHLEEN PERATIS C/O HRW, 350 FIFTH AVENUE NEW YORK, NY 10118	DIRECTOR <1	0.	0.	0.
CATHERINE POWELL C/O HRW, 350 FIFTH AVENUE NEW YORK, NY 10118	DIRECTOR <1	0.	0.	0.
SIGRID RAUSING C/O HRW, 350 FIFTH AVENUE NEW YORK, NY 10118	DIRECTOR <1	0.	0.	0.
VICTORIA RISKIN C/O HRW, 350 FIFTH AVENUE NEW YORK, NY 10118	DIRECTOR <1	0.	0.	0.
ORVILLE SCHELL C/O HRW, 350 FIFTH AVENUE NEW YORK, NY 10118	DIRECTOR <1	0.	0.	0.
SID SHEINBERG C/O HRW, 350 FIFTH AVENUE NEW YORK, NY 10118	VICE-CHAIR <1	0.	0.	0.
GARY SICK C/O HRW, 350 FIFTH AVENUE NEW YORK, NY 10118	DIRECTOR <1	0.	0.	0.
MALCOLM B. SMITH C/O HRW, 350 FIFTH AVENUE NEW YORK, NY 10118	BOARD EMERITUS	0.	0.	0.
DOMNA STANTON C/O HRW, 350 FIFTH AVENUE NEW YORK, NY 10118	DIRECTOR <1	0.	0.	0.
JOHN J. STUDZINSKI C/O HRW, 350 FIFTH AVENUE NEW YORK, NY 10118	VICE-CHAIR <1	0.	0.	0.
SHIBLEY TELHAMI C/O HRW, 350 FIFTH AVENUE NEW YORK, NY 10118	DIRECTOR <1	0.	0.	0.
MAYA WILEY C/O HRW, 350 FIFTH AVENUE NEW YORK, NY 10118	DIRECTOR <1	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PA	ART V =	230,000.	20,000.	0.
	, <del>-</del>			

			<del></del>						
FORM 990	LIST	OF	STATES	RECEIVING	COPY	OF	RETURN	STATEMENT	17
		LIST OF STATES RECEIVING COPY OF RETURN STATEMENT 17 PART VI, LINE 90							

### STATES

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

SCHEDULE A	OTHER INC	OME	STATEMENT 18		
DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1
SUBTENANT REVENUE	114,235.	134,151.	110,494.	109,1	55.
TOTAL TO SCHEDULE A, LINE 22	114,235.	134,151.	110,494.	109,155.	