Form **990**

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)

2009

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

	illai nev	ende Service	ــــــــــــــــــــــــــــــــــــــ	the organization may have to use a copy of this feturn to satisfy st	tate rept	orung req	uireme	ents.	Inspection		
Α	For t	he 2009 ca	alendar	year, or tax year beginning MAY 4 , 2009, and e	ending	APR	11	3°0	, 20 / 0	graph and a second	
В	Check in	f applicable:	Please	C Name of organization Global Witness Foundation			DE	mploye	r identification nu	umber	
	Addres	s change	use IRS label or	Doing Business As			1 9	94	3399599)	
_		change	print or	Number and street (or P.O. box if mail is not delivered to street address) Roo	om/suite		E T	elephon	e number		
_	Initial r	•	type. See	268 Bush Street, No. 2822			(١	None		
_	Termin		Specific Instruc-	City or town, state or country, and ZIP + 4			├ ─	<u>/</u>	Hone	***************************************	
		led return	tions.	San Francisco, California 94104			. .	ross rece	sinta ¢		
		tion pending	F Nam	ne and address of principal officer: Stafford Matthews,							
	Applicat	lion pending		roadway No. 11, San Francisco, CA 94109					or affiliates? Yes		
1	Tax-e	xempt status		01(c) (3) ◀ (insert no.)					cluded? LYes		
<u> </u>		site: ► No		01(0) (3) 4 (Insert 10.) 4347(a)(1) 01 527					st. (see instruction	s)	
K		of organization:		Section Trust Description Dotter by	1	H(c) Group	,				
				oration ☐ Trust ☐ Association ☐ Other ► ☐ L Year of fo	ormation:	2001	M St	ate of le	egal domicile: CA	1	
	art i										
	1	Briefly de	escribe	the organization's mission or most significant activities: Er	ngage	in and s	uppo	rt the	research and	1	
ø		factual i	nvestig	nation of links between exploitation of natural resources	and ar	med cor	ıflict.				
anc				~~~~~~							
ž											
Activities & Governance	2	Check this	box ▶ [if the organization discontinued its operations or disposed of more than	1 25% of	its net assi	ets.				
ত	3						1	3		3	
es	4			pendent voting members of the governing body (Part VI, lin				4		2	
Ϋ́Ε̈́	5			employees (Part V, line 2a)			1	5		0	
Ć	6			•			. -	6		3	
_	1			take different from the contract of the contra			• -	7a		0	
	b	Net unrel	ated bi	usiness taxable income from Form 990-T, line 34			. –	7b		0	
				tartee tartee in the interest of the out of	<u> </u>	Prior Ye		7.0	Current Year	• • • • • • • • • • • • • • • • • • • •	
Revenue		Contribut	iono on	d grants (Dart VIII line 1h)	-		262,6	20			
	8			d grants (Part VIII, line 1h)	1		202,0		264	4,021	
ven	9			revenue (Part VIII, line 2g)				0	· · · · · · · · · · · · · · · · · · ·		
æ	10	Investme	nt incor	me (Part VIII, column (A), lines 3, 4, and 7d)	.			0			
	111	Total roug	enue (F	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	, .	()			7,110		
				dd lines 8 through 11 (must equal Part VIII, column (A), line 12)			262,6			<u>1,131</u>	
				ar amounts paid (Part IX, column (A), lines 1-3)				0	500	0,000	
s	14	Benefits p	paid to	or for members (Part IX, column (A), line 4)			0				
Expenses	15			mpensation, employee benefits (Part IX, column (A), lines 5-10)				0	0		
be	16a	Professio	nal fund	draising fees (Part IX, column (A), Iine 11e)				0	0		
ũ	b	Total fund	Iraising	expenses (Part IX, column (D), line 25) ▶							
	17	Other exp	enses	(Part IX, column (A), lines 11a-11d, 11f-24f)			4,2	211	Ę	5,223	
	18	Total exp	enses.	Add lines 13-17 (must equal Part IX, column (A), line 25).			4,2	211	505	5,223	
	19	Revenue I	ess exp	enses. Subtract line 18 from line 12			258,4	127	(234	,092)	
s or					Begi	inning of C	urrent	Year	End of Year		
Net Assets or Fund Balances	20	Total asse	ets (Par	t X, line 16)			283,9	55	49	9,863	
r As	21			Part X, line 26)	•			0		0	
F Se	22	Net asset	s or fur	nd balances. Subtract line 21 from line 20.			283,9	155	40	9,863	
P	art II		ature E							.,000	
		Under per	alties of	perjury, I declare that I have examined this return, including accompanying s	schedules	and stater	nents.	and to t	the best of my kno	wledge	
		and belief	entige trije	-correct and complete Declaration of preparer (other than officer) is become	ille ee be	nformation	of whi	ch prep	arer has any knov	vledge.	
Się	an	1	se	my am		1	121	15	120,0		
	re	Signa	ture of o	flicer		Dat	-	, ,			
	-	5-	ta +	fiver watthews, Secretary	5	Dui					
		Type	or print r	name and title	/						
		+	<u> </u>	Date	Check	if	Desir				
		Preparer's signature		Date	self-			rer's ide Istructio	ntifying number ns)		
Paid			,		emplo	yed ▶ ∐	"		•		
re	parer's	Firm's nan	ne (or yo	ure \			<u> </u>				
Jse	Only	if self-emp	oloyed),			EIN	>	:			
		address, a				Phone n	0. 🕨 ())		
Иa	y the	IRS discu	ss this	return with the preparer shown above? (see instructions)		<u></u>			Yes	No	

Pa	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: Engage in and support the research and factual investigation of links between exploitation of
	natural resources and armed conflict.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
42	(Code:) (Expenses \$ 5,223 including grants of \$ 500,000.) (Revenue \$ 271,131.)
- 7α	Donations to Global Witness Limited, a Section 501(c)(3) organization (EIN 98-0493088).
4h	(Code: N/A) (Everyone C including south of C
40	(Code: N/A) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code: N/A) (Expenses \$ including grants of \$_) (Revenue \$_)
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$ N/A) (Revenue \$)
40	Total program service expenses ► \$505.223

-	990 (2009)		F	age
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		,	
2	complete Schedule A	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		/
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8_		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		✓
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
9	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
6	The art of game and art art art of other habitation and art A, mile 20: if 163, complete ochequie D, I all A.			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		√
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b	1	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15	✓	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

18

19 20

	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a		√
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		٧
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		V
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		√
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		./
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38		V
			Y	

Pa	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		✓
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
b	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		S. F. Salania
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За		√
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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)?	4a		√
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		√
	organization solicit any contributions that were not tax deductible?			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			15.00
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sonition provided to the payor?	70		/
h	and services provided to the payor?	7a 7b		V
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		1
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	With Market	سن
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		✓
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		✓
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	Establish .	/
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12			
	Initiation fees and capital contributions included on Part VIII, line 12			
Н	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against	5		
	amounts due or received from them.)			
2a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a		

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

Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		~
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		√
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	- CON		
а	The governing body?	8a		✓
b	Each committee with authority to act on behalf of the governing body? . M. A	8b		√ :
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		✓
	tion B. Policies (This Section B requests information about policies not required by the Inte	∍rnal		
1167	enue Coue.)		7	T
40-		40	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		✓
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	401		
4.4	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		,
11 1		Catholic	150	Y Sales S
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		√
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	120		
	rise to conflicts?	12b		
		12.0	-	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		1
14	Does the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		1
	Other officers or key employees of the organization	15b		√
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ California			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or	c)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds of	f the	
	organization: ▶ c/o Stafford Matthews, Secretary, 1769 Broadway, No. 11, San Francisco, California, 415)-425-	5550	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not on		any o	curr	ent	offi	cer, d	lirec	tor, or trustee.		
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Positi	Position (check all that apply)			ply)	Reportable	Reportable	Estimated	
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
See Attached										
· · · · · · · · · · · · · · · · · · ·										
										ī

Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Key	/ Emp	loy	ees,	an	d Hig	hes	t Compensated	d Employee	s (continued)		
	(A)	(B)			•	C)			(D)	(E)	(F)		
	Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportab compensati from relati organizatic (W-2/1099-N	ion amount of ed other ons compensation	f on on d	
<u>1b</u>	Total			•		• •		>	1				
2	Total number of individuals (including but reportable compensation from the organization from the organization)	not limited ation ► 0	to the	ose	liste	ed a	above) wl	ho received mo	ore than \$1	00,000 in		
3	Did the organization list any former office employee on line 1a? <i>If "Yes," complete S</i> . For any individual listed on line 1a, is the s	chedule J : sum of repo	for su ortabl	ich e ce	<i>indi</i> omp	vidu oens	<i>ial</i> sation	 an		 nsation fro	ed 3	No ✓	
	the organization and related organizations individual								·		. 4	<u>√</u> _	
5	Did any person listed on line 1a receive services rendered to the organization? If "Y	or accrue Yes," comp	comp lete s	sen: S <i>ch</i>	satio edu	on 1 le J	rom for s	any uch	unrelated org	anization fo	or	✓_	
	ction B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	epe	nde	nt c	contra	cto	rs that receive	d more tha	n \$100,000 of		
	(A) Name and business add	ress							(B) Description of s	ervices	(C) Compensation		
N/A													
												-	
2	Total number of independent contractors (in more than \$100,000 in compensation from	ncluding bu	ut not iizatio	lim n ▶	ited • 0	to	those	list	ed above) who	received			

								T	Page 9
Par		Statement of Re	evenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ints	1a	Federated campaigns		1a	0				
Contributions, gifts, grants and other similar amounts	b	Membership dues		1b	0				
fts, r an	С	Fundraising events .		1c	0			100	
nigi.	d	Related organizations		1d	0				
ons	e	Government grants (contr		1e	0				12.0
buti	1	All other contributions, gifts,		4.5	204 024				
t it	~	and similar amounts not inclu- Noncash contributions include		1f	264,021 0				
Son	l h		ed in intes Ta-			264,021			
				•	Business Code				
Program Service Revenue	2a b								
	1 -	***************************************							
n Se	d								
grar	e	All other program servi	ce revenue	3					
Pro		Total. Add lines 2a-2f			>	0			
	3	Investment income (incother similar amounts) Income from investment of	cluding divi	dends ot bond	s, interest, and	0			
	5	Royalties	(i) Real	• •	(ii) Personal	0			
	b	Gross Rents Less: rental expenses	(i) Real		(ii) Personal				
	l d	Rental income or (loss) Net rental income or (loss)	 oss)						
		Gross amount from sales of	(i) Securitie		(ii) Other				
		assets other than inventory Less: cost or other basis							
		and sales expenses . Gain or (loss)							
Φ	d	Net gain or (loss)			>	0			
evenue	oa	Gross income from events (not including \$ of contributions reporte							
α.		See Part IV, line 18		· a					34-1
Other		Less: direct expenses Net income or (loss) from	 om fundrais	. b sing e	vents ►	0			
		Gross income from gam See Part IV, line 19		. а					
		Less: direct expenses. Net income or (loss) from			ties ►	0			
	10a	Gross sales of inve							
		returns and allowances		1					
		Less: cost of goods so Net income or (loss) from			orv •				
	۳	Miscellaneous Rev		IV GITE	Business Code	0			
	11a	D-6			7,060				
	b	Bank reimbursement			50				
	C								
	1 -	All other revenue							
	1	Total. Add lines 11a-1			>	7,110			
	12	Total revenue. See ins	structions.	•		271,131			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21										
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				TOTAL TOTAL						
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	500,000	500,000								
4	Benefits paid to or for members										
5	Compensation of current officers, directors, trustees, and key employees										
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)										
7	Other salaries and wages										
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)										
9	Other employee benefits										
10	Payroll taxes										
11	Fees for services (non-employees):										
b	Management	169		169							
	Accounting										
	Lobbying										
	Professional fundraising services. See Part IV, line 17										
	Investment management fees										
	Other										
12	Advertising and promotion										
13	Office expenses	340	····	340							
14	Information technology										
15	Royalties										
16	Occupancy										
17	Travel	1,308		1,308							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings .										
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization.										
23	Insurance	2,805		2,805							
24	Other expenses. Itemize expenses not										
	covered above. (Expenses grouped together										
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)										
а	Reimbursement of donation	429	429								
b	Bank fees	96		96							
С	Return filings fees	75		75							
d	Agent fees	170		170							
e											
f	All other expenses	0									
25	Total functional expenses. Add lines 1 through 24f	505,223	500,429	4,794							
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	,	-								
	fundraising solicitation	0	0	0	0						

		balance Sneet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	283,955	1	49,863
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
sts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or 10a			
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15 16	Other assets. See Part IV, line 11		15	
	 	Total assets. Add lines 1 through 15 (must equal line 34)	283,955	16	49,863
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
S	20	Tax-exempt bond liabilities		20 21	
Liabilities	21 22	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ϊ́	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Ë		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
ces		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets	283,955	27	49,863
Ва	28	Temporarily restricted net assets		28	
g	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	283,955		49,863
	34	Total liabilities and net assets/fund balances	283,955		49,863

Pa	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🗌 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓
	Were the organization's financial statements audited by an independent accountant?	2b		✓
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

GLOBAL WITNESS FOUNDATION 268 BUSH STREET, #2822 SAN FRANCISCO, CALIFORNIA 94104 (94-3399599)

ATTACHMENT TO FORM 990 (2009)

<u>PART VII-A:</u> Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Patrick Alley
 President and Director
 6th Floor
 Buchanan House
 30 Holborn
 London, England EC1N 2HS
 United
 Hours per week: As needed
 No compensation or expense allocation or allowances

Jonathan Winer
 Director
 1615 L Street, NW
 Suite 900
 Washington, DC 20036
 Hours per week: As needed
 No compensation or expense allocation or allowances

3. Stafford Matthews
Secretary and Director
c/o 268 Bush Street, #2822
San Francisco, CA 94105
Hours per week: As needed
No compensation or expense allocation or allowances

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047 Open to Public

		t of the Treasury venue Service	▶A	ttach to Form 990 or Fo		open to Public Inspection					
		he organization							Employe	r identificat	tion number
-		Witness Fou							94		3399599
Par		Reason	i for Public Cl	narity Status (All or	ganizati	ons mus	t comple	ete this	part.) Se	e instruc	ctions.
The 1 2 3 4 5 6 7 8 9	orga	A church, co A school de A hospital o A medical re hospital's na An organiza section 170 A federal, st An organizat described in A communit An organizat receipts fror support fror acquired by An organizat	ot a private four onvention of chuscribed in section a cooperative lesearch organizame, city, and station operated for (b)(1)(A)(iv). (Costate, or local govition that normally a section 170(b) by trust described tion that normally a activities related the organization to organized a	ndation because it is: urches, or association on 170(b)(1)(A)(ii). (At hospital service organation operated in conjuste: The benefit of a collemplete Part II.) Vernment or government	(For lines of churc tach Sch nization of churc tach Sch nization of church o	s 1 throughes described with a house its support of the subject to a siness taletion 509 (through the subject public to public	gh 11, ch ribed in s in section spital deservated or control or from a Part II.) pport from certain ex xable inco (a)(2). (Coolic safety.	eck only section 1 n 170(b) scribed in operated ion 170(t) governm m contrib sceptions ome (les omplete F See sec	one box. 70(b)(1)(A) (1)(A)(iii). In section by a gove (b)(1)(A)(v) (c)(1)(A)(v) (c	170(b)(1 ernmenta t or from no more 1511 tax))(A)(iii). Enter the I unit described in the general public ip fees, and gross than 33½ % of its from businesses
11 e f g		purposes of 509(a)(3). Cl a Type By checking persons other 509(a)(1) or significant formula following persons organization Since August following person and (iii) but (iii) A family	one or more pulheck the box that I b of this box, I certer than foundation section 509(a)(2) ization received, check this box at 17, 2006, has resons? In who directly on below, the governmember of a permanent of the position of the control of th	a written determination	nizations of suppo Typ tion is no r than on on from epted any either alo ported or above?	describe orting organization	d in sectionalization ctionally led direct publicly that it is contribution gether with n?	on 509(a) and comintegrated the supported a Type 1 and from a chapter of the person and the pers	of (1) or second the line of t	etion 509(es 11e thr d y one or cations de , or Type	a)(2). See section ough 11h. Type III-Other more disqualified escribed in section III supporting Yes No 11g(i) 11g(ii)
1				of a person described							[11g(iii)]
		e of supported anization	(ii) EIN	ation about the supportion (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the of in col. (i) Ii governing	organization sted in your document?	(v) Did y the organ col. (i) supp	ou notify nization in of your port?	organizat (i) organi U.	s the ion in col. zed in the S.?	(vii) Amount of support
					Yes	No	Yes	No	Yes	No	
Tota			27.5								

18

Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 172.835 214,922 227.861 262,638 264,021 include any "unusual grants.") 1,142,277 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 172.835 214,922 227,861 262,638 264,021 Total. Add lines 1 through 3 1,142,277 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount 2,154 shown on line 11, column (f) Public support. Subtract line 5 from line 4. 1,140,123 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 172,835 214,922 227,861 262,638 Amounts from line 4 . . 264,021 1,142,277 7 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources . Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 1,142,277 Total support. Add lines 7 through 10 . 1,142,277 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 99.8 14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 331/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box b 331/3 % support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this 17a 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ □

Statement and a second	dule A (Form 990 or 990-EZ) 2009						Page 3
	Support Schedule for Orga (Complete only if you check	nizations De	escribed in S n line 9 of Pa	Section 509(a art I.)	1)(2) 1/0	1	
	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities			· ·			
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b						-
Sec	tion B. Total Support						
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for organization, check this box and stop	here		nd, third, fourtl	n, or fifth tax y	ear as a sectio	n 501(c)(3)
Sec	tion C. Computation of Public Su	pport Perce	ntage				
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S	Schedule A, P	art III, line 15	ne 13, column		15 16	% %
Sec	tion D. Computation of Investmen	nt Income P	ercentage				
17	Investment income percentage for 200					17	%
18 19a	Investment income percentage from 20 331/3 % support tests—2009. If the organization	anization did r	ot check the b	ox on line 14, a	and line 15 is n	18	%, and line
b	17 is not more than 33½%, check this b 33½% support tests—2008. If the organ	ox and stop he	ere. The organ check a box o	ization qualifies n line 14 or line	s as a publicly s 19a, and line 1	supported orga 6 is more than :	nization ▶ ☐ 33% %. and
20	line 18 is not more than 33%%, check this Private foundation. If the organization						

Schedule A (F	orm 990 or 990-EZ) 20	09					Page 4
Part IV	Supplemental Part II, line 17a	Information. (a or 17b; and P	Complete this art III, line 12.	part to provide Provide any o	the explanatio ther additional i	ns required by nformation. See	Part II line 10.
NIF			,			·	
	*						

				***************		••••	***************************************

					•••••	• • • • • • • • • • • • • • • • • • • •	
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	•••••••••			***************************************		
			••••				
			~~~~~				
				*******		••••	
		· · · · · · · · · · · · · · · · · · ·					
				*******			
	· · · · · · · · · · · · · · · · · · ·			************			
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	***************************************						

#### Schedule F (Form 990)

# Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047 Open to Public

Name of the organization **Global Witness Foundation** 

Department of the Treasury Internal Revenue Service

Inspection Employer identification number 94 3399599

-1-0-7						
Pa	rt I General Informa "Yes" to Form 990	ition on Activ , Part IV, line 1	<mark>/ities Outsid</mark> 4b.	e the United States	. Complete if the organi	zation answered
1	For grantmakers. Does assistance, the grantee?	the organization	n maintain rec	sistance, and the selec	tion criteria used to aw	ard . 🗹 Yes 🗌 No
2	For grantmakers. Descrit United States.	oe in Part IV th	e organization	's procedures for monit	oring the use of grant for	unds outside the
3	Activities per Region. (Use	Schedule F-1	(Form 990) if	additional space is nee	ded.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Eur	ope - United Kingdom	0	0	Grants	General operations	500,000
	***************************************					7,000
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					- Andrews
Γota	als ▶	0	0			500.000

500,000

Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV line 15 for any recipient who received more than \$5,000 Check this how if no one recipient who received more than \$5,000 Check this how if no one recipient who received more than \$5,000 Check this how if no one recipient who received more than \$5,000 Check this how if no one recipient who received more than \$5,000 Check this how if no one recipient who received more than \$5,000 Check this how if no one recipient who received more than \$5,000 Check this how if no one recipient who received more than \$5,000 Check this how if no one recipient who received more than \$5,000 Check this how if no one recipient who received more than \$5,000 Check this how if no one recipient who received more than \$5,000 Check this how if no one recipient who received more than \$5,000 Check this how if no one recipient who received more than \$5,000 Check this how if no one recipient who received more than \$5,000 Check this how if no one recipient who received more than \$5,000 Check this how if no one recipient who received more than \$5,000 Check this how if no one recipient who received more than \$5,000 Check this how it no one recipient who received more than \$5,000 Check this how it no one recipient who received more than \$5,000 Check this how it no one recipient who are the recipient who received more than \$5,000 Check this how it no one recipient who are the recipient Schedule F (Form 990) 2009

Global Witness Ltd         501(c)(3)         Europe - UK         Operations         250,000         Wire transfer         0         0           Global Witness Ltd         501(c)(3)         Europe - UK         Operations         250,000         Wire transfer         0         0	1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
Ein 96-uk Operations 250,000 Wire transfer 0  Ein 96-ug3008  Ein 9	Global Witness Ltd	501(c)(3)	Europe - UK	Operations	250,000	Wire transfer	0		0
	Global Witness Ltd	501(c)(3)		Operations	250,000		0	<b> </b>	0
		EIN 98-0493088	Selection						
									"
				-					
									,

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities 0 က Schedule F (Form 990) 2009

Schedule F (Form 990) 2009

Part III Grants an

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

	(h) Method of valuation (book, FMV, appraisal, other)		 	 	, .,	 			:	 		 
-	(g) Description of non-cash assistance											
	(f) Amount of non-cash assistance											
	(e) Manner of cash disbursement											
	(d) Amount of cash grant											
s needed.	(c) Number of recipients											
Use schedule F-1 (Form 990) if additional space is needed.	(b) Region											
USe SCNedule r-1 (r	(a) Type of grant or assistance	N/A					-					

Schedule F (Form 990) 2009

Part IV	Supplemental Information	Pag
	Complete this part to provide the information required in Part I, line 2	, and any additional information.
The organi	zation receives periodic reports from the grantee. The grantee, Glo	bal Witness Limited, is a UK charity
recognize	d by the Internal Revenue Service as Section 501(c)(3) organization.	The EIN for Global Witness Limited
is 98-04930	188, and the recipient organization files Form 990s with the Service.	
		•••••••••••••••••••••••••••••••••••••••
	•••••••••••••••••••••••••••••••••••••••	
	·	
•••••	***************************************	••••••
		••••••
		•••••••••••••••••••••••••••••••••••••••
		•••••••••••••••••••••••••••••••••••••••

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization Employer identification number Global Witness Foundation 3399599 94 Organization type (check one): Filers of: Section: 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 an organization 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 990-EZ that met the 331/6 support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and 11. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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 Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Da	2		2	- ( D - )
Page	_	of	_	of Part

Schedule B (Form 990, 990-EZ, or 990	-PF) (2009)

Name of organization
Global Witness Foundation

Employer identification number 94 : 3399599

Global W	itness roundation		94 3399599
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) s Type of contribution
	Vanguard Charitable Endowment PO Box 3075 Southeastern, PA 19398-9917	\$250,00	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
	The Alton E. Peters Foundation  34 Parsons Green  London SW6 4HU, United Kingdom	\$5,00	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 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 Noncash (Complete Part II if there is a noncash contribution.)

#### SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990.

**Global Witness Foundation** 94 3399599 *Part VI, Line 8 - The meetings of the board of directors is documented but the answer is stated as "no" out of an abundance of caution, due to the use of the term "contemporaneously". *Part VI, Line 11/11A - The Form 990 is prepared by one of the directors and the secretary of the organization. The of the organization furnishes a completed copy of the Form 990 to the other directors for the information. *Part VI, Line 19 - All materials are available to the public on request.

TAXABLE YEAR

# California Exempt Organization Annual Information Return

۲	ORM	

199

2009	3 Annu	al Info	rmation	Ret	urn								1	99	
Calendar Y	ear 2009 or fiscal y	year beginnin	g month 05	day	<u>01</u> year	_2009	_, and e	ending mo	nth <u>04</u>	day_	30	year_2	2010		-
A First Retu		162	Type of organiza Exempt under S	ition ection 237	01 d (ins	sert letter	1		COR						
	$\overline{\Delta}$	No	IRC Section 494	7(a)(1) tru	st 🗌 🐪				2	_ 1 F	4	4 4	1_	0	
•	Organization Name	41							FEIN		_				_
Address	Vitness Founda	ition							9	4 - 3	, 3	9 9	5	9 9	9
	h Street, No. 28	822													
City				***************************************				***************************************	State	ZIP (	Code				<del></del>
San Fran	ncisco								C.	A		941	04		
	Return?							eneral Instru							V
(a) Is this (b) If "Yes (c) Are all (If "No, (d) Is this group (e) Federa (f) Is a ross  Final return  Me If a box is of Check the l (1) — 9  G If organiza	subordinate/affiliate in a a group filing for affiliate, "enter the number of a affiliates included? "attach a list. See instrua a separate return filed b ruling?	es? See General affiliates uctions.) by an organization ched? dered (Withdrawn ch explanation) ited the following (3)	Instruction L	. •	s No I	in any y (3) man If "Yes, 23701c J Did the incorpo comple K Is the c If "Yes, L Is the c a prior M Is the c N Did the	pt under R political car de an electi " complete d Organizati oration, or ete an expla organization " enter am organization year? organization organization	R&TC Section mpaign or (2 ion under R& e and attach to tions.	23701d, ha ) attempted attC Section ( corm FTB 350 changes in it have not been attach copies der R&TC Se s receipts fro t by the IRS hability Comp	s the organic to influence 23704.5 (n   09, Politica	ization le legisla lelating l or Leg l	during the ation or any to lobbying to lobbying gislative Act	ballot no by publicivities because Emment, ar ax Board	neasure, (ic charitie y Section  Yes   ticles of  I? If "Yes  Yes   Yes  Yes	or es)? Ino Ino Ino Ino
					I										
Part I Co	mplete Part I unles	***************************************	<del></del>									1		7 110	100
	1 Gross sales or re 2 Gross dues and										1			7,110	00
Receipts	3 Gross contribution											<b>†</b>	26	64,021	
and	4 Total gross recei														100
Revenues	This line must b				_		al Instruc	ction C		@	4		27	71,131	100
								5		00	2				
	5 Cost of goods sold									0	)				
	7 Total costs. Add										7				00
	8 Total gross incor										1			'1,131	
Expenses	9 Total expenses a											ļ		)5,223	
	10 Excess of receip										10	-	_(23	4,092)	
ì	11 Filing fee \$10 or										11	ļ			00
	12 Total payments .										12	ļ			00
1	13 Penalties and Int										13				00
ı	14 Use tax. See Ger														00
Sign	Under penalties of pertrue, correct, units of	eriury I declare I	hat I have examine	od this retur	n including :	accompar	wing sche	edules and s	tatements a	and to the	15 pest of edge.	my knowle	dge and		0 00 t is
Here	Signatura	///	7		Title			Da	ate	•	Telep	hone			
	Signature of officer	our.			Secreta	ary			12/15/10		( 4'	15) 42	5-55	50	
	Droporor's					Da	ite	Cr	neck if self-	0	Prepa	arer's SSN	I/PTIN		
Paid	Preparer's signature							en	nployed 🕨						
Preparer's	Simula and Januar									9	FEIN	l			
Use Only	Firm's name (or you if self-employed)	, oik 													
	and address									8	Telep	hone			
											(	)		~~~~	
	May the FTB disc	cuss this ratu	rn with the are	narer cho	wn ahove	? See in	struction	ns		•	□ V4	es 🗆 No			
	1 1.01 1.0 dioc			- 2. 0. 0.10	0.0000	. 550 111									

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information. See Specific Line Instructions.

		1 Gross sales or receipts from all business a	ctivities. See instructions .			1		00	
		2 Interest			<i></i> • _	2		00	
D		<b>3</b> Dividends				3		00	
Receipts from Other Sources		4 Gross rents				4		00	
		5 Gross royalties				5		00	
		6 Gross amount received from sale of assets (See Instructions)				6		00	
		7 Other income. Attach schedule				7		7,110 00	
	8 Total gross sales or receipts from other sources. Add line 1 through line 7.								
	Enter here and on Side 1, Part I, line 1						8 7,110 00		
		9 Contributions, gifts, grants, and similar am				9		500,000 00	
		10 Disbursements to or for members						00	
		1 Compensation of officers, directors, and trustees. Attach schedule				11		00	
Expenses and Disburse- ments		2 Other salaries and wages				12		00	
		3 Interest				13		00	
		4 Taxes				14		00	
		5 Rents							
		6 Depreciation and depletion (See instructions)					16 00		
		17 Other. Attach schedule			-			5,223 00	
		18 Total expenses and disbursements. Add lir				18		505,223 00	
Sc	hedu						avable ve		
Ass		Per La Datanoc Oncots	Beginning of taxable year (a) (b)		(c)	End of taxable year		(d)	
		·	(4)	283,995				49,863	
		counts receivable		200,000			8	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		tes receivable. Attach schedule	urkolatzineko kialatua suokonomoa kilonettenean yenstelakilikiloneten kiloneten ja				0		
_			STEEL OF THE SECOND TO SECOND SECOND SECOND SECOND				1824		
		Ories					9		
		I and state government obligations							
		ments in other bonds. Attach schedule				e e	0	-	
	7 Investments in stock. Attach schedule						0		
		age loans (number of loans)				2 E 9 E 9	0		
-		investments. Attach schedule				AT 12440	8		
10	•	reciable assets	1		,		1862567900		
		accumulated depreciation	(		(	//3=1563.T	<u> </u>		
							0		
		assets. Attach schedule		202.005			9	40.000	
13 Total assets				283,995		11709		49,863	
Liabilities and net worth							A Policial		
		nts payable							
		butions, gifts, or grants payable					9		
16	Bonds	and notes payable. Attach schedule					8		
	•	ages payable							
		liabilities. Attach schedule			Section 1				
		stock or principle fund					0		
		n or capital surplus. Attach reconciliation					0		
		ed earnings or income fund		222.007			0		
22	Total li	abilities and net worth	111 1	283,995			<u> </u>	49,863	
Sc	hedu	Do not complete this schedule if the	s with income per return amount on Schedule L, lic	ne 13, column (d), is less t	han \$25,000				
1	Net income per books		0	7 Income recorded on books this year					
2		al income tax							
3	Exces	s of capital losses over capital gains	0	Attach schedule			0		
4	Incom	e not recorded on books this		8 Deductions in this return not charged					
year.		Attach schedule							
5	-	ses recorded on books this year not	3.0	Attach schedule			•		
		ted in this return. Attach schedule	0	9 Total. Add line 7 and	line 8				
6	Total.			10 Net income per return.			2850		
_	Add li	ne 1 through line 5		Subtract line 9 from	line 6	<u></u> .			

### GLOBAL WITNESS FOUNDATION 268 BUSH STREET, #2822 SAN FRANCISCO, CALIFORNIA 94104 (94-3399599)

# ATTACHMENT TO FORM 199 (2009)

# PART II, LINE 7 - OTHER INCOME

Refunds - Retainers

\$ 7,110

### PART II, LINE 17 - OTHER EXPENSES

Filing Fees	\$ 75
Insurance	2,805
Accounting	1,170
Travel	1,308
Legal	169
Agent Fees	170
Miscellaneous Office	340
Reimbursement of donation	429
Bank Fees	96

Total: \$5,223