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)

OMB No. 1545-0047 20**05**

benefit trust or private foundation) Open to Public Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service Inspection For the 2005 calendar year, or tax year beginning May 1 2005, and ending April 30 20 06 Please C Name of organization D Employer identification number B Check if applicable: ise IRS **Global Witness Foundation** 94:3399599 Address change label or print or Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 268 Bush Street, #2822 Initial return) None City or town, state or country, and ZiP + 4 Final return instructions. San Francisco, CA 94104 ☐ Other (specify) ▶ Amended return H and I are not applicable to section 527 organizations. Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable Application pending H(a) Is this a group return for affiliates? Yes V No trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(b) If "Yes," enter number of affiliates ▶ G Website: ► N/A H(c) Are all affiliates included? Yes No J Organization type (check only one) ► 🛛 501(c) (3) ◄ (Insert no.) 🔲 4947(a)(1) or 🔲 527 (If "No," attach a list. See instructions.) H(d) Is this a separate return filed by an K Check here ▶ ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return. Group Exemption Number ▶ Check ► ☐ if the organization is not required Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 172, 835 to attach Sch. B (Form 990, 990-EZ, or 990-PF). Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Contributions, gifts, grants, and similar amounts received: 1a 1b **b** Indirect public support c Government contributions (grants) . . 1c 172,835 noncash \$ 1d 172,835 d Total (add lines 1a through 1c) (cash \$ ___ 2 Program service revenue including government fees and contracts (from Part VII, line 93) Membership dues and assessments 3 4 4 Interest on savings and temporary cash investments 5 Dividends and interest from securities 6b **b** Less: rental expenses 6c Net rental income or (loss) (subtract line 6b from line 6a) 7 Other investment income (describe > Revenue (A) Securities (B) Other 8a Gross amount from sales of assets other 8a than inventory 8b b Less: cost or other basis and sales expenses. 8c c Gain or (loss) (attach schedule) 8d d Net gain or (loss) (combine line 8c, columns (A) and (B)) 9 Special events and activities (attach schedule). If any amount is from gaming, check here contributions reported on line 1a) **b** Less: direct expenses other than fundraising expenses 9c c Net income or (loss) from special events (subtract line 9b from line 9a) 10a Gross sales of inventory, less returns and allowances . . . 10c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a), 11 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 12 172,835 13 230,000 Program services (from line 44, column (B)) 13 Management and general (from line 44, column (C)) 14 3,793 14 15 15 Fundraising (from line 44, column (D)) . . . 16 16 Payments to affiliates (attach schedule) . . . 17 Total expenses (add lines 16 and 44, column (A)) 17 233,793 18 (60,958)Assets 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)). . 109,622 19

Other changes in net assets or fund balances (attach explanation).

Net assets or fund balances at end of year (combine lines 18, 19, and 20)

20

ğ

48,664

20

21

Par	Statement of Functional Expenses	All organizations mo organizations and s	ust com ection 4	plete column (A). Col 1947(a)(1) nonexempt	umns (B), (C), and (D charitable trusts but) are required for sect optional for others. (S	ion 501(c)(3) and (4) see the instructions.)
	Do not include amounts repo 6b, 8b, 9b, 10b, or 16 or			(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach (cash \$230,000 noncash \$ If this amount includes foreign grants	·	22	230,000	230,000		
23	Specific assistance to indischedule)		23				
24	Benefits paid to or for me schedule)	embers (attach	24	·	,		
25	Compensation of officers, dire		25				
26	Other salaries and wages .	•	26				
27	Pension plan contributions		27				
28	Other employee benefits .		28				
29	Payroll taxes		29				
30	Professional fundraising fees		30				
31	Accounting fees		31				
32	Legal fees		32		. '		
33	Supplies		33				
34	Telephone		34				
35	Postage and shipping		35				
36	Occupancy		36			,	
37	Equipment rental and mainter		37				
38	Printing and publications .		38			,	
39	Travel		39				
40	Conferences, conventions, an		40				
41	Interest		41				
42	Depreciation, depletion, etc. (a		42				
43	Other expenses not covered a	above (itemize):		• .			
а	Payments to independent co		43a	1,018		1,018	
b	Insurance and misc. office e	xpenses	43b	2,775		2,775	
C			43c				····
d			43d				
е			43e				
f	***************************************		43f				
9	***************************************		43g				
44	Total functional expenses through 43. (Organization columns (B)-(D), carry these 13–15)	s completing totals to lines	44	233,793	230,000	3,793	o
Join	nt Costs. Check ▶ ☐ if you a					-, 1	
Are a	any joint costs from a combined ed es," enter (i) the aggregate amoun	lucational campaign	and fu			gram services? . > to Program services	
	he amount allocated to Manageme	-	~ ~		amount allocated	•	¥
, ,				, (22) (110			

Form **990** (2005)

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	Lgo -
Part III Statement of Program Service Accomplishments (See the instructions.)	
Form 990 is available for public inspection and, for some people, serves as the primary or sole source of info particular organization. How the public perceives an organization in such cases may be determined by the infor- on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, to programs and accomplishments.	mation presented
What is the organization's primary exempt purpose? Charitable and educational All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(4) orgs., and 4947(a)(1)
a Grants for charitable and educational purposes.	
(Grants and allocations \$ 230,000) If this amount includes foreign grants, check here ▶ □	230,000
b	

			*		
	(Grants and allocations	\$ 230.00	0) If this amount includes foreign grants	check here	230,000
ь			or and amount modes rolling grants	l l	200,000
_					
	(Grants and allocations	\$) If this amount includes foreign grants	check here	
С					
		,			
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		•		
	(Grants and allocations	<u>-</u>) If this amount includes foreign grants	shock hore by	
	<u> </u>			<u> </u>	
d.			•••••		
•					
		************	~		
	/Claste and alkastians				
_	(Grants and allocations Other program services) If this amount includes foreign grants	s, check here	
-	(Grants and allocations	\$) If this amount includes foreign grants	check here ▶ □	
f	<u> </u>	Y	e 44, column (B), Program services	<u> </u>	230,000
_					Form 990 (2005)

Pa	irt IV	Balance Sheets (See the instructions.)			
		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing	109,622	45	48,664
	46	Savings and temporary cash investments		46	· · · · · · · · · · · · · · · · · · ·
		, ,			
	47a	Accounts receivable			
	i i	Less: allowance for doubtful accounts . 47b		47¢	
	48a	Piedges receivable			
		Less: allowance for doubtful accounts . 48b		48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees			
		(attach schedule)	•	50	
	51a	Other notes and loans receivable (attach		2.0	
\$		schedule)			
Assets	ь	Less: allowance for doubtful accounts 51b		51c	
ď	52	Inventories for sale or use		52	·
	53	Prepaid expenses and deferred charges		53	
	54	Investments—securities (attach schedule)		54	
		Investments—land, buildings, and			
	-	equipment: basis			
	h	Less: accumulated depreciation (attach			
	_	schedule)		55c	
	56	Investments—other (attach schedule)		56	
	57a	Land, buildings, and equipment: basis . 57a			
		Less: accumulated depreciation (attach			
	_	schedule)		57c	
	58	Other assets (describe ▶)		58	
		, , , , , , , , , , , , , , , , , , , ,			
	59	Total assets (must equal line 74). Add lines 45 through 58	109,622	59	48,664
	60	Accounts payable and accrued expenses	·	60	•
	61			61	
	62	Deferred revenue		62	
Se	63	Loans from officers, directors, trustees, and key employees (attach		22.0	
Ž		schedule)		63	
Liabilities	64a	Tax-exempt bond liabilities (attach schedule)		64a	
=		Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ▶)		65	
	6 6	Total liabilities. Add lines 60 through 65	0	66	0
	Orga	anizations that follow SFAS 117, check here > 🗹 and complete lines			
u)		67 through 69 and lines 73 and 74.			•
8	67	Unrestricted	109,622	67	48,664
퍨	68	Temporarily restricted		68	
Fund Balances	69	Permanently restricted		69	
펕	Orga	anizations that do not follow SFAS 117, check here ▶ ☐ and		* * V.	
Ē	Ĭ	complete lines 70 through 74.		4.00	
ō	70	Capital stock, trust principal, or current funds		70	
\$	71	Paid-in or capital surplus, or land, building, and equipment fund .		71	
3Se	72	Retained earnings, endowment, accumulated income, or other funds		72	
ĕ	73	Total net assets or fund balances (add lines 67 through 69 or lines			
Net Assets		70 through 72;			
-		column (A) must equal line 19; column (B) must equal line 21)	109,622	73	48,664
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73.	109,622	74	48,664

Pai	rt IV-A	Reconciliation of Revenue per Au instructions.)	dited Financial Statem	ents With Rev	enue per Ret	urn (See the
а	Total reve	enue, gains, and other support per aud	ited financial statements		а	
b		included on line a but not on Part I, lin				
1		alized gains on investments		b1		
2		services and use of facilities		b2		
3		es of prior year grants		b3		
4		ecify):			* 	
		,,		b4	Ta.	
	Add lines	b1 through b4			b	
С					C	
d	Amounts	included on Part I, line 12, but not on				
1		nt expenses not included on Part I, line		d1		
2		ecify):				
	*	***************************************		d2		
		:d1 and d2			d	
e		renue (Part I, line 12). Add lines c and c	j			
Pai	rt IV-B	Reconciliation of Expenses per A	udited Financial Stater	nents With Exp	oenses per R	eturn
a	Total exp	enses and losses per audited financial	statements , .		а	
b	Amounts	included on line a but not on Part I, fir	ne 17:			
1	Donated	services and use of facilities		b1		
2	Prior year	r adjustments reported on Part I, line 2	0	b2		
3	Losses re	eported on Part I, line 20		b3		
4	Other (sp	ecify):				
				b4		
	Add lines	b1 through b4 , , , , , , ,			<u>b</u>	
C	Subtract	line b from line a			с	
d		included on Part I, line 17, but not on			,	
1	Investme	nt expenses not included on Part I, line	6b	d1		
2	Other (sp	ecify):				
				d2		
e	Add lines	c d1 and d2	اما		<u>d</u>	
		Current Officers, Directors, Trustee				ffinan alimanan amakan
1 (2)		or key employee at any time during the y	ear even if they were not	compensated) (S	n wno was an o See the instruction	oncer, director, trustee,
			(R)	(C) Compensation	(D) Contributions to ex	npiovee (E) Expense account
		(A) Name and address	Title and average hours per week devoted to position	(If not paid, enter	benefit plans & defe compensation pla	erred and other allowances
See	attached.	······································	Week develor to position		compensation più	100
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	•••••	***************************************	•			
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Par	t V-A Current Officers, Directors, Trustees	s, and Key Employe	es (continued)		Yes No
75a	Enter the total number of officers, directors, and transcerings	ustees permitted to vo		n business at board 3	
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)					
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations.					
d	If "Yes," attach a statement that identifies the organization and the other organization(s), including amounts paid to each individual by Does the organization have a written conflict of in	and describes t each related orga	the compensati nization.	on arrangements,	
	Former Officers, Directors, Trustees, and officer, director, trustee, or key employee re person below and enter the amount of comp	Key Employees That I ceived compensation o	Received Comper	nsation or Other Bene escribed below) during	the year, list that
	(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A					
·····					
	>-			·	
Par	t VI Other Information (See the instruction	rs.)			Yes No
76 77	Did the organization engage in any activity not p description of each activity Were any changes made in the organizing or gove				76
••	If "Yes," attach a conformed copy of the changes	•	t not reported to		
	Did the organization have unrelated business grothis return? If "Yes," has it filed a tax return on Form 990-T f				78a ✓ 78b
79	Was there a liquidation, dissolution, termination, of a statement	•	tion during the ye		79 /
	Is the organization related (other than by associated common membership, governing bodies, trusted organization? If "Yes," enter the name of the organization				80a 🗸
D	100, onto the name of the organization	and check whether it	is a exempt o	r nonexempt	
	Enter direct and indirect political expenditures. (S Did the organization file Form 1120-POL for this	see line 81 instructions	s.) 81a	•	81b /

Pai	t VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	✓	
b	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.)	000		✓
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a 83b		
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? Did the organization solicit any contributions or gifts that were not tax deductible?	84a		,
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		162	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	85b	Vinie.	
C	Dues, assessments, and similar amounts from members			
d	Section 162(e) lobbying and political expenditures			
0	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	950		
9	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
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 estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12			
b	Gross receipts, included on line 12, for public use of club facilities			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		1
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0
	List the states with which a copy of this return is filed ▶ California			
	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)		0	
	Located at ► 212 Jamaica Street, Tiburon, CA ZIP + 4 ► 949	lone 20		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	Yes	No ✓
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91c		
	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country Section 4047(1/4) and the state of the foreign country Section 4047(1/4) and the state of t			
92 —	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year • 92	• •	. '	- ⊔

Part	Analysis of Income-Producing	Activities (See t	<u>he instructions</u>	:.)			
Note: I	Enter gross amounts unless otherwise	Unrelated b	usiness income	Excluded I	y secti	on 512, 513, or 514	(E)
indicate	 · ·	(A)	(B)	(C)		(D)	Related or exempt function
93 a	Program service revenue: N/A	Business code	Amount	Exclusion	code	Amount	income
b							
C							
d					_	-	
е							
f	Medicare/Medicaid payments						
g	Fees and contracts from government agenc	ies					
	Membership dues and assessments						
95	Interest on savings and temporary cash investme	nts		<u> </u>	_		
	Dividends and interest from securities						
	Net rental income or (loss) from real estate:			· ·			<u> </u>
а	debt-financed property			 			
	not debt-financed property			<u> </u>			
	Net rental income or (loss) from personal proper	ty			\dashv		
	Other investment income		<u> </u>	ł	\dashv		
	Gain or (loss) from sales of assets other than invent	ory	<u> </u>	<u> </u>	+		
	Net income or (loss) from special events .					·	•
	Gross profit or (loss) from sales of inventory	′ 			\dashv		·
	Other revenue: a			· · · · · · -			
b					-+		
c d		···				-	
e							
	Subtotal (add columns (B), (D), and (E))	\$14000 B		74.7	W. W5		
105	Total (add line 104, columns (B), (D), and (E)	(a)	<u> </u>			. >	
Note:	Line 105 plus line 1d, Part I, should equal the	he amount on line	12. Part I.				
Part \				oses (Se	e the	e instructions.)	
Line N		me is reported in co	lumn (E) of Part V	II contribu	ted in		accomplishment
	N/A			F - F	<u>′</u>		
						• • • • • • • • • • • • • • • • • • • •	
Part	X Information Regarding Taxable Su	bsidiaries and Di	sregarded Entit	ties (See	the ir	nstructions.)	
	(A) Name, address, and EIN of corporation,	(B)	(C)		Ī	(D)	_ (E)
	partnership, or disregarded entity	Percentage of ownership interest	Nature of a	ctivities		Total income	End-of-year assets
N/A		%	:				
		%			,		
		%					
		%					
Part 2	Information Regarding Transfers As	sociated with Pers	onal Benefit Co	ntracts (S	ee th	e instructions.)	
(b)	Did the organization, during the year, receive any funds Did the organization, during the year, pay part of the company of the	remiums, directly o	or indirectly, on a				Yes V No
Please	Under penalties of perjury declare that I have examined bells, it is true exprect, and complete. Fectors			hedules and I on all infor		ments, and to the bit of which preparer	
Sign	January VVV						
Here	Signature of officer	•	•		Da	πe	
•	Stafford Matthews, Secretary						
	Type or print name and title.	<u> </u>	Dots	Check if		Danier to con-	DTN /O. C. L. /
Paid	Preparer's signature		Date	self-	. —	Preparer's SSN or	PTIN (See Gen. Inst. W)
Preparer	Firm's name (or yours)			employed		<u> </u>	
Use Only	if self-employed), address, and ZIP + 4				iN Phono :	no. ▶ ()	
	receive, and an trap			15		NO. F 1	

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

ATTACHMENT TO FORM 990 (2005)

PART II, LINE 22: Grants and Allocations

Global Witness Ltd.	\$100,000.00	May 9, 2005
Global Witness Ltd.	50,000.00	October 24, 2005
Global Witness Ltd.	80,000.00	February 6, 2006
Total:	\$230,000.00	

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

ATTACHMENT TO FORM 990 (2005)

PART IV, LINE 77: Other Information

See attached Certificate of Amendment of Articles of Incorporation

State of CaliforniaSecretary of State



I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That the attached transcript of _____ page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

MAY 2 1 2005

BRUCE McPHERSON Secretary of State

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

CERTIFICATE OF AMENDMENT OF ARTICLES OF INCORPORATION OF GLOBAL WITNESS FOUNDATION

MAY 1 7 2005

The undersigned certify that:

- 1. They are the **president** and the **secretary**, respectively, of GLOBAL WITNESS FOUNDATION, a California nonprofit public benefit corporation ("corporation").
- 2. Article II.B of the Articles of Incorporation of this corporation is amended to read in its entirety as follows:
 - "B. The specific purposes of this corporation are (a) to advance the education and awareness of the public concerning environmental protection and conservation; (b) to support and aid research and investigations into the causes and effects of the exploitation of natural resources by public and private entities throughout the world; (c) to support and aid research and investigations of the relationship between environmental exploitation and human rights abuses; (d) to support and aid research and investigations of the role of natural resources in conflict; (e) to encourage free and informed public discourse concerning such subjects; and (f) to otherwise further the foregoing specific purposes by all lawful means."
- 3. The foregoing amendment of Articles of Incorporation has been duly approved by the board of directors of this corporation.
 - 4. The corporation has no members.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

DATE: May 13, 2005

Patrick Alley, President

Stafford Matthews, Secretary



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

ATTACHMENT TO FORM 990 (2005)

PART V-A: List of Officers and Directors

- 1. Patrick Alley
 President and Director
 PO Box 6042
 London N19 5WP
 England
 Hours per week: As needed.
 No compensation or expense account or allowances
- Jonathan Winer
 Director
 601 Pennsylvania Avenue NW
 North Building
 11th Floor
 Washington, D.C. 20004-2601
 Hours per week: As needed.
 No compensation or expense account or allowances
- 3. Stafford Matthews
 Secretary and Director
 c/o 268 Bush Street, #2822
 San Francisco, California 94105
 Hours per week: As needed.
 No compensation or expense account or allowances

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 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

| 2008

Employer identification number

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

Global Witness Foundation 94 3399599 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.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation employee benefit plans & deferred compensation than \$50,000 per week devoted to position allowances None Total number of other employees paid over \$50,000. Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of others receiving over \$50,000 for Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of other contractors receiving over \$50,000 for other services

Schedule	Δ	(Corm	990	~ 000	C7\	2006

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Pai	t III	Statements About Activities (See page 2 of the instructions.)	,	Yes	No
1	atte or i	ring the year, has the organization attempted to influence national, state, or local legislation, including any empt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid incurred in connection with the lobbying activities (Must equal amounts on line 38, t VI-A, or line i of Part VI-B.)	1		✓
	Org org	ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other ranizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of lobbying activities.			
2	sub with own	ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any obtantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or h any taxable organization with which any such person is affiliated as an officer, director, trustee, majority ner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the insactions.)			
а	Sal	e, exchange, or leasing of property?	2a		√
b		ding of money or other extension of credit?	2b		`
C		nishing of goods, services, or facilities?	2c		1
d		ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		√
е		nsfer of any part of its income or assets?	2e		✓
3a		you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how of determine that recipients qualify to receive payments.).	3a		✓
b		you have a section 403(b) annuity plan for your employees?	3b		✓
C	Dur	ring the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		✓
		you maintain any separate account for participating donors where donors have the right to provide advice on use or distribution of funds?	4a		✓
<u>b</u>	Do	use or distribution of funds? you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		✓
Pai	tΙV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The	orga	nization is not a private foundation because it is: (Please check only ONE applicable box.)			
5	_	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6	_	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8		A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital state	oital's n	ame,	city,
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Sect (Also complete the Support Schedule in Part IV-A.)	ion 170(b)(1)(A)(iv).
11a	Ø	An organization that normally receives a substantial part of its support from a governmental unit or from the gene 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	ral public	c. Se	ction
11b		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12		An organization that normally receives: (1) more than 331/2% of its support from contributions, membership fees,	•		
		from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 from gross investment income and unrelated business taxable income (less section 511 tax) from businesse			•
		organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	s acquii	eu D	y tile
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and suppressed in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section the box that describes the type of supporting organization: Type 1 Type 2		2). C	
		Provide the following information about the supported organizations. (See page 6 of the instructions	.)		
		(a) Name(s) of supported organization(s)	numbe n above	r 	
				•	
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instruction	tions.)		

Par Note	t IV-A Support Schedule (Complete onl : You may use the worksheet in the instructions	y if you checked a for converting fro	a box on line 10, om the accrual to	11, or 12.) Use of the cash method	cash method d of accountil	of acc	counting.
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001		(e) Total
15	Gifts, grants, and contributions received. (Do				· · ·		
	not include unusual grants. See line 28.),	106,600	6,020	60,600		0	173,220
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						
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975						
19	Net income from unrelated business 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	-					
22	Other income. Attach a schedule. Do not		·				
	include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22	106,600	6,020	60,600		0	173,220
24	Line 23 minus line 17	106,600	6,020	60,600		0	173,220
25	Enter 1% of line 23		60	606		0	Ser of
c	Organizations described on lines 10 or 11: Prepare a list for your records to show the nar governmental unit or publicly supported organi amount shown in line 26a. Do not file this list w Total support for section 509(a)(1) test: Enter I Add: Amounts from column (e) for lines: 18	me of and amount zation) whose tota ith your return. E ine 24, column (e)	t contributed by eal gifts for 2001 the nter the total of all the second	each person (other rough 2004 exce these excess am	er than a leded the lounts > 2	6a 6b 6c	3,464 61,072 173,220
	22		26b61,0	<u>972</u>	▶ 2	6d	61,072
е	Public support (line 26c minus line 26d total)				▶ 2	6e	112,148
f	Public support percentage (line 26e (numero	ator) divided by I	ine 26c (denomi	nator))	▶ 2	:6f	64.7 %
27 b	Organizations described on line 12: a Ferson," prepare a list for your records to show Do not file this list with your return. Enter the (2004)	ithe name of, and le sum of such an lived from each per year, that was mos 5 through 11b, as well the larger amoun	total amounts recondunts for each y (2002) son (other than "dire than the larger well as individuals.) t described in (1)	eived in each yearear: isqualified persont of (1) the amount Do not file this li or (2), enter the s	ar from, each ' (2001) s"), prepare a in st with your reum of these d	ist for y he yea turn. A	your records to r or (2) \$5,000. After computing tes (the excess
c	Add: Amounts from column (e) for lines: 15		, ,		. (2001)		
	17 20				▶ 🚨	7c	
d	Add: Line 27a total,	and line 27b tota				7d	
e	Public support (line 27c total minus line 27d to				. ▶ 2	7e	
f	Total support for section 509(a)(2) test: Enter a	amount from line	23, column (e)	. ▶ 27f	Į.		Andre Marketin
g	Public support percentage (line 27e (numer					79	%
h						7h	%
28	Unusual Grants: For an organization describ prepare a list for your records to show, for ea description of the nature of the grant. Do not	ach year, the nam	e of the contribu	tor, the date and	amount of the	ne gran	

Pa	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)		<u>·</u>	age 4		
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	29	Yes	No		
30						
	programs, and scholarships?	30				
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31				
		45 				
32	Does the organization maintain the following:					
. a b	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a				
	basis?	32b				
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c				
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d				
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	77	S	$t^{\rm ot}$		
			200			
33	Does the organization discriminate by race in any way with respect to:		13	2,5		
	· · · · · · · · · · · · · · · · · · ·					
а	Students' rights or privileges?	33a				
b	Admissions policies?	33b				
C	Employment of faculty or administrative staff?	33c				
đ	Scholarships or other financial assistance?	33d				
e	Educational policies?	33e				
f	Use of facilities?	33f				
g	Athletic programs?	33g				
h	Other extracurricular activities?	33h	27.VT. 5			
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)					
	·		7	Ž,		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a				
b	Has the organization's right to such aid ever been revoked or suspended?	34b		7		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75–50, 1975–2 C.B. 587, covering racial prodiscrimination? If "No." attach an explanation					

Schedule	Λ	Æ~~~	202	~	000	E71	DOOR

	Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768) N/A							
Che	Check ▶ a ☐ if the organization belongs to an affiliated group. Check ▶ b ☐ if you checked "a" and "limited control" provisions apply.							
	Limits on Lobbyi (The term "expenditures" mea	- -			(a) Affiliated group totals	(b) To be completed for ALL electing organizations		
36	Total lobbying expenditures to influence public	·		36				
37	Total lobbying expenditures to influence a legis			37				
38	Total lobbying expenditures (add lines 36 and			38				
39	Other exempt purpose expenditures			39				
40	Total exempt purpose expenditures (add lines							
41	Lobbying nontaxable amount. Enter the amount							
		obbying nontaxa						
	Not over \$500,000 20%							
		000 plus 15% of ti	he excess over \$5			أحب شيششين		
		000 plus 10% of th	· · · · · · · · · · · · · · · · · · ·			<u> </u>		
		000 plus 5% of the		4.3				
40.		0,000						
42	Grassroots nontaxable amount (enter 25% of I							
43 44	Subtract line 42 from line 36. Enter -0- if line 4 Subtract line 41 from line 38. Enter -0- if line 4					 		
44	Subtract line 41 from line 36. Enter -0- it line 4	r is more than iir	ie 38, , , .					
	Caution: If there is an amount on either line 43	3 or line 44, you n	nust file Form 47.	20.				
	4-Year Av	eraging Period	l Under Section	on 501(h)				
	(Some organizations that made a section See the instructions f	on 501(h) election	do not have to o	omplete all of the	e five columns ns.)	below.		
		Lob	bying Expenditu	res During 4-Ye	ar Averaging I	Period		
	Calendar year (or	(a)	(b)	(c)	(d)	(0)		
		1 (4)	, , , ,	1 10/	(-,	(e)		
	fiscal year beginning in) ▶	2005	2004	2003	2002	(e) Total		
45	fiscal year beginning in) ▶							
45	• •							
45 46	fiscal year beginning in) ▶		2004		2002			
	fiscal year beginning in) ▶ Lobbying nontaxable amount	2005	2004	2003	2002			
46	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures	2005	2004	2003	2002			
46	iscal year beginning in) ► Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e))	2005	2004	2003	2002	Total		
46	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures	2005	2004	2003	2002	Total		
46 47 48	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount	2005	2004	2003	2002	Total		
46 47 48 49 50	Lobbying nontaxable amount	2005	2004	2003	2002	Total		
46 47 48 49 50	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures	2005	2004	2003	2002	Total		
46 47 48 49 50 Pa	Lobbying nontaxable amount	eting Public Clations that did	harities not complete fate or local legis	2003 Part VI-A) (See lation, including a	2002 page 11 of t	he instructions.)		
46 47 48 49 50 Pa	Lobbying nontaxable amount	eting Public Clations that did	harities not complete fate or local legis	2003 Part VI-A) (See lation, including a	2002	he instructions.)		
46 47 48 49 50 Pa	Lobbying nontaxable amount	2005 cting Public Clations that did uence national, structure or reference of the control of th	harities not complete fate or local legis um, through the	Part VI-A) (See lation, including ause of:	2002	he instructions.)		
46 47 48 49 50 Pa Duri atter	Lobbying nontaxable amount	2005 cting Public Clations that did uence national, structure or reference of the control of th	harities not complete fate or local legis um, through the	Part VI-A) (See lation, including ause of:	2002	he instructions.)		
46 47 48 49 50 Pa Duri atter a b	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures	eting Public Clations that did uence national, st matter or referend ion in expenses re	harities not complete fate or local legis um, through the	Part VI-A) (See lation, including ause of:	2002	he instructions.)		
46 47 48 49 50 Pa Duri atter a b c	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures	eting Public Clations that did uence national, st matter or reference ion in expenses received.	harities not complete fate or local legis um, through the	Part VI-A) (See lation, including ause of:	2002	he instructions.)		
46 47 48 49 50 Pa Duri atter a b c d	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures	eting Public Clations that did uence national, st matter or reference ion in expenses remains an expense remains a expense re	harities not complete fate or local legis um, through the	Part VI-A) (See lation, including ause of:	2002	he instructions.)		
46 47 48 49 50 Pa Duri atter a b c d e f	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures TVI-B Lobbying Activity by Noneled (For reporting only by organizating the year, did the organization attempt to influence public opinion on a legislative reporting only by organization attempt to influence public opinion on a legislative reporting only by organization attempt to influence public opinion on a legislative reporting only by organizations to influence public opinion on a legislative reporting only by organizations advertisements. Mailings to members, legislators, or the public publications, or published or broadcast statem Grants to other organizations for lobbying purports.	eting Public Clations that did tuence national, structure or reference ion in expenses reference ion in expenses reference ions.	harities not complete f ate or local legis urn, through the	Part VI-A) (See lation, including a use of:	2002	he instructions.)		
46 47 48 49 50 Pa Durit atter a b c d e f	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures TVI-B Lobbying Activity by Nonelect (For reporting only by organizating the year, did the organization attempt to influence public opinion on a legislative in Volunteers Paid staff or management (Include compensating Media advertisements Mailings to members, legislators, or the public Publications; or published or broadcast statem Grants to other organizations for lobbying purp Direct contact with legislators, their staffs, governments.	eting Public Clations that did tuence national, structure or reference ion in expenses references	harities not complete f ate or local legis um, through the eported on lines or a legislative b	Part VI-A) (See lation, including a use of:	2002	he instructions.)		
46 47 48 49 50 Pa Duri atter a b c d e f	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures TVI-B Lobbying Activity by Noneled (For reporting only by organizating the year, did the organization attempt to influence public opinion on a legislative reporting only by organization attempt to influence public opinion on a legislative reporting only by organization attempt to influence public opinion on a legislative reporting only by organizations to influence public opinion on a legislative reporting only by organizations advertisements. Mailings to members, legislators, or the public publications, or published or broadcast statem Grants to other organizations for lobbying purports.	eting Public Clations that did uence national, structure or reference ion in expenses reference ions in expenses reference ionses	harities not complete f ate or local legis um, through the eported on lines or a legislative b	Part VI-A) (See lation, including a use of: c through h.) body	2002	he instructions.) Amount		

1 (2)	t VII		ganizations (Se	e page 12 of the instruction	actions and Relationship	os With	Nonc	chari	table
51	Did 1	the reporting orga	nization directly or	indirectly engage in any of th	e following with any other orga	nization c	lescribe	d in s	ection
_				to a noncharitable exempt or	tion 527, relating to political org	janization:	s?	14	T
a			janization of:		54 - m	Yes	+		
	.,	Cash Other assets	• • • • • •				51a(i)	-	1
.			• • • • • • •		• • • • • • • • • •		a(ii)	 	
U		er transactions:							1
	(1)	Sales or exchange	es of assets with a	noncharitable exempt organiz	ation		b(i)	├—	 ,
	(ii)	Purchases of asse	ets from a nonchar	itable exempt organization			b(ii)	<u> </u>	1
				ner assets	• • • • • • • • • •		b(iii)	_	1
		Reimbursement a	*				b(iv)	ļ	1
		Loans or loan gua					b(v)		1
				ship or fundraising solicitations			b(vi)		✓
				sts, other assets, or paid empl			С	<u> </u>	<u> </u>
	good	is, other assets, o	r services given by	the reporting organization. If	e. Column (b) should always sho the organization received less t ds, other assets, or services rece	than fair r	market market v	value /alue	of the in any
3) aci l		(b)	N	(c)	(d				
Line	no.	Amount involved	Name of nonc	charitable exempt organization	Description of transfers, transact	ions, and sl	haring arr	angem	ents
	\rightarrow								·
				·					
		· · · · · · · · · · · · · · · · · · ·							
	\dashv								
			- · · · · · · · · · · · · · · · · · · ·						
	desc	ribed in section 50 es," complete the	ectly or indirectly a D1(c) of the Code (a following schedule	other than section 501(c)(3)) or	· · · · · · · · · · · · · · · · · · ·	►	☐ Yes] No
		(a) Name of organiz	ation	(b) Type of organization	Description of		p		
									· ·
		·							
			· · · · · · · · · · · · · · · · · · ·						
									
									

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

Name of organization		Employer identification number
Global Witness Founda	tion	94 3399599
Organization type (check	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation
	☐ 527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priva	ate foundation
•	☐ 501(c)(3) taxable private foundation	
	filing Form 990, 990-EZ, or 990-PF that received, during the year one contributor. (Complete Parts I and II.)	ar, \$5,000 or more (in money or
For a section 501(sections 1.509(a)-3 \$5,000 or 2% of the	c)(3) organization filing Form 990, or Form 990-EZ, that met the 3/1.170A-9(e) and received from any one contributor, during the ne amount on line 1 of these forms. (Complete Parts I and II.)	e year, a contribution of the greater of
during the year, ag	agregate contributions or bequests of more than \$1,000 for use or educational purposes, or the prevention of cruelty to children	exclusively for religious, charitable,
during the year, so not aggregate to r the year for an exc	c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, tome contributions for use exclusively for religious, charitable, etc. nore than \$1,000. (If this box is checked, enter here the total coclusively religious, charitable, etc., purpose. Do not complete an anization because it received nonexclusively religious, charitable.	c., purposes, but these contributions did ontributions that were received during by of the Parts unless the General Rule e, etc., contributions of \$5,000 or more
990-EZ, or 990-PF), but t	hat are not covered by the General Rule and/or the Special Rule hey must check the box in the heading of their Form 990, Form by do not meet the filing requirements of Schedule B (Form 990)	n 990-EZ, or on line 2 of their Form

Schedule	R	(Form	ggn	990-F7	0.5	OON-PE	(2005)
COLOUGE	u	11 (1) (1)	23U.	350-12.	u	33U-FF1	12000

Dana	1	~5	1	of Part	
Page		Ot	•	of Part	ł

	organization Vitness Foundation	Employer identification number 94 : 3399599		
Part I	Contributors (See Specific Instructions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) ns Type of contribution	
1	The Alton E. Peters Charitable Trust 28 Musgrave Crescent London SW6 4QE England United Kingdom	\$5,00	Person V Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) ns Type of contribution	
_2	Vanguard Charitable Endowment Program Post Office Box 3075 Southeastern, PA 19398-9917	\$150,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) ns Type of contribution	
3	Edward Zwick and Liberty Godshall 409 Santa Monica Boulevard, Penthouse Santa Monica, CA 90401	\$\$5,000	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) ns Type of contribution	
4	Wallace Global Fund 1990 M Street, NW; Suite 250 Washington, DC 20036	\$10,00	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) ns 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 contributio	ns Type of contribution	
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	

Name of organization Employer identification number **Global Witness Foundation** 94:3399599 Part II Noncash Property (See Specific Instructions.) (a) No. (c) FMV (or estimate) (d) from Description of noncash property given Part I Date received (see instructions) (a) No. (c) (b) from (d) FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) FMV (or estimate) (b) (d) from Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) FMV (or estimate) (b) (d) from Description of noncash property given Date received Part 1 (see instructions) (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions)