TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

NOVEMBER 30, 2012

Prepared for	
	GLOBAL WITNESS LTD 6TH FL, BUCHANAN HOUSE, 30 HOLBORN LONDON, EC1N 2HS
Prepared by	BAKER TILLY VIRCHOW KRAUSE, LLP 125 BAYLIS ROAD MELVILLE, NY 11747-3823
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY JULY 15, 2013.

Form	8879-EO	

IRS e-file Signature Authorization

OMB No 1545-1878

for an	Exempt	Orga	nization
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For calendar year 2011, or fiscal year beginning DEC 1 , 2011, and ending NOV 30 ,20 12

Department of the Treasury Internal Revenue Service Name of exempt organization Do not send to the IRS. Keep for your records. See instructions.

Employer identification number

GLOBAL WITNESS LTD

98-0493088

Name and title of officer CHARMIAN GOOCH DIRECTOR Part I

Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	12342038
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Declaration and Signature Authorization of Officer Part II

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize BAKER TILLY VIRCHOW KRAUS	SE, LLP	to enter my PIN 93088
ERO firm na	ame	Enter five numbers, bu do not enter all zeros
as my signature on the organization's tax year 2011 electronic is being filed with a state agency(ies) regulating charities as pa enter my PIN on the return's disclosure consent screen.		
As an officer of the organization, I will enter my PIN as my sign indicated within this return that a copy of the return is being fi program, I will enter my PIN on the return's disclosure consen	filed with a state agency(ies) regulating c	
Officer's signature	Date 🕨	
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification		
number (EFIN) followed by your five-digit self-selected PIN.	do not enter all zer	
I certify that the above numeric entry is my PIN, which is my signature o confirm that I am submitting this return in accordance with the requirem <i>e-file</i> Providers for Business Returns.	2	
ERO's signature 🕨	Date 🕨 0	7/09/13
ERO Must Retain Th	nis Form - See Instructions	
Do Not Submit This Form To t	the IRS Unless Requested To	Do So
LHA For Paperwork Reduction Act Notice, see instructions. 123051 12-01-11		Form 8879-EO (2011)

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Forr Depa	n 9	90 Inder section 501(c), 527, or 4947(a)(1) of the Internal Revenue of benefit trust or private foundation)	Code (except black lung	OMB No. 1545-0047 2011 Open to Public
Intern	al Reve	nue Service The organization may have to use a copy of this return to satisfy st		Inspection
<u>A</u> F	or th		NOV 30, 2012	
В С ај	heck if oplicab	C Name of organization	D Employer identific	ation number
	Addre chang Name	e GLOBAL WITNESS LTD		102000
]chang ∃Initial	Doing Business As		193088
	_return]Termi ated			192-5820
	Amen return	City or town, state or country, and ZIP + 4	G Gross receipts \$	12,460,177.
	Applic distance	LONDON, ECIN ZHS UNTIED KINGDOM	H(a) Is this a group re	turn
	pendi	^{ng} F Name and address of principal officer: CHARMIAN GOOCH	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates incl	uded? 🗌 Yes 🗌 No
ΙT	ax-ex	empt status: 🚺 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) or 🛄	527 If "No," attach a	list. (see instructions)
J۷	Vebsi	te: WWW.GLOBALWITNESS.ORG	H(c) Group exemptior	
κF	orm of	forganization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨 🛛 📘	Year of formation: 1993 M	State of legal domicile: UK
Pa	rt I	Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: ENVIRON RESEARCH AND EDUCATION .	IENTAL AND HUM	AN RIGHTS
nan	•			1-
ver		Check this box b if the organization discontinued its operations or disposed of	1 1	Sets. 3
Go				<u> </u>
s &		Number of independent voting members of the governing body (Part VI, line 1b)	·····	63
tie	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		12
tivi	6	Total number of volunteers (estimate if necessary)		0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		0.
	b		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	7,713,071.	12,279,248.
Revenue	9			0.
ivel		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14 000	31,885.
R	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	59,591.	30,905.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,786,750.	12,342,038.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,582,220.	1,755,080.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.
se		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,871,007.	3,965,718.
ise		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Expense		Total fundraising expenses (Part IX, column (D), line 25) ► 651, 525.		
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,938,170.	3,527,273.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,391,397.	9,248,071.
	19	Revenue less expenses. Subtract line 18 from line 12	-604,647.	3,093,967.
or es			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,559,632.	5,567,284.
Ass J Ba	21	Total liabilities (Part X, line 26)	636,903.	453,690.
Net - un(Net assets or fund balances. Subtract line 21 from line 20	1,922,729.	5,113,594.
	rt II	Signature Block	,	
		alties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of my	knowledge and belief, it is
	•	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre		o ,

Sign Here	Signature of officer CHARMIAN GOOCH, DIRECTOR Type or print name and title	Date					
	Print/Type preparer's name Preparer's signature	Date Check DTIN					
Paid	GORDON SIESS, CPA, PARTNE	07/09/13 [#] self-employed P00027748					
Preparer	Firm's name BAKER TILLY VIRCHOW KRAUSE, LLE	P Firm's EIN ► 39-0859910					
Use Only	Firm's address 125 BAYLIS ROAD						
	MELVILLE, NY 11747-3823	Phone no. (631) 752-7400					
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)						
122001 01 0	123001 01 22 12 LUA For Panarwork Paduction Act Notice, see the separate instructions						

	1 990 (2011) GLOBAL WITNESS LTD	98-0493088 Page 2
Pa	rt III Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response to any question in this Part III	
	ENVIRONMENTAL AND HUMAN RIGHTS RESEARCH AND EDUCATI	ION.
2	Did the organization undertake any significant program services during the year which were not listed	
	the prior Form 990 or 990-EZ?	Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program s	services?
Ū	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program se	• •
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the a	mount of grants and allocations to
4a	others, the total expenses, and revenue, if any, for each program service reported. (Code:) (Expenses \$ 7,717,539. including grants of \$ 1,755,080.	(Revenue \$ 12,279,248.)
	GLOBAL WITNESS EXPOSES THE CORRUPT EXPLOITATION OF	NATURAL RESOURCES
	AND INTERNATIONAL TRADE SYSTEMS, TO DRIVE CAMPAIGNS	
	RESOURCE-LINKED CONFLICT, AND HUMAN RIGHTS AND ENVI	IRONMENTAL ABUSES.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	Other program convisoes (Describe in Schedule O.)	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 7,717,539.	,
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Part IV	Checklist of	f Required So	hedules
Form 990 (2011)	GLOBAL	WITNE

GLOBAL WITNESS LTD

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	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	11b		X
С	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	11c		x
d	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? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	37	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		v	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	45	x	
16	or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15	- 27	
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
-	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2011)

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Form 990 (2011)

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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		x
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		x
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		х
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		Х
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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			37
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			х
20	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		л
28	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20a 28b	Х	
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
-	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		x
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		Х
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	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		х
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	Х	
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		Х
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	X	

GLOBAL WITNESS LTD Part IV Checklist of Required Schedules (continued)

Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the

United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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21

Yes

No

х

21

1a Enter the number reported in Box 3 of Form 1086. Enter-0- if not applicable 1a	Pa	Check if Schedule O contains a response to any question in this Part V			
a Enter the number eported in Box 3 of Form 1096. Enter-0: fin ot applicable in in< in<< in<< in<< in<< in< in<< in< in<< in< i				Voc	
b Else the number of Forms W40 included in line 1a. Entre 0-fin not applicable 10 <	19	Enter the number reported in Box 3 of Form 1096 Enter .0. if not applicable)	165	NO
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) within solver overed by this rotum. 10 2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 2a 63 2b If at least one is reported on the 2A, did the organization file all required tedraf employment tax returns? 2b X Note. If the sum of thes 1a and 2a is greater than 250, you may be required to c-file (see instructions) 3a X 3b Did the organization have unreplaced backing segments for 1000 or more during the year? 3a X 4 At any time during the calendary year, did the organization hive an interest n, or a signature or other authority over, a financial account? 4a X b If Yes," reter the name of the organization hive an interest n, or a signature or other authority over, a financial account? 4a X 5a Was the organization have normally organization have have tarsaction? 5b 5b X 5a Did any canganization have annual gross receipts that are normally greater than \$100,000, and did the organization have end tax deductible? 5c 6a X 7b If Yes," to line 5a of 5b, did the organization hile have as calendary to a prohibited tax shifts transaction solid any contributions that may receive deductible? 5c <th></th> <td></td> <td></td> <td></td> <td></td>					
gambling winnings to prize winnes? ic 2a Ends the number of employees reported on frem W3, Transmittal of Wage and Tax Statements. ga 63 b it at least one is reported on line 2a, did the organization file all required to devided employment tax returns? 2b X Note. If the sum of Ines 1a and 2a is greater than 250, your myb the required to d=M6 (see instructions) 3a X 10 11*Yes, That file all Form 300 Tor this yea? Note. If the calendar year, did the organization have an inferest in, or a signature or other authority over, a financial account in a toreing outry (such as a bank account, sequenties account, or other financial account)? 4a X b I'Yes, 'netter the name of the foreign country. EVINITED KINDOW, SPAIN 5a X b Did any taxable party notify the organization file form 836677. 5a X c I'Yes,'' to line 5a or 5b, did the organization file form 836677. 5a X b Did any taxable party notify the organization file form 836677. 5a X c I'Yes,'' did the organization file form 836757. 5a X b Did any taxable party notify the organization file form 83677. 5a X c I'Yes,'' did the organization file form 836757. 5a X			-		
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. 2a G3 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Mote, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (saie instructions) 3a X b If Yes," hast filed a Form 90D-T for this year? If No," provide an explemation in Schedule O 3b X b If Yes," hast filed a Form 90D-T for this year? If No," provide an explemation in Schedule O 3b X b If Yes," that the tax of the organization have an interest in, or a signature or other authority over, a financial account? 4a X b If Yes," test the name of the organization have an interest in, or a signature or other authority over, a financial Accounts. 5a X c Bo be comparization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that awar on tax douctible? 5a X f Organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit we receipts and the arganization and party to a prohibited tax shells transaction? 5a X f Organization have annual gross receipts party as a contribution on quatration solicit was requin	Ŭ		10		
tied for the calendar year ending with or within the year covered by this return	2a				
b If at least one is reported on line 1a and 2a is greater than 250, you may be required to effel (see instructions) 2a X Note. If the sum diversities to unserve specifies on some of 150,000 rome during the year? 3a X b If "Yes," has it field a form 980.1 for this year? If "No," provide an explanation in Scheduko 0 3b X b If "Yes," has it field a form 980.1 for this year? If "No," provide an explanation in Scheduko 0 3b X b If "Yes," has it field a form 980.1 for this year? If "No," provide an explanation in Scheduko 0 3b X b If "Yes," enter the name of the foreign country, UNITED KINCDOM, SPAIN See Se X See instructions for filing requirements for form TD F 90:22.1, Report of Foreign Bank and Financial Accounts. Se X b Did any taxable pary notify the organization tax bells that an enomally greater than \$100,000, and did the organization sector any contributions that were not tax deductible? Se X b If "Yes," did the organization netwer solicitation an express statement that such contributions grifts were not tax deductible? Se X b If "Yes," did the organization netwer solicitation an express statement that such contraction required to the pare? To X f To Granization netwer any fonds, dincetwer solicitati			3		
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b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a 10a 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 10b 11a 10b a Gross income from members or shareholders 11a 11b 11b 12a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b <th>9</th> <th></th> <th></th> <th></th> <th></th>	9				
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12a 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X					
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Note. See the instructions for additional information the organization must report on Schedule O. Image: Description of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			13a		
 b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans					
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c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X					
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	с				
			14a		X

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Part VI 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.

Chock	if Schodulo	O contains	a reconce	to any c	nunction in	thic Dart VI	
CHECK		O COntains	aresponse	s to any c	JUESLIUITIIT	UNSFAILVI	

X

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Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	2		
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		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take 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 NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a	nd finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organized	ation: 🕨	·	
	ALAN LARSEN - (207)492-5884			
132000	6TH FLOOR, BUCHANAN HOUSE, 30 HOLBORN, LONDON, EC1N 2HS UNITED	KIN		
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highe	st Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response to any question in this Part VII		
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 v	vithin the organization's tax year.	
A 1 1-4 -1		-)	

• 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average			Pos				(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation	amount of
	week		cer an	d a d	irecto	or/trus	tee)	from	from related	other
	(describe	rector						the	organizations	compensation
	nours for	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	l trus		/ee	mpen		(***2/109910130)		and related
	in Schedule	dual 1	Institutional trustee	5	Key employee	est co oyee	ы			organizations
	(describe hours for related organizations in Schedule O)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			Ū
(1) PATRICK ALLEY										
DIRECTOR	45.00	Х						111,048.	0.	7,581.
(2) SIMON TAYLOR										
DIRECTOR	45.00	Х						117,761.	0.	8,297.
(3) CHARMIAN GOOCH										
DIRECTOR	45.00	Х						109,906.	0.	7,581.
(4) ALAN LARSEN										
DIR OF FINANCE & RESOURCES APRIL 201	45.00			Х				74,153.	0.	751.
(5) GAVIN HAYMAN										
CAMPAIGNS DIRECTOR	45.00			Х				118,523.	0.	8,297.
(6) YVONNE SMITHERS										
DIR OF FINANCE & RESOURCES DECEMBER	45.00			X				48,463.	0.	0.
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						7				

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Part VII Section A. Officers, Directors, Tru		nplo	yee			ligh	est						
(A) Name and title	(B) Average hours per week	box,	not c unle	ss pei	ition ^{more} rson i	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related		am	(F) timate ount o other	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro orga anc	oensat om the anizati I relate nizatio	e on ed
1b Sub-total								579,854.		0.	3	2,50	07.
c Total from continuation sheets to Part V	I, Section A							0.		0.		2,50	0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n compensation from the organization							no re	579,854. eceived more than \$100	,000 of reportabl	• •	5.	2,30	<u> </u>
3 Did the organization list any former officer,	director, or tru	ustee	e, ke	ey en	nplo	yee.	, or	highest compensated e	mployee on			Yes	No
 line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150 	um of reportab	le co	ompe	ensa	ation	n and	d otl	-	the organization		3		x x
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com	accrue comper	nsati	ion f	rom	any	/ unr	elat	ed organization or indiv	dual for services		5		X
Section B. Independent Contractors 1 Complete this table for your five highest complete the your five highest complete this table for your five highest complete this table for your five highest complete the your five hig	mnensated in	dene	nde	nt c	ontr	racto	ors t	hat received more than	\$100.000 of com	nens	ation f	rom	
the organization. Report compensation for													
(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	С	(C omper) nsatior	ו
							_						

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

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Pa	rt VII	Statement of Rever	nue				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, grant similar amounts not included abov Noncash contributions included in lines	1b 1c 258,809. 1d 1 ions) 1e 4,572,232. ts, and 1f 7,448,207.				
ສັບັ	h	Total. Add lines 1a-1f	>	12279248.			
Program Service Revenue	2a b c d e						
-		All other program service reve					
	 3 4 5	Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of tax Royalties	dividends, interest, and k-exempt bond proceeds	31,885.			31,885.
	b c	Gross rents Less: rental expenses Rental income or (loss)	(i) Real (ii) Personal				
		Net rental income or (loss) Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	-			
	с	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)		-			
Other Revenue	8 a	Gross income from fundraising including \$ 258,8 contributions reported on line Part IV, line 18 Less: direct expenses	g events (not 09. of 1c). See a 118,139.				
0		Net income or (loss) from func		0.			
		Gross income from gaming ac	tivities. See				
		Part IV, line 19 Less: direct expenses Net income or (loss) from gam	b				
	10 a b	Gross sales of inventory, less and allowances Less: cost of goods sold	returns a				
Ļ	С	Net income or (loss) from sale					
	11 a b	Miscellaneous Revenu OTHER INCOMING	RESOURC 900099	30,905.			30,905.
	c						
		All other revenue					
		Total. Add lines 11a-11d		30,905.			
	12	Total revenue. See instructions.		12342038.	0.	0.	62,790.
13200	9						

9 10290709 712813 GL05884.0 2011.05090 GLOBAL WITNESS LTD 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).

Check if Schedule O contains a response ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	se to any question in th (A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
b, 9b, and 10b of Part VIII. Grants and other assistance to governments and	Total expenses	Program service	Management and	Eundraising
-		expenses	general expenses	expenses
Grants and other assistance to individuals in				
the United States. See Part IV, line 22				
Grants and other assistance to governments,				
organizations, and individuals outside the	1,755,080.	1,755,080.		
United States. See Part IV, lines 15 and 16 Benefits paid to or for members	1,755,000.	1,755,000.		
F				
	612.361.	488,994.	123.367.	
	2,724,155.	2,036,843.	364,205.	323,107
Pension plan accruals and contributions (include				•
section 401(k) and section 403(b) employer contributions)	153,079.	120,530.	16,819.	15,730
	78,669.	61,923.	8,701.	8,045
	397,454.	306,969.	55,233.	35,252
Fees for services (non-employees):				
Management				
Legal				
Accounting		9,099.	22,298.	
Lobbying	202,717.	202,717.		
Professional fundraising services. See Part IV, line 17				
Investment management fees				
Other	619,743.			83,799
Advertising and promotion				71,722
				10,299
	97,894.	77,751.	10,846.	9,297
Royalties	041 067	107 005	00 772	
Occupancy				25,269
	484,30/•	440,433.	4,040.	34,092
F				
	53,105,	41.304.	6.354.	5,447
I	80,999	37.518.	43,481,	5,117
Other expenses. Itemize expenses not covered		57,510.	45,401.	
24e amount exceeds 10% of line 25, column (A)				
PAYMENTS TO PARTNERS	693,408.	693,408.		
REPORT PRODUCTION	278,396.	251,705.		26,691
WORKSHOPS	122,968.	122,968.		
TRAINING	79,377.	75,007.	3,943.	427
All other expenses	145,111.	130,530.	12,233.	2,348
Total functional expenses. Add lines 1 through 24e	9,248,071.	7,717,539.	879,007.	651,525
Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2011
	section 401(k) and section 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) PAYMENTS TO PARTNERS REPORT PRODUCTION WORKSHOPS TRAINING All other expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	trustees, and key employees 612,361. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,724,155. Other salaries and wages 2,724,155. Pension plan accruals and contributions (include section 4010) and section 4030) employer contributions) 153,079. Other employee benefits 78,669. Payroll taxes 397,454. Fees for services (non-employees): 31,397. Management 202,717. Legal 9,2799. Accounting 21,397. Lobbying 202,717. Professional fundraising services. See Part IV, line 17 17 Investment management fees 619,743. Occupancy 241,067. Travel 241,067. Payments of travel or entertainment expenses for any federal, state, or local public officials 53,105. Conferences, conventions, and meetings 53,105. Insurance 693,408. Payments to affiliates 53,105. Depreciation, depletion, and amortization 53,105. Insurance 693,408. REPORT PRODUCTION 278,396. W	trustees, and key employees 612, 361. 488, 994. Compensation not included above, to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(1)) and persons described in section 4958(r)(3)(8) Other salaries and wages 2, 724, 155. 2, 036, 843. Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 78, 669. 61, 923. Payroli taxes 397, 454. 306, 969. Fees for services (non-employees): Management Legal 9, 279. 8, 564. Accounting 10, 202, 717. 202, 717. Professional fundraising services. See Part IV, line 17 Investment management fees 619, 743. 455, 699. Advertising and promotion 77, 894. 77, 751. Royaties 0 Occupancy 241, 067. 187, 025. Confree expenses 1660, 039. 104, 164. Information technology 97, 894. 77, 751. Royaties 0 Occupancy 241, 067. 187, 025. Travel 97, 894. 77, 751. Payments of fravel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest 9 Payments to affiliates 9 Depreciation, depleton, and amortization 1 Insurance 10 Payments To PARTNERS REPORT PRODUCTION 80, 999. 37, 518. REPORT PRODUCTION 278, 396. 251, 705. 122, 968. 122, 968. 122, 968. TRAINING 79, 377. 75, 007. All other expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined ducuational campaign and flundraising solication. Check here 1 if following SOP 82-2 (ASC 958-720)	trustees, and key employees 612,361. 488,994. 123,367. Compensation not included above, to disqualified persons (as defined under section 4958(r(1)) and persons fas described in section 4958(r(1)) and persons fas described in section 4958(r(1)) and section 4959(r(1)) and section 4958(r(1)) and section 4959(r(1)) and section 4958(r(1)) and section 4959(r(1)) and section 4958(r(1)) and section 4958(r(1)) and section 4959(r(1)) and section 4958(r(1)) and section 4959(r(1)) and section 4958(r(1)) and section 4958(r(1)) and section 4959(r(1)) and section 4958(r(1)) and section 4958(r(1)) and section 4958(r(1)) and section 4959(r(1)) and section 4958(r(1)) and section 4959(r(1)) and section 4958(r(1)) and section

Part X Balance Sheet

GLOBAL WITNESS LTD

					Beginning of year		End of year
	1	Cash - non-interest-bearing			245,823.	1	947,975.
	2	Savings and temporary cash investments			2,128,251.	2	3,764,256.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			129,711.	4	724,722.
	5	Receivables from current and former officers, di					
		employees, and highest compensated employee	-				
		of Schedule L				5	
	6	Receivables from other disgualified persons (as					
		4958(f)(1)), persons described in section 4958(c)					
		employers and sponsoring organizations of sect					
		employees' beneficiary organizations (see instru		-		6	
ŝts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
◄	9	Prepaid expenses and deferred charges				9	
			I I	·····		3	
	10a	Land, buildings, and equipment: cost or other	100	621,211.			
	h	basis. Complete Part VI of Schedule D		490,880.	55,847.	10c	130,331.
		Less: accumulated depreciation			55,047.		130,331.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			2,559,632.	15	5 567 294
	16	Total assets. Add lines 1 through 15 (must equa			636,903.	16	5,567,284. 453,690.
	17	Accounts payable and accrued expenses			030,903.	17	455,090.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
ies	21	Escrow or custodial account liability. Complete F				21	
jiit	22	Payables to current and former officers, director					
Liabilities		highest compensated employees, and disqualifi	ed persons.	Complete Part II			
-		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, page	-				
		parties, and other liabilities not included on lines	s 17-24). Con	nplete Part X of			
		Schedule D			<u> </u>	25	
	26	Total liabilities. Add lines 17 through 25			636,903.	26	453,690.
		Organizations that follow SFAS 117, check he	ere 🕨 🛛 🛛	J and complete			
ses		lines 27 through 29, and lines 33 and 34.			1 064 454		2 001 001
anc	27	Unrestricted net assets			1,264,454.	27	3,881,221.
Bal	28	Temporarily restricted net assets			658,275.	28	1,232,373.
pu	29					29	
Fund Balances		Organizations that do not follow SFAS 117, cl	heck here	▶ └── and			
°.		complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds			30		
Ass	31	Paid-in or capital surplus, or land, building, or eq	uipment fun	d		31	
Net Assets or	32	Retained earnings, endowment, accumulated in				32	
Z	33	Total net assets or fund balances			1,922,729.	33	5,113,594.
	34	Total liabilities and net assets/fund balances			2,559,632.	34	5,567,284.

(B) End of year

(A) Beginning of year

Form 990 (2011)

Form	1990 (2011) GLOBAL WITNESS LTD	98-049	3088	Pag	_{je} 12
Ра	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1	.2,342		
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,248		
3	Revenue less expenses. Subtract line 2 from line 1	3	3,093		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,922		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			98.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,113	<u>3,5</u>	94.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		_X
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis X 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 Sin	ngle Audit			
	Act and OMB Circular A-133?		. 3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		. 3b		
			Form S	990 (2011)

132012 01-23-12

SCHEDULE A

Department of the Treasury

(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.

Interr	nal Reve	nue Service	► At	tach to Form 990 or Fo	rm 990-E	Z. 🕨 See	separate	instructio	ons.		Inspe	ection	
Nar	ne of t	the organizati	on						E	mployer	identificat	ion nu	mber
			GLOBAL	WITNESS LTD						9	8-0493	088	
Pa	art I	Reason	for Public Chari	ity Status (All organiz	ations mu	st complet	te this par	t.) See inst	ructions.				
The	organ	nization is not a	a private foundation I	because it is: (For lines 1	1 through	11, check	only one b	ox.)					
1		A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i)					
2		A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3		A hospital or	a cooperative hospit	tal service organization of	described	in section	170(b)(1)	(A)(iii).					
4		A medical res	search organization of	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospita	l's nam	ıe,
		city, and stat	e:										
5		An organizat	ion operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	t describ	oed in		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6		A federal, sta	te, or local governme	ent or governmental unit	t described	d in sectio	n 170(b)(1	I)(A)(v).					
7	X	An organizat	ion that normally rec	eives a substantial part o	of its supp	ort from a	governme	ental unit o	or from the	general	public desc	ribed i	in
		section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8		A community	r trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9		An organizat	ion that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, a	ind gross re	ceipts	from
		activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2) no more	than 33 1	/3% of its	support	t from gross	invest	tment
		income and u	unrelated business ta	axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	nization	after June 3	30, 197	75.
		See section 509(a)(2). (Complete Part III.)											
10		An organizat	ion organized and op	perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	ŀ).				
11		An organizat	ion organized and op	perated exclusively for th	ne benefit (of, to perfo	orm the fur	nctions of,	or to carry	y out the	e purposes o	of one	or
		more publicly	/ supported organiza	tions described in section	on 509(a)(⁻	1) or section	on 509(a)(2	2). See sec	tion 509(a	a)(3). Ch	eck the box	that	
		describes the	e type of supporting	organization and comple	ete lines 1	1e through	n 11h.			_	-		
		a 🛄 Type	∣ b∟	J Type II c	: 📖 Тур	e III - Func	tionally int	egrated		d	Type III - 0	Other	
e		By checking	this box, I certify tha	t the organization is not	controlled	l directly o	r indirectly	y by one oi	r more dise	qualified	persons ot	her tha	เท
			•	han one or more publicly		•				9(a)(1) or	section 509	9(a)(2).	
f		-		ten determination from t		-							
				nis box									. 📖
ç	J			rganization accepted ar									
				irectly controls, either al								Yes	No
				upported organization?									
				n described in (i) above?									
				person described in (i) o							11g(iii)		
ł	ı	Provide the f	ollowing information	about the supported or	ganization	(s).							
			1	(iiii) Tuno of					(11) 10	the	1		
(i		e of supported	(ii) EIN	(iii) Type of organization		rganization sted in your		i notify the	lorganizatio	on in col.		nount o	of
	orga	anization		(described on lines 1-9		document?	U U		(i) organiz U.S	ed in the ?	sup	port	
				above or IRC section (see instructions))	Yes	No	Yes	No	Yes				
					res		185		185	No			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

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Total

OMB No. 1545-0047

Open to Public

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Schedule A (Form 990 or 990-EZ) 2011 GLOBAL WITNESS LTD

Part II

98-0493088	Page 2
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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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7074808.	5784875.	6955788.	7713071.	12279248.	39807790.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	7074808.	5784875.	6955788.	7713071.	12279248.	39807790.
5	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 shown on line 11,						
	column (f)						14326190.
6	Public support. Subtract line 5 from line 4.						25481600.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	7074808.	5784875.	6955788.	7713071.	12279248.	39807790.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	50,325.	94,778.	14,941.	14,088.	31,885.	206,017.
9	 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.)	46,664.	53,715.	88,878.	59,591.	30,905.	279,753.
11	Total support. Add lines 7 through 10		,			,	40293560.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	organization, check this box and stor						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				······································
	Public support percentage for 2011 (olumn (f))		14	63.24 %
	Public support percentage from 2010					15	69.75 %
	33 1/3% support test - 2011. If the c					nore, check this be	
	stop here. The organization qualifies	•					
b	33 1/3% support test - 2010. If the c						
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			•	•	•	
b	10% -facts-and-circumstances tes						
~	more, and if the organization meets th	-					
	organization meets the "facts-and-circ				• •		
18	Private foundation. If the organization						
				,,, e. II k) or 990-EZ) 2011

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support					-	
Calendar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization'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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(1) 2002	(a) 2000	(4) 2010	(a) 2011	(f) Total
9 Amounts from line 6	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c 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	r the organization'	s first, second, thi	rd, fourth, or fifth t	tax vear as a secti	on 501(c)(3) organi:	zation.
check this box and stop here	•					
Section C. Computation of Publ						······································
15 Public support percentage for 2011 (column (f))		15	%
16 Public support percentage from 2010					16	%
Section D. Computation of Inve					1.4 1	<u>,,,</u>
17 Investment income percentage for 20					17	%
18 Investment income percentage from					18	<u> </u>
19a 33 1/3% support tests - 2011. If the						
more than 33 1/3%, check this box a	-					
b 33 1/3% support tests - 2010. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
132023 01-24-12			, <u> </u>		hedule A (Form 99	0 or 990-EZ) 2011
			15			

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Schedule A (Form 990 or 990-EZ) 20	011 GLOBAL	WITNESS	LTD

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

Schedule A (Form 990 or 990-EZ) 2011

132024 01-24-12

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury

Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2011

Employer identification number

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20	- L	14.	ככ	U	00

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

GLOBAL WITNESS LTD

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

X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% 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 II.

☐ 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, total 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.

J 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 total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

Caution. 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 Part I, 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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

GLOBAL WITNESS LTD

98-0493088

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>	FOUNDATION TO PROMOTE AN OPEN SOCIETY - CHALLENGE FUND 400 WEST 59TH STREET		Person X Payroll Noncash
	NEW YORK, NY 10019	\$ <u>2,370,450.</u>	(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	FOUNDATION TO PROMOTE AN OPEN SOCIETY 400 WEST 59TH STREET	\$ 2,370,450.	Person X Payroll Noncash
	NEW YORK, NY 10019	·	(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	UK DEPARTMENT FOR INTERNATIONAL DEVELOPMENT, GLOBAL TRANSPARENCY FUND 9W1, 1 PALACE STREET LONDON, UNITED KINGDOM SW1E 5HE	\$2,080,711.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No. <u>4</u>	(b) Name, address, and ZIP + 4 UK DEPARTMENT FOR INTERNATIONAL DEVELOPMENT, FGMC PROGRAMME 9W1, 1 PALACE STREET LONDON, UNITED KINGDOM SW1E 5HE	(c) Total contributions \$1,638,789.	(d) Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
No.	Name, address, and ZIP + 4 UK DEPARTMENT FOR INTERNATIONAL DEVELOPMENT, FGMC PROGRAMME 9W1, 1 PALACE STREET	Total contributions	Type of contribution Person X Payroll
<u>No.</u> <u>4</u> (a)	Name, address, and ZIP + 4 UK DEPARTMENT FOR INTERNATIONAL DEVELOPMENT, FGMC PROGRAMME 9W1, 1 PALACE STREET LONDON, UNITED KINGDOM SW1E 5HE (b)	Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d)
No. 4 (a) No.	Name, address, and ZIP + 4 UK DEPARTMENT FOR INTERNATIONAL DEVELOPMENT, FGMC PROGRAMME 9W1, 1 PALACE STREET LONDON, UNITED KINGDOM SW1E 5HE (b) Name, address, and ZIP + 4 GLOBAL WITNESS TRUST RUSSELL SQUARE HOUSE, 10-12 RUSSELL SQUARE	Total contributions \$ 1,638,789. (c) Total contributions	Type of contribution Person X Payroll Image: Complete Part II if there is a noncash contribution.) (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Image: Complete Part II if there Complete Part II if there (Complete Part II if there Image: Complete Part II if there
No. 4 (a) No. 5 (a)	Name, address, and ZIP + 4 UK DEPARTMENT FOR INTERNATIONAL DEVELOPMENT, FGMC PROGRAMME 9W1, 1 PALACE STREET LONDON, UNITED KINGDOM SW1E 5HE (b) Name, address, and ZIP + 4 GLOBAL WITNESS TRUST RUSSELL SQUARE HOUSE, 10-12 RUSSELL SQUARE LONDON, UNITED KINGDOM WC1B 5LF (b)	Total contributions \$ 1,638,789. (c) (c) \$ 817,211. (c) (c)	Type of contribution Person X Payroll Image: Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Image: Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Image: Complete Part II if there is a noncash contribution.) (d) Type of contribution (d) Type of contribution Person X Person X
No. 4 (a) No. 5 (a) No.	Name, address, and ZIP + 4 UK DEPARTMENT FOR INTERNATIONAL DEVELOPMENT, FGMC PROGRAMME 9W1, 1 PALACE STREET LONDON, UNITED KINGDOM SW1E 5HE (b) Name, address, and ZIP + 4 GLOBAL WITNESS TRUST RUSSELL SQUARE HOUSE, 10-12 RUSSELL SQUARE LONDON, UNITED KINGDOM WC1B 5LF (b) Name, address, and ZIP + 4	Total contributions \$ 1,638,789. (c) (c) \$ 817,211. (c) (c)	Type of contribution Person X Payroll Image: Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Image: Complete Part II if there is a noncash contribution.) (d) Type of contribution (Complete Part II if there is a noncash contribution.) (d) Type of contribution (d) Type of contribution (d) Type of contribution Person X Payroll Noncash Image: Complete Part II if there is a noncash contribution Payroll (d) Type of contribution Payroll Noncash Image: Complete Part II if there is a noncash contribution Payroll
No. 4 (a) No. 5 (a) No.	Name, address, and ZIP + 4 UK DEPARTMENT FOR INTERNATIONAL DEVELOPMENT, FGMC PROGRAMME 9W1, 1 PALACE STREET LONDON, UNITED KINGDOM SW1E 5HE (b) Name, address, and ZIP + 4 GLOBAL WITNESS TRUST RUSSELL SQUARE HOUSE, 10-12 RUSSELL SQUARE LONDON, UNITED KINGDOM WC1B 5LF (b) Name, address, and ZIP + 4 GLOBAL WITNESS FOUNDATION 855 EL CAMINO REAL, SUITE 13A-410 PALO ALTO, CA 94301	Total contributions \$ 1,638,789. (c) Total contributions \$ 817,211. (c) Total contributions \$ 786,596.	Type of contribution Person X Payroll Image: Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Image: Complete Part II if there is a noncash contribution (d) Type of contribution Person X Payroll Image: Complete Part II if there is a noncash contribution.) (d) Type of contribution (d) Type of contribution Person X Payroll Image: Complete Part II if there is a noncash contribution.)

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2011.05090 GLOBAL WITNESS LTD

Name of organization

Employer identification number

GLOBAL WITNESS LTD

10290709 712813 GL05884.0

98-0493088

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SWEDISH INTERNATIONAL DEVELOPMENT COOPERATION AGENCY (SIDA) VALHALLAVAGEN 199 STOCKHOLM, SWEDEN SE-105 25	\$565,418.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
<u> </u>	Name, address, and ZIP + 4 JOHN D. AND CATHERINE T. MACARTHUR FOUNDATION 140 SOUTH DEARBORN STREET, SUITE 1100 CHICAGO, IL 60603	Total contributions \$390,679.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	FORD FOUNDATION 320 EAST 43RD STREET NEW YORK, NY 10017	\$354,988.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 ADESSIUM FOUNDATION P.O. BOX 76	Total contributions	Type of contribution Person X Payroll
<u>No.</u> <u>10</u> (a)	Name, address, and ZIP + 4 ADESSIUM FOUNDATION P.O. BOX 76 REEUWIJK, NETHERLANDS 2810 AB (b)	Total contributions \$	Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d)
<u>No.</u> <u>10</u> (a)	Name, address, and ZIP + 4 ADESSIUM FOUNDATION P.O. BOX 76 REEUWIJK, NETHERLANDS 2810 AB (b)	Total contributions \$ 291,662. (c) Total contributions	Type of contribution Person X Payroll Image: Complete Part II if there is a noncash contribution.) (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Image: Complete Part II Person Image: Complete Part II Image
No. 10 (a) No. (a)	Name, address, and ZIP + 4 ADESSIUM FOUNDATION P.O. BOX 76 REEUWIJK, NETHERLANDS 2810 AB (b) Name, address, and ZIP + 4	Total contributions \$ 291,662. (c) Total contributions \$ (c) Total contributions (c) \$ (c) Total contributions (c)	Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d)

2011.05090 GLOBAL WITNESS LTD

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)
Name of organization

Page 3

Employer identification number

98-0493088

GLOBAL WITNESS LTD

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	990, 990-EZ, or 990-PF)

LOBAL W	ITNESS LTD		98-0493088
Part III	Exclusively religious, charitable, etc., ind rear. Complete columns (a) through (e) and the total of exclusively religious, charitable, (dividual contributions to section 501 I the following line entry. For organiza etc., contributions of \$1,000 or less f	(C)(7), (8), or (10) organizations that total more than \$1,000 tions completing Part III, enter for the year. (Enter this information once.) \$
a) No.	Jse duplicate copies of Part III if additio		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	jirt
_	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	jift
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	, jift
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address,	(e) Transfer of g and ZIP + 4	jift Relationship of transferor to transferee
			Schedule B (Form 990, 990-EZ, or 990-P

SCHEDULE C	Р	olitical Campaign a	and Lobbvi	na Activities	5	OMB No. 1545-0047
(Form 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527						2011
Department of the Treasury Internal Revenue Service	Complete	e if the organization is described	I below. ► Attach te instructions.	to Form 990 or Form	n 990-EZ.	Open to Public Inspection
If the organization answe	ered "Yes" to	Form 990, Part IV, line 3, or Forn		ne 46 (Political Cam	aign Acti	vities), then
		plete Parts I-A and B. Do not com			aigii Acti	vitico), then
		01(c)(3)) organizations: Complete F	•	w Do not complete Pa	art I-B	
 Section 527 organizati 						
•		Form 990, Part IV, line 4, or Forn	n 990-EZ, Part VI, I	ine 47 (Lobbying Acti	ivities), th	en
		have filed Form 5768 (election und				
 Section 501(c)(3) organ 	nizations that I	have NOT filed Form 5768 (electio	n under section 501	I (h)): Complete Part II-	B. Do not	complete Part II-A.
If the organization answe	ered "Yes" to	Form 990, Part IV, line 5 (Proxy 1	ſax), or Form 990-E	EZ, Part V, line 35c (P	roxy Tax)	, then
 Section 501(c)(4), (5), (6) 	or (6) organizat	tions: Complete Part III.				
Name of organization						er identification number
	GLOBAL	WITNESS LTD				<u>98-0493088</u>
Part I-A Complet	te if the org	anization is exempt unde	r section 501(c) or is a section (527 orga	anization.
	-	ation's direct and indirect political				
3 Volunteer hours					····· <u> </u>	
Dort I P O o mulat				1(0)		
		anization is exempt unde			▶ \$	
		incurred by the organization unde incurred by organization manager			·· ·	
		n 4955 tax, did it file Form 4720 fo				Yes No
		11 4955 tax, did it file Form 4720 ic				
b If "Yes," describe in F						
		anization is exempt unde	r section 501(c), except section	501(c)(3).
	-	d by the filing organization for sect				•
		ization's funds contributed to othe				
			-		▶\$	
		. Add lines 1 and 2. Enter here an				
line 17b					▶\$	
4 Did the filing organiza	ation file Form	1120-POL for this year?				Yes No
5 Enter the names, add	resses and en	nployer identification number (EIN)) of all section 527 p	oolitical organizations t	to which t	ne filing organization
	•	tion listed, enter the amount paid				•
		omptly and directly delivered to a		-	separate s	segregated fund or a
	littee (PAC). If a	additional space is needed, provid	1			
(a) Name		(b) Address	(c) EIN	(d) Amount paid filing organizatio funds. If none, ent	on's co ter -0	(e) Amount of political portributions received and promptly and directly delivered to a separate political organization. If none, enter -0
For Paperwork Reduction	n Act Notice,	see the Instructions for Form 99	0 or 990-EZ.	Scheo	dule C (Fo	orm 990 or 990-EZ) 2011

132041 01-27-12

Schedule C (Form 990 or 990-EZ) 2011 GLOBAL WITNESS LTD

Part II-A Complete if the orga (election under secti	nization is exe	mpt under sectio	on 501(c)(3) and fil		193000 Fayez
A Check if the filing organization expenses, and share	on belongs to an affi of excess lobbying		n Part IV each affiliated	group member's nar	ne, address, EIN,
Limits	on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)			
b Total lobbying expenditures to influe	nce a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add line	es 1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures					
f Lobbying nontaxable amount. Enter		e following table in bot	th columns.		
If the amount on line 1e, column (a) or	(b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,		0 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,00		0 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (ente	or 25% of line 1f				
h Subtract line 1g from line 1a. If zero					
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than zero					
reporting section 4911 tax for this ye	-				🗌 Yes 🗌 No
(Some organizat	4-Year Ave tions that made a s	eraging Period Under ection 501(h) electio		plete all of the five	
1	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2011

132042 01-27-12

Schedule C (Form 990 or 990-EZ) 2011 GLOBAL WITNESS LTD 98-049308 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(b)
	e lobbying activity.	Yes	No	Amo	·
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:		77		
а	Volunteers?	37	X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X	v		
	Media advertisements?		X X		
	Mailings to members, legislators, or the public?		X X		
	Publications, or published or broadcast statements?		X X		
	Grants to other organizations for lobbying purposes?	X	A	202	,717.
	Direct contact with legislators, their staffs, government officials, or a legislative body?	A	X	202	,,,,,,,
		x	Δ	3	,867.
	Other activities?				,584.
	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х	200	,5011
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	
	501(c)(6).	. ,	()/		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section		(5), or se	ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OF	l (b) Part	III-A, line	e 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par					
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Pa	art II-A; and	Part II-B, lir	ie 1. Also, c	omplete
	part for any additional information.				
	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
GLO	DBAL WITNESS LIMITED TRANSFERS CASH TO GLOBAL WITNE	SS PUE	BLISHI	NG INC	•
то	FUND ITS ACTIVITIES. THE AMOUNT DISCLOSED ABOVE IN	PART	II-B(I) IS	
THI	E ELEMENT OF THE CASH TRANSFERRED WHICH WE ESTIMATE	TO HA	VE BE	EN	
SPI	ENT ON DIRECT CONTACT WITH LEGISLATORS, THEIR STAFF	, GOV	ERNME	NT	
OFI	FICIALS OR A LEGISLATIVE BODY.				
		Schedu	le C (Form	990 or 990	-F7) 2011

132043 01-27-12

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

Nam	e of the organization GLOBAL WITNESS LTD		Employer identification number 98-0493088
Pa		her Similar Funds or A	
	organization answered "Yes" to Form 990, Part IV, line 6.		
		dvised funds (b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the ass	ets held in donor advised fund	ts
-	are the organization's property, subject to the organization's exclusive legal cor		
6	Did the organization inform all grantees, donors, and donor advisors in writing the		
-	for charitable purposes and not for the benefit of the donor or donor advisor, or		
	impermissible private benefit?		• — —
Pa			
1	Purpose(s) of conservation easements held by the organization (check all that a		
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically	/ important land area
	Protection of natural habitat	Preservation of a certified his	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation c	ontribution in the form of a cor	servation easement on the last
-	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c c	Number of conservation easements on a certified historic structure included in		2c
d			
u	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguishe		
Ŭ	vear >	a, or terminated by the organi	
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, in		
U			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing con		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conserva		
8	Does each conservation easement reported on line 2(d) above satisfy the requir		
U	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation easements in it		
Ū	include, if applicable, the text of the footnote to the organization's financial stat		
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of Art, Historica	I Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8		
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to repo		d balance sheet works of art.
	historical treasures, or other similar assets held for public exhibition, education,		
	the text of the footnote to its financial statements that describes these items.		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in	its revenue statement and ba	alance sheet works of art historical
~	treasures, or other similar assets held for public exhibition, education, or resear		
	relating to these items:		noe, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		► \$
	m i i i i i i i i i i		► \$
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other sir		
2	the following amounts required to be reported under SFAS 116 (ASC 958) relati		
~			⊅ ◀
a h	Revenues included in Form 990, Part VIII, line 1		► \$
b	Assets included in Form 990, Part X		ΨΨ
ιμл	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2011
13205	1		
01-23-	25		

2011.05090 GLOBAL WITNESS LTD

OMB No. 1545-0047

Open to Public

Inspection

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Sche	· · · · · · · · · · · · · · · · · · ·	WITNESS LT						<u>98-04</u>			
Par	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, o	or Othe	r Simila	ir Asse	ts (cont	inued)	
3	Using the organization's acquisition, accessi	ion, and other record	ls, chec	k any of the	following that	at are a sig	gnificant u	ise of its	collectio	n item	s
	(check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	ams					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how tł	hey further t	he organizati	on's exer	npt purpo	se in Par	t XIV.		
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or oth	er similar	assets		_		_
	to be sold to raise funds rather than to be m	aintained as part of t	the orga	nization's co	ollection?			L	Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" to I	Form 990,	Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	is or other as	sets not	included		-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table:							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						_ 1d				
е	Distributions during the year						. 1e				
f	Ending balance										
	Did the organization include an amount on F		21?					∟	Yes		No
	If "Yes," explain the arrangement in Part XIV										
Par	t V Endowment Funds. Complete i	, , , , , , , , , , , , , , , , , , ,			· · · · ·						
		(a) Current year	(b) F	Prior year	(c) Two year	rs back (d) Three ye	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance		<i>.</i>								
2	Provide the estimated percentage of the cur	•		g, column (a	a)) held as:						
a	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
С	Temporarily restricted endowment	%									
•	The percentages in lines 2a, 2b, and 2c should be the second seco										
за	Are there endowment funds not in the posse	ession of the organiz	ation the	at are neid a	nd administe	erea for tr	ie organiz	ation	I	V	N
	by:								0-(1)	Yes	No
	(i) unrelated organizations										
L	(ii) related organizations										
D	If "Yes" to 3a(ii), are the related organizations								3b		
Par	Describe in Part XIV the intended uses of the tVI Land, Buildings, and Equipm										
I ui	Description of property	(a) Cost or o		1	or other	(c) Ac	cumulate	4	(d) Boo	k volu	
		basis (investr			or other (other)	• •	reciation	u		n value	
1a	Land										
b	Buildings										
	Leasehold improvements									_	
d	Equipment				8,016.		27,68		13	0,3	
	Other				3,195.	2	63,19	95.		<u> </u>	0.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	mn (B), line 1	0(c).)					0,3	
							_	م اردام م ما م	D /F	0001	~ ~ ~ ~

Schedule D (Form 990) 2011

132052 01-23-12

Schedule D	(Form 990) 2011

GLOBAL WITNESS LTD

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	T age 🗨

Part VII Investments - Other Securities. See	e Form 990, Part X, I	ine 12.		
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valuation of valuation (c) Method of valuation of the second seco	
(1) Financial derivatives				
2) Closely-held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ► Part VIII Investments - Program Related. Set	a Farma 000 Davit V	line 10		
			(c) Method of valua	tion:
(a) Description of investment type	(b) Book value	Co	est or end-of-year mark	
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	15.			
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) line			🕨	
Part X Other Liabilities. See Form 990, Part X,	line 25.			
(a) Description of liability		(b) Book value	4	
(1) Federal income taxes			-	
(2)			-	
(3)			-	
(4)				
(5) (6)				
(7)			-	
(8)				
(9)			-	
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	25.)		-	
Fin 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to 2. FIN 48 (ASC 740).	the organization's financia	i statements that reports the organ	ization's liability for uncertain	n tax positions under
132053 11-23-12				edule D (Form 990) 201
/1 LO 1L		0.7	Gene	

27 10290709 712813 GLO5884.0 2011.05090 GLOBAL WITNESS LTD

Sche	dule D (Form 990) 2011 GLOBAL WITNESS LTD				98-	0493088	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990	to Audite	d Financia				0
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			12,342	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			9,248	
3	Excess or (deficit) for the year. Subtract line 2 from line 1					3,093	,967.
4	Net unrealized gains (losses) on investments						
5	Donated services and use of facilities						
6	Investment expenses						
7	Prior period adjustments						
8	Other (Describe in Part XIV.)						,898.
9	Total adjustments (net). Add lines 4 through 8						,898.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3	and 9				3,190	<u>,865.</u>
Par	t XII Reconciliation of Revenue per Audited Financial Staten	nents Wit	h Revenue	per R	eturi		
1	Total revenue, gains, and other support per audited financial statements				1	12,424	<u>,467.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments						
b	Donated services and use of facilities						
с	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV.)	2d	82,	429.			
е	Add lines 2a through 2d				2e		<u>,429.</u>
3	Subtract line 2e from line 1				3	12,342	<u>,038.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b					-
с	Add lines 4a and 4b				4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	12,342	<u>,038.</u>
Pa	t XIII Reconciliation of Expenses per Audited Financial State		-	-			
1	Total expenses and losses per audited financial statements				1	9,330	,500.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
	Donated services and use of facilities						
b	Prior year adjustments	2b					
с	Other losses			100			
d	Other (Describe in Part XIV.)	2d	82,	429.			
е	Add lines 2a through 2d				2e	82	<u>,429.</u>
3	Subtract line 2e from line 1				3	9,248	,071.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b						
b	Other (Describe in Part XIV.)	4b					•
С	Add lines 4a and 4b				4c		0.
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)				5	9,248	,071.
Pai	t XIV Supplemental Information						

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CURRENCY TRANSLATION ADJUSTMENT

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES FROM FUNDRAISING

10290709 712813 GL05884.0

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

132054 01-23-12 Schedule D (Form 990) 2011

Schedule D

82,429.

96,898.

GLOBAL WITNESS LTD

Part XIV Supplemental Information (continued)

DIRECT EXPENSES FROM FUNDRAISING

82,429.

Schedule D (Form 990) 2011

SCHEDULE	F
SCHEDULE (Form 990)	

Department of the Treasury

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.

Internal Revenue Service

Name of the organization					Employer identifi	cation number				
GLOBAL WITNESS	LTD				98-049308	8				
		ctivities Out	tside the United States. Comp	lete if the orgar						
to Form 990, Par										
			ds to substantiate the amount of its gr							
the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes X No										
2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the										
 For grantmakers. Desc United States. 	ribe in Part v the	e organization s	procedures for monitoring the use of it	is grants and o	ther assistance outs	side the				
	he following Parl	t I. line 3 table ca	an be duplicated if additional space is	needed.)						
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region		vity listed in (d)	(f) Total				
	offices	employees, agents, and	(by type) (e.g., fundraising, program		gram service,	expenditures for and				
	in the region	independent contractors	services, investments, grants to recipients located in the region)		e specific type ce(s) in region	investments				
		in region	recipients located in the region)			in region				
					AL AND HUMAN					
			PROGRAM, FUNDRAISING,	RIGHTS RESE						
UNITED KINGDOM	1		MANAGEMENT & GENERAL	EDUCATION.		6,637,003.				
						, , ,				
3 a Sub-total	1	63				6,637,003.				
b Total from continuation		_				_				
sheets to Part I	0	0				0.				
c Totals (add lines 3a and 3b)	1	63				6,637,003.				

orm 990. LHA For Paperwork Reduction Act N

Schedule F (Form 990) 2011

132071 01-23-12

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OMB No. 1545-0047

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lotice, s	see the Instruc	tions for Fo

Schedule F (Form 990) 2011

Part II 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 box if no one recipient received more than \$5,000

GLOBAL WITNESS LTD

Part II can be du	plicated if additional	space is needed.						
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)
			TO CARRY OUT SERVICES AND DISPERSE SMALLER LOCAL GRANTS.	333,929.	WIRE TRANSFER	0.		
			TO CARRY OUT SERVICES AND DISPERSE SMALLER LOCAL GRANTS.	173,017.	WIRE TRANSFER	0.		
		EAST ASIA AND THE	TO CARRY OUT SERVICES AND DISPERSE SMALLER LOCAL GRANTS.	64,344.	WIRE TRANSFER	0.		
		SUB-SAHARAN	TO CARRY OUT SERVICES AND DISPERSE SMALLER LOCAL GRANTS.	1183790.	WIRE TRANSFER	0.		
	he grantee or counse	el has provided a sectio	recognized as charities by the n 501(c)(3) equivalency letter					16

31

Part II can be duplicated if additional a . :-- - -

Schedule F (Form 990) 2011

98-0493088

Page 2

32

Part III can be duplicated if a	dditional space is neede	d.		
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement

GLOBAL WITNESS LTD

Schedule F (Form 990) 2011 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

ما بمعانية المامية المعامية المعام Part III can I

(g) Description of

non-cash assistance

(f) Amount of

non-cash

assistance

(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2011

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)</i>	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form</i> 5471, <i>Information Return of U.S. Persons With Respect To Certain Foreign Corporations.</i> (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund.</i> (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)</i>	Yes	X No

Schedule F (Form 990) 2011

Supplemental Information

Part V

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: PARTNER IDENTIFICATION PROCESS, PARTNER

FINANCIAL CHECKLIST COMPLETED BEFORE INITIAL GRANT AGREEMENT SIGNED, AT

LEAST ANNUAL ON-SITE VISITS FROM GLOBAL WITNESS PROGRAM STAFF TO REVIEW

PROJECT ACTIVITIES AND CARRY OUT FINANCIAL MINI-AUDIT, MONITORING &

EVALUATION OF PROJECT CARRIED OUT BY AN INDEPENDENT CONSULTANT, QUARTERLY

GRANT PAYMENTS ARE SUBJECT TO RECEIPT OF SATISFACTORY FINANCIAL REPORTING

OF PREVIOUS PERIOD, ANNUAL AUDIT OF FINANCIAL STATEMENTS REQUIRED BY

LOCAL AUDITORS AGREED WITH GLOBAL WITNESS. THIS GRANTING TO PARTNERS IS

PART OF A CONTRACT WITH THE BRITISH GOVERNMENT (DEPARTMENT OF

INTERNATIONAL DEVELOPMENT) AND IS ALSO SUBJECT TO THEIR OVERSIGHT.

SCHEDULE F, PART I, LINE 3: ACCRUAL

(Form 990 or 990-EZ)

Department of the Treasury	
Internal Revenue Service	

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047
2011
Open To Public Inspection

Name of the organization							ntification number
GLOBAL WITNESS LTD							088
Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or key employees listed in Form 990, P b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru undraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organization or licensing.			outions	s or has been notified	d it is	exempt from re	egistration

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2011

132081 01-23-12

Schedule G (Form 990 or 990-EZ) 2011 GLOBAL WITNESS LTD

Pa	rt I	Fundraising Events. Complete if th	e organization answered	l "Yes" to Form 990, Par	t IV, line 18, or reported	more than \$15,000
		of fundraising event contributions and gro			events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			UNMASKED (event type)	(event type)	(total number)	col. (c))
nue						
Revenue	1	Gross receipts	376,948.			376,948.
	2	Less: Charitable contributions	258,809.			258,809.
	3	Gross income (line 1 minus line 2)	118,139.			118,139.
	4	Cash prizes				
ses	5	Noncash prizes	35,710.			35,710.
Direct Expenses	6	Rent/facility costs				
Direct	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	82,429.			82,429.
	10	Direct expense summary. Add lines 4 through			►	(118,139,
	11	Net income summary. Combine line 3, column				0.
Pa	irt I	•	answered "Yes" to Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(I-) Dull tabe/instant	Í	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Å	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	()
	8	Net gaming income summary. Combine line 1	, column d, and line 7			
а	ls t	ter the state(s) in which the organization opera the organization licensed to operate gaming ac No," explain:	tivities in each of these			. Yes No
		ere any of the organization's gaming licenses re Yes," explain:			year?	L Yes No
1320	32 0	1-23-12			Schedule G (Fo	rm 990 or 990-EZ) 2011

Sche	nedule G (Form 990 or 990-EZ) 2011 GLOBAL WITNESS LTD	98-0	493088	Page
	Does the organization operate gaming activities with nonmembers?		Yes	
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			
	to administer charitable gaming?		Yes	
3	Indicate the percentage of gaming activity operated in:			
а	a The organization's facility		13a	
	b An outside facility			
	Enter the name and address of the person who prepares the organization's gaming/special events books		· · · · ·	
	Name 🕨			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming reve	mue?	🗌 Yes	
b	b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and	d the amount		
	of gaming revenue retained by the third party \blacktriangleright \$			
с	c If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
-	•• •• •• ••			
	,			
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	
b	retain the state gaming license?			
D	b Enter the amount of distributions required under state law to be distributed to other exempt organizations	or spent in the		
Pa	organization's own exempt activities during the tax year s Supplemental Information. Complete this part to provide the explanations required by Part I, lir		and (v) and	Dort II
1 4	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any add			
				5101137.
3208	083 01-23-12	Schedule G (Forn	n 990 or 990)-EZ) 2
	37	-		-
.90	0709 712813 GL05884.0 2011.05090 GLOBAL WITNESS L	rD	GLO	5884

SCHEDULE L

Department of the Treasury

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Internal Revenue Service Inspection Name of the organization Employer identification number GLOBAL WITNESS LTD 98-0493088 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. 1 (c) Corrected? (a) Name of disgualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disgualified persons during the year under section 4958 \$ 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ ► Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (f) Approved (b) Loan to or from (a) Name of interested (c) Original principal (d) Balance due (e) In (g) Written by board or person and purpose the organization? amount default? agreement? committee? Yes То From No Yes No Yes No Total \$ ► Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of assistance the organization

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2011

OMB No. 1545-0047

Open To Public

132131 01-19-12

Schedule L (Form 990 or 990-EZ) 2011 GLOBAL WITNESS LTD Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between intereste person and the organization	d (c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
				Yes	No
BREDA DALY	WIFE OF PATRICK AI	лы 76,974.	MRS. DALY W	7	X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: BREDA DALY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

WIFE OF PATRICK ALLEY, DIRECTOR

(D) DESCRIPTION OF TRANSACTION: MRS. DALY WAS CONTRACTED AS A

FUNDRAISING CONSULTANT AND WAS COMPENSATED FOR FEES AND TRAVEL EXPENSES.

Schedule L (Form 990 or 990-EZ) 2011

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30.

Attach to Form 990.

Inspection Employer identification number

OMB No. 1545-0047

Open to Public

98-0493088

Department of the Treasury Internal Revenue Service	
Name of the organization	n

GLOBAL WITNESS LTD

Pai	rt I Types	s of Property	-							
			(a) Check if applicable	(b) Number of contributions or	(c) Noncash cont amounts repo	rted on	(d) Method of de noncash contribu		-	s
				items contributed	Form 990, Fart v	m, me rg				
1		art								
2		treasures								
3		interests								
4		olications								
5		ousehold goods								
6		r vehicles								
7		nes								
8		pperty								
9	Securities - Pu	blicly traded								
10	Securities - Clo	osely held stock								
11	Securities - Pa	rtnership, LLC, or								
	trust interests									
12		scellaneous								
13		ervation contribution -								
	Historic struct	ures								
14		ervation contribution - Other								
15	Real estate - R	esidential								
16		ommercial								
17		ther								
18										
19		/								
20		dical supplies								
21										
22		acts								
23		imens								
24	Archeological									
2 4 25		VARIOUS EVENT)	x	3	19	650.				
23 26		MISCELLANEOUS	X	1		500.				
20 27	,	(PHOTO PRINT)	X	1		000.				
27 28	Other (FITNESS MEMBE	X	1		560.				
<u>20</u> 29		ms 8283 received by the organi		_						
29		organization completed Form 82				29				
	for which the c	organization completed Form 82	os, Part IV,	Donee Acknowledg	gement	29			Vee	
20-					a autori in Daut I lin	a 1 00 the	titure of heald for		Yes	No
30a		r, did the organization receive b								l
	-	rears from the date of the initial			•					v
		ing period?						30a		x
		ibe the arrangement in Part II.								v
31		nization have a gift acceptance					itions?	31		x
32a	-	nization hire or use third parties	or related or	rganizations to soli	cit, process, or se	ell noncash				37
	contributions?							32a		X
b	If "Yes," descr									
33	If the organizat	tion did not report an amount in	column (c) t	for a type of prope	rty for which colur	mn (a) is ch	ecked,			
	describe in Pa	rt II.								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2011)

132141 01-23-12

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. OMB No. 1545-0047

GLOBAL WITNESS LTD

Employer identification number 98-0493088

FORM 990, PART VI, SECTION A, LINE 6: ORDINARY SHARES

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS CIRCULATED TO THE

DIRECTORS IN ADVANCE OF A BOARD MEETING AT WHICH THE FORM 990 IS FORMALLY

APPROVED BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY TO MONITOR AND ENFORCE COMPLIANCE.

FORM 990, PART VI, SECTION B, LINE 15: AN INDEPENDENT EXTERNAL REVIEW WAS CARRIED OUT FIVE YEARS AGO TO DETERMINE DIRECTORS' AND OFFICERS' REMUNERATION. THIS REVIEW WAS UNABLE TO FIND COMPARABILITY DATA FOR THE BOARD OF DIRECTORS DUE TO THE UNIQUE NATURE OF THESE ROLES. THE DIRECTORS' COMPENSATION IS IN LINE WITH THAT OF THE KEY OFFICERS AND WAS THEREFORE UNCHANGED.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST. ADDITIONALLY, THE FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE AND AT THEIR OFFICES (UK).

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

CURRENCY TRANSLATION ADJUSTMENT

96,898.

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2011)

 132211 01-23-12
 41

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2011.05090 GLOBAL WITNESS LTD

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(Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2011 Open to Public Inspection

Name of the organization

GLOBAL WITNESS LTD

Employer identification number 98 - 0493088

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	(g) 512(b)(13) trolled htity?	
				501(c)(3))		Yes	No	
							<u> </u>	
							<u> </u>	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a)	(b)	(c)	(d)		(e)	(f)	(g)	(h)		(i)	(j)			
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	itity (related, excluded from		entity (related, ur lexcluded from		Share of total income	Share of end-of-year assets		portion- cations?	Code amoun 20 of S	V-UBI It in box chedule	/-UBI General o in box managing hedule partner?	
		country)		section	s 512-514)			Yes	No	K-1 (For	rm 1065)	Yes	No		
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rt IV Identification of Related O organizations treated as a c	organizations Taxable a corporation or trust durin	as a Corpo	oration or Trust (Co year.)	mplete if 1	the organizat	ion answered "Yes"	to Form 990, Pa	art IV, I	line 34	because	e it had o	ne or	more relate		
(a)			(b)		(c)	(d)	(e)		(f)		(g)	(h)		
Name, address, and of related organizati	EIN ion		Primary activ	vity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corr or trust)	/ S	hare o incoi		Shar end-of ass	f-year	Percent owners		
BAL WITNESS PUBLISHING INC	2 - 41-2143316														
14TH STREET NW, STE 1085 HINGTON, DC 20045			RESEARCH & EDUC	ATION	DC	N/A	C CORP		- 3	2,202.	-	-5,24	3.		
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Schedule R (Form 990) 2011 GLOBAL WITNESS LTD

Part V	Transactions With Related Organizations (Complete if the organization and	nswered "Yes" to Forr	n 990, Part IV, line 34, 35,	35a, or 36.)			
Note.	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				_	Yes	No
1 D	uring the tax year, did the organization engage in any of the following transaction	ons with one or more I	related organizations listed	l in Parts II-IV?			
a R	eceipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entit	у			1 a		X
b G	ift, grant, or capital contribution to related organization(s)				1 b		X
c G	ift, grant, or capital contribution from related organization(s)				1c		X
d L	oans or loan guarantees to or for related organization(s)				1d		X
e L	oans or loan guarantees by related organization(s)				. <u>1e</u>		X
f S	ale of assets to related organization(s)				. 1f		x
g P	urchase of assets from related organization(s)				. 1g		X
hΕ	xchange of assets with related organization(s)				_ 1h		X
ίL	ease of facilities, equipment, or other assets to related organization(s)				. 1 i		X
jL	ease of facilities, equipment, or other assets from related organization(s)				. 1j		x
kΡ	erformance of services or membership or fundraising solicitations for related or	rganization(s)			l 1k		X
	erformance of services or membership or fundraising solicitations by related or						X
	haring of facilities, equipment, mailing lists, or other assets with related organiz						X
	haring of paid employees with related organization(s)						X
οR	eimbursement paid to related organization(s) for expenses				<u>10</u>		X
рR	eimbursement paid by related organization(s) for expenses				. 1 p		X
q C	other transfer of cash or property to related organization(s)				. 1q	X	L
_ r C	ther transfer of cash or property from related organization(s)				. 1 r		X
2 If	the answer to any of the above is "Yes," see the instructions for information or	n who must complete	this line, including covered	I relationships and transaction thresholds.			
	(a) Name of other organization	(b) Transaction type (a·r)	(c) Amount involved	(d) Method of determining amount involved			
<u>(1)</u> GI	OBAL WITNESS PUBLISHING, INC	Q	937,827.	FAIR MARKET VALUE			
(2)							
<u> </u>							
(3)							
(4)							
(5)							
(6)				1			

Schedule R (Form 990) 2011 GLOBAL WITNESS LTD

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	Are Are partner 501 (c orgs	e) all rs sec. c)(3) s.?	(f) Share of total income	(g) Share of end-of-year assets	alloca	n) opor- nate tions?		(j) Genera manag partne	al or F ging er?	(k) Percentage ownership
		country	under section 512-514)	Yes	No	Income	255615	Yes	No	(FUTIT 1065)	Yes I	NO	
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