Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2015 Open to Public Inspection

OMB No. 1545-0047

AF	or the	2015 calendar year, or tax year beginning	and	ending			TO THE PARTY OF TH							
Вс	heck if	C Name of organization			D Employer	identifica	ation number							
	Addres	GLUBAL WITNESS												
	Name change	Doing business as			98-0493088									
	Initial return	Number and street (or P.O. box if mail is not deliv	ered to street address)	Room/suite	E Telephone number									
	Final return/	LLOYDS CHAMBERS, 1 PORT	SOKEN STREET	I garage	207-492-5820									
	termin- ated		P or foreign postal code		G Gross receipts \$ 12,028,989.									
	Amend	TONDON ONLIED KINGDOM E	1 8BT	- 0	H(a) Is this a group return									
	Application		N TAYLOR		for subo	rdinates?	Yes X No							
	pendin	SAME AS C ABOVE			H(b) Are all subo	rdinates incl	uded? Yes No							
1 1	ах-өх	mpt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	If "No," a	attach a lis	st. (see instructions)							
JV	Vebsit	e: > WWW.GLOBALWITNESS.ORG			H(c) Group ex	kemption	number >							
		organization: X Corporation Trust Ass	ociation Other	L Year	of formation: 1	993 м	State of legal domicile: UK							
Pa	ırt I	Summary				, de la								
	1	Briefly describe the organization's mission or most s	ignificant activities: ENVI	RONMEN	TAL AND	HUMA	N RIGHTS							
Activities & Governance		SEARCH AND EDUCATION.												
nai.	2	neck this box if the organization discontinued its operations or disposed of more than 25% of its net assets.												
Ş.	3	Number of voting members of the governing body (F	Part VI, line 1a)			3	6							
ő		Number of independent voting members of the gove					3							
ග		Total number of individuals employed in calendar ye					93							
itie		Total number of volunteers (estimate if necessary)					25							
:ţi		Total unrelated business revenue from Part VIII, colu					0.							
¥		Net unrelated business taxable income from Form 9				7b	0.							
					Prior Year		Current Year							
	8	Contributions and grants (Part VIII, line 1h)			3,849,3		11,917,299.							
Revenue					0,012,1	0.	0.							
Ver	11 16 1	Investment income (Part VIII, column (A), lines 3, 4, a			355.	23,034.								
Re						305.	88,656.							
	10.00	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			3,847,		12,028,989.							
_		Total revenue - add lines 8 through 11 (must equal F			677.	261,330.								
	1	Grants and similar amounts paid (Part IX, column (A)	5366555555656	14,	0.	201,330.								
		Benefits paid to or for members (Part IX, column (A),			529,		6,163,559.							
es	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)											
Expenses	16a		ssional fundraising fees (Part IX, column (A), line 11e)											
X	b		fundraising expenses (Part IX, column (D), line 25) 816,109.											
ш	17	Other expenses (Part IX, column (A), lines 11a-11d,			711,0		6,018,926.							
		Total expenses. Add lines 13-17 (must equal Part IX,			1,253,		12,443,815.							
		Revenue less expenses. Subtract line 18 from line 1	2		2,593,		-414,826.							
S OF				Be	ginning of Curre		End of Year							
Set	20	Total assets (Part X, line 16)			6,418,		5,962,177.							
et Assets	21	Total liabilities (Part X, line 26)			1,245,		1,434,056.							
تَجُر	22	Net assets or fund balances. Subtract line 21 from li	ne 20		5,172,	904.	4,528,121.							
	art II	Signature Block			V 8									
		lties of perjury, I declare that I have examined this return, i			and the second second		knowledge and belief, it is							
true	, correc	t, and complete. Declaration of prepara (other than officer	is based on all information of w	hich preparer	has any knowled	ge.								
Sig	n	Signature of officer			Date	15.1	11.16							
Her	e		INANCE				.,,,,,							
_		Type or print name and title												
		Print/Type preparer's name	Preparer's signature		Date	Check X								
Paid	i	GORDON SIESS, CPA			self-employed									
Pre	parer	Firm's name BAKER TILLY VIRCH			Firm's	EIN 🕨	39-0859910							
Use	Only	Firm's address 125 BAYLIS ROAD S	UITE 300	المترطواوة										
		MELVILLE, NY 1174			Phone	e no. 631	.752.7400							
Ma	y the II	RS discuss this return with the preparer shown above	e? (see instructions)				X Yes No							
	01 12-1			ons.			Form 990 (2015)							

Forn	n 990 (2015) GLOBAL WITNESS	98-0493088	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: ENVIRONMENTAL AND HUMAN RIGHTS RESEARCH AND EDUCATION.		-11-12
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as r Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.		
4a	(Code:) (Expanses \$ 10,393,592. including grants of \$ 261,330.) (Revent	AL RESOURCES END IMPUNIT	Υ,
			2
			74
4b	(Code:) (Expenses \$) (Revenue) (Revenue)	ue \$)
1100			
4c	(Code:) (Expenses \$) (Revenue) (Revenue)	ue \$)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$		
40	Total program service expenses 10, 393, 592.		

Form **990** (2015)

Form 990 (2015) GLOBAL WITNESS
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	100
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? If "Yes," complete Schedule C, Part 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	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	H 11		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	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		X
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? If "Yes," complete			.,
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			Th
	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? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	1931		
	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1.0		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	110		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	T		
	Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12.0		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	110		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"	1.0		
	complete Schedule G. Part III	19		х
			990	(2015)
				,,

Form 990 (2015) GLOBAL WITNESS
Part IV Checklist of Required Schedules (continued)

			Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		- 100	
	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		1131	
	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 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
C	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		-
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			1,,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			١,,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
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			\ ₃₇
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1110	H	
	instructions for applicable filing thresholds, conditions, and exceptions):	1330		v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			_v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	_	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			₩.
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
20	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	-	1
34		34	x	
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	Old the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		1
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	350		
50		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	1	
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		1
55	Note. All Form 990 filers are required to complete Schedule O	38	x	
	TOTAL		990	(201)

b c	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable				Yes	
b c	Litter the number reported in DOX 3 of Form 1030, Effter O- If Not applicable	4-	0		100	No
С	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a 1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and re					
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			0.8		Par
	filed for the calendar year ending with or within the year covered by this return	2a	93			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns? .		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions	s)		De la		No.
				За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0 .		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a	X	
b	If "Yes," enter the name of the foreign country: ▶ UNITED KINGDOM, SPAIN					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	nts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit		W 11	
	any contributions that were not tax deductible as charitable contributions?			6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contribut			J. U.		
	were not tax deductible?			6b	escenion .	
	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		\vdash
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		uired		(11)	
	to file Form 8282?			7c	distanta	X
	If "Yes," indicate the number of Forms 8282 filed during the year	_7d				37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ot?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		\vdash
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		-
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	10	110200	0013	
	sponsoring organization have excess business holdings at any time during the year?			8	-	-
	Sponsoring organizations maintaining donor advised funds.					100
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		\vdash
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	0.0950	10000
	Section 501(c)(7) organizations. Enter:	1.0			138	
	Initiation fees and capital contributions included on Part VIII, line 12	10a	1			183
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		100		133
	Section 501(c)(12) organizations. Enter:	1440		39		E
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	11a		1000		
		446				
	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b		40-	Supp.	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		12a	9280	5.00
		_120				E
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a		
d	Note. See the instructions for additional information the organization must report on Schedule O.			138	100000	1000
h	Enter the amount of reserves the organization is required to maintain by the states in which the			111.74		
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		HEAD	MI	
	Diddle t t			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedul			14b		†
	The state of the s	30.			990	(20

GLOBAL WITNESS 98-0493088 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. $\overline{\mathbf{X}}$ Check if Schedule O contains a response or note to any line in this Part VI Section 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 6 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 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? X 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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? X 7a 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a b Each committee with authority to act on behalf of the governing body? X 8b 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 X Section 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? X 10a 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? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **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 X X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 X 13 Did the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a 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 Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website ____ Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

State the name, address, and telephone number of the person who possesses the organization's books and records: 🕨

LLOYDS CHAMBERS, 1 PORTSOKEN STREET, LONDON UNITED KINGDOM E1 8BT

statements available to the public during the tax year.

BRIAN KERR - (207)492-5884

GLOBAL WITNESS 98-0493088 Page 7 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

532007 12-16-15

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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.

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week	box	, unle	ss pe	more rson	than of the	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PATRICK J. ALLEY	45.00									
DIRECTOR	0.00	X						123,601.	0.	11,705
(2) SIMON J. TAYLOR	45.00									
DIRECTOR	0.00	Х						101,482.	0.	11,177
(3) CHARMIAN P. GOOCH	45.00									
DIRECTOR	0.00	X						110,375.	0.	10,231
(4) SAMUEL NGUIFFO	45.00									
DIRECTOR AS OF 12/9/15	0.00	X			-			0.	0.	0
(5) STEPHEN PEEL	45.00									Trace of
DIRECTOR AS OF 12/9/15	0.00	X						0.	0.	0
(6) MARK STEPHENS	45.00									
DIRECTOR AS OF 12/9/15	0.00	Х		_	_	_		0.	0.	0
(7) ALAN LARSEN	45.00		Н					E4 050		
DIR OF FINANCE & RESOURCES	0.00	⊢		X				74,963.	0.	5,893
(8) GILLIAN CALDWELL	45.00	-		x				70 062		F 100
CHIEF EXEC, OFFICER	0.00							79,963.	0.	5,129
		-								
		-								

Form 990 (2015)

Form	990 (2015) GLOBAL W.									98-049	30)88 F	age 8
Pa	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hi	ghes	t Co	mpensated Employee	s (continued)	_		
	(A) Name and title	Average hours per week	(do box offi	not c	Pos heck i ss per	C) ition more rson i		one an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimat amount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		from the organization organizat	ne tion ted
		2010,00											
								-			-		
													ina) S II IV II
	Sub-total								490,384.			44,1	
2 2	Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but r							o red	0. 490,384. ceived more than \$100,	C).	44,1	35.
	compensation from the organization		_	+	_							Yes	No
3	Did the organization list any former officer	, director, or tru	ıste	e, ke	у өп	nplo	уөө,	or h	ighest compensated er	nployee on			140
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	uch individual										3	X
7	and related organizations greater than \$15										[4	Х
5	Did any person listed on line 1a receive or	accrue comper	ısati	on fi	rom	any	unre	elate	d organization or individ	dual for services			77
Sec	rendered to the organization? If "Yes." con tion B. Independent Contractors	nplete Schedul	9 J f	or su	ıch j	pers	on		······	.,		5	X
1	Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontr	acto	rs th	at received more than \$	100,000 of compe	nsat	ion from	
-	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith o	or wi	thin		ear.	-	(0)	
	(A) Name and business	address	N	ONE	€				(B) Description of s	ervices	С	(C) ompensati	on
			ŀ	Ì		Ī							
				Į,		ľ					Ì		
				-									4
2	Total number of independent contractors (i		ot lir	nite	d to		-	ted :	above) who received m	ore than			
	\$100,000 of compensation from the organi	Zation	-			_)					Form 990	(2015)

GLOBAL WITNESS

532008 12-16-15

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Form 990 (2015) GLOBAL WITNESS
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts t	1 a	Federated campaigns	1a					
Fran	b	Membership dues	1b					
S, G	C	Fundraising events	1c					
H H	d	Related organizations	1d					
IS,	е	Government grants (contribution	ons) 1e	2,619,112.				
E C	· f	All other contributions, gifts, grant	s, and	100				
う		similar amounts not included above	e 1f	9,298,187.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions included in lines 1						
ŏ g	h	Total, Add lines 1a-1f			11,917,299.		HIROTEKO WEGOY	
	2 a			Business Code				
용]	b							
용절	C							
Program Service Revenue	d							
59	е							
4	f	All other program service rever	nue					
	g	Total. Add lines 2a-2f						A KANDINE DE LA PARTIE
	3	investment income (including	dividends, intere	est, and				v dagan edi
		other similar amounts)		> _	23,034.			23,034.
18	4	Income from investment of tax						
	5	Royalties						
100			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
11.0		Net rental income or (loss)		1				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	В	Less: cost or other basis						
		and sales expenses Gain or (loss)						
		Net gain or (loss)						
		Gross income from fundraising					green vertex in a	The section of the se
Revenue	-	including \$						
Ş		contributions reported on line						
Æ.		Part IV, line 18						
ther	b	Less: direct expenses	L. L					
₹		Net income or (loss) from fund						
	9 a	Gross income from gaming ac	tivities. See				The best files	
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam					at the same of the same of	
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold					ASSESSED AND ADDRESS OF THE PARTY OF THE PAR	
	С	Net income or (loss) from sales		Durings O. d.			Ministration of the last	
	44 -	Miscellaneous Revenue OTHER INCOMING RESOURCE		900099	88,656.			88,656.
171	11 a	THE THOUSENED REBOURCE		300033	00,030.			00,030.
100	C							
		All other revenue	V.,					
17	6	Total. Add lines 11a-11d		•	88,656.		Maria de la Santi	- C-S
	12	Total revenue. See instructions.			12,028,989.	0.	0	. 111,690.
532000	12-16							Form 990 (2015)

Form 990 (2015) GLOBAL WITNESS
Part IX Statement of Functional Expenses

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	7 1 1 1 1 1 1 1			
	and domestic governments. See Part IV, line 21	Colored Colored November 19			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	261,330.	261,330.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	7			
	trustees, and key employees	534,521.	432,962.	42,762.	58,797.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,687,882.	3,704,785.	500,600.	482,497.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	257,451.	202,813.	31,120.	23,518.
9	Other employee benefits	109,577.	86,594.	13,324.	9,659.
10	Payroll taxes	574,128.	457,368.	60,633.	56,127.
11	Fees for services (non-employees):				
а	Management				
b	Legal	198,279.	157,165.	41,114.	
	Accounting	24,601.		24,601.	
	Lobbying	4,383.	4,383.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	1,326,893.	1,247,937.	89,104.	-10,148
12	Advertising and promotion	159,769.	13,428.	137,168.	9,173.
13	Office expenses	223,781.	128,253.	86,916.	8,612.
14	Information technology	423,387.	368,949.	23,877.	30,561.
15	Royalties				
16	Occupancy	653,067.	527,829.	55,661.	69,577
17	Travel	597,325.	581,474.	3,987.	11,864.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	AS 100			
20	Interest				
21	Payments to affiliates	000 001	004 550	02.054	00.050
22	Depreciation, depletion, and amortization	278,701.	224,759.	23,974.	29,968.
23	Insurance	227,319.	164,313.	63,006.	
24	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 O.)				
а	PAYMENTS TO PARTNERS	1,277,610.	1,277,610.		
b	REPORT PRODUCTION	275,682.	273,453.		2,229
C	RESEARCH MATERIALS	109,496.	99,516.	6,715.	3,265
d	WORKSHOPS	84,445.	59,098.	917.	24,430
	All other expenses	154,188.	119,573.	28,635.	5,980
25	Total functional expenses. Add lines 1 through 24e	12,443,815.	10,393,592.	1,234,114.	816,109
26	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)				

Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 1,584,700. 860,568. Cash - non-interest-bearing 1 2,070,961. 2,322,385. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 2,787,239. 1,502,806. Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1,317,164. 10a 764,878. 700,045. 552,286. 10b 10c b Less: accumulated depreciation Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 6,418,813. 5,962,177. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 1,434,056. 1,245,909. 17 17 Accounts payable and accrued expenses Grants payable 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 1,245,909. 1,434,056. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 3,648,096. 4,249,478. Unrestricted net assets 27 27 923,426. 880,025. Temporarily restricted net assets 28 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 5,172,904. 4,528,121. Total net assets or fund balances 33 5,962,177. 6,418,813. Total liabilities and net assets/fund balances 34

Forn	1990 (2015) GLOBAL WITNESS	98-04	93088	Page	12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			🖸	X
			10 000	000	
1	Total revenue (must equal Part VIII, column (A), line 12)		12,028		
2	Total expenses (must equal Part IX, column (A), line 25)		12,443		
3	Revenue less expenses. Subtract line 2 from line 1	3	-414		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,172	,904	<u>+ .</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		0.51	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-229	,95	<u>/ •</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
B	column (B))	10	4,528	,12	<u>.</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII			L	
			,	res N	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 C				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	;	<u>X_</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of	n a	50000		
	separate basis, consolidated basis, or both:		100000		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	oasis,			
	consolidated basis, or both:		100		
	Separate basis X Consolidated basis Both consolidated and separate basis		200		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	1	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	ule O.		- 0	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	d audit	845		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	90 (20)15)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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.

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization GLOBAL WITNESS Employer identification number 98-0493088

Part I	Reason for Public C	harity Status	(All organizations must co	mplete this	part.) See	instructions.	0 4 2 3 0 0 0					
The orga	nization is not a private founds											
1	A church, convention of chu					(A)(i).						
2	A school described in section											
3	A hospital or a cooperative l).						
4	A medical research organiza						he hospital's name.					
	city, and state:		, in a man a m		0001.0.							
5	An organization operated fo	r the benefit of a co	ollege or university owned	or operate	d by a gov	vernmental unit describe	d in					
-	section 170(b)(1)(A)(iv). (C			o. operate	, - 3-							
6	A federal, state, or local gov		montal unit described in	costion 170	D/6V4VAV							
7 X	An organization that normal						ublic described in					
,	section 170(b)(1)(A)(vi). (Co		andar part of its support if	oni a gover	Timbintai C	int of nontrale general p	abile described in					
8			V4VAVvi) (Complete Bod	- II V								
9	A community trust describe					a mambarahin fasa an	d areas ressints from					
9	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment											
	income and unrelated busin		(less section 511 tax) no	III business	ses acquii	ed by the organization a	itel Julie 30, 1975.					
10	See section 509(a)(2). (Cor		ively to toot for mublic and	latu Can a	antina EO	0(=)(4)						
10	An organization organized a						urnasas of one or					
11	An organization organized a			•								
	more publicly supported org						HECK WIE DOX III					
	lines 11a through 11d that o						il dina					
a L	Type I. A supporting orga											
	the supported organizatio			majority of	the direct	lors or trustees or trie su	pporting					
	organization. You must c			dam codale tam								
р С	Type II. A supporting orga											
	control or management of			ame person	is that cor	itroi or manage the supp	опеа					
	organization(s). You must						-ldal-					
c L	Type III functionally integ						a with,					
	its supported organization						. 41 (-)					
d L	☐ Type III non-functionally											
	that is not functionally into						eness					
	requirement (see instruction											
е Ц	Check this box if the orga					Type I, Type II, Type III						
	functionally integrated, or		onally integrated supporting	ng organiza	ition.							
	ter the number of supported o											
g Pro	ovide the following information (i) Name of supported	about the support	ed organization(s). (iii) Type of organization	(iv) Is the or	ganization I	(v) Amount of monetary	(vi) Amount of					
	organization	(11) 2114	(described on lines 1-9	listed in	n your	support (see	other support (see					
			above (see instructions))	governing d		instructions)	instructions)					
				Yes	No							
	and the latest terms of			miles n		Control of the second						
	and the state of the state of		neological delication	0.000	The Text	NA THE PARTY OF						
		1 1 1 1 1 1 1										
					1.11		The second second					
2 10												
				TEXT II.	Sept 1							
			*									

Schedule A (Form 990 or 990-EZ) 2015 GLOBAL WITNESS 98-0493088 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and	The World		3			
	membership fees received. (Do not	W.C.					
	include any "unusual grants.")	12279248.	9577296.	10557201.	3849189.	11917299.	48180233.
2	Tax revenues levied for the organ-						INCA LLIF
	ization's benefit and either paid to	1 - 1 - 3					- 3.
	or expended on its behalf						
3	The value of services or facilities	g 2 U					
•	furnished by a governmental unit to				5 E	V.	
	the organization without charge						
4	Total. Add lines 1 through 3	12279248.	9577296	10557201.	3849189	11917299	48180233.
	The portion of total contributions			103372021	30131031		10100133.
5	by each person (other than a						
	governmental unit or publicly						
	supported organization) included	AU PARTICIONA					
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	a alternative (f)						25107010
							25197819. 22982414.
	Public support. Subtract line 5 from line 4.						22902414.
	ndar year (or fiscal year beginning in)	(-) 2011	(h) 0010	(-) 0010	(4) 0014	(*) 2015	(O Tetal
		(a) 2011 12279248.	(b) 2012	(c) 2013 10557201.	(d) 2014	(e) 2015	(f) Total 48180233.
	Amounts from line 4	122/7240.	3311230.	10337201.	3043103.	11911299.	, 40100233.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	21 005	25 202	17 510	255	22 024	100 075
	and income from similar sources	31,885.	35,282.	17,519.	355.	23,034.	108,075.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income, Do not include gain	No. of the last of				and the school	Maria de la ferma
	or loss from the sale of capital						1
	assets (Explain in Part VI.)	30,905.	39,582.	137,974.	-2,305.	88,656.	294,812.
11	Total support. Add lines 7 through 10						48583120.
12	Gross receipts from related activities	, etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization's	first, second, thi	rd, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
~	organization, check this box and sto						
_	ction C. Computation of Publ						15.04
	Public support percentage for 2015 (14	47.31 %
	Public support percentage from 2014					15	52.98 %
16a	33 1/3% support test - 2015. If the						
	stop here. The organization qualifies						
E	33 1/3% support test - 2014. If the				line 15 is 33 1/3%	or more, check t	his box
	and stop here. The organization qua			200000000000000000000000000000000000000			
17a	10% -facts-and-circumstances tes	_					
	and if the organization meets the "fac					art VI how the orga	anization
	meets the "facts-and-circumstances"						
t	10% -facts-and-circumstances tes	t - 2014. If the org	anization did not	check a box on line	9 13, 16a, 16b, or	17a, and line 15 is	s 10% or
	more, and if the organization meets t	:he "facts-and-circus	mstances" test, c	heck this box and	stop here. Explai	n in Part VI how th	ne
	organization meets the "facts-and-cir						▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	ınd see instructior	ns
					Sch	edule A (Form 99	00 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 GLOBAL WITNESS 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,					1 1 1 - 1 1 1 1 1	
merchandise sold or services per-				V 1		
formed, or facilities furnished in						
any activity that is related to the				11-1-12-12		The second
organization's tax-exempt purpose						
3 Gross receipts from activities that						are and the other
are not an unrelated trade or bus-						
iness under section 513				ATTRACTOR III TO I		
4 Tax revenues levied for the organ-			ALL STREET			
ization's benefit and either paid to					market and these	
or expended on its behalf						
5 The value of services or facilities			The state of the state of			
furnished by a governmental unit to			Market Market Barrier			Married Lt.
the organization without charge				A SECURE		
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and			South County III			
3 received from disqualified persons						
Amounts included on lines 2 and 3 received				E_1, 1 = E_1, -4		
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			union and			
8 Public support. (Subtract line 7c from line 6.)	VINE DE LA COLON		EGNICALIST STATES		ON TORREST CONTROL	
Section B. Total Support				1		
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						100
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						- 3
c Add lines 10a and 10b						
activities not included in line 10b,				THE RESERVE OF		4.7 (4.4.
whether or not the business is						1 3
regularly carried on		I The select vers	The second			in the state of th
12 Other income. Do not include gain or loss from the sale of capital			Charles of the	1	principal in the second	
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization	's first, second, this	d, fourth, or fifth to	ax year as a section	on 501(c)(3) organiza	ation,
check this box and stop here						
Section C. Computation of Public	c Support Pe	rcentage				
15 Public support percentage for 2015 (li	ne 8, column (f) o	divided by line 13, o	column (f))		15	9
16 Public support percentage from 2014	Schedule A, Par	t III, line 15			16	9
Section D. Computation of Inves	tment Incom	e Percentage		The Street of	In Proceedings	011
17 Investment income percentage for 20	15 (line 10c, colu	ımn (f) divided by li	ne 13, column (f))		17	9
18 Investment income percentage from 2	2014 Schedule A	, Part III, line 17			18	9
19a 33 1/3% support tests - 2015. If the					33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box an						▶ □
b 33 1/3% support tests - 2014. If the						and
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization						
532023 09-23-15	. LIG HOL GHOOK E				hedule A (Form 99	0 or 990-F7) 201

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete

Sec	tion A. All Supporting Organizations	I II.		
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	800	1000	
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	1000	100	100
	organization was described in section 509(a)(1) or (2).	2		-
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a	e encount	unetable.
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b	10000	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
4a	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If	3c		
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	1000		
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	Eller I		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	500		
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		3 3 3	100
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			3203
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			100
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b	2 11	
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	1000		132.0
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		-	
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	es established	3 2525000
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	200	200	
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		- Company
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which		N DESCRIPTION OF THE PERSON OF	1000
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	2.55		
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	1939		
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	100	9 6 3 3	1
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	200		

determine whether the organization had excess business holdings.)

Sche	dule A (Form 990 or 990-EZ) 2015 GLOBAL WITNESS	98-049308	8 Pa	age 5
Pai				XXX ==
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	10000		THE STATE OF
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	- 939	1,33	WINES
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	10000		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	A STATE OF THE PARTY OF THE PAR		
	controlled the organization's activities. If the organization had more than one supported organization,	10000		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2			1 5 3	FILEST
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	1000	18	4
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			i, ta
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	and SV	193	1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	100000	200	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1000		1774
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	11000	1	(A) (A)
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1000		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1000		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	tructions):		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	y (see instructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			1233
	those supported organizations and explain how these activities directly furthered their exempt purposes,			5 77
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		375	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1881
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	100	2/4/1	
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		(513)	i i
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
53202		A (Form 990 or 9	90-EZ	2015

Par	dule A (Form 990 or 990-EZ) 2015 GLOBAL WITNESS	tina Oraani		98-0493088 Pag
98079900	Type in the interior and integrated cooks, (c) cupper			4* - All
1	Check here if the organization satisfied the Integral Part Test as a qualit other Type III non-functionally integrated supporting organizations must			ictions. All
Secti	ion A - Adjusted Net Income	Complete Sec	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(optional)
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	. 8		
<u> </u>	Adjusted 14et income language in 160 of a graft Horn line 4)			(B) Current Year
ect	ion B - Minimum Asset Amount		(A) Prior Year	(optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
Ç	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	1		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-function instructions).	onally-integrate	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2015

c Excess from 2013d Excess from 2014e Excess from 2015

Schedule A (Form 990 or 990-EZ) 2015 GLOBAL WITNESS	98-0493088 Page 8
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6.	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,
(See instructions.)	
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:	
OTHER INCOME	
2011 AMOUNT: \$ 30,905.	
2012 AMOUNT: \$ 39,582.	
2013 AMOUNT: \$ 137,974.	
2014 AMOUNT: \$ -2,305.	
2015 AMOUNT: \$ 88,656.	

Schedule A

523171 04-01-15

Identification of Excess Contributions Included on Part II, Line 5

2015

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
OPEN SOCIETY FOUNDATIONS	14,577,133.	13,605,471
GLOBAL WITNESS FOUNDATION	3,307,240.	2,335,578
GLOBAL WITNESS TRUST	2,137,863.	1,166,201
THE FORD FOUNDATION	1,645,263.	673,601
JOHN D. AND CATHERINE T. MACARTHUR FOUNDATION	1,233,482.	261,820
ALEX SOROS FOUNDATION	1,171,028.	199,366
JK DEPARTMENT FOR INTL DEVELOPMENT, FGMC PROGRAMME	6,803,966.	5,832,304
SWEDISH INTERNATIONAL DEVELOPMENT COOPERATION AENCY	2,012,408.	1,040,746
SKOLL	1,054,394.	82,732
		1 - 1 Markins
	The Personal Late	
	To all reid acres man along	mark Land
	i la productiva de la Sectiona de la Constantina del Constantina de la Constantina del Constantina de la Constantina de	and the second
	en Antal American	
	nt skarg rotal felomin	and the second
Fotal Excess Contributions to Schedule A, Part II, Line 5		25,197,819

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. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and OMB No. 1545-0047

its instructions is at www.irs.gov/form990 . Name of the organization

Employer identification number

	GLOBAL WITNESS	98-0493088
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	ation
	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	
	ion is covered by the General Rule or a Special Rule. 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule. See instructions.
General Rule		
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution any one contributor. Complete Parts I and II. See instructions for determining a c	
Special Rules		
sections 509(a any one contr	eation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/39(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, lin ibutor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of 0-EZ, line 1. Complete Parts I and II.	ne 13, 16a, or 16b, and that received from
year, total cor	ration described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recentributions of more than \$1,000 exclusively for religious, charitable, scientific, literal of cruelty to children or animals. Complete Parts I, II, and III.	
year, contribu is checked, er purpose. Do r	cation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receitions exclusively for religious, charitable, etc., purposes, but no such contributions ther here the total contributions that were received during the year for an exclusive to the complete any of the parts unless the General Rule applies to this organization ritable, etc., contributions totaling \$5,000 or more during the year	s totaled more than \$1,000. If this box vely religious, charitable, etc., n because it received <i>nonexclusively</i>
but it must answer "No	ion that is not covered by the General Rule and/or the Special Rules does not file or on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

Employer identification number

GLOBAL WITNESS

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
1	FOUNDATION TO PROMOTE AN OPEN SOCIETY - CHALLENGE FUND 400 WEST 59TH STREET NEW YORK, NY 10019	\$ 2,657,761.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GLOBAL WITNESS TRUST RUSSELL SQUARE HOUSE, 10-12 RUSSELL SQUARE LONDON, UNITED KINGDOM WC1B 5LF	\$\$ <u>431,521.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	THE ALEXANDER SOROS FOUNDATION 888 SEVENTH AVE, 33RD FL NEW YORK, NY 10106	\$ 554,297.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	GLOBAL WITNESS FOUNDATION 855 EL CAMINO REAL, STE 13A-410 PALO ALTO, CA 94301	\$ 2,065,361.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	HUMANITY UNITED 1991 BROADWAY, SUITE 320 REDWOOD CITY, CA 94063	\$ 264,005.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	NORAD PB 8034 DEP OSLO, NORWAY 0030	\$ 302,170.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

GLOBAL WITNESS

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	UK DEPARTMENT FOR INTERNATIONAL DEVELOPMENT 9W1, 1 PALACE STREET LONDON, UNITED KINGDOM SW1E 5HE	\$ <u>1,491,819.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	SWEDISH INTERNATIONAL DEVELOPMENT COOPERATION AGENCY VALHALLAVAGEN 199 STOCKHOLM, SWEDEN SE-105 25	\$ 753,143.	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	\$ 703,322.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	OMIDYAR NETWORK 1991 BROADWAY STREET, SUITE 200 REDWOOD CITY, CA 94063	\$\$551,787.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_	JOHN D. AND CATHERINE T. MACARTHUR FOUNDATION 140 SOUTH DEARBORN STREET, SUITE 1100 CHICAGO, IL 60603	\$\$ <u>539,799.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	SKOLL 250 UNIVERSITY AVENUE, SUITE 200 PALO ALTO, CA 94301	\$\$450,851.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

GLOBAL WITNESS

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	QUIXOTE FOUNDATION 5405 LEARY AVENUE NW, SUITE 2 SEATTLE, WA 98107	\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

GLOBAL WITNESS

Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	*	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given S

me of organiza	ITNESS		Employer identification number 98-0493088		
art III	ETIMESS Exclusively religious, charitable, etc., continued the year from any one contributor. Complete to complete properties of the year from any one contributor. Complete years are the total of exclusively religious used to the years are the years.	columns (a) through (e) and the follow i, charitable, etc., contributions of \$1,000 or le	section 501(c)(7), (8), or (10) that total more than \$1,000 for		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee		
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee		
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Page 4

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015
Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Tax)	(see separate instructions), then				
	Section 501(c)(4), (5), or (6) organizati	ons: Complete Part III.			
Nam	e of organization			Empl	oyer identification number
10-	GLOBAL V	VITNESS anization is exempt unde	u acation EA1/a)	au is a section E07 au	98-0493088
Pa	rt I-A Complete if the orga	anization is exempt unde	er section 501(c)	or is a section 527 org	janization.
2	Provide a description of the organization of t			> \$	
Pa	rt I-B Complete if the orga	anization is exempt unde	er section 501(c)	(3).	
1	Enter the amount of any excise tax is	ncurred by the organization und	er section 4955	▶\$	
2	Enter the amount of any excise tax is	ncurred by organization manage	ers under section 4955	▶ \$	
3	If the organization incurred a section	4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.	managa ang katalong ang			
Pa	rt I-C Complete if the orga	anization is exempt unde	er section 501(c)	except section 501(c	(3).
1	Enter the amount directly expended	by the filing organization for sec	ction 527 exempt fund	tion activities > \$	
2	Enter the amount of the filing organic				
	exempt function activities				
3	Total exempt function expenditures.				
	line 17b			▶\$	
	Did the filing organization file Form				
5	Enter the names, addresses and emmade payments. For each organizat contributions received that were propolitical action committee (PAC). If a	ion listed, enter the amount paid mptly and directly delivered to a	d from the filing organi a separate political org	ization's funds. Also enter the ganization, such as a separate	amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
_					
			- 1		
_					
_					
_					

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

Schedule C (Form 990 or 990-EZ) 2015

LHA 532041

Schedule C (Form 990 or 990-EZ) 2015 GL Part II-A Complete if the organi	OBAL WITN zation is exen	ESS npt under section	501(c)(3) and file	98-0 d Form 5768 (e	0493088 Page 2 lection under
section 501(h)).					
A Check if the filing organization	belongs to an affi	liated group (and list in	Part IV each affiliated o	roup member's nam	ne, address, EIN,
expenses, and share of					
B Check if the filing organization	checked box A ar	nd "limited control" pro	visions apply.		
Limits of (The term "expenditur	n Lobbying Exper			(a) Filing organization's totals	(b) Affiliated group totals
d - Total labbring avanditure to influen				totalo	
1a Total lobbying expenditures to influence					
b Total lobbying expenditures to influence	_				
c Total lobbying expenditures (add lines					
d Other exempt purpose expenditures			***************************************		
e Total exempt purpose expenditures (ad					
f Lobbying nontaxable amount. Enter the				CONTRACTOR OF THE PARTY OF THE	
If the amount on line 1e, column (a) or (b)		bying nontaxable am	ount is:		
Not over \$500,000		the amount on line 1e.	2		
Over \$500,000 but not over \$1,000,000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,0		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000		00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
j If there is an amount other than zero or reporting section 4911 tax for this year (Some organizations that r	? 4-Year Ave	eraging Period Under	section 501(h)	the five columns b	Yes No
		ate instructions for li			
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(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) 2015 GLOBAL WITNESS 98-0493088 Page 3

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 each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(8	a)	(b)
of the lobbying activity.	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or	(Sixting)	2010/1014	Salar Service
local legislation, including any attempt to influence public opinion on a legislative matter			
or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?	Dill.	Х	
f Grants to other organizations for lobbying purposes?	URL 1	Х	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		Х	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	
i Other activities?	X		110
j Total. Add lines 1c through 1i		242023	110
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	The same of the sa	Х	
b If "Yes," enter the amount of any tax incurred under section 4912	(pling)	100 m	
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		Name and American	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501/o\/	5) or cool	tion
501(c)(6).	M 30 1(C)(.	oj, di seci	ion
301(0)(0).			Yes No
d Mars substantially all (000) as more due a section and so while by marsh and			165 140
 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? 			TOTAL T
	*************	3	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	n 501(c)(rion
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered			
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 expenditures)			
expenses for which the section 527(f) tax was paid).			
a Current year		2a	
b Carryover from last year			
c 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 ex	cess	1900	
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and			
expenditure next year?		4	
5 Taxable amount of lobbying and political expenditures (see instructions)		5	
Part IV Supplemental Information			
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 an	d 2 (see
instructions); and Part II-B, line 1. Also, complete this part for any additional information.			
PART II-B, LINE 1, LOBBYING ACTIVITIES:			
GLOBAL WITNESS LIMITED TRANSFERS CASH TO GLOBAL WITNE	SS PUBI	JISHING	INC.
TO FUND ITS ACTIVITIES. THE AMOUNT DISCLOSED ABOVE IN	PART 1	[I-B(I)	IS
THE ELEMENT OF THE CASH TRANSFERRED WHICH WE ESTIMATE	TO HAV	JE BEEN	Γ
SPENT ON DIRECT CONTACT WITH LEGISLATORS, THEIR STAFF	, GOVI	ERNMENT	1
OFFICIALS OR A LEGISLATIVE BODY.			3
	Schedu	le C (Form	990 or 990-EZ) 20

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047 Inspection

Name of the organization

GLOBAL WITNESS

Employer identification number

98-0493088 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 year -Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, 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 balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X

	dule D (Form 990) 2015 GLOBAL					493088 Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	ner Similar Asse	ets (continued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant use of it	s collection items
	(check all that apply):					
а	Public exhibition	d	Loan or ex	change programs		
b	Scholarly research	е	Other			
С	Preservation for future generations					
4	Provide a description of the organization's co	ollections and explain	how they further	the organization's e	xempt purpose in Pa	art XIII.
5	During the year, did the organization solicit of	r receive donations of	of art, historical tre	asures, or other sim	ilar assets	
-	to be sold to raise funds rather than to be ma					Yes No
Par			ete if the organizat	ion answered "Yes"	on Form 990, Part I	V, line 9, or
	reported an amount on Form 990, Pa					
1a	Is the organization an agent, trustee, custodi					
	on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:			
						Amount
C	Beginning balance				1c	
d	Additions during the year					
е	Distributions during the year					
f	Ending balance				1f	
	Did the organization include an amount on F					Yes No
	If "Yes," explain the arrangement in Part XIII.					
Par	t V Endowment Funds. Complete	if the organization an	swered "Yes" on f			
		(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three years ba	ck (e) Four years back
1a	Beginning of year balance					
b	Contributions	*				
	Net investment earnings, gains, and losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance			7 7 7		
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column	(a)) held as:		
а	Board designated or quasi-endowment		%			
b	Permanent endowment	%				
C	Temporarily restricted endowment	%				
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.				
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held	and administered fo	r the organization	
	by:					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Schedule R	?		3b
4	Describe in Part XIII the intended uses of the		wment funds.			
Pai	t VI Land, Buildings, and Equipm					
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a.	See Form 990, Part	t X, line 10.	
	Description of property	(a) Cost or o			c) Accumulated	(d) Book value
		basis (investr	ment) basi	is (other)	depreciation	
	Land					10-1
b	Buildings				L (L L , L]	The second second
C	Leasehold improvements					
d	Equipment			82,758.	540,862.	241,896.
е	Other		5	34,406.	224,016.	310,390.
Tota	, Add lines 1a through 1e. (Column (d) must e	equal Form 990 Part	X column (B) line	10c)		552,286.

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015

	dule D (Form 990) 2015 GLOBAL WITNESS			98-	0493088 Page
Par	t XI Reconciliation of Revenue per Audited Financial State	ements With I	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		-	
1	Total revenue, gains, and other support per audited financial statements			1	12,461,512
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities		432,523.		
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			400 500
е	Add lines 2a through 2d			2e	432,523
3	Subtract line 2e from line 1			3	12,028,989
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b			1000	
b	Other (Describe in Part XIII.)			DOM:	
	Add lines 4a and 4b			4c	12,028,989
5 Day	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	
rai	t XII Reconciliation of Expenses per Audited Financial Sta		Expenses per r	etur	
	Complete if the organization answered "Yes" on Form 990, Part IV, line				12 076 220
1	Total expenses and losses per audited financial statements		***************************************	1	12,876,338
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.1	420 E22		
a	Donated services and use of facilities		432,523.		
b	Prior year adjustments				
C	Other losses				
d					422 E22
	Add lines 2a through 2d			2e	432,523
3	Subtract line 2e from line 1			3	12,443,013
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
	Investment expenses not included on Form 990, Part VIII, line 7b			EAST OF	
				HATCH STREET,	
b					0
	Add lines 4a and 4b			4c	0
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18 rt XIII Supplemental Information. de 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	5	12,443,815
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 tt XIII Supplemental Information.	Part IV, lines 1b	and 2b; Part V, line 4	5	12,443,815
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18 rt XIII Supplemental Information. de 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	5	12,443,815
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18 rt XIII Supplemental Information. de 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	5	12,443,815
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18 rt XIII Supplemental Information. de 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	5	12,443,815
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18 rt XIII Supplemental Information. de 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	5	12,443,815
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18 rt XIII Supplemental Information. de 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	5	12,443,815
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18 rt XIII Supplemental Information. de 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	5	12,443,815

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization Employer identification number GLOBAL WITNESS 98-0493088 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, Yes X No the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total employees, agents, and independent expenditures offices is a program service, (by type) (e.g., fundraising, program for and in the region services, investments, grants to describe specific type investments contractors recipients located in the region) of service(s) in region in region in region ENVIRONMENTAL AND HUMAN PROGRAM, FUNDRAISING, RIGHTS RESEARCH AND UNITED KINGDOM MANAGEMENT & GENERAL EDUCATION. 11,414,405. 11,414,405. 82 3 a Sub-total 1

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

0

0

Schedule F (Form 990) 2015

0.

11,414,405.

b Total from continuation

c Totals (add lines 3a

and 3b)

sheets to Part I

Cabadida	E /Eases	OOO	0045

GLOBAL WITNESS

98-0493088

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated 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, FM\ appraisal, other)
		SOUTH AMERICA - ARGENTINA, BOLIVIA,	TO CARRY OUT SERVICES AND DISPERSE SMALLER LOCAL GRANTS.	17,206.	WIRE TRANSPER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TO CARRY OUT SERVICES AND DISPERSE SMALLER LOCAL GRANTS.	15,761.	WIRE TRANSPER	0.		
		EAST ASIA AND THE PACIFIC -	TO CARRY OUT SERVICES AND DISPERSE SMALLER LOCAL GRANTS.	34,816.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO CARRY OUT SERVICES AND DISPERSE SMALLER LOCAL GRANTS.	105,148.	WIRE TRANSFER	0.		

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

4
0
Schedule F (Form 990) 2015

532072 10-01-15 Schedule F (Form 990) 2015 GLOBAL WITNESS 98 – 0 4 9 3 0 8 8 Page 3

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

Part III can be displicated if additional space is peeded.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other
	100						
	15.v		langle and				
20 30 300 200							
	- 4000	Referring 1	i dina	أخراب والمراجع	gianni	og nieriegeneen	Peri - p
				al al			

Schedule F (Form 990) 2015

532073 10-01-15 Instructions for Form 5713; do not file with Form 990)

Yes X No

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.

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 O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

15 Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number

98-0493088 GLOBAL WITNESS 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 9, CHANGES IN NET ASSETS:

CURRENCY TRANSLATION ADJUSTMENT

-229,957

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2015 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GLOBAL WITNESS

Employer identification number 98-0493088

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) r Total inco	me End-of-year	assets Direct of	(f) controlling ntity	,
				•			
							1
art II Identification of Related Tax-Exempt Organizations during the tax year.	zations Complete if the organizatic	on answered "Yes" on Form 990,	Part IV, line 34 be	ecause it had one or	more related tax-exen	npt	
(a) Name, address, and EIN	(b) Primary activity	(c)	(d)	(e)	(f)	Τ.	g)
of related organization	T milary wounty	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	ent	rolled ity?
of related organization	- I may delively				Direct controlling	cont	rolled
of related organization	Timbay deliving			status (if section	Direct controlling	cont	rolled ity?
of related organization				status (if section	Direct controlling	cont	rolled ity?

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

Schedule R (Form 990) 2015

532161 09-08-15 LHA

Part III	Identification of Related Organizations Taxable as a Partnership organizations treated as a partnership during the tax year.	Complete if the organization answered	"Yes" on Form 990, Part IV, line 34 because i	t had one or more related
1 401 4 111	organizations treated as a partnership during the tax year.			

(a) Name, address, and EIN of related organization	(b) (c) (d) EIN Primary activity domicile (state or foreign country)	Legal domicile	Legal Direct controlling	(e) Predominant income	(f) Share of total income	(g) Share of end-of-year	(h) Disproportionate		(i) Code V-UBI	(j) General or	(k) Percentage ownership
or rolated organization		Gilly	(related, unrelated, excluded from tax under sections 512-514)	Income	assets		No		yes No		
										•	
				, , , , , , , , , , , , , , , , , , ,							
) h								

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicite (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		i) tion b)(13) rolled tity?
GLOBAL WITNESS PUBLISHING INC - 41-2143316		Coursey						Yes	No
529 14TH STREET NW, STE 1085									
WASHINGTON, DC 20045	RESEARCH & EDUCATION	DC	N/A	C CORP	-37,074.	140,428.	100%		х
		U max							

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Schedule R (Form 990) 2015

Schedule R (Form 990) 2015

(6)

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Page 4

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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 sections 512-514)	Are all partners sec 501(c)(3) oros.?		(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No	(j) General or managing partner? Yes No	(k) Percentage ownership
					2				
				*					
- K									
									000) 2015

Schedule R (Form 990) 2015

\$32164 09-08-15

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB	No.	1545-	1876

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo

Name of exempt organization

Employer identification number

GLOBAL WITNESS 98	8-0493088
Name and title of officer	
BRIAN KERR	
DIRECTOR, FINANCE	
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 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 le whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line if than 1 line in Part I.	eave line 1b, 2b, 3b, 4b, or 5b, below. Do not complete more
1a Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 12,028,989.
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 ▶	5b
Part II Declaration and Signature Authorization of Officer	

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 2015 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

Off

ER

X lauthorize BAKER TILLY VIRCHOW KRAUSE,	LLP to enter my PIN	93088
ERO firm name		nter five numbers, but to not enter all zeros
as my signature on the organization's tax year 2015 electronically f is being filed with a state agency(ies) regulating charities as part of enter my PIN on the return's disclosure consent screen.		•
As an officer of the organization, I will enter my PIN as my signature indicated within this return that a copy of the return is being filed we program, I will enter my PIN on the return's disclosure consent screen.	rith a state agency(ies) regulating charities as part of the	
cer's signature	Date ▶	
art III Certification and Authentication		
O's EFIN/PIN. Enter your six-digit electronic filing identification mber (EFIN) followed by your five-digit self-selected PIN.	12682911747	

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 523051 10-19-15

Form 8879-EO (2015)