			** PUBLIC DISCLOSURE COPY		OMB No. 1545-0047								
Far	_ Q	90	Return of Organization Exempt Fron		0000								
For	m 🤳	50	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code Do not enter social security numbers on this form as it may										
Depa Inter	rtment nal Rev	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the late		Open to Public Inspection								
A	or th	e 2023 calenda	ar year, or tax year beginning $ m JUL1$, $2023 m$ and ending	<u>J</u> UN 30, 2024									
B	Check if	C Name of	organization	D Employer identifi	cation number								
, 	- Addr												
	_ chan ⊣Nam		ESS, INC.	13-41671	55								
	_]chan _Initia	ĭ 	Jsiness as										
	Final	a 228 DARK AVE S 26641 (718)783-200											
	⊥retur termi ated		wh, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	14,968,979.								
	Ame	nded NEW	YORK, NY 10003	H(a) Is this a group r									
	Appl tion		nd address of principal officer: SAMUEL GREGORY	for subordinates	s? Yes X No								
	pend	SAME .	AS C ABOVE	H(b) Are all subordinates i	ncluded? Yes No								
		kempt status:		<i>'</i>	list. See instructions								
	Nebs			H(c) Group exemption									
	orm o art l	of organization:	X Corporation Trust Association Other L	Year of formation: 2001	M State of legal domicile: DE								
	1		e the organization's mission or most significant activities: WITNESS	HELPS PEOPLE	USE VIDEO								
Sec			HNOLOGY TO PROTECT AND DEFEND HUMAN R.		ANIZATION								
Activities & Governance	2	Check this bo			sets.								
ove	3	Number of vot	ing members of the governing body (Part VI, line 1a)		13								
Ğ	4		ependent voting members of the governing body (Part VI, line 1b)		13								
es 2	5		of individuals employed in calendar year 2023 (Part V, line 2a)		31								
iviti	6		of volunteers (estimate if necessary)		13								
Act	7 a		business revenue from Part VIII, column (C), line 12		0.								
		Net unrelated	business taxable income from Form 990-T, Part I, line 11	Prior Year	Current Year								
	8	Contributions	and grants (Part VIII, line 1h)	8,612,823.	7,302,135.								
anu	9		ce revenue (Part VIII, line 2g)	11,829.	6,117.								
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)	89,757.	400,782.								
ŭ	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,519.	29,377.								
	12	Total revenue	add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,715,928.	7,738,411.								
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	66,015.	64,886.								
	14		o or for members (Part IX, column (A), line 4)	0.	0.								
es	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	4,351,375.	5,255,136.								
ens	16a	Professional fu	Indraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 737,582.	112,247.	38,784.								
Expenses				1,889,179.	2,170,775.								
_	17		s (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,418,816.	7,529,581.								
	19		expenses. Subtract line 18 from line 12	2,297,112.	208,830.								
or		1.0001001000		Beginning of Current Year	End of Year								
Net Assets or	20	Total assets (F	Part X, line 16)	15,109,334.	15,722,114.								
ASS	21		(Part X, line 26)	1,131,176.	1,227,413.								
Net	22		und balances. Subtract line 21 from line 20	13,978,158.	14,494,701.								
Pa	art II	Signature	Block										

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer SAMUEL GREGORY, EXECUTIVE	DIRECTOR	Gregor) Date)	03/31/2025
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN
Paid	ELIZABETH W. HELLER	Elizselli	Aller	03/28/2025	if self-employed	P00397829
Preparer	Firm's name GELMAN, ROSENBERG	& FREEDMAN	-c .	Firn	n's EIN 52-	1392008
Use Only	Firm's address 4550 MONTGOMERY A	VE SUITE 800	N			
	BETHESDA, MD 2081	4-2930		Pho	ne no.301-	951-9090
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions				X Yes No
LHA For	Paperwork Reduction Act Notice, see the separ	ate instructions.	332001 12-21-23			Form 990 (2023)
c	EF COUEDILE O FOD ODCANTS	AMTON MICCIO			ΤΝΠΤΛΠΤΛ	NRT .

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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_	1990 (2023) WITNESS, INC. 13-4167155 Page
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:
	WITNESS INC. ("WITNESS") IS AN INTERNATIONAL, NONPROFIT ORGANIZATION
	THAT HELPS PEOPLE USE VIDEO AND TECHNOLOGY TO PROTECT AND DEFEND HUMAN
	RIGHTS.
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.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$4,440,158. including grants of \$59,886.) (Revenue \$6,117.
	TRAINING AND CAPACITY BUILDING:
	WITNESS TRAININGS HELP FILL CRITICAL GAPS IN THE USE OF VIDEO FOR HUMAN
	RIGHTS, ENSURING THAT THE VIDEOS PEOPLE OFTEN GO TO GREAT LENGTHS TO
	CAPTURE CAN BE TRUSTED AND VERIFIED; THAT THE PEOPLE WHO RECORD THESE
	VIDEOS CAN STAY SAFE AND MANAGE RISK; THAT EVIDENTIARY VIDEOS CAN BE
	FOUND AMIDST MASS VOLUME; THAT MOVEMENTS AND GROUPS CAN USE VISUAL
	STORYTELLING IN STRATEGIC AND IMPACTFUL WAYS; AND THAT NEW AND EXISTING
	TECHNOLOGIES CAN ENABLE GREATER CITIZEN PARTICIPATION.
	EACH YEAR, PROGRAM STAFF PROVIDE A SERIES OF IN-PERSON AND VIRTUAL
	TRAININGS TO COMMUNITIES, HUMAN RIGHTS DEFENDERS, JOURNALISTS, AND
	LAWYERS AROUND THE WORLD, SHARING CONCRETE RESOURCES, GUIDANCE, AND
4b	(Code:) (Expenses \$478,896. including grants of \$) (Revenue \$)
	LEARNING AND SHARING:
	A PRIMARY MECHANISM BY WHICH WITNESS HELPS BUILD THE FABRIC OF
	ECOSYSTEMS IS THROUGH THE UNIQUE ABILITY TO LEARN AND SHARE, ENSURING
	THAT GUIDANCE AND TOOLS CAN BE ADAPTED TO, AND SHARED WITH, COMMUNITIES
	FACING SIMILAR ISSUES AROUND THE WORLD. AS PATTERNS OF WRONGDOING
	REPEAT THEMSELVES ACROSS BORDERS AND GEOGRAPHIES, SO TOO MUST THE
	STRATEGIES AND TACTICS FOR HOW VIDEO AND TECHNOLOGY CAN HELP REALIZE
	OPPORTUNITIES AND EXPOSE THESE ABUSES. A ROHINGYA VILLAGER TRYING TO
	ARCHIVE AND PRESERVE THE MASS VOLUME OF WAR CRIMES FOOTAGE CAPTURED ON
	THEIR MOBILE PHONE VIA WHATSAPP IN MYANMAR CAN LEARN FROM A CIVIC
	JOURNALIST IN SYRIA WHO HAS ALREADY THOUGHT THROUGH THESE CHALLENGES
	AND WORKFLOWS IN A WAR CRIMES CONTEXT; JUST AS A COMMUNITY LEADER
4c	(Code:) (Expenses \$420,892. including grants of \$) (Revenue \$)
	TECHNOLOGY THREATS AND OPPORTUNITIES:
	BUILDING ON A RICH HISTORY OF ANTICIPATING THE CHALLENGES AND
	OPPORTUNITIES POSED BY EMERGING TECHNOLOGIES, WITNESS REMAINS
	LASER-FOCUSED ON ENSURING THAT INNOVATION OPERATES IN SERVICE OF A
	HEALTHY AND INFORMED SOCIETY, WHILE SERVING AND PROTECTING THOSE WHO
	NEED IT MOST. IT ENGAGES ACTORS ACROSS THE HUMAN RIGHTS AND TECHNOLOGY
	ECOSYSTEM, BRINGING GRASSROOTS PERSPECTIVES TO GLOBAL TECHNOLOGY
	COMPANIES AND SCALING IMPACT IN THE PROCESS. WITNESS UTILIZES AN
	UNDERSTANDING OF THE REAL AND UNPRECEDENTED THREATS POSED BY EMERGING
	TECHNOLOGIES TO DEVELOP THREAT MODELS, ENSURE COMPANIES TAKE
	RIGHTS-RESPECTING APPROACHES, AND COLLABORATE ON APPLIED RESEARCH. THE
	ORGANIZATION IS A THOUGHT LEADER AND CROSS-SECTOR CONVENER, ADDRESSING
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 24,470. including grants of \$ 5,000.) (Revenue \$)
4e	Total program service expenses 5,364,416.
	Form 990 (202
3200	SEE SCHEDULE O FOR CONTINUATION(S)
	2
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Form	990 (2023) WITNESS, INC. 13-4167	155	Р	age 3
Pa	t 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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			
	similar amounts as defined in Rev. Proc. 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			
	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 donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	A	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
	Schedule D, Parts XI and XII	<u>12a</u>	<u> </u>	
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a	х	
14a h	Did the organization maintain an office, employees, or agents outside of the United States?	148	22	<u> </u>
u	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b	х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		21	
15	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	15	- 23	
16	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. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			<u> </u>
13		19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u> </u>
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 Land II.	21	х	

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Form **990** (2023)

Form	000	(2023)
Form	990	(2023)

 Form 990 (2023)
 WITNESS, INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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		
С	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			v
	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	051		х
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
28	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	21		- 23
20	instructions for applicable filing thresholds, conditions, and exceptions):			
-	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
U	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N. Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 20			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
332004	12-21-23	Form	990	(2023)

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Form	990 (2023) WITNESS, INC.		13-4167	155	Р	age 5
Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	31			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoun	t)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ie orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ions or	gifts			
	were not tax deductible?			6b		
7	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 set	rvices p	rovided to the payor?	7a		X
				7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	as requ	lired			
	to file Form 8282?	1		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the				
	sponsoring organization have excess business holdings at any time during the year?		N/A	8		
9	Sponsoring organizations maintaining donor advised funds.		NT / N			
а	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
10	Section 501(c)(7) organizations. Enter:	I	I			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1	l			
	Gross income from members or shareholders N/A	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	, 	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		N/A	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
D	Enter the amount of reserves the organization is required to maintain by the states in which the	401				
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c	L	44-		X
14a				14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		├───
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			45		x
	excess parachute payment(s) during the year?			15		
10	If "Yes," see the instructions and file Form 4720, Schedule N.	1 :		40		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t incon	1e?	16		
47	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac			47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		IN/A	17		
000	If "Yes," complete Form 6069.			Form	990	(2023)
332005	12-21-23			LOUL	530	(2023)

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	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 13			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
_	taxable entity during the year?	16a		X
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			
200	exempt status with respect to such arrangements?	16b		
17 10	List the states with which a copy of this Form 990 is required to be filed <u>CA, DE, IL, NY</u>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	avalla	bie
	for public inspection. Indicate how you made these available. Check all that apply.			
10	X Own website Another's website X Upon request Other (explain on Schedule O)	dfiner		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u imano	JIAI	
20	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records SONALI THIMMAYA – (718)783-2000			
	228 PARK AVE S, 26641, NEW YORK, NY 10003			
		Form	990	(200)
	§ 12-21-23	FULL	リンンし	1202

Form 990 (2023)	WITNESS, INC.	13-4167155	Page 7
Part VII Compens	sation of Officers, Directors, Trustees, Key Employee	s, Highest Compensated	
Employee	es, and Independent Contractors		
Check if Sch	hedule O contains a response or note to any line in this Part VII		
Section A. Officers, D)irectors, Trustees, Key Employees, and Highest Compensated En	nployees	
1a Complete this table f	for all persons required to be listed. Report compensation for the cale	ndar vear ending with or within the organization's t	ax vear.

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

____ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Name and title Average hours per bioling week bioling and bioling and biol	(A)	(B)				C)			(D)	(E)	(F)
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332007 12-21-23

Form 990 (2023)

Form 990 (2023) WITNESS,	INC.								13-41	<u>.67</u> :	155	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees, a	and	Hig	phes	t C	ompensated Employee	s (continued)				
(A)	(B)		,	(C				(D)	(E)			(F)	
Name and title	Average		F	Posi				Reportable	Reportable			imate	hd
Name and the	hours per		not ch unles					compensation	compensatior			ount	
	week		cer and					from	from related			other	01
	(list any	or						the	organizations		comp		tion
	hours for	lirect						organization	(W-2/1099-MIS	I		m the	
	related	e or c	tee			sated		(W-2/1099-MISC/	1099-NEC)	°		nizati	
	organizations	uster	trus		ee	upen		1099-NEC)	1099-NEC)		•	relate	
	below	ual tr	tional		ploy	t con /ee	~	1033-1120)			orgar		
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				orgai	nzan	0113
	1.00	<u> </u>	드	8	¥	E	Я						
(18) PAMILLA MUDHRAY	1.00												•
MEMBER		Х						0.		0.			0.
(19) JULIE OWONO	1.00												
MEMBER		Х						0.		0.			Ο.
(20) DEBORA DINIZ	1.00												
MEMBER		х						0.		0.			Ο.
										~			
1b Subtotal								1,022,942.		0.	180	5	00.
1b Subtotal							•	0.		0.	100	, 5	0.
c Total from continuation sheets to Part VI								-		-	100		-
d Total (add lines 1b and 1c)			<u></u>					1,022,942.		0.	180	, 51	00.
2 Total number of individuals (including but n	ot limited to th	ose	listec	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization													7
											`	Yes	No
3 Did the organization list any former officer,	director trust	oo k		mnla		a or	hia	hest compensated empl		[
c ,	,					<i>'</i>	0		5		~	X	
line 1a? If "Yes," complete Schedule J for s											3	^	
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	,000? If "Yes,	" co	mple	te S	Sche	dule	e J f	or such individual			4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	ə.l fa	or su	ch n	bers	on.		-		[5		X
Section B. Independent Contractors													
1 Complete this table for your five highest con	mponented ind	lono	ndon	+ ~~	ntra	otor	re th	ant received more than \$	100.000 of comp	oncoi	ion fror		
										CIISAI			
the organization. Report compensation for t	ine calendar ye	ear e	nain	g wi	th c	or wi	<u>tnin</u>		ear.				
(A)								(B)		~	(C)		
Name and business	address	NC	ONE					Description of s	ervices		ompen	satio	n
							_						
2 Total number of independent contractors (ir	ncluding but p	ot lin	nited	to t	hoe	e lie	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz					0			,					
	-41011									_		_	

Form **990** (2023)

332008 12-21-23

ar	t VIII								13-4167	<u>155 Pag</u>
		Check if Schedule O	conta	ains a resp	onse	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
ş	1 a	Federated campaigns		1a						
unc		Membership dues								
and Other Similar Amounts	с	Fundraising events		1c						
ar /		Related organizations								
m	е	Government grants (contr	ibutio	ons) 1e		4,331,563.				
ŝ	f	All other contributions, gifts,	grant	s, and						
the		similar amounts not included	abov	e 1f		2,970,572.				
0 P	g	Noncash contributions included in	lines 1	a-1f 1g	\$					
an	h	Total. Add lines 1a-1f					7,302,135.			
						Business Code				-
	2 a	HONORARIA				900099	6,117.	6,117.		
e	b									
ent	С									
Revenue	d									
	е									
		All other program service	rever	nue		<u> </u>	6,117.			
+		Total. Add lines 2a-2f				at and	0,117.			
	3	Investment income (includ	•	-		· .	256,087.			256,0
	4	other similar amounts) Income from investment of tax-exempt bond proceeds					230,007.			230,0
	4 5				F					
	5	Royalties	·····	(i) Rea		(ii) Personal				
	6 2	Gross rents	6a	() 100	A 1	(ii) i ciocitai				
		Gross rents Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss)	<u> </u>							
		Gross amount from sales of	,	(i) Securi		(ii) Other				
		assets other than inventory	7a	7,375,	263.					
	b	Less: cost or other basis								
2		and sales expenses	7b	7,230,	568.					
	с	Gain or (loss)	7c	144,	695.					
		Net gain or (loss)			<u>.</u>		144,695.			144,6
	8 a	Gross income from fundraisi	ng ev	ents (not						
5		including \$		of						
		contributions reported on	line	1c). See						
		Part IV, line 18								
		Less: direct expenses			-					
		Net income or (loss) from				·····				
	9 a	Gross income from gamin								
	-	Part IV, line 19								
		Less: direct expenses			-	l				
		Net income or (loss) from			es					
	10 a	Gross sales of inventory, I			10					
	L	and allowances								
		Less: cost of goods sold			-	n I				
╈	C	Net income or (loss) from	3d185		лу	Business Code				
	11 9	MISCELLANEOUS				900099	20,590.			20,5
Revenue	b	TRAVEL REIMBURSEMEN	rs			900099	8,135.			8,1
ver		FX. CONVERSION LOSS				900099	652.			6
Be	-	All other revenue					•			
		Total. Add lines 11a-11d					29,377.			
	~						, ,	6,117.	0.	430,1

			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	10 500	10 500		
•	and domestic governments. See Part IV, line 21	19,500.	19,500.		
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22 Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	45,386.	45,386.		
4	Benefits paid to or for members	45,500.	43,300.		
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees	442,759.	262,282.	118,177.	62,300.
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	3,735,512.	2,751,045.	579,360.	405,107.
8	Pension plan accruals and contributions (include				-
	section 401(k) and 403(b) employer contributions)	115,226.	84,843.	17,883.	12,500.
9	Other employee benefits	747,037.	552,364.	114,070.	80,603.
10	Payroll taxes	214,602.	155,422.	35,316.	23,864.
11	Fees for services (nonemployees):				
а	Management				
	Legal	14,888.	3,381.	10,142.	1,365.
с	Accounting	41,859.		41,859.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	38,784.		44 405	38,784.
	Investment management fees	44,195.		44,195.	
g	(°	F10 C10	100 100	000 050	41 01 0
	column (A), amount, list line 11g expenses on Sch 0.)	519,610.	188,138.	290,256.	<u>41,216.</u> 656.
12	Advertising and promotion	9,456.	7,067.	1,733.	10,739.
13	Office expenses	64,917. 160,341.	<u>43,865.</u> 133,920.	10,313. 26,421.	10,739.
14	Information technology	100,541.	155,920.	20,421.	
15	Royalties	71,872.	51,126.	13,193.	7,553.
16 17	Occupancy	657,791.	632,590.	20,869.	4,332.
18	Travel Payments of travel or entertainment expenses	007,791.	052,550.	20,005.	1,5521
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	20,373.	17,997.	1,724.	652.
20	Interest	6.	,	6.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	66,382.	47,131.	11,949.	7,302.
23	Insurance	59,647.	42,430.	10,949.	6,268.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	PAYROLL SERVICES	310,003.	231,679.	56,823.	21,501.
b	PROGRAM EQUIPMENT	37,589.	37,589.		
С	RECRUITMENT	32,285.	24,128.	5,918.	2,239.
d	PROGRAM EXPENSES	17,829.	13,324.	3,268.	1,237.
	All other expenses	41,732.	19,209.	13,159.	9,364.
25	Total functional expenses. Add lines 1 through 24e	7,529,581.	5,364,416.	1,427,583.	737,582.
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)				
	officer, field If following SOP 98-2 (ASC 958-720)				000

Do not include amounts reported on lines 6b,

7b, 8b, 9b, and 10b of Part VIII.

WITNESS INC Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

(A) Total expenses

(B) Program service expenses

Check if Schedule O contains a response or note to any line in this Part IX

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12110328 745960 37402

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(D) Fundraising expenses

(C) Management and general expenses

Form 990 (2023)

Form s						т)-	410/155 Page II
Part	t X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any lin	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			310,011.	1	332,761.
	2	Savings and temporary cash investments			2,669,327.	2	1,260,628.
	3	Pledges and grants receivable, net			4,157,145.	3	5,222,551.
	4	Accounts receivable, net			4,130.	4	18,343.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	tantial cont	ributor, or 35%			
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described		6			
y,	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			8		
As	9	Prepaid expenses and deferred charges			114,029.	9	111,917.
	10a						
		basis. Complete Part VI of Schedule D	10a	308,797.			
	b		10b	209,006.	125,571.	10c	99,791.
	11	Investments - publicly traded securities			7,585,186.	11	8,525,955.
	12	Investments - other securities. See Part IV, line 1	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		143,935.	15	150,168.	
	16	Total assets. Add lines 1 through 15 (must equa			15,109,334.	16	15,722,114.
	17	Accounts payable and accrued expenses			366,950.	17	477,413.
	18	Grants payable				18	
	10	Deferred revenue			13 280.	10	

	18	Grants payable		18	
	19	Deferred revenue	13,280.	19	
S	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director,			
litie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	750,946.		750,000.
	26	Total liabilities. Add lines 17 through 25	1,131,176.	26	1,227,413.
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	9,940,985.	27	8,989,482.
Ba	28	Net assets with donor restrictions	4,037,173.	28	5,505,219.
pur		Organizations that do not follow FASB ASC 958, check here			
rFι		and complete lines 29 through 33.			
۶.					
S	29	Capital stock or trust principal, or current funds		29	
sets	29 30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		29 30	
t Assets				30 31	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund	13,978,158.	30	14,494,701.
Net Assets	30 31	Paid-in or capital surplus, or land, building, or equipment fund	13,978,158. 15,109,334.	30 31	14,494,701. 15,722,114. Form 990 (2023)

Form 990 (2023)

WITNESS, INC.

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part IX, column (A), line 12) 1 7, 738, 411. 2 Total expenses (must equal Part IX, column (A), line 25) 2 7, 529, 581. 2 Total expenses (must equal Part IX, column (A), line 25) 2 2, 08, 830. 4 Hat assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 13, 978, 158. 5 Net unrealized gains (losses) on investments 5 307, 713. 6 6 Onter changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 1 1 4, 494, 701. Part XII Financial Statements and Reporting 1 1 4, 494, 701. 1 2 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 1 Accounting method used to prepare the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis or both: 2 X 2 X 1 </th <th>Form</th> <th>990 (2023) WITNESS, INC.</th> <th>13-</th> <th>4167</th> <th>155</th> <th>Pa</th> <th>_{ge} 12</th>	Form	990 (2023) WITNESS, INC.	13-	4167	155	Pa	_{ge} 12
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		Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it			
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2023)

332012 12-21-23

Department of the Treasury Internal Revenue Service

(Form 990)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

N

Name of	lame of the organization Employer identification number							
	WITN							3-4167155
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.	
The orga	nization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1	A church, convention of ch	urches, or associatio	on of churches described	l in sectio	n 170(b)(1	I)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)				
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	i).		
4	A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
	section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organization that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	oublic described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	e or
	university:							
10	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
	activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
	income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	after June 30, 1975.
	See section 509(a)(2). (Con	mplete Part III.)						
11 🛄	An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50)9(a)(4).		
12	An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
	more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on
	_lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.	
a	_ Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving
	the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
	organization. You must o	complete Part IV, Se	ections A and B.					
b	Type II. A supporting org	anization supervised	l or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	ving
	control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
_	organization(s). You mus	-						
c	Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,
	its supported organization							
d	Type III non-functionally						-	
	that is not functionally int			•		-	l an attentiv	/eness
_	requirement (see instructi							
e	Check this box if the orga					Туре I, Туре	II, Type III	
	functionally integrated, or		nally integrated supporting	ng organiz	ation.			
	er the number of supported of	•						
g Pro	vide the following information (i) Name of supported	ii) EIN	d organization(s).	(iv) Is the orga	anization listed	(v) Amount o	fmonetary	(vi) Amount of other
	organization	(1) 211	(described on lines 1-10	in your governi	ing document?	support (see in	,	support (see instructions)
			above (see instructions))	Yes	No		,	
Total								
	Paperwork Reduction Act	Notice, see the Inst	tructions for Form 990 of	or 990-EZ	332021	12-21-23	Sche	dule A (Form 990) 2023

Schedule A	Form 990) 202

WITNESS, INC.

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.)

260	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	6326143.	5189060.	6411076.	8612823.	7302135.	33841237.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	6326143.	5189060.	6411076.	8612823.	7302135.	33841237.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						5077216.		
	Public support. Subtract line 5 from line 4.						28764021.		
	ction B. Total Support						1		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Amounts from line 4	6326143.	5189060.	6411076.	8612823.	7302135.	33841237.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	56 450	48 550	F0 010			-10 -04		
	and income from similar sources	56,473.	47,552.	59,918.	99,494.	256,087.	519,524.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital	27 1 6 2	F 010	40 425	1 - 1 0	00 200	105 405		
	assets (Explain in Part VI.)	37,163.	7,913.	49,435.	1,519.	29,377.	125,407.		
	Total support. Add lines 7 through 10						34486168.		
	Gross receipts from related activities,	, ,	,			12	23,660.		
13	First 5 years. If the Form 990 is for the	-	rst, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3)			
80	organization, check this box and stor								
	ction C. Computation of Publi						83.41 %		
	Public support percentage for 2023 (I	, (),		()//		14	=		
	Public support percentage from 2022					15			
168	33 1/3% support test - 2023. If the o						V		
	stop here. The organization qualifies		•						
D	33 1/3% support test - 2022. If the c								
47.	and stop here. The organization qual								
1/a	10% -facts-and-circumstances test								
	and if the organization meets the fact			-		-			
	meets the facts-and-circumstances te	-		• • • •	-	Ze and line 1E is			
0	10% -facts-and-circumstances test	0				-	IU% OF		
	more, and if the organization meets the								
10	organization meets the facts-and-circu Private foundation If the organization		•						
10	Private foundation. If the organization	T did not check a		a, 100, 17a, 01 17b	, oneon this box al		(Form 990) 2023		

332022 12-21-23

S	Schedule A	(Form 990	0) 2023	WITNESS,	INC.		
Γ	Part III	Suppor	t Schedule	for Organizatio	ns Descri	bed in Section	509(a)(2)

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
_	or expended on its behalf					-	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		1				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organi	zation,
_	check this box and stop here						
See	ction C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2023 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20)23 (line 10c, colu	mn (f), divided by l	ine 13, column (f))		17	%
	Investment income percentage from					18	%
19 a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the	•					·
	line 18 is not more than 33 1/3%, che						on
20	Private foundation. If the organization	n did not check a	box on line 14, 19	<u>a, or 19b, check t</u>	his box and see in		
3320	23 12-21-23					Schedu	ıle A (Form 990) 2023

15 2023.05070 WITNESS INC Doc ID: d544ff3c5c5bb5d271335af2a77b11c0e030ba04

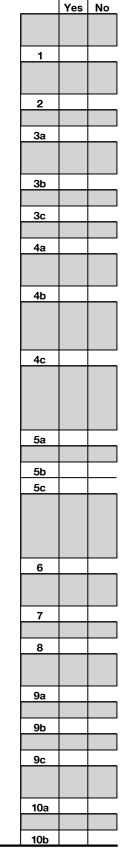
Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2023

2023.05070 WITNESS INC 55bb5d271335af2a77b11c0e030ba04

16

	(Form 990) 2023	WITNESS,	INC
Part IV	Supporting Orga	nizations (continu	ed)

1

2

1

Yes No

Yes No

Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
~	Did the experimetion expects for the barefit of experimented experimetion other than the expected

Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Ş

Section C. Type II Supporting Organizations

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 the supported organization(s)

Section 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			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	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			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	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		

Section 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 instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the year	(000

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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 those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

a 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? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard 332025 12-21-23

3b Schedule A (Form 990) 2023

2a

2b

3a

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations			
Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
All other Type III non-functionally integrated supporting organizations mu					
Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional)					
1 Net short-term capital gain	1				
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				
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current 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):					
a Average monthly value of securities	1a				
b Average monthly cash balances	1b				
c Fair market value of other non-exempt-use assets	1c				
d Total (add lines 1a, 1b, and 1c)	1d				
e 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 0.015 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 0.035.	6				
7 Recoveries of prior-year distributions	7				
8 Minimum Asset Amount (add line 7 to line 6)	8				
Section C - Distributable Amount			Current Year		
1 Adjusted net income for prior year (from Section A, line 8, column A)	1				
2 Enter 0.85 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		Type III supporting orga	nization (see		

Schedule A (Form 990) 2023

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instructions).

Schedule A (Form 990) 2023

WITNESS,

INC.

	Schedule A (Form 990) 2023 WITNESS, INC. 13-4167155 Page 7					
Pa	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continu	ied)		
Sect	ion D - Distributions				Current Year	
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributable Amount for 2023	
_1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
a	From 2018					
b	From 2019					
C	From 2020					
d	From 2021					
e	From 2022					
f	Total of lines 3a through 3e					
<u> </u>	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2023 distributable amount					
<u>i</u>	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
e	Excess from 2023			0	hadula A (Form 000) 0000	
				50	hedule A (Form 990) 2023	

WITNESS, INC.

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 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 V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

MISCELLANEOUS		-		
2019 AMOUNT: \$	37,163.			
2020 AMOUNT: \$	7,913.			
2021 AMOUNT: \$	49,435.			
2022 AMOUNT: \$	1,519.			
2023 AMOUNT: \$	20,590.			
TRAVEL REIMBURSE	EMENT			
2023 AMOUNT: \$	8,135.			
FX. CONVERSION I	LOSS			
2023 AMOUNT: \$	652.			
332028 12-21-23			20	Schedule A (Form 990) 2023

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** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

13-4167155

Organization type (check one):

Schedule B

Department of the Treasury

Internal Revenue Service Name of the organization

(Form 990)

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

INC.

WITNESS,

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless the set of the parts unless the set of the parts unless to this organization because it received *nonexclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set of the parts unless the set of the parts unless total set of the parts unless the set of the parts unless total set of the

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of or	ganization	Employer identification number	
WITNES	SS, INC.		13-4167155
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
<u> 1</u>		\$ <u>739,5</u>	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
2		\$600,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
3		\$600,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
4		\$450,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
5		\$200,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
6		\$200,0	Person X Payroll

Schedule B (Form 990) (2023)

323452 12-26-23

22 2023.05070 WITNESS INC Doc ID: d544ff3c5c5bb5d271335af2a77b11c0e030ba04

Page 2

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WITNES	SS, INC.		13-4167155
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 contribution	(d) Is Type of contribution
7		\$3,592,00	0.0. Person X Payroll Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
		\$	Person Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
		\$	Person Payroll Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
		\$	Person Payroll One Complete Part II for noncash contributions.)

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23 2023.05070 WITNESS INC Doc ID: d544ff3c5c5bb5d271335af2a77b11c0e030ba04

Schedule B (Form 990) (2023)

Name of organization

Schedule B (Form 990) (2023)

	3 (Form 990) (2023)		Page
Name of or	ganization		Employer identification number
WITNES	SS, INC.		13-4167155
Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	if additional space is needed	J.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
323453 12-26	-23		Schedule B (Form 990) (2023)

24 2023.05070 WITNESS INC Doc ID: d544ff3c5c5bb5d271335af2a77b11c0e030ba04

Page 3

Name of c	organization			Employe	ridentification number
WTTNE	SS, INC.			13-4	167155
Part III	Exclusively religious, charitable, etc., contribu	tions to organizations described ir	n section 501	(c)(7), (8), or (10) that total mor	
	from any one contributor. Complete columns (completing Part III, enter the total of exclusively religious,	a) through (e) and the following line charitable, etc., contributions of \$1,000	or less for the	year. (Enter this info. once.)	
(c) No	Use duplicate copies of Part III if additiona	l space is needed.			
(a) No. from 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,	and ZIP + 4	Re	lationship of transferor to	transferee
(a) No.					
`from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of	how gift is held
		(a) Transfer of	aift		
		(e) Transfer of			
	Transferee's name, address,	and ZIP + 4	Re	lationship of transferor to	transferee
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of	how gift is held
		(e) Transfer of	gift		
	Transferee's name, address,	and ZIP + 4	Re	lationship of transferor to	transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of	how gift is held
		(e) Transfer of	gift		
	Transferee's name, address,	and ZIP + 4	Re	lationship of transferor to	transferee
		[
323454 12-20	6-23			S	chedule B (Form 990) (2023)

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SCHEDULE D	
(Form 990)	

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. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Name of the organization			
	WITNESS.	INC.	

Employer identification number

Part II Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Ves' on Form 900, Part IV, line 6. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts. 2 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts. 3 Aggregate value of contributions to (during year) (c) Donor advised funds (c) Donor advised funds 3 Aggregate value of contributions to (during year) (c) Donor advised funds (c) Donor advised funds 4 Aggregate value of contributions to (during year) (c) Donor advised funds (c) Donor advised funds 5 Did the organization inform all grantes, donors, and donor advisors in writing that grant funds can be used only for characterization for the benefit of the donor or donor advisors in writing that grant funds can be used only for characterization assements. (c) Control file in advisor of the benefit of the organization incheck all that apply). 1 Purpose(a) of conservation easements. (c) Donor advisor is number of conservation easements. (c) Donor advisor is number of conservation easements. 2 Complete line of conservation easements modified toris structure include on ine 2a <t< th=""><th></th><th>WITNESS, INC.</th><th>13-4167155</th></t<>		WITNESS, INC.	13-4167155
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1 Total number at end of year		organization answered "Yes" on Form 990, Part IV, line 6.	
2 Aggregate value of contributions to (during year) 4 Aggregate value at end of type 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chartable puryless and not to the benefit of the donor of advisors in writing that grant funds can be used only for chartable puryless and not to the benefit of the donor of advisors in writing that grant funds can be used only in chartable puryless and not to the benefit of the donor of one advisors, or for any other purpose conferring impermiselybe private benefit? Persevation of a stress the day the organization induced funds Protection of a historically important land area Protection of natural habitat Protection of advisor of a historically important land area Held at the Edd of the Tax Year 2 Complete inters 2 at through 2 of the organization held a qualified conservation cancentry Protection of a conservation easements Adv of the tax year. 2 Complete inters 2 at through 2 of the organization held a qualified conservation cancentry Protection of conservation easements in a configure Protection of conservation easements in advised their structure included on line 2 a 2 c 2 c Protection of conservation easements modified, transfered, released, extinguished, or terminated by the organization during the tax Year Protection of states where property subject to conservation easements in blocated Number of conservation easements modified, transfered, released, extinguished, or terminated by the organization during the year Protection of averation easements modified, transfered, released, extinguished, or terminated by the organization during the year Protection on a historic Struc		(a) Donor advised funds	(b) Funds and other accounts
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3 Aggregate value of grants from (during year)	-		
Aggregate value at end of year Other erganization inform all chores and chore advisors in writing that the assets held in donor advised funds are the erganization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the erganization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable private benefit? Yes No Did the organization inform all grantees, donors, and donor advisors in or any other purpose conferring mopernisable private benefit? Yes No PartII 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 appy). Preservation of a historically important land area Prefection of natural habitat Preservation of open space Complete intege 2 attrough 2 of the enganization held a qualified conservation contribution in the form of a conservation easements Total arcsege restricted by conservation easements Total arcsege restricted by conservation easements Total number of conservation easements included on line 2 a could are uppresented in the Natural Preservation of a conservation easements Total arcsege restricted by conservation easements is located Number of conservation easements included on line 2 a could are uppresenters included on line 2 a could are uppresenters Total arcsege restricted by conservation easements is located Number of states where property subject to conservation easements is located Staff and voluteer hours deviced to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Annour of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Annour of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements works	-		
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for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	6		
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Preservation of actural habitat Preservation of conservation of a certified historic structure Preservation of a certified historic structure Preservation of a conservation easements Total number of conservation easements Total arceage restricted by conservation easements included on line 2a 2b Ze Total number of conservation easements included on line 2a caquired after July 25, 2006, 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 year year war A Number of states where property subject to conservation easement is located Soes the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in bids? Soes each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)? Yes No 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 answered 'Yes' on Form 990, Part X, line 8. If the organization answered 'Yes' on Form 990, Part X, line 8. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures			ariaally important land area
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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	d		
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b Assets included in Form 990, Part X \$	а	• • • • •	\$
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Sche	dule D (Form 990) 2023 WITNESS							13-41		5 Pa	_{age} 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Hist	torical Tre	easures, o	r Othei	r Simila	r Assets	contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	ls, chec	k any of the	following that	: make si	ignificant	use of its			
	collection items (check all that apply).										
а	Public exhibition	c	d 🗌	Loan or exc	change progra	am					
b	Scholarly research	e	e 🗌	Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explain	n how t	hey further th	he organizatio	on's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or othe	er similar	assets		_		_
_	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered "	Yes" on I	Form 990	, Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod							_	٦		٦
	on Form 990, Part X?							∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:					A	+	
	2 · · · · ·								Amoun	ι	
C L	Beginning balance										
a	Additions during the year										
e f	Distributions during the year						. <u>1e</u> 1f				
י 29	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII							····· ∟			1
Par							0.				
		(a) Current year		Prior year	(c) Two year			years back	(e) Fou	r years	back
1a	Beginning of year balance									-	
b	Contributions										
с	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										
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term 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 the	at are held a	nd administer	ed for th	ie				
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		<u> </u>
4 Par	t VI Land, Buildings, and Equipm		wment	funds.							
1 41	Complete if the organization answere) Part l	V line 11a S	See Form 990	Part X	line 10				
	Description of property	(a) Cost or c	,	Ť.	t or other		ccumulat	ad		k volu	
	Description of property	basis (investr		• •	(other)	• •	preciation		(d) Boo	k valu	e
19	Land	· · · · ·		20.010	(/						
	Buildings										
	Leasehold improvements			1							
	Equipment			30	8,797.		209,0	06.	9	9,7	91.
	Other						, -		-		
_	. Add lines 1a through 1e. (Column (d) must e	eaual Form 990 Part	X. line [·]	10c. column	(<u>B))</u>		<u></u>		9	9,7	91.
					,			Schodule	D (Earn	- 000)	2022

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Schedule D (Form 990) 2023 WITNESS ,	INC.	13	-4167155 Page 3
Part VII Investments - Other Securities	(aall on Form 000, Port IV, line	11b See Form 000 Dert V line 12	
Complete if the organization answered "Y (a) Description of security or category (including name of secur		(c) Method of valuation: Cost or en	d-of-year market value
			u-or-year market value
Closely held equity interests Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)			
Part VIII Investments - Program Related			
Complete if the organization answered "Y			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B) Part IX Other Assets		11d See Form 990 Part X line 15	
Fotal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)	′es" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Y		11d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Y (1)	′es" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Y (1) (2)	′es" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Y (1) (2) (3)	′es" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Y (1) (2) (3) (4)	′es" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Y (1) (2) (3) (4) (5)	′es" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Y (1) (2) (3) (4) (5) (6)	′es" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7)	′es" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8)	′es" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B) Part IX Other Assets Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8) (9) (9)	'es" on Form 990, Part IV, line (a) Description	11d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B) Part IX Other Assets Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8) (9) (9)	'es" on Form 990, Part IV, line (a) Description	11d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B) Part IX Other Assets Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15)	'es" on Form 990, Part IV, line (a) Description		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15) Part X Other Liabilities Complete if the organization answered "Y	'es" on Form 990, Part IV, line (a) Description		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15) Part X Other Liabilities Complete if the organization answered "Y	'es" on Form 990, Part IV, line (a) Description		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15) Part X Other Liabilities Complete if the organization answered "Y (a) Description of liability	'es" on Form 990, Part IV, line (a) Description		(b) Book value
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15 Part X Other Liabilities Complete if the organization answered "Y 1. (a) Description of liability (1) Federal income taxes	'es" on Form 990, Part IV, line (a) Description		(b) Book value
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities Complete if the organization answered "Y (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15) Part X Other Liabilities Complete if the organization answered "Y 1. (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCES	'es" on Form 990, Part IV, line (a) Description		(b) Book value
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B) Part IX Other Assets Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities Complete if the organization answered "Y (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15) Part X Other Liabilities Complete if the organization answered "Y (1) (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCES (3) (3)	'es" on Form 990, Part IV, line (a) Description		(b) Book value
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities Complete if the organization answered "Y (1) (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCES (3) (4)	'es" on Form 990, Part IV, line (a) Description		(b) Book value
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15) Part X Other Liabilities Complete if the organization answered "Y 1. (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCES (3) (4) (5)	'es" on Form 990, Part IV, line (a) Description		(b) Book value
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities Complete if the organization answered "Y (1) (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCES (3) (4) (5) (6)	'es" on Form 990, Part IV, line (a) Description		(b) Book value
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B) Part IX Other Assets Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15 Part X Other Liabilities Complete if the organization answered "Y 1. (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCES (3) (4) (5) (6) (7) (7)	'es" on Form 990, Part IV, line (a) Description		

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

Schedule D (Form 990) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 WITNESS, INC.			13-	4167155	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With I	Revenue per Re	eturn		
	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	8,274,	172.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	307,713.			
b	Donated services and use of facilities	2b	272,243.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	579,	
3	Subtract line 2e from line 1			3	7,694,	<u>216.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	44,195.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		195.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	7,738,	<u>411.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per l	Retur	n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total expenses and losses per audited financial statements			1	7,757,	<u>629.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	272,243.			
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)					
е	Add lines 20 through 2d			2e	272,	0 1 0
	Add lines 2a through 2d			20		
3				3	7,485,	
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3		
	Subtract line 2e from line 1			3		
4 a	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	. 4a		3		
4 a	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	44,195.	3	7,485,	<u>386.</u> 195.
4 a b c 5	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b	44,195.	3	7,485,	<u>386.</u> 195.

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

332054 09-28-23

(Form 990)	Complete if the	organization a	nswered "Yes" on Form 990, Part IV,	line 14b, 15, or 16.	2023	
Department of the Treasury Internal Revenue Service	Go to w	ww.irs.gov/Form	Attach to Form 990. 1990 for instructions and the latest i	nformation.	Open to Public Inspection	
Name of the organization		ww.ii3.govii oiii			er identification numbe	ər
WITNESS, INC.				13-4	167155	
		ctivities Out	side the United States. Comple	ete if the organization and	swered "Yes" on	
Form 990, Part						
-	•		ds to substantiate the amount of its gra			
the grantees' eligibility	for the grants or a	assistance, and t	the selection criteria used to award the	grants or assistance?		lo
2 For grantmakers. De	scribe in Part V the	organization's	procedures for monitoring the use of its	arants and other assists	ance outside the	
United States.		organization s	procedures for monitoring the use of its	grants and other assiste		
	(The following Part	I. line 3 table ca	an be duplicated if additional space is n	needed.)		
(a) Region	(b) Number of				in (d) (f) Total	
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program servi	for and	s
	in the region	independent contractors	gram services, investments, grants to		ype investments	3
		in the region	recipients located in the region)	of service(s) in the re	in the regior	n
				CAPACITY BUILDING		
EUROPE (INCLUDING				TRAINING, SOLIDARIN	ГҮ	
ICELAND AND				WORK, HUMAN RIGHTS		
GREENLAND)	0	9	PROGRAM SERVICES	PROGRAM	1,161,114	4.
				CAPACITY BUILDING		
				TRAINING, SOLIDARI	ГҮ	
EAST ASIA AND THE				WORK, HUMAN RIGHTS		
PACIFIC	0	5	PROGRAM SERVICES	PROGRAM	267,627	7.
				CAPACITY BUILDING		
				TRAINING, SOLIDARID	ΓY	
				WORK, HUMAN RIGHTS		_
NORTH AMERICA	0	8	PROGRAM SERVICES	PROGRAM	596,023	3.
				CAPACITY BUILDING		
				TRAINING, SOLIDARIT	ΓY	
CENTRAL AMERICA AND				WORK, HUMAN RIGHTS	100 53	-
THE CARIBBEAN	0	0	PROGRAM SERVICES	PROGRAM	199,535	5.
				CAPACITY BUILDING	n.v.	
				TRAINING, SOLIDARIT WORK, HUMAN RIGHTS		
SOUTH AMERICA	0	12	PROGRAM SERVICES	PROGRAM	566,834	1
SOUTH AMERICA		12	FROGRAM SERVICES	CAPACITY BUILDING	500,054	±.
				TRAINING, SOLIDARI	rγ	
				WORK, HUMAN RIGHTS		
SUB-SAHARAN AFRICA	0	7	PROGRAM SERVICES	PROGRAM	486,049	9.
				CAPACITY BUILDING		
				TRAINING, SOLIDARI	гу	
				WORK, HUMAN RIGHTS		
SOUTH ASIA	0	1	PROGRAM SERVICES	PROGRAM	69,262	2.
				CAPACITY BUILDING		
				TRAINING, SOLIDARI	ГY	
MIDDLE EAST AND				WORK, HUMAN RIGHTS		
NORTH AFRICA	0	4	PROGRAM SERVICES	PROGRAM	16,207	7.
3 a Subtotal	. 0	46			3,362,651	1.
b Total from continuatio						
sheets to Part I	. 0	1			54,454	4.
c Totals (add lines 3a						_

Statement of Activities Outside the United States

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

0

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Schedule F (Form 990) 2023

3,417,105.

OMB No. 1545-0047

LHA 332071 11-29-23

and 3b)

SCHEDULE F (Form 990)

Schedule F (Form 990)	WITNESS,	INC.	• (Schedule F (Form 990), Part I, line 3	13-41671	55 Page
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA AND NEIGHBORING STATES	0	1	PROGRAM SERVICES	CAPACITY BUILDING TRAINING, SOLIDARITY WORK, HUMAN RIGHTS PROGRAM	9,068.
AEIGIDOKING SIKIES	0	±	INGRAM SERVICES	I NOGRAM	5,000
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		8,000
SOUTH AMERICA	0		GRANTS TO RECIPIENTS LOCATED IN THE REGION		20,020.
CENTRAL AMERICA AND			GRANTS TO RECIPIENTS		
THE CARIBBEAN	0	0	LOCATED IN THE REGION		4,270.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		5,000.
NORTH AMERICA	0		GRANTS TO RECIPIENTS LOCATED IN THE REGION		8,096.
Fotals		1			54,454.

332181 04-01-23

Schedule F (Form 990) 2023	3 MITNESS,	ISS, INC.			13-4167155	67155		Page 2
Part II Grants and Othe recipient who rec	er Assistance to Or ; ceived more than \$5,	Grants and Other Assistance to Organizations or Entities Outside recipient who received more than \$5,000. Part II can be duplicated if	the United States. additional space is ne	Complete if the or ∢ded.	ganization answered	"Yes" on Form 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any seded.	
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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	SUPPORT FOR PROJECT AND STRENGTHENING OF CAPACITIES FOR VIDEO FOR THE DEFENSE OF	5	WIRE TRANSFER/CREDIT CARD	0		
		SUB-SAHARAN AFRICA	SUPPORT FOR FRONTLINE OF PROTESTS AND TO STRENTHENING THE CAPACITIES FOR VIDEO	000		0		
 Enter total number of exempt 501(c)(3) orga 	recipient organization inization by the IRS, o	or for which the grantee	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country, r tion 501(c)(3) equ	recognized as a tax livalency letter	ax -		00
							Sched	Schedule F (Form 990) 2023
	SEE PART V	FOR COLUMN	(D) DESCRIPTIONS	ß				

DESCRIPT'T'NUS n) COLUMIN ЧСF > NEE FAKT

332072 11-29-23

Schedule F (Form 990) 2023 WITNESS , INC .	INC.	o Ilnited Stat	tatas Comolata if	13-4167155 Complete if the organization answered "Ves" on Form 900 Part IV line 16	13-4167155	IV line 16	Page 3
Grams and Orner Assistance to Individuals Outside Part III can be duplicated if additional space is needed	e is needed.	ie United Sta		i irie organization answered i tes of	n Form 990, Part	IV, III 10.	
(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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
EAST ASIA AND THE PACIFIC - AUSTRALIA	AND THE						
AND OPERATIONAL EXPENSES. BRUNEI, BURNEI,	RMA ,	1	5,000.	WIRE TRANSFER	.0		
SOUTH AMERICA	ICA -						
ARGENT IN?							
BOLIVIA,	BRAZIL,						
FOR VIDEO FOR THE DEFENSE OF CHILE, COLU	COLUMBIA,	9	14,522.	WIRE TRANSFER	.0		
NOKTH AMERICA	TCA -			_			
UANADA AND MEVICO BITE NOT	ECN			_			
CAMPAIGN & MINIDOCUMENTARY THE UNITED STATES	L NOL STATES	4	8,096.	WIRE TRANSFER	.0		
SEE PART V FOR COLUMN (A)	R COLUM		DESCRIPTIONS	SNO		Schec	Schedule F (Form 990) 2023

332073 11-29-23

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1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)</i>	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2023

INC. WITNESS Schedule F (Form 990) 2023 Supplemental Information

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. See instructions.

PART I, LINE 2:

Part V

WITNESS IS NOT A GRANTMAKING ORGANIZATION. WE SOMETIMES PROVIDE SUPPORT

TO OUR PARTNERS IN THE FORM OF MICROGRANTS FOR THEIR PARTICIPATION AND

SHARING OF KNOWLEDGE. THE PROVISION OF THESE SMALL MICROGRANTS REQUIRES A

LETTER OF AGREEMENT OR CONTRACT TO OUTLINE ANTICIPATED ACTIVITIES OR

AREAS OF SPENDING, BUT DOES NOT REQUIRE MONITORING OR REPORTING FROM THE

PARTNER. WE DO OFTEN RECEIVE ANECDOTAL FEEDBACK FROM PARTNERS ABOUT HOW

THE MICROGRANT HAS SUPPORTED THEIR WORK.

PART II, COLUMN (D):

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: SUPPORT FOR PROJECT AND STRENGTHENING OF

CAPACITIES FOR VIDEO FOR THE DEFENSE OF THE TERRITORY IN THE SELECTED

COMMUNNITIES

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORT FOR FRONTLINE OF PROTESTS AND TO

STRENTHENING THE CAPACITIES FOR VIDEO FOR THE DEFENCE OF THE TERRITORY IN

THE SELECTED COMMUNITIES

PART III, COLUMN (A):

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR

(A) TYPE OF GRANT OR ASSISTANCE: SUPPORT FOR PEOPLE IN THE FRONTLINE OF

PROTESTS ANDTO STRENGTHENING THE CAPACITIES FOR VIDEO FOR THE DEFENSE OF

35

THE TERRITORY IN THE SELECTED COMMUNITIES.

332075 11-29-23

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047		
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2023		
Department of the Treasury								Open to Public		
	rnal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						لبع	Inspection		
Name of the organization							Employer identification number 13-4167155			
WITNESS, INC. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 1										
			ered "Y	'es" or	n Form 990, Part IV, I	ine 17	7. Form 990	EZ filers a	are not	
· · ·	complete this par									
	-	sed funds through any of the followir e X Solicita	-		overnment grants					
a Mail solicitat	email solicitations				nment grants					
c X Phone solicit				-	-					
	d In-person solicitations									
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or										
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?										
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be										
	compensated at least \$5,000 by the organization.									
		1								
(i) Name and address	s of individual		fund	Did raiser	(iv) Gross receipts		Amount pair or retained b	_√) (VI) /-	mount paid	
or entity (fund		(ii) Activity	have c or cor	ntrol of	from activity	l `·	fundraiser		retained by) ganization	
			contrib	utions?		list	ed in col. (i)			
STEFAN SIRUCEK - 15	5 PARKSIDE		Yes	No						
COURT, BROOKLYN, NY	11226	GRANT WRITING SUPPORT		X	0.		18,41	1.	-18,411.	
CLARA PETERSON - 13										
ST, BROOKLYN, NY 1	.1249	GRANT WRITING SUPPORT		X	0.		20,37	3.	-20,373.	
Total							38,78	4.	-38,784.	
3 List all states in whi	ch the organizatic	on is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt from	registrati	on	
or licensing.										
CA, DE, IL, NY										

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

		G (Form 990) 2023 WITNESS				4167155 Page 2
Pa	rt II	Fundraising Events. Complete if the of fundraising event contributions and groups of fundraising event contributions.	e organization answered as income on Form 990-	"Yes" on Form 990, Par FZ lines 1 and 6b List e	t IV, line 18, or reported	more than \$15,000
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
						(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue			(010.101)(00)	(0.0		
Seve	1	Gross receipts				
		Less: Contributions				
	2					
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
enses		Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire						
		Entertainment Other direct expenses				

10 Direct expense summary. Add lines 4 through 9 in column (d)

11 Net income summary. Subtract line 10 from line 3, column (d)

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))					
Rev	1 Gross revenue									
es	2 Cash prizes									
xpens	3 Noncash prizes									
Direct Expenses	4 Rent/facility costs									
	5 Other direct expenses									
	6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No						
7 Direct expense summary. Add lines 2 through 5 in column (d)										
8 Net gaming income summary. Subtract line 7 from line 1, column (d)										
	Were any of the organization's gaming licenses rev	• •	• •		Yes No					

332082 09-13-23

Schedule G (Form 990) 2023

Schedule G (Form 990) 2023 WITNESS, INC.	13-4167155 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity for	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13 a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	
Name	
Adduses	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenu	le? Yes No
Does the organization have a contract with a third party from whom the organization receives garning revent	
	the amount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes No
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
 a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or 	
 a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or organization's own exempt activities during the tax year \$ 	spent in the
 a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or organization's own exempt activities during the tax year \$ 	spent in the
 a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) 	spent in the
 a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) 	spent in the
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 a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) 	spent in the

Schedule G (Form 990

SCHEDULE I (Form 990)		Comple Comple	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	A Other Assistance to Organizations, :s, and Individuals in the United States nization answered "Yes" on Form 990, Part IV, line 21 or 2	ce to Organi s in the Unit on Form 990, Par	zations, ed States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.irs.	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	er 1990. The latest informa	tion.		Open to Public Inspection
Name of the organization	WITNESS ,	INC.						Employer identification number 13-4167155
Part I General Inf	ā	Assistance						
1 Does the organiza	Does the organization maintain records to substantiate the amount of the	substantiate the		or assistance, the g	grantees' eligibility	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tance, and the selectic	ŀ
criteria used to aw	criteria used to award the grants or assistance?	nce?	vina the use of areat f	Lote in the lotter	Ctotoo			X Yes No
art II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	omestic Organiz	ations and Domestic	Governments. C	omplete if the orga	inization answered "Y€	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and add	Tecipient that received more than \$5,000. Part II can be duplicated 1 (a) Name and address of organization (b) EIN (c) IRC sec or government (if application)	(b) EIN	e duplicated if additio (c) IRC section (if applicable)	IT additional space is needed. ction (d) Amount of (ble) cash grant	ed. (e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
						otner)		
MEEDAN, INC.								TO SUPPORT THE CRISIS RESPONSE FOR THE GAZA
575 MARKET ST., 4T	4TH FLOOR							WAR, TECHNICAL
SAN FRANCISCO, CA	CA 94105	20-4504068	501(C)(3)	15,000.	0.			ASSISTANCE, EQUIPMENT AND
2 Enter total numbe	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	government org stad in the line 1	anizations listed in the	line 1 table				- - -
For Paperwork Reduct	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Instructions for						Schedule I (Form 990) 2023
LHA 332101 11-01-23	SEE PART IV FOR COLUMN	V FOR CUI	(H)	DESCRIPTIONS				

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Schedule I (Form 990) 2023 WITNESS , INC.					13-4167155 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	s. Complete if the	organization answe	Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	l quired in Part I, line	e 2; Part III, column	(b); and any other ad	ditional information.	
LINE 2:					
ESS IS NOT A GRANTMAKING	0	WE SOMETIMES	IES PROVIDE	SUPPORT TO	
OUR PARTNERS IN THE FORM OF MICROGRANTS		THEIR PAF	XTICIPATION	FOR THEIR PARTICIPATION AND SHARING	
OF KNOWLEDGE. THE PROVISION OF THESE		SMALL MICROGRANTS	'S REQUIRES	A LETTER OF	
AGREEMENT OR CONTRACT TO OUTLINE AI	ANTICIPATED	D ACTIVITIES OR	ES OR AREAS	S OF	
SPENDING, BUT DOES NOT REQUIRE MONITORING OR REPORTING FROM THE PARTNER.	TTORING O	R REPORTIN	IG FROM THE	PARTNER. WE	
DO OFTEN RECEIVE ANECDOTAL FEEDBACK	FROM	PARTNERS ABC	ABOUT HOW THE	MICROGRANT	
HAS SUPPORTED THEIR WORK.					
332102 11-01-23					Schedule I (Form 990) 2023

chedule I (Part IV	Form Sui	990) p pleme	ental	W Inform	natior	ESS, I	INC.								13-	41671	.55 Pag
ART I	-	-															
									MEEDAN		~						
AME U	r C	RGAN	LДА	TION	UK	GOVE	KINMEIN	1:	MEEDAN	<u>, IN</u>	L.						
H) PU	RPC	OSE O	FG	RANT	OR	ASSI	STANC	Е:	TO SUP	PORT	TH	IE (CRISI	IS R	ESPO	NSE F	'OR
HE GA	ZA	WAR,	TE	CHNI	CAL	ASSI	STANC	Е,	EQUIPM	ENT	AND	IN	TERNI	ET/C	OMMS	BUNI	DLES.
																Schodu	le I (Form
2291 -01-23																Scheuu	

sc	HEDULE J	Compensation Information		OMB No. 1	545-004	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	7 7)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		<u> 20 </u>	<u>ZJ</u>)
Depa	rtment of the Treasury	Attach to Form 990.		Open to		ic
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	ne of the organization			identificatio		nber
Pa	rt I Question	WITNESS, INC. s Regarding Compensation	13-4	410/13	2	
	Queblion				Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990		Tes	NO
		line 1a. Complete Part III to provide any relevant information regarding these items.	000,			
	First-class or c		nal use			
	Travel for com					
		ation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
-						
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the 250 (5 counting Directory but countries in Bert III)	on to			
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		compensation consultant X Compensation survey or study ther organizations X Approval by the board or compensation compensation	ommittoo			
		ther organizations X Approval by the board or compensation c	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a re					
а	•	e payment or change-of-control payment?		4a	Х	
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	contingent on the r					37
a	The organization?			<u>5a</u>		X
b		ation?		<u>5b</u>		X
•		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation of the section o	n			
а	contingent on the r			60		X
		ation2				X
U		ation? or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
•	-	nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
				8		x
9		id the organization also follow the rebuttable presumption procedure described in				
	Regulations section		<u></u>	9		
For	Paperwork Reduct	ion Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990)	2023

LHA 332111 11-06-23

Schedule J (Form 990) 2023 WITNESS ,	ESS	, INC.			13-4167155	155		Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.	Emplo	oyees, and Highest C	ompensated Emple		Use duplicate copies if additional space is needed	space is needed.		
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII.	t be re Form	ported on Schedule . 990, Part VII.	l, report compensati	on from the organize	ation on row (i) and fror	n related organizations	s, described in the instr	uctions, on row (ii).
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	ted in	dividual must equal tl	ne total amount of Fc	orm 990, Part VII, Se	ction A, line 1a, applic	able column (D) and (E) amounts for that indi	vidual.
		(B) Breakdown of M	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SAMUEL GREGORY	(i)	213,47	0.	0	6,518.	30,609.	250,599.	0
EXECUTIVE DIRECTOR		110 178			1 702	0. 76 263	177 103	
2		1011	.0		-	-	1	.0
R		139,45	.0	.0	4,247.	29,143.	172,840.	.0
DIRECTOR OF FINANCE	(ii)	0.	.0	.0	.0	.0	.0	.0
(4) SARA FEDERLEIN	(<u>:</u>)	135,00	.0	•0	4,115.	29,196.	168,311.	•0
DIRECTOR OF PHILANTHROPY	<u> </u>		.0	I	0.	0.	0.	.0
(5) YVETTE ALBERDINGK THIJM	E	136,881.	0.	20,000.	3,158.	6,799.	166,838.	.0
FORMER OFFICER	(ii)	0.	• 0	0.	• 0	0.	0.	• 0
	(i)							
	: []							
	Ξ							
	(ii)							
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							Schedu	Schedule J (Form 990) 2023
332112 11-06-23				~ ~				

Schedule J (Form 990) 2023 WITNESS, INC.	13-4167155 Page 3
Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	part for any additional information.
PART I, LINE 4A:	
YVETTE ALBERDINGK THIJM RECEIVED A 20K SEVERANCE PAYMENT DURING THE YEAR.	
	Schedule J (Form 990) 2023
332113 11-06-23 4.5	

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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 Form 990-EZ Go to www.irs.gov/Form990 for the latest information.



WITNESS INC. 13-4167155

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OPERATES GLOBALLY. WITNESS' GLOBAL TEAM DESIGNS SOLUTIONS, PROVIDES

GUIDANCE, AND CO-DEVELOPS STRATEGIES THAT ENABLE HUMAN RIGHTS DEFENDERS

AND ORDINARY PEOPLE TO HOLD THE POWERFUL TO ACCOUNT, STAND UP FOR

JUSTICE, AND FORTIFY THE TRUTH.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TOOLS AROUND THE SAFE, ETHICAL, AND EFFECTIVE USE OF VIDEO AND

TECHNOLOGY FOR HUMAN RIGHTS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

TRYING TO PREVENT THE ILLEGAL DEFORESTATION OF THEIR LAND IN MALAYSIA

CAN LEARN FROM LOCAL LEADERS USING VIDEO EVIDENCE TO END THE ILLEGAL

INVASION OF THEIR ANCESTRAL LANDS IN THE AMAZON.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THE THREATS OF SYNTHETIC MEDIA, DECEPTIVE AI, SURVEILLANCE, AND

SECURITY FACING THE HUMAN RIGHTS MOVEMENT AT LARGE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

RESOURCE CREATION AND DISTRIBUTION:

WITNESS ONLINE LIBRARY ENABLES PEOPLE TO ACCESS, DOWNLOAD, AND ADAPT A

RANGE OF OPEN SOURCE TIPS AND GUIDANCE ON HOW TO USE VIDEO MORE SAFELY

AND EFFECTIVELY FOR HUMAN RIGHTS. YEAR AFTER YEAR, WITNESS HAS SEEN AN

INCREASE IN THE OVERALL ENGAGEMENT WITH THESE RESOURCES, DEMONSTRATING

APPETITE AND NEED FOR ITS MATERIALS ACROSS ISSUE AREAS REGIONS AND For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023 LHA 332211 11-14-23

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Name of the organization WITNESS, INC.	Employer identification number 13-4167155
LANGUAGES. THE ORGANIZATION RECOGNIZES THE STRATEGIC POWER	OF SOCIAL
LANGUAGES. THE ORGANIZATION RECOGNIZES THE STRATEGIC POWER	OF SOCIAL
MEDIA AND DIGITAL PLATFORMS AS TOOLS TO WIDELY DISTRIBUTE	INFORMATION,
AS WELL AS THE FACT THAT PEOPLE WORLDWIDE ARE TURNING TO T	HESE

EXPENSES \$ 24,470. INCLUDING GRANTS OF \$ 5,000. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

SENIOR MANAGEMENT REVIEWS AND EVALUATES THE INFORMATION BEING COMPILED FOR THE 990 IN ADVANCE OF PREPARING A DRAFT, AND REVIEWS THE FINAL 990 PRIOR TO IRS FILING. THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS A FINAL DRAFT OF THE 990, AND THEN THE FINAL 990 IS CIRCULATED TO THE FULL BOARD PRIOR TO IRS FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

AS PART OF ONBOARDING, ALL NEW MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST FORM. ADDITIONALLY, ALL BOARD MEMBERS MUST COMPLETE A NEW CONFLICT OF INTEREST FORM AT THE BEGINNING OF EACH FISCAL YEAR. THE BOARD AND MANAGEMENT TAKE UP THE AFFAIRS OF WITNESS, IT IS THE OBLIGATION OF BOARD AND STAFF MEMBERS TO DISCLOSE A POSSIBLE CONFLICT OF INTEREST AT ONCE AND, WHEN A FINANCIAL INTEREST MAY BE INVOLVED, TO ABSTAIN FROM ANY INFLUENCE OR VOTE ON THE MATTER AND TO BE ABSENT DURING THE BOARD'S REVIEW AND VOTE ON THE DECISION IN QUESTION. THE ABSTENTION AND ABSENCE SHOULD BE NOTED IN THE MINUTES OF THE MEETING. IF A BOARD OR STAFF MEMBER IS IN DOUBT AS TO WHETHER THERE IS A POTENTIAL CONFLICT OF INTEREST IN A SPECIFIC SITUATION, DISCLOSURE AND CONSULTATION WITH THE BOARD CHAIR OR EXECUTIVE DIRECTOR WITH THE ASSISTANCE OF OUTSIDE COUNSEL IS ADVISED.

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FORM 990, PART VI, SECTION B, LINE 15:

332212 11-14-23

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2						
Name of the organization WITNESS, INC.	Employer identification number 13-4167155						
BASE SALARY AND SALARY INCREASES FOR THE EXECUTIVE DIRECTOR ARE REVIEWED							
AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DI	RECTORS, TAKING						
INTO CONSIDERATION AND STAYING WITHIN THE PARAMETERS OF THE ORGANIZATION'S							
SALARY STRUCTURE. THE SALARY STRUCTURE WAS LAST UPDATED BY AN EXTERNAL							
COMPENSATION CONSULTING FIRM IN 2019, AND IS UPDATED BY HUMAN RESOURCES							
ANNUALLY. THE HR TEAM CONDUCTED A COMPREHENSIVE BENCHMARKI	NG EXERCISE USING						
DATA FROM VARIOUS SOURCES, INCLUDING BASE SALARIES AGAINST	DATA FROM NGOS						
SIMILAR TO WITNESS. WE SET STARTING SALARIES BASED ON THE	50TH PERCENTILE						
OF THE BENCHMARK DATA, AND EVERYONE WHOSE SALARY WAS BELOW	THE NEW						
BENCHMARKED SALARY RECEIVED AN INCREASE. THE BOARD OF DIRE	CTORS GAVE FINAL						
APPROVAL FOR THE EXECUTIVE DIRECTOR'S SALARY. THE LAST COM	PENSATION REVIEW						
TOOK PLACE IN DECEMBER 2023.							

THE SAME COMPENSATION REVIEW PROCESS IS USED FOR OTHER OFFICERS AND KEY STAFF.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC ON ITS WEBSITE, WWW.WITNESS.ORG, AND BY REQUEST.

332212 11-14-23



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