

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052 201

Department of the Treasury Internal Revenue Service For calendar year 2011 or tax year beginning and ending Name of foundation A Employer identification number GLOBE FOUNDATION LIMITED 26-3282195 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 3392 EDEN HOLLOW PLACE 317-638-0210 City or town, state, and ZIP code C if exemption application is pending, check here CARMEL, IN 46033 G Check all that apply: \rfloor Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation X Address change Name change H Check type of organization: Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year J Accounting method: F If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here 49,150. (Part I, column (d) must be on cash basis.) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books ıncome ıncome 323,388. Contributions, gifts, grants, etc., received 2 Check If the foundation is not required to attach Sch B Interest on savings and temporary cash investments Dividends and interest from securities 5a Gross rents ∞ b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Ō. **BCANNET** Income modifications c Gross projet or (loss 11 Other 323,388 0. Ο. 12 Total. Ô. <u>o.</u> 13 sation of officers, directors, trustees, etc Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 17,100.<u>0.</u> **b** Accounting fees STMT 1 Ο. 0. 15,081. STMT 2 0. 0. 0. c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 12,133. O. 0. 20 Occupancy О. 21 Travel, conferences, and meetings and 22 Printing and publications 165 0. 0 0. STMT 3 42,196. 0. 0 23 Other expenses 37,011. Operating 24 Total operating and administrative 86,675 0. 0 37,011. expenses. Add lines 13 through 23 272,800. 272,800**.** 25 Contributions, gifts, grants paid Total expenses and disbursements. 359,475 Add lines 24 and 25 0. 0. 309,811. 27 Subtract line 26 from line 12: <36,087. 8 Excess of revenue over expenses and disbursements O. b Net investment income (if negative, enter -0-) 0. C Adjusted net income (if negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see instructions.

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
(must agree with end-of-year figure reported on prior year's return)	1	85,237.
2 Enter amount from Part I, line 27a	2	<36,087.>
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	49,150.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	49,150.
		Form 990-PF (2011)

123511 12-02-11

Page 3

(a) List and desc	cribe the ki	nd(s) of property sold (e.g., or common stock, 200 shs.	real estate,		(b) Hov P - P D - D	v acquired urchase onation	(c) Date a (mo., da		(d) Date sold (mo., day, yr.)
1a									
b NC	NE	···							-
<u>c</u>					-				
d					-				
<u> </u>	(6)	Depreciation allowed	(a) Cos	st or other basis	Т		(h) G:	ain or (loss)	
(e) Gross sales price	(1)	(or allowable)		expense of sale			(e) plus	(f) minus ((g) ————————————————————————————————————
<u>a</u>	ļ					-			
c c								-	
d									
e									
Complete only for assets show	ng gain in i	column (h) and owned by t	he foundation	on 12/31/69				ol. (h) gain	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any		CO	Losses	ot less that (from col. (n -0-) or h))
a			-						
b									
C	ļ								
d	 								
<u>e</u>	<u> </u>				\neg			-	
2 Capital gain net income or (net c	apıtal loss)	If gain, also enter If (loss), enter -0-			<u>} </u> :	2			
Net short-term capital gain or (lo if gain, also enter in Part I, line 8	, column (d	` '	d (6):		}				
If (loss), enter -0- in Part I, line 8 Part V Qualification U		ection 4940(e) for	Doduces	Toy on Not	177705	tmont Inc	nomo.		
For optional use by domestic private							Jonne		
		•	340(a) tax 01	i not myosunont n	iloomic.;				
f section 4940(d)(2) applies, leave	tnis part bi	апк.							
Was the foundation liable for the sec				•	riod?				Yes X No
f "Yes," the foundation does not qua 1 Enter the appropriate amount in					100				
(a)	each colui	(b)	ctions before	making any enui	(c)				(d)
Base periód years Calendar year (or tax year beginn	ıına ın)	Adjusted qualifying dist	ributions	Net value of no		ble-use assets	. .	Dıstrıb col. (b) dıv)	oùtión ratio rided by col. (c))
2010		15	0,855.			47,796		, , ,	3.15622
2009			0,140.		-	L24,715			.88313
2008		2	2,000.			82,859	9.		.26551
2007									
2006							1		
2 Total of line 1, column (d)							2		4.30487
3 Average distribution ratio for the	5-year bas	se period - divide the total o	n line 2 by 5,	or by the number	r of years	1			
the foundation has been in exist	ence if less	than 5 years					3		1.43495
4 Enter the net value of noncharita	ihlo-iica sci	sets for 2011 from Part Y I	ına 5				4		63,920
4 Enter the net value of honoranta	וטופיטטכ פטי	5615 101 20 11 11 UIII Part A, 1	ille 3				-		05,520
5 Multiply line 4 by line 3							5		91,722
									······································
6 Enter 1% of net investment inco	me (1% of	Part I, line 27b)					6		0
7 Add lines 5 and 6							7		91,722
B Enter qualifying distributions fro	m Part XII	line 4					8		309,811
If line 8 is equal to or greater tha	•		1b. and comr	lete that nart usin	 1 % 1 ng a	ax rate.		L	
See the Part VI instructions.			, and outli	mai pari usii	g u i/0 l				
123521 12-02-11								F	orm 990-PF (2011

20261111 757887 99000IN6249

	990-PF (2011) GLOBE FOUNDATION LIMITED 26-328 rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see			Page 4
	Exempt operating foundations described in section 4940(d)(2), check here \(\bigcup \) and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			'
Ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%			0.
	of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			0.
6	Credits/Payments:			
	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 6a			
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld 6d 6d			
	Total credits and payments. Add lines 6a through 6d			0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	Enter the amount of line 10 to be: Credited to 2012 estimated tax ▶ Refunded ▶ 11			
	rt VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			\vdash
	distributed by the foundation in connection with the activities.			
C	Did the foundation file Form 1120-POL for this year?	1c	~ ~~	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		-	
	(1) On the foundation. \triangleright \$ 0. (2) On foundation managers. \triangleright \$ 0.			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ►\$ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.			<u> </u>
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6		Х
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	Х	Γ
	If "Yes," complete Part II, col. (c), and Part XV.			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	IN			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? it "Yes," attach a schedule listing their names and addresses	10		X
	F	orm 990	-PF	(2011)

123541

Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NO	NE."	
(a) Name and address of each person paid more than \$50,000 NONE	(b) Type of service	(c) Compensation
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in number of organizations and other beneficiaries served, conferences convened, research papers produced,	formation such as the etc.	Expenses
SEE STATEMENT 4		37,011.
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 N/A	and 2.	Amount
2		
All other program-related investments. See instructions. 3		
Total. Add lines 1 through 3	>	0.
		Form 990-PF (2011)

Part X Minimum Investment Return (All dom	estic foundations must complete this part. Foreign found	lations, se	e instructions)
1 Fair market value of assets not used (or held for use) directly in	carrying out charitable, etc., purposes:		
a Average monthly fair market value of securities		1a	0.
b Average of monthly cash balances	Γ	1b	64,893.
c Fair market value of all other assets		1c	
d Total (add lines 1a, b, and c)	Г	1d	64,893.
e Reduction claimed for blockage or other factors reported on line	es 1a and		-
1c (attach detailed explanation)	1e 0.		
2 Acquisition indebtedness applicable to line 1 assets		2	0.
3 Subtract line 2 from line 1d	Γ	3	64,893.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3	3 (for greater amount, see instructions)	4	973.
5 Net value of noncharitable-use assets. Subtract line 4 from lin	e 3. Enter here and on Part V, line 4	5	63,920.
6 Minimum investment return. Enter 5% of line 5	Γ	6	3,196.
	(Section 4942(j)(3) and (j)(5) private operating foundations and ot complete this part.)	certain	
1 Minimum investment return from Part X, line 6		1	3,196.
2a Tax on investment income for 2011 from Part VI, line 5	2a		
b Income tax for 2011. (This does not include the tax from Part V	l.) 2b		
c Add lines 2a and 2b		2c	0.
3 Distributable amount before adjustments. Subtract line 2c from	line 1	3	3,196.
4 Recoveries of amounts treated as qualifying distributions		4	0.
5 Add lines 3 and 4		5	3,196.
6 Deduction from distributable amount (see instructions)		6	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. E	nter here and on Part XIII, line 1	7	3,196.
Part XII Qualifying Distributions (see instruction			
1 Amounts paid (including administrative expenses) to accomplis	• • • • • • • • • • • • • • • • • • •		200 011
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	309,811.
b Program-related investments - total from Part IX-B	 	1b	
2 Amounts paid to acquire assets used (or held for use) directly in		2	
3 Amounts set aside for specific charitable projects that satisfy the			
a Suitability test (prior IRS approval required)		3a	
b Cash distribution test (attach the required schedule)	-	3b	200 011
4 Qualifying distributions. Add lines 1a through 3b. Enter here an		4	309,811.
5 Foundations that qualify under section 4940(e) for the reduced	rate of tax on net investment	۱ .	^
Income. Enter 1% of Part I, line 27b	 -	5	0. 309,811.
6 Adjusted qualifying distributions. Subtract line 5 from line 4		6	
Note. The amount on line 6 will be used in Part V, column (b), i 4940(e) reduction of tax in those years.	n subsequent years when calculating whether the toundation qu	annes for th	ne section

Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1	Distributable amount for 2011 from Part XI,				
_	line 7			· · · · · · · · · · · · · · · · · · ·	3,196.
	Undistributed income, if any, as of the end of 2011				
	Enter amount for 2010 only		_	0.	
ı	Total for prior years:		0.		
3	Excess distributions carryover, if any, to 2011:				
	a From 2006				
	From 2007				
	From 2008 20,445.				
	From 2009 103,904.				
	From 2010 148, 465.	va water page and proportion of second states .	ه هو چه مده هم که چهه که در میده در	when you are not a second you and the second and th	
	Total of lines 3a through e	272 ⁻ ,814.			
	-	2/2,014.		-	
4	Qualifying distributions for 2011 from Part XII, line 4: ▶\$ 309,811.				
				0.	
	Applied to 2010, but not more than line 2a			0.	
	Applied to undistributed income of prior		0		
	years (Election required - see instructions)		0.		
(Treated as distributions out of corpus				
	(Election required - see instructions)	0.			2 106
	d Applied to 2011 distributable amount	205 545			3,196.
1	Remaining amount distributed out of corpus	306,615.		·	
5	Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6	Enter the net total of each column as indicated below:				
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	579,429.			
	Prior years' undistributed income. Subtract				
	line 4b from line 2b		0.		
	Enter the amount of prior years'				
	undistributed income for which a notice of				
	deficiency has been issued, or on which				
	the section 4942(a) tax has been previously assessed		0.		
	d Subtract line 6c from line 6b. Taxable				
	amount - see instructions		0.		
	e Undistributed income for 2010. Subtract line				
	4a from line 2a. Taxable amount - see instr.			0.	
	Undistributed income for 2011, Subtract				
	lines 4d and 5 from line 1. This amount must			,	1
	be distributed in 2012				0.
7	Amounts treated as distributions out of	-			
•	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3)	0.			
R	Excess distributions carryover from 2006				
-	not applied on line 5 or line 7	0.			•
q	Excess distributions carryover to 2012.				<u> </u>
	Subtract lines 7 and 8 from line 6a	579,429.			
10	Analysis of line 9:	3,75,72250	- · · · · · · · · · · · · · · · · · · ·		
	a Excess from 2007				
	b Excess from 2008 20,445.	[<u> </u>	
	Excess from 2009 103, 904.				
	d Excess from 2010 148, 465.				
	e Excess from 2011 306,615.				
100		<u> </u>		<u> </u>	Form 990-PF (2011)

123601 12-02-11

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year 501(C)3 MATUNDA BUSINESS N/A LEWA USA PO BOX 7943 PROJECT WOODBRIDGE, VA 22193 10,000. WILDAID N/A 501(C)3 GENERAL OPERATIONS 74 MONTGOMERY STREET, # 300 SAN FRANCISCO, CA 94111 2,500. DRESS FOR SUCCESS INDIANAPOLIS N/A 501(C)3 GRANT FOR GENERAL 820 NORTH MERIDIAN STREET OPERATIONS INDIANAPOLIS, IN 46204 2,200. 501(C)3 SAINT LOUIS ZOO FRIENDS ASSOCIATION N/A TECHNICAL ADVISOR FOR 1 GOVERNMENT DRIVE THE LEWA WILDLIFE CONSERVANCY ST. LOUIS, MO 63110 45,000. WILDLIFE CONSERVATION NETWORK N/A 501(C)3 MARA ELEPHANT PROJECT RESPONSE UNIT 25745 BASSETT LANE LOS ALTOS, CA 94022 120,000. SEE CONTINUATION SHEET(S) 272,800. Total **▶** 3a b Approved for future payment SAINT LOUIS ZOO FRIENDS ASSOCIATION N/A 501(C)3 TECHNICAL ADVISOR FOR 1 GOVERNMENT DRIVE THE LEWA WILDLIFE CONSERVANCY ST. LOUIS, MO 63110 45,000. 501(C)3 ESCAPE FOUNDATION, INC N/A GENERAL OPERATIONS 3392 EDEN HOLLOW PLACE CARMEL, IN 46033 100,000. WILDLIFE CONSERVATION NETWORK N/A 501(C)3 MONITOR THE BEHAVIOR, 25745 BASSETT LANE DEMOGRAPHICS AND LOS ALTOS, CA 94022 ILLEGAL KILLING OF

Form **990-PF** (2011)

▶ 3b

180,000.

555,000.

Total

SEE CONTINUATION SHEET(S)

SAMBURU ELEPHANTS

Part XVI-A	Analysis of Income-Producing	Activities
•	•	

Enter gross amounts unless otherwise indicated.	Unrelated	business income		by section 512, 513, or 514	(e)
	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion	Amount	function income
a					
b					
C					- "
d					
e		-			
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities		<u>-</u>			
5 Net rental income or (loss) from real estate:					
a Debt-financed property		-			
b Not debt-financed property					· · · · · ·
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events		-		· · · · · · · · · · · · · · · · · · ·	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					-
a	_ [
b					
c					
d	_				
e					
12 Subtotal. Add columns (b), (d), and (e)		0	•	0.	0
13 Total. Add line 12, columns (b), (d), and (e)				13	0
(See worksheet in line 13 instructions to verify calculations.)				

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
	the foundation of compression (containing funds for country appeared).
	
-	
123621 12-02-11	Form 990-PF (201

Form 990-PF (2011) GLOBE FOUNDATION LIMITED 26-3282195 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

			onowing with any other organizati		300 50 I(C) OI	1 1	162	INO
			tion 527, relating to political orga	nizations?		1 1		
a Transfer	rs from the reporting founda	ation to a noncharitable exer	npt organization of:					
(1) Cas	sh					1a(1)		X
(2) Oth	er assets		•			1a(2)		X
b Other tra	ansactions:							
(1) Sale	es of assets to a noncharital	ble exempt organization				1b(1)		_ X_
(2) Pur	chases of assets from a no	ncharitable exempt organiza	tion			1b(2)		X
(3) Rer	ntal of facilities, equipment,	or other assets				1b(3)		X
(4) Rei	mbursement arrangements					1b(4)		X
(5) Loa	ins or loan guarantees					1b(5)		X
(6) Per	formance of services or me	mbership or fundraising sol	icitations			1b(6)		X
c Sharing	of facilities, equipment, ma	uling lists, other assets, or pa	aid employees			1c		X
d If the an	swer to any of the above is	"Yes," complete the followin	g schedule. Column (b) should a	ways show the fair	market value of the goods,	other ass	ets,	
or servi	ces given by the reporting fo	oundation. If the foundation	received less than fair market val	ue in any transactio	on or sharing arrangement, s	show in		
column	(d) the value of the goods,	other assets, or services rec	eived.					
(a)Line no	(b) Amount involved	(c) Name of noncha	ritable exempt organization	(d) Descripti	on of transfers, transactions, and	sharing arr	angeme	ents
		N	/A					
			•					
		-						
					 			
		-	. –					
				+				
								
				-				
		· · · · · ·						
2a lo tho fo	vindation directly or indirect	the offered with or related (o, one or more tax-exempt organ	rations described				
	•	r than section 501(c)(3)) or	• •	izations described	٢	Yes	T	No
	complete the following sch		III SECTION 327 :		L	163	_ <u>43</u>	_1 NO
u ii res,	(a) Name of org		(b) Type of organization		(c) Description of relations	hin		
	N/A	<u> </u>	(b) Typo of organization	 	(b) Booding and Oriolations			
	M/A							
				1				
<u> </u>				+				
Linc	fer cenalties of perium. I declare	that I have examined this return	including accompanying schedules and	statements and to the	ne hest of my knowledge			
and			ther than taxpayer) is based on all infor		Ma	ly the IRS o urn with the	discuss e prepar	this er
Sign Here	SAN CITA	$A = A \cap A$	111/11/19	Tara	_ in .	own below	(see ins	str)?
	GWA JUNI	mer)	11.14.19	Treas	SWEY_	X Yes	L	J No [
	ignature of officer or trustee		Date	Title Thete	T Chook I if I DTIM			
	Print/Type preparèr's na	Prepa	rer's signature	Date	Check if PTIN			
Daid				1	self- employed			
Paid				J	<u> </u>			
Prepare					Firm's EIN			
Use Only		 	······································					
	Firm's address							
					Phone no.		-	
		-	-		Fc	orm 990	-PF ((2011)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2011

Name of the organization **Employer identification number** GLOBE FOUNDATION LIMITED 26-3282195 Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt chantable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for reliqious, chantable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part II, line 2 of its Form 990-PF, to

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

Name of organization

Employer identification number

GLOBE FOUNDATION LIMITED

26-3282195

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SUZANNE FEHSENFELD PO BOX 681483 INDIANAPOLIS, IN 46268	\$ 275,388.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CALUMET, INC 2780 WATERFRONT PARKWAY EAST DRIVE SUITE 200 INDIANAPOLIS, IN 46214	\$\$	Person X Payroll Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there Is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

GLOBE FOUNDATION LIMITED

26-3282195

(a) No. from Part I (a) No. from Part I	(b) Description of noncash property given (b) Description of noncash property given	(c) FMV (or estimate) (see instructions) \$	(d) Date received
No. from Part I (a) No. from Part I (a) No. from Part I (a) No. from Part I			
(a) No. rom Part I		(a)	l .
No. rom Part I (a) No. rom Part I (a) No. rom No. rom	- · · · · ·	FMV (or estimate) (see instructions)	(d) Date received
(a) No. rom art I (a) No. rom art I (a) No. rom		*	
No. From Part I (a) No. From	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
No. From Part I (a) No. From		\$	
No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
No. from		\$	
_	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			-

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

GLOBE FOUNDATION LIMITED

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient 501(C)3 INDIANAPOLIS ZOOLOGICAL SOCIETY N/A INDIANAPOLIS PRIZE 1200 WEST WASHINGTON STREET INDIANAPOLIS, IN 46222 5,600. WILDLIFE CONSERVATION NETWORK 501(C)3 N/A MONITOR THE BEHAVIOR, 25745 BASSETT LANE DEMOGRAPHICS AND LOS ALTOS, CA 94022 ILLEGAL KILLING OF SAMBURU ELEPHANTS 60,000. INDIANAPOLIS ZOOLOGICAL SOCIETY N/A 501(C)3 CHINA CONSERVATION 1200 WEST WASHINGTON STREET EXPLORATORY MEETING INDIANAPOLIS, IN 46222 17,500. THE NATURE CONSERVANCY 501(C)3 N/A GENERAL OPERATIONS 4245 N. FAIRFAX DRIVE, SUITE 100 ARLINGTON, VA 22203 10,000. Total from continuation sheets 93,100.

Part XV | Supplementary Information Grants and Contributions Approved for Future Payment (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation Amount status of Name and address (home or business) recipient 501(C)3 WILDLIFE CONSERVATION NETWORK N/A MARA ELEPHANT PROJECT RESPONSE UNIT 25745 BASSETT LANE LOS ALTOS, CA 94022 230,000. Total from continuation sheets 230,000.

FORM 990-PF	ACCOUNTING FEES		STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	17,100.	0.	0.	0.	
TO FORM 990-PF, PG 1, LN 16B	17,100.	0.	0.	0.	
FORM 990-PF C	THER PROFES	SIONAL FEES	Sī	PATEMENT 2	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PROFESSIONAL SERVICES	15,081.	0.	0.	0.	
TO FORM 990-PF, PG 1, LN 16C	15,081.	0.	0.	0.	
FORM 990-PF	OTHER E	XPENSES	Si	PATEMENT 3	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
MISCELLANEOUS BANK FEES DIRECT CHARITABLE EXPENSES	5,003. 182. 37,011.	0.	0. 0. 0.	0. 0. 37,011.	
TO FORM 990-PF, PG 1, LN 23	42,196.	0.	0.	37,011.	

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT

ACTIVITY ONE

THE CHINESE DEMAND FOR IVORY HAS PROMPTED A SURGE IN ELEPHANT POACHING IN KENYA AND THE ILLEGAL SMUGGLING OF ELEPHANT TUSKS IN TO CHINA AND OTHER COUNTRIES. FROM 2009 TO JUNE 2011, MAINLAND CHINA AND HONG KONG SEIZED MORE THAN 6,500 KILOGRAMS OF ILLEGAL IVORY IN FOUR LARGE SHIPMENTS, ACCORDING TO A REPORT RELEASED BY THE CONVENTION ON INTERNATIONAL TRADE IN ENDANGERED SPECIES OF WILD FAUNA AND FLORA, OR CITES.

IN SEPTEMBER, 2011, MALAYSIAN AUTHORITIES CONFISCATED NEARLY 700 AFRICAN ELEPHANT TUSKS DESTINED FOR CHINA FROM TANZANIA, THE THIRD SEIZURE OF ILLEGAL IVORY SINCE JULY, OFFICIALS AND WILDLIFE ACTIVISTS SAID, ACCORDING TO THE ASSOCIATED PRESS. A WEEK EARLIER, HONG KONG AUTHORITIES HAD SEIZED \$1.6 MILLION IN AFRICAN IVORY FROM A CONTAINER THAT ARRIVED BY SEA FROM MALAYSIA.

IN COLLABORATION WITH THE KENYAN NATIONAL PARKS SERVICE, ALAN ROOT LED A GROUP OF CHINESE CONSERVATIONISTS AROUND KENYA AND TANZANIA, WITH THE PURPOSE OF PROVIDING AN INTIMATE VIEW OF THE KENYAN WILDLIFE

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

37,011.

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

NAME OF MANAGER

SUZANNE FEHSENFELD FRED M FEHSENFELD, JR

Form 8868 (Rev. 1-2012)					P	age 2	
• If you are filing for an Additional (Not Automatic) 3-Month E	Extension, o	complete only Part II and check this	box		> X	J	
Note. Only complete Part II if you have already been granted ar							
• If you are filing for an Automatic 3-Month Extension, comp		•					
Part II Additional (Not Automatic) 3-Month			al (no c	opies ne	eded).		
				· · · · · · · · · · · · · · · · · · ·		tions	
					ntifying number, see instructions nployer identification number (EIN) or		
Type or Name of exempt organization or other filer, see Inst.				iployer identification right ber (EIN) or			
GT ODD GOTDDAMTON T TATMED	OT ODD HOTDING TAKEED			X 26-3282195			
				cial security number (SSN)			
due date for filling your return. See 3992 EDEN HOLLOW PLACE							
Instructions City, town or post office, state, and ZIP code. For a	foreign add	Iress, see instructions.					
CARMEL, IN 46033							
Enter the Return code for the return that this application is for (file a separa	te application for each return)			0	4	
·	•	,			• • •		
Application	Return	Application			Re	eturn	
Is For	Code	Is For			C	ode	
Form 990	01						
Form 990-BL	02	Form 1041-A			1	08	
Form 990-EZ	01	Form 4720				09	
Form 990-PF	04	Form 5227				10	
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	-			11	
Form 990-T (trust other than above)	06	Form 8870				12	
STOPI Do not complete Part II if you were not already grante			iously file	d Form Ri		12	
KAREN A KENNEI		natic o-month extension on a prev	tousiy iile	<u>ar om o</u>	500.		
• The books are in the care of ▶ 3392 EDEN HOLI		ACE - CARMET. IN A	6033				
Telephone No. ► 317-638-0210	<u> </u>	FAX No. ► N/A	0033				
If the organization does not have an office or place of business.	acc in the Lir					٦	
If this is for a Group Return, enter the organization's four dig					, P L	_ lc+bio	
box . If it is for part of the group, check this box	_	ach a list with the names and EINs o				(uno	
		BER 15, 2012.	an memb	ers uie exi	terision is for		
	MOARM		_				
		, and endin	Final r			'	
6 If the tax year entered in line 5 is for less than 12 months.	, check reas	on. Initial return	Finai i	eturn			
Change in accounting period The state in detail why you need the extension							
	סודם	A COMPLETE AND ACC	מות ג מוז	DEMIT	DAT		
ADDITIONAL TIME IS NEEDED TO	FILE.	A COMPLETE AND ACC	OKAIE	KETU	KIN		
O- Makin annihadian in fau Farra 200 Di 200 DE 200 T 4706	2 0000 -						
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any						^	
nonrefundable credits. See instructions. 8a \$ b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated						0.	
• • • • • • • • • • • • • • • • • • • •	•			1			
tax payments made. Include any prior year overpayment	allowed as	a credit and any amount paid				^	
previously with Form 8868.			8b	\$		0.	
c Balance due. Subtract line 8b from line 8a. Include your		th this form, if required, by using				•	
EFTPS (Electronic Federal Tax Payment System). See ins			8c_	\$		0.	
_		st be completed for Part II	-				
Under penalties of perjury, I declare that I have examined this form, including its true, correct, and complete, and that I am authorized to prepare this	uding accomp	panying schedules and statements, and t	o the best o	if my knowle	edge and belief,		
(1,0)	(1)	DA		. 4	12.17		
Signature Title] •)	Date		1216		
				Form	1 8868 (Rev. 1	-2012)	