

EXTENDED TO NOVEMBER 15, 2023
Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable:	C Name of organization CHARITY GLOBAL, INC	D Employer identification number 22 3936753
<input type="checkbox"/> Address change	Doing business as	E Telephone number 646 688 2323
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 5026	
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code HAGERSTOWN, MD 21741	G Gross receipts \$ 162,041,433.
<input type="checkbox"/> Final return/terminated	F Name and address of principal officer: SCOTT HARRISON PO BOX 5026, HAGERSTOWN, MD 21741	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending		If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number
J Website: WWW.CHARITYWATER.ORG		L Year of formation: 2006 M State of legal domicile: NY
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO BRING CLEAN AND SAFE WATER TO PEOPLE AROUND THE WORLD. SEE SCHEDULE O.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	116
6	Total number of volunteers (estimate if necessary)	6	10
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	100,523,267.	96,946,011.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,525,306.	1,157,184.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-437,434.	-1,284,895.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	101,611,139.	96,818,300.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	78,530,167.	77,331,405.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,087,904.	12,794,398.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	11,450,739.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,173,872.	11,144,025.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	98,791,943.	101,269,828.
19 Revenue less expenses. Subtract line 18 from line 12	2,819,196.	-4,451,528.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 173,056,021.	End of Year 175,942,434.
	21 Total liabilities (Part X, line 26)	78,840,800.	90,423,340.
	22 Net assets or fund balances. Subtract line 21 from line 20	94,215,221.	85,519,094.

Part 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 SCOTT HARRISON, CEO	Date 10/20/23	
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name OMO-OSE JOSEPH-ERAMEH	Preparer's signature Ose Joseph	Date 10/19/2023
	Firm's name KPMG LLP	Check if self-employed <input type="checkbox"/>	PTIN P02534927
	Firm's address 345 PARK AVENUE NEW YORK, NY 10154	Firm's EIN 13-5565207	Phone no. 212-758-9700

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. CHARITY GLOBAL, INC	Taxpayer identification number (TIN) 22-3936753
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 5026	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HAGERSTOWN, MD 21741	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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
Form 990-T (corporation)	07		

ANDREA JAFFE C/O CHARITY: WATER

- The books are in the care of ▶ PO BOX 5026 - HAGERSTOWN, MD 21741-5026

Telephone No. ▶ 646-688-2323

Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ calendar year 2022 or
- ▶ tax year beginning _____, and ending _____.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
- Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: CHARITY: WATER IS A NON-PROFIT ORGANIZATION BRINGING CLEAN AND SAFE WATER TO PEOPLE AROUND THE WORLD. (CONTINUED ON SCHEDULE O).

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No 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? [] Yes [X] No 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 \$ 10,953,423. including grants of \$ 10,200,000.) (Revenue \$) UGANDA - UGANDA RANKED 166 OUT OF 191 COUNTRIES ON THE MOST RECENT UNITED NATIONS HUMAN DEVELOPMENT INDEX (HDI) WHERE A HIGHER NUMBER INDICATES A LESS DEVELOPED STATE. IT CONTINUES TO FACE DIFFICULTIES AND HIGH REFUGEE RATES BECAUSE OF TWO DECADES OF CIVIL CONFLICTS IN NEIGHBORING SOUTH SUDAN, THE DEMOCRATIC REPUBLIC OF THE CONGO, AND BURUNDI. IN 2022, THERE WAS AN ESTIMATED 1.6 MILLION REFUGEES LIVING IN UGANDA. APPROXIMATELY 51.7% OF RURAL UGANDANS, WHICH MAKE UP 75% OF THE TOTAL POPULATION, LACKED ACCESS TO AT LEAST BASIC WATER SERVICES AND 82.9% LACKED ACCESS TO AT LEAST BASIC SANITATION SERVICES. AS COMMUNITIES REBUILD AFTER YEARS OF DISPLACEMENT, CLEAN WATER PROJECTS HELP TO IMPROVE HEALTH AND QUALITY OF LIFE. IN 2022, CHARITY: WATER FUNDED 1,582 WATER PROJECTS THAT WILL SERVE 225,465 PEOPLE.

4b (Code:) (Expenses \$ 8,976,263. including grants of \$ 8,940,000.) (Revenue \$) MADAGASCAR - MADAGASCAR IS AN ISLAND COUNTRY OFF THE COAST OF EAST AFRICA, LOCATED IN THE INDIAN OCEAN. ITS ECONOMY IS STILL RECOVERING FROM ITS 2009 - 2013 POLITICAL CRISIS, AND QUALITY OF LIFE REMAINS QUITE LOW FOR MUCH OF THE POPULATION. THE COUNTRY RANKED 173 OUT OF 191 COUNTRIES ON THE MOST RECENT UN HDI. IN ADDITION, 63.5% OF THE RURAL POPULATION LACKED ACCESS TO AT LEAST BASIC WATER SERVICES AND 91.5% LACKED ACCESS TO AT LEAST BASIC SANITATION SERVICES. FREQUENT FLOODING AND CLIMATE EVENTS FURTHER CONTAMINATE WATER SOURCES AND DAMAGE EXISTING INFRASTRUCTURE. IN 2022, CHARITY: WATER FUNDED 4,650 WATER PROJECTS THAT WILL SERVE 127,486 PEOPLE.

4c (Code:) (Expenses \$ 5,960,616. including grants of \$ 5,900,000.) (Revenue \$) MALAWI A SMALL LANDLOCKED COUNTRY IN SOUTHERN AFRICA WITH A POPULATION OF 19.1 MILLION PEOPLE, MALAWI RANKED 169 OUT OF 191 COUNTRIES ON THE MOST RECENT UN HDI. MORE THAN 33.4% OF RURAL MALAWIANS LACKED ACCESS TO AT LEAST BASIC WATER SERVICES AND 75% LACKED ACCESS TO AT LEAST BASIC SANITATION SERVICES. AS A RESULT, DIARRHEAL DISEASES ARE COMMON AND ONE OF THE LEADING CAUSES OF DEATH, SECOND ONLY TO HIV/AIDS. AN ESTIMATED 990 THOUSAND ADULTS LIVE WITH HIV, MAKING MALAWI A COUNTRY WITH ONE OF THE HIGHEST HIV PREVALENCE RATES (7.7%) IN THE WORLD. IN 2022, CHARITY: WATER FUNDED 571 WATER PROJECTS THAT WILL SERVE 165,807 PEOPLE.

4d Other program services (Describe on Schedule O.) (Expenses \$ 56,629,670. including grants of \$ 52,291,405.) (Revenue \$)

4e Total program service expenses 82,519,972.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

Part 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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	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 taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
- 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) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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
 ANDREA JAFFE C/O CHARITY: WATER - 646-688-2323
 PO BOX 5026, HAGERSTOWN, MD 21741-5026

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SCOTT HARRISON FOUNDER/CEO	50.00 0.00	X		X				374,681.	0.	41,642.
(2) CHRISTOPH GORDER CHIEF GLOBAL WATER OFFICER	50.00 0.00			X				363,958.	0.	45,959.
(3) BENJAMIN GREENE CHIEF DEVELOPMENT OFFICER	50.00 0.00				X			283,059.	0.	44,347.
(4) ADITI DEEG CHIEF FIN. OFFICER (THRU 10/21/22)	50.00 0.00			X				241,809.	0.	4,293.
(5) JASDEEP GOSAL INTERIM DIR OF ENGINEERING	50.00 0.00					X		211,223.	0.	33,553.
(6) ANDY CHO CTO (AS OF 5/22 THRU 9/22)	50.00 0.00				X			224,377.	0.	8,437.
(7) BRIAN HONOHAN HEAD OF DATA MANAGEMENT	50.00 0.00					X		189,418.	0.	32,386.
(8) ANDREA RIGGS VP OF COMMUNICATIONS	50.00 0.00					X		181,358.	0.	29,117.
(9) BRIAN HOYER VP OF PROGRAM OPERATIONS	50.00 0.00					X		181,592.	0.	14,763.
(10) JULIA ANDERSON VP OF PARTNERSHIPS	50.00 0.00					X		177,431.	0.	7,863.
(11) CHRISTOPHER BARTON SECRETARY/GEN COUNSEL	30.00 0.00			X				143,425.	0.	34,568.
(12) MICHAEL WILKERSON CHAIRPERSON	2.00 0.00	X		X				0.	0.	0.
(13) ANGELA AHRENDTS BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(14) BRANT CRYDER BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(15) BROOK HAZELTON BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(16) CHI-HUA CHIEN BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(17) CHIDI ACHARA BOARD MEMBER	2.00 0.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) IJE NWOKORIE BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(19) RYAN GRAVES BOARD MEMBER/TREASURER	2.00 0.00	X						0.	0.	0.
(20) SHANNON SEDGWICK DAVIS BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(21) VALERIE DONATI BOARD MEMBER	2.00 0.00	X						0.	0.	0.
1b Subtotal								2,572,331.	0.	296,928.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,572,331.	0.	296,928.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 35

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
TWISTHINK LLC, 109 MICHIGAN ST NW # 600, GRAND RAPIDS, MI 49503	SENSOR PROGRAMMATIC CONSULTING	1,009,959.
WE CONSULT P.O. BOX 22856, KAMPALA, UGANDA	SUSTAINABILITY PROGRAMMATIC CONSULTING	680,000.
BROADCAST MANAGEMENT GROUP, 200 MASSACHUSETTS AV, NW, 7TH FL, WASHINGTON,	EVENT PRODUCTION	553,564.
NEXT AFTER LLC, 5810 TENNYSON PARKWAY, SUITE 102, PLANO, TX 75024	GROWTH MARKETING & STRATEGY CONSULTING	192,793.
THE TRIUM GROUP, 909 MONTGOMERY STREET, 6TH FLOOR, SAN FRANCISCO, CA 94133	EXECUTIVE VISION SUPPORT & TEAM COACHING	183,429.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 8

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 297,857.				
	b	Membership dues	1b				
	c	Fundraising events	1c 4,021,790.				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f 92,626,364.				
	g	Noncash contributions included in lines 1a-1f	1g \$ 3,303,117.				
	h	Total. Add lines 1a-1f		96,946,011.			
Program Service Revenue	2 a	_____	Business Code				
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,856,266.		1,856,266.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
	b	Less: cost or other basis and sales expenses	7b 64,559,856.				
	c	Gain or (loss)	7c -699,082.				
	d	Net gain or (loss)		-699,082.		-699,082.	
8 a	Gross income from fundraising events (not including \$ 4,021,790. of contributions reported on line 1c). See Part IV, line 18	8a					
			0.				
b	Less: direct expenses	8b 663,277.					
c	Net income or (loss) from fundraising events		-663,277.		-663,277.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS INCOME	900099	-621,618.		-621,618.	
	b	_____					
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d		-621,618.			
12	Total revenue. See instructions		96,818,300.	0.	0.	-127,711.	

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	77,331,405.	77,331,405.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,779,107.	407,422.	658,685.	713,000.
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	9,013,835.	1,704,379.	3,141,940.	4,167,516.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	275,425.	59,305.	91,343.	124,777.
9 Other employee benefits	904,672.	168,786.	296,069.	439,817.
10 Payroll taxes	821,359.	155,709.	286,385.	379,265.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	236,482.	87,578.	124,495.	24,409.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	386,576.		386,576.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,509,548.	235,423.	467,105.	807,020.
12 Advertising and promotion	3,739,458.			3,739,458.
13 Office expenses	1,242,652.	242,384.	434,577.	565,691.
14 Information technology				
15 Royalties				
16 Occupancy	50,970.	9,942.	17,825.	23,203.
17 Travel	968,290.	172,098.	490,287.	305,905.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	76,605.	14,942.	26,790.	34,873.
23 Insurance	167,964.	32,762.	58,740.	76,462.
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 O.)				
a SUSTAINABILITY FUNDING	1,897,837.	1,897,837.		
b BANK CHARGES	818,300.		818,300.	
c EVENT COSTS	49,343.			49,343.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	101,269,828.	82,519,972.	7,299,117.	11,450,739.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	23,711,718.	1	18,947,353.
	2 Savings and temporary cash investments	40,475,195.	2	28,662,765.
	3 Pledges and grants receivable, net	42,468,997.	3	47,045,723.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	31,460.	8	20,154.
	9 Prepaid expenses and deferred charges	618,823.	9	1,454,063.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,518,679.		
	b Less: accumulated depreciation	10b 1,496,091.	99,193.	10c 22,588.
	11 Investments - publicly traded securities	65,548,292.	11	78,692,277.
	12 Investments - other securities. See Part IV, line 11		12	999,979.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	102,343.	15	97,532.
16 Total assets. Add lines 1 through 15 (must equal line 33)	173,056,021.	16	175,942,434.	
Liabilities	17 Accounts payable and accrued expenses	1,354,891.	17	1,881,188.
	18 Grants payable	77,485,909.	18	88,542,152.
	19 Deferred revenue		19	
	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, trustee, key employee, creator or founder, substantial contributor, or 35% 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		25	
	26 Total liabilities. Add lines 17 through 25	78,840,800.	26	90,423,340.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	30,214,719.	27	29,500,698.
	28 Net assets with donor restrictions	64,000,502.	28	56,018,396.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	94,215,221.	32	85,519,094.
33 Total liabilities and net assets/fund balances	173,056,021.	33	175,942,434.	

Form 990 (2022)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	96,818,300.
2	Total expenses (must equal Part IX, column (A), line 25)	2	101,269,828.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,451,528.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	94,215,221.
5	Net unrealized gains (losses) on investments	5	-5,536,033.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,291,434.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	85,519,094.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2022

Open to Public Inspection

Name of the organization CHARITY GLOBAL, INC	Employer identification number 22-3936753
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	69,223,898.	88,948,068.	90,196,522.	100,523,267.	96,946,011.	445,837,766.
2 Tax revenues levied for the organization'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	69,223,898.	88,948,068.	90,196,522.	100,523,267.	96,946,011.	445,837,766.
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)						9,845,910.
6 Public support. Subtract line 5 from line 4.						435,991,856.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	69,223,898.	88,948,068.	90,196,522.	100,523,267.	96,946,011.	445,837,766.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,037,863.	1,346,789.	1,056,645.	1,522,700.	1,856,266.	6,820,263.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	725,564.	158,252.	350,703.	-245,767.	-621,618.	367,134.
11 Total support. Add lines 7 through 10						453,025,163.
12 Gross receipts from related activities, etc. (see instructions)					12	228,200.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	96.24 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	94.98 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990) 2022

Part III Support Schedule for Organizations Described 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	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?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
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 or 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? <i>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.</i>		
2 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? <i>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.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
1		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
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).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> 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? <i>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.</i>	Yes	No
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? <i>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.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 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 must complete Sections A through E.

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 (<i>explain in detail in Part VI</i>):		
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide 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 organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

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 INCOME

2018 AMOUNT: \$ 725,564.

2019 AMOUNT: \$ 158,252.

2020 AMOUNT: \$ 350,703.

2021 AMOUNT: \$ -245,767.

2022 AMOUNT: \$ -621,618.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

CHARITY GLOBAL, INC

Employer identification number

22-3936753

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a 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, 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

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 \$ _____

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).

Name of organization CHARITY GLOBAL, INC	Employer identification number 22-3936753
---	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 10,030,304.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 10,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 5,650,003.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 4,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHARITY GLOBAL, INC	Employer identification number 22-3936753
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization CHARITY GLOBAL, INC	Employer identification number 22-3936753
---	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional 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		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization **CHARITY GLOBAL, INC** Employer identification number **22-3936753**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		72,844.	64,677.	8,167.
e Other		1,445,835.	1,431,414.	14,421.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				22,588.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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 ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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	92,296,373.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-5,536,033.
b	Donated services and use of facilities	2b	737,405.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-4,798,628.
3	Subtract line 2e from line 1	3	97,095,001.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	386,576.
b	Other (Describe in Part XIII.)	4b	-663,277.
c	Add lines 4a and 4b	4c	-276,701.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	96,818,300.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	100,992,500.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	737,405.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	-628,157.
e	Add lines 2a through 2d	2e	109,248.
3	Subtract line 2e from line 1	3	100,883,252.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	386,576.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	386,576.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	101,269,828.

Part XIII Supplemental Information.

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.

PART X, LINE 2:

CHARITY: WATER RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE

POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. INCOME GENERATED

FROM ACTIVITIES UNRELATED TO CHARITY: WATER'S EXEMPT PURPOSE IS SUBJECT TO

TAX UNDER INTERNAL REVENUE CODE SECTION 511. CHARITY: WATER DID NOT

RECOGNIZE ANY UNRELATED BUSINESS INCOME TAX LIABILITY FOR THE YEARS ENDED

DECEMBER 31, 2022 AND 2021.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EVENT - DIRECT EXPENSES -663,277.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

DISCOUNT ON GRANTS PAYABLE -1,291,434.

FUNDRAISING EVENT - DIRECT EXPENSES 663,277.

TOTAL TO SCHEDULE D, PART XII, LINE 2D -628,157.

Multiple horizontal lines for supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

CHARITY GLOBAL, INC

Employer identification number

22-3936753

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING	WATER PROJECTS	3,650,000.
SOUTH ASIA	0	0	GRANTMAKING	WATER PROJECTS	12,117,040.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	WATER PROJECTS	61,564,365.
SOUTH ASIA	0	0	PROGRAM SERVICES	WATER PROJ. SUBST.	317,271.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	WATER PROJ. SUBST.	1,580,566.
SOUTH ASIA	0	1	PROGRAM SERVICES	WATER PROGRAMS	37,688.
SUB-SAHARAN AFRICA	0	3	PROGRAM SERVICES	WATER PROGRAMS	157,275.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	1	PROGRAM SERVICES	WATER PROGRAMS	96,509.
3 a Subtotal	0	5			79,520,714.
b Total from continuation sheets to Part I	1	2			56,890.
c Totals (add lines 3a and 3b)	1	7			79,577,604.

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

Schedule F (Form 990) 2022

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA	PGRM. FUNDING-GRANT	3,000,000.	WIRE TRFR	0.		
		EAST ASIA	PGRM. FUNDING-GRANT	650,000.	WIRE TRFR	0.		
		SOUTH ASIA	PGRM. FUNDING-GRANT	2,000,000.	WIRE TRFR	0.		
		SOUTH ASIA	PGRM. FUNDING-GRANT	2,350,000.	WIRE TRFR	0.		
		SOUTH ASIA	PGRM. FUNDING-GRANT	420,000.	WIRE TRFR	0.		
		SOUTH ASIA	PGRM. FUNDING-GRANT	3,550,000.	WIRE TRFR	0.		
		SOUTH ASIA	PGRM. FUNDING-GRANT	1,000,000.	WIRE TRFR	0.		
		SOUTH ASIA	PGRM. FUNDING-GRANT	1,149,999.	WIRE TRFR	0.		

2 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 **0**

3 Enter total number of other organizations or entities **29**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	PGRM. FUNDING-GRANT	749,953.	WIRE TRFR	0.		
		SOUTH ASIA	PGRM. FUNDING-GRANT	397,147.	WIRE TRFR	0.		
		SOUTH ASIA	PGRM. FUNDING-GRANT	499,941.	WIRE TRFR	0.		
		SUB-SAHARAN AFRICA	PGRM. FUNDING-GRANT	6,200,000.	WIRE TRFR	0.		
		SUB-SAHARAN AFRICA	PGRM. FUNDING-GRANT	8,150,000.	WIRE TRFR	0.		
		SUB-SAHARAN AFRICA	PGRM. FUNDING-GRANT	1,800,000.	WIRE TRFR	0.		
		SUB-SAHARAN AFRICA	PGRM. FUNDING-GRANT	2,196,000.	WIRE TRFR	0.		
		SUB-SAHARAN AFRICA	PGRM. FUNDING-GRANT	1,800,000.	WIRE TRFR	0.		
		SUB-SAHARAN AFRICA	PGRM. FUNDING-GRANT	10,339,999.	WIRE TRFR	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PGRM. FUNDING-GRANT	545,991.	WIRE TRFR	0.		
		SUB-SAHARAN AFRICA	PGRM. FUNDING-GRANT	1,300,000.	WIRE TRFR	0.		
		SUB-SAHARAN AFRICA	PGRM. FUNDING-GRANT	1,400,000.	WIRE TRFR	0.		
		SUB-SAHARAN AFRICA	PGRM. FUNDING-GRANT	4,600,000.	WIRE TRFR	0.		
		SUB-SAHARAN AFRICA	PGRM. FUNDING-GRANT	10,070,000.	WIRE TRFR	0.		
		SUB-SAHARAN AFRICA	PGRM. FUNDING-GRANT	375,000.	WIRE TRFR	0.		
		SUB-SAHARAN AFRICA	PGRM. FUNDING-GRANT	5,047,411.	WIRE TRFR	0.		
		SUB-SAHARAN AFRICA	PGRM. FUNDING-GRANT	2,450,000.	WIRE TRFR	0.		
		SUB-SAHARAN AFRICA	PGRM. FUNDING-GRANT	840,000.	WIRE TRFR	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PGRM. FUNDING-GRANT	650,000.	WIRE TRFR	0.		
		SUB-SAHARAN AFRICA	PGRM. FUNDING-GRANT	1,200,000.	WIRE TRFR	0.		
		SUB-SAHARAN AFRICA	PGRM. FUNDING-GRANT	900,000.	WIRE TRFR	0.		
		SUB-SAHARAN AFRICA	PGRM. FUNDING-GRANT	1,200,000.	WIRE TRFR	0.		
		SUB-SAHARAN AFRICA	PGRM. FUNDING-GRANT	499,964.	WIRE TRFR	0.		

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

Part III can be duplicated if additional space is needed.

(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)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes 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 Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes 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 Instructions for Form 5471)* Yes 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? *If "Yes," 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 Instructions for Form 8621)* Yes 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 Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V 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:

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

CHARITY: WATER'S PROCEDURES FOR MONITORING PROGRAM FUNDING BEGIN WITH

PROGRAM SELECTION.

PRIOR TO ENTERING INTO ANY AGREEMENT(S) TO FUND CONSTRUCTION, REPAIR,

MAINTENANCE, MONITORING AND EVALUATION OF WATER PROJECTS, PARTNER

ORGANIZATIONS AND ENTITIES ARE SUBJECT TO A REVIEW. THESE ORGANIZATIONS

MUST PROVIDE TO CHARITY: WATER DOCUMENTATION AND/OR EVIDENCE TO SUPPORT

AND DEMONSTRATE INDUSTRY BEST PRACTICES IN THE AREA OF FIDUCIARY DUE

DILIGENCE.

THIS PROCESS INCLUDES, BUT IS NOT LIMITED TO REVIEWING:

- COMPLETED PROGRAMS AND PROJECTS
- LOCAL REGISTRATION AND EMPLOYMENT CONTRACTS
- INDEPENDENT AUDIT REPORTS
- FISCAL OVERSIGHT, RECORD-KEEPING AND INTERNAL CONTROLS
- PROCUREMENT AND CONTRACTING PROCEDURES
- CASH AND TREASURY MANAGEMENT POLICIES
- PROGRAM ACCOUNTING AND REPORTING SYSTEMS

IN CONSIDERATION OF THE ABOVE CRITERIA, CHARITY: WATER THEN REQUESTS

PARTNERS TO SUBMIT PROPOSALS FOR AN APPROPRIATE FUNDING AMOUNT. THE

PROPOSAL INCLUDES PROGRAMMATIC DELIVERABLES, OUTPUTS, RELEVANT COSTS,

REPORTING REQUIREMENTS, AND IMPACT METRICS. PROPOSALS ARE REVIEWED BY

CHARITY: WATER AND SUBMITTED TO THE BOARD OF DIRECTORS FOR FORMAL

APPROVAL. ALL FUNDS NECESSARY TO FULFILL EACH GRANT ARE RAISED PRIOR TO

Part V 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.

SIGNING THE GRANT. ACCORDINGLY, CHARITY: WATER'S \$88,542,152 OF GRANTS

PAYABLE (BALANCE SHEET, PART X, LINE 18) ARE FULLY SUPPORTED BY

PROGRAMMATIC ASSETS - CASH ON HAND DESIGNATED FOR THIS USE. CHARITY:

WATER SENDS DISBURSEMENTS TO PARTNERS IN TRANCHES ONCE KEY MILESTONES

TOWARD PROJECT COMPLETION HAVE BEEN MET.

KEY MILESTONES INCLUDE:

- ESTABLISHMENT OF A LEGALLY-BINDING AGREEMENT TO PRODUCE INTENDED

PROGRAM DELIVERABLES WITHIN AN AGREED-UPON TIMEFRAME

- RECEIPT AND ACCEPTANCE OF INTERIM PROGRESS REPORTS

- RECEIPT AND ACCEPTANCE OF A FINAL REPORT ON PROGRAM DELIVERABLES AND A

FINANCIAL RECONCILIATION

- VARIANCES TO PLAN ARE INVESTIGATED FOR REASONABLENESS AND DOCUMENTED

DURING PROGRAM IMPLEMENTATION AND AT PROGRAM COMPLETION.

IN ADDITION TO THE PROCEDURES NOTED ABOVE, PROGRAMS ARE ROUTINELY

MONITORED POST-IMPLEMENTATION, AND SOME ARE SELECTED FOR

INDEPENDENTLY-CONTRACTED FINANCIAL AUDITS TO ENSURE THAT COSTS INCURRED

AND CLAIMED HAVE BEEN PROPERLY REPORTED AND REASONABLY STATED IN

COMPLIANCE WITH THE TERMS OF THE AGREEMENT(S). ADDITIONALLY, PROGRAMMATIC

AUDITS ARE CONDUCTED TO ENSURE THE QUALITY OF THE COMPLETED PROJECTS.

PART I, LINE 3: METHOD OF ACCOUNTING

EXPENSES ARE REPORTED USING THE ACCRUAL METHOD OF ACCOUNTING,

CONSISTENT WITH THE AUDITED FINANCIAL STATEMENTS.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization CHARITY GLOBAL, INC	Employer identification number 22-3936753
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Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> a Mail solicitations | <input type="checkbox"/> e Solicitation of non-government grants |
| <input type="checkbox"/> b Internet and email solicitations | <input type="checkbox"/> f Solicitation of government grants |
| <input type="checkbox"/> c Phone solicitations | <input type="checkbox"/> g Special fundraising events |
| <input type="checkbox"/> 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? Yes No

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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		WELL DINNER SERIES (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	4,021,790.			4,021,790.
	2 Less: Contributions	4,021,790.			4,021,790.
	3 Gross income (line 1 minus line 2)	0.			0.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	2,283.			2,283.
	7 Food and beverages	22,400.			22,400.
	8 Entertainment	2,000.			2,000.
	9 Other direct expenses	636,594.			636,594.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				663,277.
11 Net income summary. Subtract line 10 from line 3, column (d)				-663,277.	

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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)					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a			%
b	An outside facility	13b			%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and 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 retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

CHARITY GLOBAL, INC

Employer identification number

22-3936753

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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 related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional 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.

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SCOTT HARRISON FOUNDER/CEO	(i)	374,060.	0.	621.	12,200.	29,442.	416,323.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHRISTOPH GORDER CHIEF GLOBAL WATER OFFICER	(i)	265,070.	11,838.	87,050.	12,200.	33,759.	409,917.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BENJAMIN GREENE CHIEF DEVELOPMENT OFFICER	(i)	276,984.	5,810.	265.	11,589.	32,758.	327,406.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ADITI DEEG CHIEF FIN. OFFICER (THRU 10/21/22)	(i)	235,902.	5,560.	347.	3,291.	1,002.	246,102.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JASDEEP GOSAL INTERIM DIR OF ENGINEERING	(i)	156,520.	16,838.	37,865.	8,713.	24,840.	244,776.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ANDY CHO CTO (AS OF 5/22 THRU 9/22)	(i)	94,289.	5,000.	125,088.	0.	8,437.	232,814.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) BRIAN HONOHAN HEAD OF DATA MANAGEMENT	(i)	154,461.	11,259.	23,698.	7,028.	25,358.	221,804.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ANDREA RIGGS VP OF COMMUNICATIONS	(i)	180,721.	250.	387.	5,417.	23,700.	210,475.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) BRIAN HOYER VP OF PROGRAM OPERATIONS	(i)	172,493.	8,941.	158.	7,284.	7,479.	196,355.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JULIA ANDERSON VP OF PARTNERSHIPS	(i)	167,573.	9,721.	137.	7,097.	766.	185,294.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) CHRISTOPHER BARTON SECRETARY/GEN COUNSEL	(i)	107,641.	10,679.	25,105.	6,036.	28,532.	177,993.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 I, LINE 4A:

ANDY CHO RECEIVED SEVERANCE COMPENSATION OF \$125,000 IN CALENDAR YEAR 2022.

PART I, LINE 7:

AMOUNTS REPORTED IN COLUMN (B)(II) REPRESENT DISCRETIONARY BONUS PAYMENTS.

EMPLOYEES WHO HAVE SERVED CHARITY:WATER AT LEAST TEN YEARS ALSO RECEIVED

LOYALTY BONUSES IN 2022, AND THOSE AMOUNTS ARE INCLUDED IN COLUMN (B)(III).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
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: **CHARITY GLOBAL, INC**
Employer identification number: **22-3936753**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	47	1,696,099.	FMV AT TIME OF SALE
10 Securities - Closely held stock	X	1	999,979.	FMV
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (VIRTUAL CURRENC)	X	117	462,334.	FMV
26 Other (SUPPLIES)	X	13	144,705.	FMV
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B)

CHARITY: WATER IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED IN

COLUMN (B) OF SCHEDULE M, PART I.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

CHARITY GLOBAL, INC

Employer identification number

22-3936753

FORM 990, PART I, LINE 1 AND PART III, LINE 1

DESCRIPTION OF ORGANIZATION MISSION:

CHARITY: WATER IS A NON-PROFIT ORGANIZATION BRINGING CLEAN AND SAFE

WATER TO PEOPLE AROUND THE WORLD. CHARITY: WATER INSPIRES GIVING AND

EMPOWERS OTHERS TO FUNDRAISE FOR SUSTAINABLE WATER SOLUTIONS. A

SEPARATE, PRIVATE GROUP OF SUPPORTERS FUNDS OPERATIONAL COSTS, ALLOWING

CHARITY: WATER TO USE 100% OF PUBLIC DONATIONS TO FUND WATER PROJECTS.

DONATIONS ARE SENT TO OUR LOCAL PARTNER ORGANIZATIONS, WHO BUILD AND

IMPLEMENT THE WATER PROJECTS. WHEN THE WATER PROJECTS ARE COMPLETED, WE

PROVE EVERY ONE OF THEM USING GPS COORDINATES, PHOTOS AND INFORMATION

ABOUT THE COMMUNITY SERVED.

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

FOR DISCLOSURE SEE SCHEDULE O.

EXPENSES \$ 56,629,670. INCLUDING GRANTS OF \$ 52,291,405. REVENUE \$ 0.

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

BANGLADESH: BANGLADESH, WITH A PREDOMINANTLY MUSLIM POPULATION, IS A

ONE OF THE MOST DENSELY POPULATED COUNTRIES IN THE WORLD. IT RANKED 129

OUT OF 191 COUNTRIES ON THE MOST RECENT UN HDI. WHILE ONLY 2.1% OF THE

RURAL POPULATION LACKED ACCESS TO AT LEAST BASIC WATER SERVICES, WATER

QUALITY REMAINS A LARGE ISSUE AS ARSENIC IS A COMMON CONTAMINANT AS IS

THE RUNOFF FROM INADEQUATE DRAINAGE SYSTEMS. 44.9% OF THE RURAL

POPULATION LACKED AT LEAST BASIC ACCESS TO SANITATION SERVICES. IN

2022, CHARITY: WATER FUNDED 450 PROJECTS THAT WILL SERVE 244,167

PEOPLE.

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization CHARITY GLOBAL, INC	Employer identification number 22-3936753
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BURKINA FASO: BURKINA FASO IS A LANDLOCKED COUNTRY LOCATED IN WESTERN AFRICA. UNFORTUNATELY, IT'S BEEN PLAGUED BY REOCCURRING DROUGHTS AND MILITARY COUPS THAT HAVE CAUSED VIOLENCE AND INSTABILITY THROUGHOUT THE COUNTRY. IT RANKED 184 OUT OF 191 COUNTRIES ON THE MOST RECENT UN HDI. 69% OF THE POPULATION LIVED IN RURAL AREAS, WHERE 67.2% LACKED ACCESS TO AT LEAST BASIC WATER SERVICES, AND 86.5% LACKED ACCESS TO AT LEAST BASIC SANITATION SERVICES. IN 2022, CHARITY: WATER FUNDED 204 WATER PROJECTS THAT WILL SERVE 51,360 PEOPLE.

CAMBODIA: CAMBODIA IS IN SOUTHEAST ASIA, AT THE SOUTHERN REGION OF THE INDOCHINA PENINSULA. IT WAS DEVASTATED BY THE REIGN OF KHMER ROUGE, A RURAL COMMUNIST GUERRILLA MOVEMENT, BETWEEN 1975 AND 1979. DURING THIS TIME, AT LEAST 1.5 MILLION PEOPLE WERE KILLED, A DARK TIME FROM WHICH THE COUNTRY CONTINUES TO RECOVER. CAMBODIA RANKED 146 OUT OF 191 COUNTRIES ON THE MOST RECENT UN HDI. LACK OF ACCESS TO SANITATION AND IMPROVED HYGIENE PRACTICES POSE A CONSIDERABLE HEALTH CHALLENGE IN RURAL AREAS, WHERE 39% LACKED ACCESS TO AT LEAST BASIC SANITATION SERVICES AND 34.9% LACKED ACCESS TO AT LEAST BASIC WATER SERVICES. IN 2022, CHARITY: WATER FUNDED 736 WATER PROJECTS THAT WILL SERVE 207,000 PEOPLE.

THE CENTRAL AFRICAN REPUBLIC: THE CENTRAL AFRICAN REPUBLIC IS A LANDLOCKED COUNTRY IN CENTRAL AFRICA. IT RANKED 188 OUT OF 191 COUNTRIES ON THE MOST RECENT UN HDI. THE COUNTRY ALSO STRUGGLES WITH ACCESS TO WATER AND SANITATION, ESPECIALLY IN ITS HARD TO REACH, OFTEN ISOLATED RURAL AREAS. MORE THAN 71.8% OF THE RURAL POPULATION LACKED ACCESS TO AT LEAST BASIC WATER SERVICES, AND 94% LACKED ACCESS TO AT

Name of the organization CHARITY GLOBAL, INC	Employer identification number 22-3936753
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LEAST BASIC SANITATION SERVICES. IN 2022, CHARITY: WATER FUNDED 71

WATER PROJECTS THAT WILL SERVE 28,200 PEOPLE.

COTE D'IVOIRE: COTE D'IVOIRE IS A COUNTRY LOCATED ON THE COAST OF

WESTERN AFRICA. IT IS AN ECONOMIC POWER IN WEST AFRICA BECAUSE OF ITS

POSITION AS THE WORLD'S LARGEST PRODUCER AND EXPORTER OF CASHEWS AND

COCOA BEANS. IT RANKED 159 OUT OF 191 COUNTRIES ON THE MOST RECENT UN

HDI. OF THE 26.4 MILLION POPULATION, 44.2% LACKED ACCESS TO AT LEAST

BASIC WATER SERVICES AND 79.5% LACKED ACCESS TO AT LEAST BASIC

SANITATION SERVICES. IN 2022, CHARITY: WATER FUNDED 85 WATER PROJECTS

THAT WILL SERVE 32,956 PEOPLE.

ETHIOPIA: WHILE ONE OF THE WORLD'S OLDEST CIVILIZATIONS AND ONE OF

AFRICA'S FASTEST GROWING ECONOMIES, ETHIOPIA IS STILL ONE OF THE MOST

UNDER-DEVELOPED NATIONS IN THE WORLD. IT RANKED 175 OUT OF 191

COUNTRIES ON THE MOST RECENT UN HDI. OF ITS POPULATION OF APPROXIMATELY

115 MILLION PEOPLE, AN ESTIMATED 868 THOUSAND WERE REFUGEES AS OF 2022.

59.9% OF THE RURAL POPULATION LACKED ACCESS TO AT LEAST BASIC WATER

SERVICES AND 94.5% LACKED ACCESS TO AT LEAST BASIC SANITATION SERVICES.

IN 2022, CHARITY: WATER FUNDED 451 WATER PROJECTS THAT WILL SERVE

144,652 PEOPLE.

INDIA: INDIA OCCUPIES THE GREATER PART OF SOUTH ASIA AND IS ONE OF THE

MOST ETHNICALLY DIVERSE COUNTRIES WITH MANY RELIGIONS, SECTS, TRIBES,

AND CASTES. IT RANKED 132 OUT OF 191 COUNTRIES ON THE MOST RECENT UN

HDI. 33% OF THE RURAL POPULATION LACKED ACCESS TO AT LEAST BASIC

SANITATION, WHILE 11.2% LACKED ACCESS TO AT LEAST BASIC WATER SERVICES.

EXTREME POVERTY ESPECIALLY AMONG HISTORICALLY DISADVANTAGED CASTES,

Name of the organization CHARITY GLOBAL, INC	Employer identification number 22-3936753
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WATER QUALITY ISSUES, RAPID POPULATION GROWTH, STRONG BARRIERS TO DEVELOPMENT, AND WATER SCARCITY HAVE PROVEN TO BE CHALLENGES IN ACHIEVING FULL WATER AND SANITATION COVERAGE. IN 2022, CHARITY: WATER FUNDED 7,835 WATER PROJECTS THAT WILL SERVE 50,345 PEOPLE.

KENYA: KENYA IS IN EAST AFRICA AND BORDERS THE INDIAN OCEAN. THE POPULATION OF 53.8 MILLION PEOPLE IS VERY DIVERSE, AND INCLUDED AN ESTIMATED 572 THOUSAND REFUGEES FROM NEIGHBORING COUNTRIES IN 2022. KENYA RANKED 152 OUT OF 191 COUNTRIES ON THE MOST RECENT UN HDI. AN ESTIMATED 1.4 MILLION PEOPLE LIVED WITH HIV IN THE COUNTRY AS OF 2021. 72% OF THE POPULATION LIVES IN RURAL AREAS, WHERE 48.2% LACK ACCESS TO AT LEAST BASIC WATER SERVICES, WHILE 68.4% LACKED AT LEAST BASIC ACCESS TO SANITATION SERVICES. IN 2022, CHARITY: WATER FUNDED 121 WATER PROJECTS THAT WILL SERVE 49,304 PEOPLE.

MALI: MALI IS A LANDLOCKED COUNTRY IN WESTERN AFRICA, LOCATED IN THE SAHEL, ONE OF THE HARSHTEST ENVIRONMENTS IN THE WORLD. IT IS PRONE TO SEVERE DROUGHTS AND PROLONGED DRY SEASONS THAT DEEPEN THE WATER SUPPLY CRISIS FOR MALIANS, STRESSING NOT ONLY FOOD PRODUCTION AND LIVELIHOOD ACTIVITIES BUT ALSO CHILD AND MATERNAL HEALTH. MALI RANKED 186 OUT OF 191 COUNTRIES ON THE MOST RECENT UN HDI. 27.9% OF THE RURAL POPULATION LACKED ACCESS TO AT LEAST BASIC DRINKING WATER, AND 62.7% LACKED ACCESS TO AT LEAST BASIC SANITATION SERVICES. IN 2022, CHARITY: WATER FUNDED 210 WATER PROJECTS THAT WILL SERVE 65,621 PEOPLE.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES (CONTINUED)

MOZAMBIQUE: IN THE YEARS SINCE ITS DEVASTATING CIVIL WAR, MOZAMBIQUE

Name of the organization CHARITY GLOBAL, INC	Employer identification number 22-3936753
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HAS FACED EXTREME POVERTY. IT RANKED 185 OUT OF 191 COUNTRIES ON THE MOST RECENT UN HDI. FURTHERMORE, AN ESTIMATED 2.1 MILLION ADULTS LIVE WITH HIV, MAKING MOZAMBIQUE A COUNTRY WITH ONE OF THE HIGHEST HIV PREVALENCE RATES (12.6%) IN THE WORLD. WATER QUALITY HAS BEEN A CHALLENGE, AS FLOODS AND EARTHQUAKES HAVE EXACERBATED THE GROWING WATER CRISIS. 51.1% OF THE RURAL POPULATION LACKED ACCESS TO AT LEAST BASIC WATER SERVICES AND 77% LACKED ACCESS TO AT LEAST BASIC SANITATION SERVICES. IN 2022, CHARITY: WATER FUNDED 317 WATER PROJECTS THAT WILL SERVE 137,062 PEOPLE.

NEPAL: NEPAL IS A LANDLOCKED COUNTRY IN SOUTH ASIA BORDERED BY INDIA AND CHINA. NEPAL'S HISTORY HAS LONG BEEN ONE OF ISOLATION FROM THE OUTSIDE WORLD. THE COUNTRY WAS ADMITTED TO THE UNITED NATIONS IN 1955 AND ONLY RECENTLY BECAME A DEMOCRATIC REPUBLIC (IN 2008) AFTER A DECADE OF POLITICAL VIOLENCE WITH A STRONG MAOIST INFLUENCE. IT RANKED 143 OUT OF 191 COUNTRIES ON THE MOST RECENT UN HDI. 79% OF THE POPULATION LIVE IN RURAL AREAS, WHERE 9.8% LACKED ACCESS TO AT LEAST BASIC WATER SERVICES AND 23.3% LACKED ACCESS TO AT LEAST BASIC SANITATION SERVICES. IN 2022, CHARITY: WATER FUNDED 9,262 WATER PROJECTS THAT WILL SERVE 66,672 PEOPLE.

NIGER: NIGER IS LOCATED IN THE SAHARA DESERT, MAKING IT A HARSH LIVING ENVIRONMENT FOR ITS PREDOMINANTLY MUSLIM POPULATION. IT RANKED 189 OUT OF 191 COUNTRIES ON THE MOST RECENT UN HDI. BECAUSE OF ITS LOCATION, IT'S PRONE TO FREQUENT DROUGHTS AND PROLONGED DRY SEASONS THAT POSE CHALLENGES FOR ACCESS TO CLEAN WATER, PARTICULARLY IN RURAL AREAS, WHERE 60.8% LACKED AT LEAST BASIC WATER SERVICES. IN ADDITION, 92.6% LACKED ACCESS TO AT LEAST BASIC SANITATION SERVICES, WHERE DIARRHEAL

Name of the organization CHARITY GLOBAL, INC	Employer identification number 22-3936753
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DISEASES ARE AMONG THE LEADING CAUSES OF DEATH. IN 2022, CHARITY: WATER

FUNDED 124 WATER PROJECTS THAT WILL SERVE 48,600 PEOPLE.

PAKISTAN: PAKISTAN IS A COUNTRY IN SOUTH ASIA WITH A PREDOMINANT MUSLIM

POPULATION. ALTHOUGH PAKISTAN ACHIEVED INDEPENDENCE IN 1947, THE

COUNTRY HAS STRUGGLED TO ATTAIN POLITICAL STABILITY AND CONTINUAL

SOCIAL DEVELOPMENT. IT RANKED 161 OUT OF 191 COUNTRIES ON THE MOST

RECENT UN HDI. 63% OF THE POPULATION LIVE IN RURAL AREAS, WHERE 11.4%

LACKED ACCESS TO AT LEAST BASIC WATER SERVICES, AND 39.8% LACKED ACCESS

TO AT LEAST BASIC SANITATION SERVICES. IN 2022, CHARITY: WATER FUNDED

400 WATER PROJECTS THAT WILL SERVE 56,750 PEOPLE.

SIERRA LEONE: SIERRA LEONE IS ON THE COAST OF WEST AFRICA. ALTHOUGH THE

POPULATION RELIES HEAVILY ON FARMING AND AGRICULTURE, THE COUNTRY IS

ALSO A MINING HUB. IT RANKED 181 OUT OF 191 COUNTRIES ON THE MOST

RECENT UN HDI. 47.2% OF THE RURAL POPULATION LACKED ACCESS TO AT LEAST

BASIC WATER SERVICES, AND 90.1% LACKED ACCESS TO BASIC SANITATION

SERVICES. FURTHERMORE, AN EBOLA VIRUS OUTBREAK IN MAY 2014 OVERBURDENED

AN ALREADY WEAK HEALTHCARE INFRASTRUCTURE, WHICH BOTH AIDED THE SPREAD

OF THE VIRUS AND CONTRIBUTED TO A TRAGICALLY HIGH DEATH TOLL. THE VIRUS

WAS NOT CONTAINED UNTIL NOVEMBER OF 2015. IN 2022, CHARITY: WATER

FUNDED 671 WATER PROJECTS THAT WILL SERVE 92,502 PEOPLE.

TANZANIA: TANZANIA IS A COUNTRY IN EAST AFRICA AND THE SITE OF

AFRICA'S HIGHEST MOUNTAIN, MOUNT KILIMANJARO. IT WAS UNDER GERMAN RULE

FOR MUCH OF THE 19TH CENTURY, FOLLOWED BY BRITISH RULE POST WWI. IN

1964, THE MAINLAND AND THE ARCHIPELAGO MERGED TO OFFICIALLY FORM THE

UNITED REPUBLIC OF TANZANIA. THE COUNTRY RANKED 160 OUT OF 191

Name of the organization CHARITY GLOBAL, INC	Employer identification number 22-3936753
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COUNTRIES ON THE MOST RECENT UN HDI. OVER 54.5% OF THE RURAL POPULATION

LACKED ACCESS TO AT LEAST BASIC WATER SERVICES, WHILE 76.7% LACKED

ACCESS TO BASIC SANITATION SERVICES. IN 2022, CHARITY: WATER FUNDED 152

WATER PROJECTS THAT WILL SERVE 46,919 PEOPLE.

ZIMBABWE: ZIMBABWE IS A LANDLOCKED COUNTRY IN SOUTHERN AFRICA. AFTER

YEARS OF ECONOMIC CRISIS AND POLITICAL TURMOIL, REPEATED DROUGHTS AND

FLOODS, AND CYCLONE DINEO IN 2017, ACCESS TO BASIC WATER AND SANITATION

REMAINS A MAJOR ISSUE. THIS IS ESPECIALLY TRUE IN RURAL AREAS, WHERE

68% OF THE POPULATION RESIDES. ZIMBABWE RANKED 146 OUT OF 191 COUNTRIES

ON THE MOST RECENT UN HDI. 51.7% OF RURAL ZIMBABWEANS LACKED ACCESS TO

AT LEAST BASIC WATER SERVICES, AND 67.9% LACKED ACCESS TO AT LEAST

BASIC SANITATION SERVICES. IN 2022, CHARITY: WATER FUNDED 550 WATER

PROJECTS THAT WILL SERVE 101,500 PEOPLE.

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

ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE RETURN PREPARER EMAILS A DRAFT OF THE FORM 990 TO MANAGEMENT FOR

INTERNAL REVIEW. REVISIONS ARE INPUTTED BY THE RETURN PREPARER AND A

REVISED DRAFT IS EMAILED TO THE ENGAGED INDEPENDENT ACCOUNTING FIRM FOR

REVIEW. AFTER ALL CHANGES ARE MADE AND AGREED TO BY THE ENGAGED INDEPENDENT

ACCOUNTING FIRM, THE FINAL FORM 990 IS THEN SENT BY THE RETURN PREPARER VIA

EMAIL TO THE FOUNDER/CEO, CFO AND FINANCE COMMITTEE FOR FINAL REVIEW. ONCE

FINAL APPROVAL IS OBTAINED FROM THE ABOVE-SEATED OFFICERS, THE FINAL FORM

990 IS SENT TO MANAGEMENT FOR SIGNATURE AND A COPY OF THE FINAL FORM 990 IS

FORWARDED TO ALL SEATED BOARD MEMBERS PRIOR TO FILING WITH THE IRS.

Name of the organization CHARITY GLOBAL, INC	Employer identification number 22-3936753
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FORM 990, PART VI, SECTION B, LINE 12C:

ENFORCEMENT OF CONFLICTS POLICY

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, ANY

DIRECTOR, OFFICER, KEY EMPLOYEE, OR MEMBER OF A COMMITTEE WITH THE

GOVERNING BOARD MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND

BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS

AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING

THE PROPOSED TRANSACTION OR ARRANGEMENT. EACH INTERESTED PERSON SHALL

ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON:

A. HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY,

B. HAS READ AND UNDERSTANDS THE CONFLICT OF INTEREST POLICY,

C. HAS AGREED TO COMPLY WITH THE CONFLICT OF INTEREST POLICY, AND

D. UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS

FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH

ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

IN ADDITION, ON SUCH STATEMENT, INTERESTED PERSONS SHALL DISCLOSE OR UPDATE

THEIR INTERESTS THAT COULD GIVE RISE TO A CONFLICT OF INTEREST, SUCH AS A

LIST OF FAMILY MEMBERS, SUBSTANTIAL BUSINESS OR INVESTMENT HOLDINGS, AND

OTHER TRANSACTIONS OR AFFILIATIONS WITH BUSINESSES AND OTHER ORGANIZATIONS

AND THOSE OF FAMILY MEMBERS.

TO ENSURE THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH CHARITABLE

PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX

EXEMPT STATUS, REGULAR AND CONSISTENT REVIEWS (AT LEAST ANNUALLY) SHALL BE

CONDUCTED. THE REVIEWS SHALL, AT A MINIMUM, INCLUDE THE FOLLOWING SUBJECTS:

Name of the organization CHARITY GLOBAL, INC	Employer identification number 22-3936753
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A. WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON
COMPETENT SURVEY INFORMATION, AND THE RESULT OF ARM'S-LENGTH BARGAINING.

B. WHETHER PARTNERSHIPS, JOINT VENTURES AND ARRANGEMENTS WITH MANAGEMENT
ORGANIZATIONS CONFORM TO THE ORGANIZATION'S WRITTEN POLICIES ARE PROPERLY
RECORDED, REFLECT REASONABLE INVESTMENTS OR PAYMENTS FOR GOODS AND
SERVICES, FURTHER CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT,
IMPERMISSIBLE PRIVATE BENEFIT OR IN AN EXCESS BENEFIT TRANSACTION.

C. WHETHER THE GOVERNING BOARD AND ALL COMMITTEES WITH BOARD DELEGATED
POWERS IS PROPERLY IMPLEMENTING THIS CONFLICT OF INTEREST POLICY.

D. WHETHER ANY IMPROVEMENTS SHOULD BE MADE TO THIS CONFLICT OF INTEREST
POLICY.

WHEN COMPLYING WITH THIS CONFLICT OF INTEREST POLICY, THE ORGANIZATION MAY,
BUT NEED NOT, USE OUTSIDE ADVISORS. IF OUTSIDE EXPERTS ARE USED, THEIR USE
SHALL NOT RELIEVE THE GOVERNING BOARD OF ITS RESPONSIBILITY UNDER THIS
CONFLICT OF INTEREST POLICY.

IF THE GOVERNING BOARD OR COMMITTEE DETERMINES THAT THERE IS A CONFLICT OF
INTEREST, THE GOVERNING BOARD OR COMMITTEE SHALL FOLLOW THE PROCEDURES
OUTLINED BELOW:

A) THE CHAIRPERSON OF THE GOVERNING BOARD OR COMMITTEE SHALL, IF
APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE
ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT.

B) AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE SHALL
DETERMINE WHETHER THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS A
MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT
WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.

Name of the organization CHARITY GLOBAL, INC	Employer identification number 22-3936753
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C) IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION IT SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT. TRANSACTION OR ARRANGEMENT.

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

COMPENSATION PROCESS FOR TOP OFFICIAL

THE PROCESS INCLUDES THE FOLLOWING ELEMENTS:

- (1) ADVANCE APPROVAL BY THE INDEPENDENT BOARD OF DIRECTORS ("BOARD") OR THE INDEPENDENT COMPENSATION COMMITTEE OF THE ORGANIZATION;
- (2) USE OF APPROPRIATE COMPARABILITY DATA; AND
- (3) CONTEMPORANEOUS DOCUMENTATION.

1. ADVANCE REVIEW - THE BOARD OR COMPENSATION COMMITTEE SHALL REVIEW AND APPROVE COMPENSATION ARRANGEMENTS IN ADVANCE, PROVIDED THAT PERSONS WITH A CONFLICT OF INTEREST WITH RESPECT TO A GIVEN COMPENSATION ARRANGEMENT DO NOT PARTICIPATE IN THE REVIEW OR APPROVAL OF SUCH COMPENSATION ARRANGEMENT.

2. COMPARABILITY DATA - TO DETERMINE REASONABLE COMPENSATION, THE BOARD OR COMPENSATION COMMITTEE SHALL OBTAIN AND RELY ON APPROPRIATE COMPARABILITY DATA, INCLUDING, BUT NOT LIMITED TO:

- (I) COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS, BOTH TAXABLE AND TAX-EXEMPT, FOR FUNCTIONALLY COMPARABLE POSITIONS;
- (II) THE AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA OF THE

Name of the organization CHARITY GLOBAL, INC	Employer identification number 22-3936753
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ORGANIZATION;

(III) CURRENT COMPENSATION SURVEYS COMPILED BY THE INDEPENDENT FIRMS;

AND

(IV) ACTUAL WRITTEN OFFERS FROM SIMILAR ORGANIZATIONS COMPETING FOR THE

SERVICES OF THE PERSON.

3. CONTEMPORANEOUS DOCUMENTATION - THE BOARD OR COMPENSATION COMMITTEE

SHALL CONTEMPORANEOUSLY DOCUMENT THE BASIS FOR ITS COMPENSATION

DETERMINATION, INCLUDING DOCUMENTATION:

(I) THE AGREED-UPON TERMS AND DATE OF APPROVAL;

(II) THE MEMBERS OF THE BOARD OR COMPENSATION COMMITTEE WHO:

(A) WERE PRESENT DURING DEBATE ON THE COMPENSATION ARRANGEMENT AND

(B) VOTED ON THE COMPENSATION ARRANGEMENT;

(III) THE COMPARABILITY DATA OBTAINED AND RELIED UPON AND HOW SUCH DATA WAS

OBTAINED; AND

(IV) ANY ACTIONS TAKEN WITH RESPECT TO CONSIDERATION OF THE COMPENSATION

ARRANGEMENT BY ANYONE WHO IS OTHERWISE A MEMBER OF THE BOARD OR

COMPENSATION COMMITTEE BUT HAD A CONFLICT OF INTEREST WITH RESPECT TO SUCH

COMPENSATION ARRANGEMENT.

4. THE MOST RECENT COMPENSATION REVIEW OCCURRED IN 2022.

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

COMPENSATION PROCESS FOR OFFICERS

SEE SCHEDULE O, FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP

OFFICIAL. THIS POLICY IS ALSO APPLICABLE TO THE ORGANIZATION'S TOP

FINANCIAL OFFICER, THE CFO. THE MOST RECENT COMPENSATION REVIEW OCCURRED IN

2022.

Name of the organization CHARITY GLOBAL, INC	Employer identification number 22-3936753
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FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK,AL,AR,AZ,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,MA,MD,ME,MI,MN,MS,NC,ND,NH,NJ,NM

NV,NY,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,WV

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

GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

CHARITY: WATER'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FORM 990'S ARE AVAILABLE TO THE PUBLIC UPON REQUEST BY EMAILING

INFO@CHARITYWATER.ORG. THE ORGANIZATION'S ANNUAL REPORTS, INDEPENDENT AUDIT

REPORTS AND ANNUAL FINANCIAL STATEMENTS ARE AVAILABLE ONLINE AT

CHARITYWATER.ORG/ABOUT/FINANCIALS

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

DISCOUNT ON GRANTS PAYABLE	1,291,434.
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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization <p align="center">CHARITY GLOBAL, INC</p>	Employer identification number <p align="center">22-3936753</p>
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CHARITY GLOBAL (UK) LIMITED 1 DEVONSHIRE ST LONDON, UNITED KINGDOM W1W 5DR	GRANTMAKING	UNITED KINGDOM	2,997,101.	3,549,031.	CHARITY GLOBAL

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

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

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

Schedule R (Form 990) 2022

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.