PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 40-76-66

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

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Form 990

and ending A For the 2021 calendar year, or tax year beginning **D** Employer identification number C Name of organization Check if X Address change CHARITY GLOBAL, INC]Name change 22-3936753 Doing business as Initial E Telephone number Room/suite Number and street (or P.O. box if mail is not delivered to street address) 646 688 2323 Final PO BOX 5026 131,727,019. G Gross receipts \$ ated City or town, state or province, country, and ZIP or foreign postal code Amended HAGERSTOWN, MD 21741 H(a) Is this a group return F Name and address of principal officer: SCOTT HARRISON for subordinates? Yes X No Application pending H(b) Are all subordinates included? Yes PO BOX 5026, HAGERSTOWN, MD 21741 No | Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or 527 If "No," attach a list. See instructions) (insert no.) J Website: WWW. CHARITYWATER, ORG H(c) Group exemption number L Year of formation: 2006 M State of legal domicile: NY K Form of organization; X Corporation Other > Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: TO BRING CLEAN AND SAFE WATER TO Governance PEOPLE AROUND THE WORLD. SEE SCHEDULE O. Check this box
Check this box 2 11 3 3 Number of voting members of the governing body (Part VI, line 1a) 10 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 103 5 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) Activities 15 6 6 Total number of volunteers (estimate if necessary) 0. 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7b b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 90,196,522. 100,523,267. 8 Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 9 2.393.248. 1,525,306. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -437.434. 268,945. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 101,611,139. 92,858,715. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 41,978,035. 78,530,167. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 10,450,649. 11,087,904. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 9,806,518. b Total fundraising expenses (Part IX, column (D), line 25) EXO 10,462,633. 9,173,872. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 98,791,943. 62,891,317. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 29,967,398. 2,819,196. 19 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 5 137,299,160. 173,056,021. 20 Total assets (Part X, line 16) 78,840,800. 46,457,934. 21 Total liabilities (Part X, line 26) tel 90,841,226. 94,215,221. 22 Net assets or fund balances. Subtract line 21 from line 20 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. 11/2/22 Signature of officer Date Sign SCOTT HARRISON, CEO

11010	Type or print name and title			
	Print/Type preparer's name DSE JOSEPH-ERAMEH	Preparer's signature Oae Joseph	Date 11/02/22	Check PTIN if self-employed P02534927
Preparer	Firm's name KPMG LLP	. 0	F	Firm's EIN 🛌 13-5565207
Use Only	Firm's address 345 PARK AVENUE			
	NEW YORK, NY 10154		F	Phone no.212-758-9700
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION Form 990 (2021)

Form	990 (2021) CHARITY GLOBAL, INC	22-3936753	Page 2
Pa	t III Statement of Program Service Accomplishments		U
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	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		Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		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 m	easured by exper	nses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expense	es, and
	revenue, if any, for each program service reported.		
4a	(Code:)(Expenses \$15,796,361. including grants of \$15,134,618.) (Revenue UGANDA - UGANDA RANKED 159 OUT OF 189 COUNTRIES ON THE MOST RECENT UN	:\$)
	HDI, AND CONTINUES TO FACE DIFFICULTIES AND HIGH REFUGEE RATES AS A		
	RESULT OF TWO DECADES OF CIVIL CONFLICTS IN NEIGHBORING SOUTH SUDAN,		
	THE DEMOCRATIC REPUBLIC OF THE CONGO, AND BURUNDI. IN 2021, THERE WAS		
	AN ESTIMATED 1.4 MILLION REFUGEES LIVING IN UGANDA. FOR RURAL UGANDANS,		
	WHICH MAKE UP 75% OF THE TOTAL POPULATION, APPROXIMATELY 51.8% 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 2021, CHARITY: WATER FUNDED 2,024 WATER PROJECTS THAT WILL SERVE 315,018 PEOPLE.		
4b	(Code:) (Expenses \$ 9,300,000. including grants of \$ 9,300,000.) (Revenue	\$)
	RWANDA - WHILE RWANDA HAS MADE INCREDIBLE SOCIAL AND ECONOMIC PROGRESS	· •	/
	IN THE PAST 25 YEARS SINCE THE HORRIFIC GENOCIDE, THE COUNTRY RANKED		
	160 OUT OF 189 COUNTRIES ON THE MOST RECENT UN HDI. 44.4% OF THOSE		
	LIVING IN RURAL AREAS LACKED ACCESS TO AT LEAST BASIC WATER SERVICES,		
	AND 27.3% LACKED ACCESS TO AT LEAST BASIC SANITATION SERVICES. IN 2021,		
	CHARITY: WATER FUNDED 1,064 WATER PROJECTS THAT WILL SERVE 223,444		
	PEOPLE.		
4c	(Code:) (Expenses \$5,123,200. including grants of \$1,900,000.) (Revenue)	÷\$)
	MADAGASCAR - MADAGASCAR IS AN ISLAND OFF THE COAST OF EAST AFRICA,		
	LOCATED IN THE INDIAN OCEAN. THE ECONOMY IS STILL RECOVERING FROM THE		
	2009 - 2013 POLITICAL CRISIS, AS THE QUALITY OF LIFE REMAINS QUITE LOW FOR THE MAJORITY OF THE POPULATION. IT IS RANKED 164 OUT OF 189		
	COUNTRIES ON THE MOST RECENT UN HDI. IN ADDITION, 63.6% OF THE RURAL		
	POPULATION LACKED ACCESS TO AT LEAST BASIC WATER SERVICES AND 91.6%		
	LACKED ACCESS TO AT LEAST BASIC SANITATION SERVICES. FREQUENT FLOODING		
	AND CLIMATE EVENTS FURTHER CONTAMINATE WATER SOURCES AND DAMAGE		
	EXISTING INFRASTRUCTURE. IN 2021, CHARITY: WATER FUNDED 3,175 WATER		
	PROJECTS THAT WILL SERVE 81,792 PEOPLE.		
4d	Other program services (Describe on Schedule O.)		
4 -	(Expenses \$ 52,687,013. including grants of \$ 49,195,549.) (Revenue \$ Total program service expenses ► 82,906,574.)	
40	Total program service expenses 82,906,574.		orm 990 (2021)
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CHARITY GLOBAL, INC

Par	t IV Checklist of Required Schedules			ugo -
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
	Schedule D, Parts XI and XII	<u>12a</u>		А
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b	x	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the experimetion residue in office, experiments extends of the United Otates O	14a	х	
b	Did the organization maintain an once, employees, or agents outside of the United States?	144		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
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CHARITY GLOBAL, INC

Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
U		24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
		24u		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	258		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	056		x
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	0		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
L	"Yes," complete Schedule L, Part IV	28a 28b		x
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	200		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
30		30		x
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		x
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If "yes," complete Schedule N, Part I</i>	- 31		
52		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
57	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u> .	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 33			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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orm Par	090 (2021) CHARITY GLOBAL, INC V Statements Regarding Other IRS Filings and Tax Compliance (continued)	22-393675	53	Pa	_{age} 5
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 103			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions				
			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	count)?	4a	Х	
	If "Yes," enter the name of the foreign country UNITED KINGDOM				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
			<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit			77
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X
	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts	_		
	were not tax deductible?		6b		
	Organizations that may receive deductible contributions under section 170(c).	in a substate data data data data data data data	_	v	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv		7a	X	
			7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	•			x
	to file Form 8282?		7c		~
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		~
-	If the organization received a contribution of qualified intellectual property, did the organization file Four		7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat		7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
			8		
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?		00		
			9a 9b		
	Section 501(c)(7) organization make a distribution to a donor, donor advisor, or related person?		30		
		10a			
	Initiation fees and capital contributions included on Part VIII, line 12	10b	1		
	Section 501(c)(12) organizations. Enter:		1		
	Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against		1		
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120		
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			
			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
5			15		Х
	excess parachule payment(s) during the year?				
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.				
			16		х
6	If "Yes," see the instructions and file Form 4720, Schedule N.		16		X
6	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		x
6 7	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	income?	<u>16</u> 17		X

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Form	990 (2021) CHARITY GLOBAL, INC		22-39	36753		P	age 6						
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough 7t	below, and	for a "I	Vo" r	espon	se						
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.												
	Check if Schedule O contains a response or note to any line in this Part VI						X						
Sec	tion A. Governing Body and Management												
				_		Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		11									
	If there are material differences in voting rights among members of the governing body, or if the governing												
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.												
b	b Enter the number of voting members included on line 1a, above, who are independent 10												
2													
	officer, director, trustee, or key employee?			L	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the	direct su	upervision										
	of officers, directors, trustees, or key employees to a management company or other person?			L	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was fi	led?	L	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		L	5		Х						
6	Did the organization have members or stockholders?			L	6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one	e or										
	more members of the governing body?			L	7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholde	rs, or										
	persons other than the governing body?			L	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the fo	llowing:										
а	The governing body?			L	8a	Х							
	Each committee with authority to act on behalf of the governing body?				8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed at th	ne										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>enue Cc</u>	de.)										
						Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?			L	10a		Х						
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters, a	filiates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots			Ļ	10b	x							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?												
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.												
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			Ļ	12b	Х							
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," desc	cribe										
	on Schedule O how this was done			Ļ	12c	X							
13	Did the organization have a written whistleblower policy?			···· Γ	13	X							
14	Did the organization have a written document retention and destruction policy?				14	X							
15	Did the process for determining compensation of the following persons include a review and approval	by indep	pendent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?												
	The organization's CEO, Executive Director, or top management official				15a	X							
b	Other officers or key employees of the organization			L	15b	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 arrangem						v						
_	taxable entity during the year?			·	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	•	icipation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ												
<u> </u>	exempt status with respect to such arrangements?				16b								
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O		(-)/(0) -									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-1	section 501(c)(3)s c	nly) a	availat	le						
	for public inspection. Indicate how you made these available. Check all that apply.												
40	X Own website Another's website X Upon request Other (explain												
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	fillet of ir	iterest policy	r, and fi	nanc	al							
00	statements available to the public during the tax year.	la cu l											
20	State the name, address, and telephone number of the person who possesses the organization's boo ANDREA JAFFE C/O CHARITY: WATER - 646 688 2323	ks and re	ecords 🕨 _										
	PO BOX 5026, HAGERSTOWN, MD 21741-5026												
10000					Form	990	(2021)						
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311	07 153541 0308NL 2021.05000 CHARITY (GLOBA	L. INC			03	08N						

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Form 990 (2021)	CHARITY GLOBAL, INC	22-3936753	Page 7							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Employee	es, and Independent Contractors									
Check if Sch	hedule O contains a response or note to any line in this Pa	rt VII								
Section A. Officers, D	Directors, Trustees, Key Employees, and Highest Comp	ensated Employees								
1a Complete this table t	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 organ 	nization's current officers, directors, trustees (whether inc	dividuals or organizations), regardless of amount of compens	sation.							

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, 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)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless perso		ss person is both an			compensation	compensation	amount of
	week	offi	officer and a director/true		ctor/trustee)		from	from related	other	
	(list any	rector						the	organizations	compensation
	hours for	or di	ee.			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		n ploye	t com	~	1099-NEC)		and related organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SCOTT HARRISON	50.00			0	\geq	Ξæ	ш			
FOUNDER/CEO	0.00	x		х				388,457.	0.	34,821.
(2) CHRISTOPH GORDER	50.00									
CHIEF GLOBAL WATER OFFICER	0.00			х				268,293.	0.	35,358.
(3) MARLA GOODMAN	50.00									
CHIEF REVENUE OFFR (THRU 10/22/2021)	0.00				Х			282,078.	0.	6,354.
(4) BENJAMIN GREENE	50.00									
CHIEF DEVELOPMENT OFFICER	0.00				Х			246,232.	0.	36,963.
(5) ADITI DEEG	50.00									
CHIEF FINANCIAL & OPS OFFICER	0.00			Х				271,758.	0.	3,873.
(6) JOHN BAYNE	50.00									
VP OF ENGINEERING	0.00					X		186,277.	0.	12,728.
(7) BRIAN HOYER	50.00									
VP OF PROGRAM OPERATIONS	0.00					X		175,954.	0.	12,513.
(8) JASDEEP GOSAL	50.00									
PRINCIPAL ENGINEER	0.00					X		151,359.	0.	26,040.
(9) JULIA ANDERSON	50.00									
VP OF PARTNERSHIPS	0.00					X		171,238.	0.	4,214.
(10) CHRISTINE CHOE	50.00									
VP OF FINANCE & BUSINESS OPERATIONS	0.00					X		170,458.	0.	3,952.
(11) CHRISTOPHER BARTON	30.00									
SECRETARY/GEN COUNSEL	0.00			х				105,231.	0.	27,186.
(12) LAUREN LETTA	50.00									
CHIEF OPERATING OFFR (THRU 1/29/21)	0.00						Х	117,435.	0.	2,566.
(13) MICHAEL WILKERSON	2.00									
CHAIRPERSON	0.00	х		х				0.	0.	0.
(14) CHIDI ACHARA	2.00									
BOARD MEMBER	0.00	Х						٥.	0.	0.
(15) ANGELA AHRENDTS	2.00									
BOARD MEMBER	0.00	Х						٥.	0.	0.
(16) CHI-HUA CHIEN	2.00									
BOARD MEMBER	0.00	х						٥.	0.	0.
(17) BRANT CRYDER	2.00									
BOARD MEMBER	0.00	х						0.	0.	0.
120007 10 00 01										Form 990 (2021)

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Form 990 (2021)

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Form 990 (2021) CHARITY GLOBA	L, INC								22-39	3675	3	P	age 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and (C		ghes	t C	ompensated Employee	s (continued)				
(A)	(D)	(E)			(F)								
Name and title	Average	(do		Posi heck r		I than c	ne	Reportable	Reportable			stimate	
	hours per week	per box, unless person is both an						compensation	compensatio		ar	nount	of
	(list any							- from	from related			other	4:
	hours for	director						the organization	organization (W-2/1099-MIS			pensa om th	
	related	e or c	tee			sated		(W-2/1099-MISC/	1099-NEC)			anizat	
	organizations	ruste	al trustee		/ee	mper		1099-NEC)	1000 (120)			d relat	
	below	Individual trustee or	ution	ж.	key employee	est co oyee	er					anizati	
	line)	Indivi	In stit utional 1	Officer	Key el	Highest compensated employee	Former				0		
(18) VALERIE DONATI	2.00												
BOARD MEMBER	0.00	Х						٥.		٥.			٥.
(19) BROOK HAZELTON	2.00												
BOARD MEMBER	0.00	Х						0.		٥.			0.
(20) RYAN GRAVES	2.00												
BOARD MEMBER	0.00	Х						0.		٥.			0.
(21) IJE NWOKORIE	2.00												
BOARD MEMBER	0.00	Х						0.		0.			0.
(22) SHANNON SEDGWICK DAVIS	2.00												
BOARD MEMBER	0.00	X						0.		0.			0.
								0.534.550				0.0.0	5.60
1b Subtotal								2,534,770.		0.		206,	568.
c Total from continuation sheets to Part VI								0.		0.	0.		
d Total (add lines 1b and 1c)								2,534,770.		0.		206,	568.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	;			21
compensation from the organization												Yes	31 No
2 Did the event institut list on the former officer	diversion to other	1					la : a			ſ		Tes	NO
3 Did the organization list any former officer,	-			•	-		Ŭ				2	х	
line 1a? If "Yes," complete Schedule J for su											3	А	
4 For any individual listed on line 1a, is the su	-		-					-	-			x	
and related organizations greater than \$150			•								4		
5 Did any person listed on line 1a receive or a											5		х
rendered to the organization? <i>If</i> "Yes," <i>com</i> Section B. Independent Contractors	blete Schedule	e <i>J 1</i> 0	or si	icn r	bers	on .					5		
1 Complete this table for your five highest cor	nnensated inc	lene	nde	nt co	ontra	actor	s th	nat received more than \$	100 000 of comr		tion fr	h	
the organization. Report compensation for t										Joniou		5111	
(A)		Jure	- Turi	ig w		<u>, , , , , , , , , , , , , , , , , , , </u>		(B)			((C)	
Name and business	address							Description of s	ervices	С		nsatio	n
TWISTHINK LLC													
43 E 8TH STREET, STE 250, HOLLAND, MI	49423						4	SENSOR CONSULTING				655,	187.
WE CONSULT													
P.O. BOX 22856, KAMPALA, UGANDA								SUSTAIN. CONSULTIN	G			501,	498.
HELVETAS USA, 101 CONNECTICUT AVE NW,													
SUITE 450, WASHINGTON, DC 20036								WTR PRJCT FEAS CON	s.			224,	166.
THRIVE DIGITAL LTD.													
700 - 675 W HASTINGS ST, VANCOUVER, C	CANADA							MEDIA AGENCY				168,	048.
SALESFORCE.COM, INC, 415 MISSION STRE													
3RD FLOOR, SAN FRANCISCO, CA 94105								DNR/GRNT MGMT SYST	EM			160,	485.
2 Total number of independent contractors (ir	cluding but n	ot lin	nited	d to t	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	•				13			-					
											Form	990 ()	2021)

132008 12-09-21

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			2021) CHARITY GLOBA	AL, INC				22-393675	3 Page 9
Ра	rt V	/111	Statement of Revenue						
			Check if Schedule O contains a re	esponse d	or note to any line	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b d e f	Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f	1a 1b 1c 1d 1e 1f 1g \$	449,209. 4,017,576. 96,056,482. 13,414,724.	100 502 267			
0		h	Total. Add lines 1a-1f		Business Code	100,523,267.			
Program Service Revenue			All other program service revenue						
	3		Total. Add lines 2a-2f Investment income (including dividend						
	4 5		other similar amounts) Income from investment of tax-exemp Royalties	ot bond pr	roceeds	1,522,700.			1,522,700.
	6	b c	Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c						
пе	7	а	Gross amount from sales of assets other than inventory(i) Se 29,92Less: cost or other basis and sales expenses7b29,92	24,213.	(ii) Other				
evenue			Gain or (loss) 7c						
Other Rev	8	a	Net gain or (loss) Gross income from fundraising events (not including \$4,017,576. contributions reported on line 1c). See Part IV, line 18 Less: direct expenses	of e 8a	 0. 191,667.	2,606.			2,606.
			Net income or (loss) from fundraising	·····		-191,667.			-191,667.
	9	a b	Gross income from gaming activities. Part IV, line 19 Less: direct expenses	See 9a					
		а	Net income or (loss) from gaming acti Gross sales of inventory, less returns and allowances Less: cost of goods sold	<u>10a</u>					
		с	Net income or (loss) from sales of inve	entory					
Miscellaneous Revenue	11	a b	MISCELLANEOUS INCOME		Business Code 900099	-245,767.			-245,767.
cella		с							
Misc			All other revenue						
_			Total. Add lines 11a-11d			-245,767.	_		1 000 000
13200	12 9 12-		Total revenue. See instructions		▶	101,611,139.	0.	0.	1,087,872. Form 990 (2021)

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CHARITY GLOBAL, INC

22-3936753 Page 10

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 (B) (C) (D) (A) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 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 78,530,167. 78,530,167. Benefits paid to or for members 4 Compensation of current officers, directors, 5 trustees, and key employees 1,717,029 346,594. 595,676. 774,759. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7,804,636. 1,327,675. 2,518,569. 3,958,392. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 116,989 23,876. 33,564 59,549. 740,427 162,451, 218,538 359,438. 9 Other employee benefits 708,823 121,249 232,370 355,204. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 1,548 150 351 1,047. b Legal 246,901. 71,562, 143,686 31,653. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е 349,637. 349,637. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 1,585,150 348,432. 571,891 664,827. column (A), amount, list line 11g expenses on Sch 0.) 2,753,976 2,753,976. Advertising and promotion 12 1,078,615. 192,791. 350,078 535,746. 13 Office expenses _____ Information technology 14 Royalties 15 144,182. 25,771. 46,796. 71,615. 16 Occupancy 60,535, 75,215, 247,479 111,729. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 78,539 14,038, 25,491 39,010. 22 Depreciation, depletion, and amortization 155,954 27,875. 50,617. 77,462. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) SUSTAINABILITY FUNDING 1,653,408. 1,653,408. а BANK CHARGES 866,372 866,372 b EVENT COSTS 12,111. 12,111. С d All other expenses е 98,791,943 6,078,851 9,806,518. Total functional expenses. Add lines 1 through 24e 82,906,574 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

132010 12-09-21

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if following SOP 98-2 (ASC 958-720)

Check here

11 2021.05000 CHARITY GLOBAL, INC

Form 990 (
Part X	Ba	lance	Sheet

CHARITY GLOBAL, INC

		Check if Schedule O contains a response or no	te to any line	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	19,196,137.	1	23,711,718		
	2	Savings and temporary cash investments	45,240,582.	2	40,475,195		
	3	Pledges and grants receivable, net		41,924,929.	3	42,468,997	
	4	Accounts receivable, net			Ο.	4	0
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial contri	ibutor, or 35%			
		controlled entity or family member of any of the	se persons		0.	5	0
	6	Loans and other receivables from other disqual	ified persons	s (as defined			
		under section 4958(f)(1)), and persons describe	d in section 4	4958(c)(3)(B)	0.	6	0
s	7	Notes and loans receivable, net			٥.	7	0
Assets	8	Inventories for sale or use			٥.	8	0
As	9			857,232.	9	650,283	
1	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,827,697.			
	b	Less: accumulated depreciation		1,728,504.	177,732.	10c	99,193
	11	Investments - publicly traded securities			29,814,751.	11	65,548,292
	12	Investments - other securities. See Part IV, line			0.	12	0
	13	Investments - program-related. See Part IV, line			0.	13	0
	.e 14	Intangible assets		0.	14	0	
	15	Other assets. See Part IV, line 11		87,797.	15	102,343	
	16	Total assets. Add lines 1 through 15 (must equ	137,299,160.	16	173,056,021		
	17	Accounts payable and accrued expenses	1,789,451.	17	1,354,891		
	18	Grants payable	44,651,996.	18	77,485,909		
	19	Deferred revenue			0.	19	0
	20	—			0.	20	0
	20 21	Escrow or custodial account liability. Complete			0.	20	0
	22	Loans and other payables to any current or for			••	21	
, les	22	trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the	0.	22	0		
Lial	00		0.	22	0		
	23	Secured mortgages and notes payable to unrel			0.	23 24	0
	24	Unsecured notes and loans payable to unrelate			••	24	, v
4	25	Other liabilities (including federal income tax, p.	-				
		parties, and other liabilities not included on line	S 17-24). COI	Inplete Part X	16,487.	05	
	00	of Schedule D			46,457,934.	25	78,840,800
- 2	26			v	10,137,331.	26	70,040,000
Ω		Organizations that follow FASB ASC 958, ch	eck nere				
	07	and complete lines 27, 28, 32, and 33.		26,382,936.	07	30 214 719	
alai	27	Net assets without donor restrictions	64,458,290.	27	30,214,719 64,000,502		
© ≥	28	Net assets with donor restrictions			04,450,250.	28	04,000,302
ŝ		Organizations that do not follow FASB ASC	iere 🕨 🛄				
ъ .	~~	and complete lines 29 through 33.					
ts 2	29	Capital stock or trust principal, or current funds				29	
SSG SSG	30	Paid-in or capital surplus, or land, building, or e				30	
÷	31	Retained earnings, endowment, accumulated in			00 041 000	31	04.015.001
_	32	Total net assets or fund balances			90,841,226.	32	94,215,221
3	33	Total liabilities and net assets/fund balances			137,299,160.	33	173,056,021.

Form 990 (2021)

132011 12-09-21

Form	990 (2021) CHARITY GLOBAL, INC	22-39367	53	Pad	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				4
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	101,	611,	139.
2	Total expenses (must equal Part IX, column (A), line 25)	2	98,	791,	943.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,	819,	196.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	90,	841,	226.
5	Net unrealized gains (losses) on investments	5	-	819,	479.
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,	374,	278.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	94,	215,	221.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				aan	(0001)

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public

	Inspection
r	identification num

Name of the	organization
-------------	--------------

Nan	ne o	of t	he organization							identification number		
D -		_		Y GLOBAL, INC						22-3936753		
Pa	rt	I	Reason for Public C	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	S.			
The	org	jani	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)					
1			A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).				
2			A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	ו 990).)						
3			A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).				
4			A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,		
			city, and state:									
5			An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental ur	nit describe	ed in		
			section 170(b)(1)(A)(iv). (Complete Part II.)									
6			A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).				
7	X		An organization that normal	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	e general p	oublic described in		
			section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8			A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)						
9			An agricultural research org				ed in conju	inction with a	land-grant	college		
			or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or		
			university:				-		-			
10			An organization that normal	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from		
			activities related to its exem									
			income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.		
			See section 509(a)(2). (Cor	mplete Part III.)								
11			An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).				
12			An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or		
			more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section 5	509(a)(3).	Check the box on		
			lines 12a through 12d that of	- describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g.			
а	[] Type I. A supporting orga	anization operated, si	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving		
			the supported organizatio	on(s) the power to rec	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	upporting		
			organization. You must c									
b	[Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	d organization	n(s), by hav	ving		
			control or management or	-				-		•		
			organization(s). You mus									
с	[] Type III functionally inte	•		in connect	ion with, a	and functional	ly integrate	ed with,		
	-		its supported organization						, 0	,		
d	[] Type III non-functionally		-				ted oraaniz	zation(s)		
			that is not functionally int	• •					•	.,		
			requirement (see instructi	0	e ,			•				
е	[Check this box if the orga						I. Type III			
			functionally integrated, or					.,	·, ·, ·, ·, ·, · · · · ·			
f	Е	inte	r the number of supported c	51	, , ,	5 5						
			ide the following information	•								
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi		(v) Amount of	monetary	(vi) Amount of other		
			organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)		
Tota	al											

Part II

CHARITY GLOBAL, INC

Suppor	t Schedule for Organizations	s Described in Sections 170(b)(1)(A)(iv) and 17	70(b)(1)(A)(vi)

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Page 2

(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) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 88,948,068 90,196,522. 100,523,267. 398,718,785. 49,827,030 69,223,898 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 49,827,030, 69,223,898, 88,948,068 90,196,522. 100,523,267. 398,718,785. 4 Total. Add lines 1 through 3 The portion of total contributions 5 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) 13,525,547. 385,193,238. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2019 Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (d) 2020 (e) 2021 (f) Total 100,523,267. 88,948,068. 49,827,030. 69,223,898. 90,196,522. 398,718,785. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 1,037,863 1,346,789 1,056,645. 754,462. 1,522,700. 5,718,459. and income from similar sources 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.) 122,640, 725,564. 158,252. 350,703. -245,767 1,111,392. 405,548,636. **11 Total support.** Add lines 7 through 10 287,923. **12** Gross receipts from related activities, etc. (see instructions) 12 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 ► Section C. Computation of Public Support Percentage 94.98 14 % 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2020 Schedule A, Part II, line 14 94.21 15 % 16a 33 1/3% support test - 2021. 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 ► X b 33 1/3% support test - 2020. 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 17a 10% -facts-and-circumstances test - 2021. 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 b 10% -facts-and-circumstances test - 2020. 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 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 Schedule A (Form 990) 2021

132022 01-04-22

15 2021.05000 CHARITY GLOBAL, INC 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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
•	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	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						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
с	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 th	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organ	ization,
	check this box and stop here						
Sec	tion C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2021 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Sec	tion D. Computation of Inves	tment Incom					
17	Investment income percentage for 20)21 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
	Investment income percentage from		B			18	%
	33 1/3% support tests - 2021. If the						
154	more than 33 1/3%, check this box ar	-					
h	33 1/3% support tests - 2020. If the	-	•				
u		-					
00	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	III UIU HOT CHECK A	box on line 14, 19	a, or 190, check t	nis box and see ins		
13202	3 01-04-22		16			Sched	ule A (Form 990) 2021
311	L07 153541 0308NL				RITY GLOB	AL, INC	0308N

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2021

17

	(Form 990)			GLOBAL,	
Part IV	Support	ting Org	ganizations (co	ontinued)	

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> Yes No

> Yes No

1

2

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

Section B. Type I Supporting Organizations

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? 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.	
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? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			L
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Ī
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		l
	the supported experience)	1	L

ition(s) organ Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	vear (see instructions	;).
---	------------------------	-----

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

c 🗋	The organization supported a governmental entity.	escribe in Part VI how you supported a gover	nmental entity (see instruction <u>s).</u>
-----	---	--	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 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? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

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18

2021.05000 CHARITY GLOBAL, INC

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Yes No

	dule A (Form 990) 2021 CHARITY GLOBAL, INC t V Type III Non-Functionally Integrated 509(a)(3) Supporti	na Organia	zations	22-3936753 Pa
1	Check here if the organization satisfied the Integral Part Test as a qualifyi			Part VI) See instructio
•	All other Type III non-functionally integrated supporting organizations mus		•	
Secti	ion 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		
Secti	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Secti	ion 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		

Schedule A (Form 990) 2021

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instructions).

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions				Current Year		
_1	Amounts paid to supported organizations to accomplish exer		1				
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpose	3	3				
4	Amounts paid to acquire exempt-use assets		4				
5	Qualified set-aside amounts (prior IRS approval required - pro		5				
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2021 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount	1		10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021		
_1	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2021						
a	From 2016						
b	From 2017						
C	From 2018						
d	From 2019						
e	From 2020						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2021 distributable amount						
i	Carryover from 2016 not applied (see instructions)						
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2021 from Section D,						
	line 7: \$						
<u>a</u>	Applied to underdistributions of prior years						
	Applied to 2021 distributable amount						
	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2022. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2017						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
е	Excess from 2021						

Schedule A (Form 990) 2021

132027 01-04-22

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:

2017 AMOUNT: \$	122,640.			
2018 AMOUNT: \$	725,564.			
2019 AMOUNT: \$	158,252.			
2020 AMOUNT: \$	350,703.			
2021 AMOUNT: \$	-245,767.			
132028 01-04-22		21		Schedule A (Form 990) 202
31107 15354	1 0308NL	2021.05000	CHARITY GLOBAL	, INC 0308N

** PUBLIC DISCLOSURE COPY **

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

2021

Employer identification number

Name of the organization				
CHARI	TY GLOBAL	INC		

22-3936753

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

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

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

Schedule B

Department of the Treasury Internal Revenue Service

Organization type (check one):

(Form 990)

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 $\dots \longrightarrow$

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).

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

Schedule B (Form 990) (2021)

	3 (Form 990) (2021)	I_	Page 2
Name of o	rganization	Em	ployer identification number
CHARITY	GLOBAL, INC		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		\$8,671,002	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$3,100,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
<u>3</u>	Name, address, and ZIP + 4	\$2,337,656	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 11-11		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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	B (Form 990) (2021)		1	Page
Name of or	rganization		Employ	yer identification number
CHARITY	GLOBAL, INC		22	2-3936753
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is neede	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
	VIRTUAL CURRENCY			
1				
		\$38	,906.	06/03/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
	SECURITIES			
		\$6,525	,063.	12/31/21
(a)				
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
	VIRTUAL CURRENCY			
3				
		\$37	,656.	06/03/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		—		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		_		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		_		
		\$		

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Schedule B (Form 990) (2021)	
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arrie or organ	nization		Employer identification numbe
HARITY GLO	OBAL, INC		22-3936753
Part III E		ons to organizations described in se	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year organizations
c	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or I	ess for the year. (Enter this info. once.) > \$
a) No.	Use duplicate copies of Part III if additional	space is needed.	
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, ar	nd ZIP + 4	Relationship of transferor to transferee
			3
_			
-			
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, ar	nd ZIP + 4	Relationship of transferor to transferee
_			
-			
-			
a) No. from		(a) Line of sift	(d) Deceription of how with in hold
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, ar		Relationship of transferor to transferee
-			
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-			
		· · · · · · · · · · · · · · · · · · ·	
		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

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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. test information. OMB No. 1545-0047 **Open to Public** Inspection

Go to www.irs.gov/Form990 for instructions and the I	a

Name	e of the organization CHARITY GLOBAL, INC					Employer identification num 22-3936753	ber
Par		d Eunde or Oth	or Si	imilar Fund	le or Ac		
Fai	organization answered "Yes" on Form 990, Part IV, lin					Complete if the	
		(a) Donor a	duica	d fundo		b) Euroda and other appounts	
		(a) Donor a	uvise		, (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 v	-					ı
	are the organization's property, subject to the organization's of						No
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor of			, , ,		•	
Der	impermissible private benefit?		<u></u>			Yes	No
Par				s" on Form 99	0, Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	· ·	ply).	1			
	Preservation of land for public use (for example, recreat	tion or education)		٦		prically important land area	
	Protection of natural habitat			Preservation	of a certif	fied historic structure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation co	ntribu	ition in the for	m of a cor		
	day of the tax year.					Held at the End of the Tax	rear
а	Total number of conservation easements					2a	
b						_2b	
С	Number of conservation easements on a certified historic stru					_2c	
d	Number of conservation easements included in (c) acquired a						
	listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished	l, or te	erminated by	he organiz	zation during the tax	
	year 🕨						
4	Number of states where property subject to conservation eas				_		
5	Does the organization have a written policy regarding the per		spect	ion, handling o	of		
	violations, and enforcement of the conservation easements it						No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violatior	ns, an	d enforcing co	onservatio	n easements during the year	
	▶						
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, ar	nd enf	orcing consei	vation eas	sements during the year	
	►\$						
8	Does each conservation easement reported on line 2(d) above	•					
	and section 170(h)(4)(B)(ii)?					Yes	No
9	In Part XIII, describe how the organization reports conservation	on easements in its	reven	ue and expen	se stateme	ent and	
	balance sheet, and include, if applicable, the text of the footn	ote to the organizat	tion's	financial state	ements tha	at describes the	
Der	organization's accounting for conservation easements.	Art Historical	Tro		Other Ci	imilar Acasta	
Par				asures, or	other Si	inniar Assets.	
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 95						
	of art, historical treasures, or other similar assets held for pub					ice of public	
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 95						
	art, historical treasures, or other similar assets held for public	exhibition, education	on, or	research in fu	irtherance	of public service,	
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						
2	If the organization received or held works of art, historical trea				cial gain, p	provide	
	the following amounts required to be reported under FASB A	-					
	Revenue included on Form 990, Part VIII, line 1						
	Assets included in Form 990, Part X						
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.				Schedule D (Form 990)	2021

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	~	-	~	~	~

Sche	dule D (Form 990) 2021 CHARITY GLO	,						3936753	P	Page 2
Par	t III Organizations Maintaining C	ollections of Art	t, Histe	orical Tre	easures, or	Other S	Similar Ass	sets _{(conti}	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the f	following that	make sign	ificant use of	its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	m				
b	Scholarly research	е		Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how th	ey further th	ne organizatio	n's exemp	t purpose in l	Part XIII.		
5	During the year, did the organization solicit or	receive donations o	of art, his	storical treas	sures, or othe	r similar as	sets			
	to be sold to raise funds rather than to be ma	intained as part of th	ne orgar	nization's co	llection?			Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	e organizatio	n answered "	Yes" on Fo	orm 990, Parl	IV, line 9, or	•	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermedi	iary for o	contribution	s or other ass	ets not inc	luded			_
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	lowing t	able:						
								Amour	nt	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						lf			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	escrow or cu	ustodial accou	unt liability	?	Yes		_ No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete it									
		(a) Current year	(b) F	rior year	(c) Two year	s back (d) Three years b	oack (e) Fou	r years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g	g, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c should	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiza	tion tha	t are held ar	nd administer	ed for the o	organization			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on S	chedule R?				3b		
4	Describe in Part XIII the intended uses of the	organization's endov	wment f	unds.						
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	"Yes" on Form 990), Part IV	/, line 11a. S	See Form 990,	Part X, lin	e 10.			
	Description of property	(a) Cost or of		(b) Cost	t or other	• •	umulated	(d) Boo	ok valu	ie
		basis (investr	nent)	basis	(other)	depre	eciation			
1a	Land									
b	Buildings									
с	Leasehold improvements				5,942.		5,942.			0.
d	Equipment			1	,821,755.	1	,722,562.		99,	,193.
е	Other									
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part 2	X, colun	nn (B), line 1	0c.)		►		99	,193.
							Sche	dule D (Forr	n 990) 2021

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year ma	ket 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" of	n 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 ma	ket value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	on Form 990, Part IV, line Description		ok value
-			ok value
(a) [ok value
(a) [(1)			ok value
(a) [(1) (2)			ok value
(a) [(1) (2) (3)			ok value
(a) [(1) (2) (3) (4)			ok value
(a) [(1) (2) (3) (4) (5)			ok value
(a) [(1) (2) (3) (4) (5) (6)			ok value
(a) [(1) (2) (3) (4) (5) (6) (7)			ok value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description	(b) Bo	ok value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description	(b) Bo	ok value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" c	Description	(b) Bo	ok value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" constraints of liability.	Description	(b) Bo	ok value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" constraints of liability.	Description	(b) Bo	
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" col. (a) Description of liability	Description	(b) Bo	
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" co . (a) Description of liability (1) Federal income taxes	Description	(b) Bo	
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" co (a) Description of liability (1) Federal income taxes (2)	Description	(b) Bo	
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" co . (a) Description of liability (1) Federal income taxes (2) (3)	Description	(b) Bo	
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" col. (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description	(b) Bo	
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" col. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description	(b) Bo	
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" construction of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description	(b) Bo	
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" construction of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description	(b) Bo	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to 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.

Schedule D (Form 990) 2021

132053 10-28-21

X

Pa	rt XI Reconciliation of Revenue per Audited Financial Sta		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		, <u>,</u>	
1				1	101,120,190.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		-819,479.	-	
b	Donated services and use of facilities		486,500.	-	
С	Recoveries of prior year grants			-	
d	· · · · · · · · · · · · · · · · · · ·	2d			222.072
е	Add lines 2a through 2d			2e	-332,979.
3	Subtract line 2e from line 1			3	101,453,169.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		240 627		
а	Investment expenses not included on Form 990, Part VIII, line 7b		349,637.		
b	Other (Describe in Part XIII.)		-191,667.		157 070
_c	Add lines 4a and 4b			4c	157,970.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12 rt XII Reconciliation of Expenses per Audited Financial St	2) atomonte With	Evnansas nar E	5 Soturn	101,611,139.
Га			Expenses per r	ieturri.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li				07 746 105
1	Total expenses and losses per audited financial statements			1	97,746,195.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		186 500		
a	Donated services and use of facilities		486,500.	-	
b	Prior year adjustments			-	
с	Other losses		1 100 611	-	
d	,, ,		-1,182,611.	0	-696 111
e	Add lines 2a through 2d			2e	-696,111. 98,442,306.
3	Subtract line 2e from line 1			3	50,442,500.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		349 637		
a ⊾	Investment expenses not included on Form 990, Part VIII, line 7b		349,637.	-	
b	· · · · · · · · · · · · · · · · · · ·			10	349,637.
с 5				4c 5	98,791,943.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.	(8.)		5	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	1: Part IV lines 1h a	and 2h: Dart V, line 4	· Dort V	lino 2: Dart VI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			, rait A,	inie 2, Fait Ai,
11163	zu and 4b, and 1 art An, intes zu and 4b. Also complete this part to provide a		allon.		
PART	TX, LINE 2:				
CHAF	RITY: WATER RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS	ONLY IF THOSE			
POSI	TIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. INCOM	E GENERATED			
FROM	A ACTIVITIES UNRELATED TO CHARITY: WATER'S EXEMPT PURPOSE	IS SUBJECT TO			
TAX	UNDER INTERNAL REVENUE CODE SECTION 511. CHARITY: WATER	DID NOT			
RECO	OGNIZE ANY UNRELATED BUSINESS INCOME TAX LIABILITY FOR TH	E YEARS ENDED			
DECE	EMBER 31, 2021 AND 2020.				
_					
PART	T XI, LINE 4B - OTHER ADJUSTMENTS:				
VIRT	UAL FUNDRAISING EVENT - DIRECT EXPENSES	-191,667.			
PART	Y XII LINE 2D - OTHER ADJUSTMENTS:				

CHARITY GLOBAL, INC

Schedule D (Form 990) 2021

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Schedule D (Form 990) 2021

22-3936753

Page 4

Schedule D (Form 990) 2021 CHARITY GLOBAL, INC		22-3936753	Page 5
Part XIII Supplemental Information (continued)			
DISCOUNT ON GRANTS PAYABLE	-1,374,278.		
VIRTUAL FUNDRAISING EVENT - DIRECT EXPENSES	191,667.		
TOTAL TO SCHEDULE D, PART XII, LINE 2D	-1,182,611.		
132055 10-28-21		Schedule D (Form 99	0) 2021
	20		

15531107 153541 0308NL

(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, pro- gram 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	5,350,056.
SOUTH ASIA	0	0	GRANTMAKING	WATER PROJECTS	8,981,445.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	WATER PROJECTS	64,198,666,
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	WATER PROJ. SUST.	23,388
FACIFIC		0	FROMAN SERVICES	WATER FROD. SUST.	25,500.
SOUTH ASIA	0	0	PROGRAM SERVICES	WATER PROJ. SUST.	245,905
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	WATER PROJ. SUST.	1,384,115.
SOUTH ASIA	0	0	PROGRAM SERVICES	WATER PROGRAMS	17,462
SUB-SAHARAN AFRICA	0	1	PROGRAM SERVICES	WATER PROGRAMS	99,068.
3 a Subtotal	0	1			80,300,105
b Total from continuation sheets to Part I	1	5			360,790
c Totals (add lines 3a and 3b)	1	6			80,660,895.
LHA For Paperwork Reduct	tion Act Notice,	see the Instruc	tions for Form 990.	Schedule F	F (Form 990) 202
132071 12-20-21 31107 153541 03	0.8NT.		31 2021.05000 CHARI	TY GLOBAL INC	03081

____X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,

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

	3	Activities per Region. (T	ne following Part	I, line 3 table ca	n be duplicated if additional space is ne	eded.)
--	---	---------------------------	-------------------	--------------------	---	--------

Name of th	e organization		Employer identification
CHARITY (GLOBAL, INC		22-3936753
Part I	General Information on Activities Outside the United States.	Complete if the organ	ization answered "Yes" on

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 **Open to Public** Inspection

No

Employer identification number

SCHEDULE F (Form 990)

Form 990, Part IV, line 14b.

Department of the Treasury Internal Revenue Service

Schedule F (Form 990) Part I Continuatio	CHARITY GLOE		I. (Schedule F (Form 990), Part I, line 3	22-3936753	Page
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditure for region
EUROPE (INCLUDING					
ICELAND AND					
GREENLAND)	0	2	PROGRAM SERVICES	WATER PROGRAMS	164,070
EUROPE (INCLUDING ICELAND AND					
GREENLAND)	1	2	MAINTAINING OFFICES		26,426
SUB-SAHARAN AFRICA	0	0	PROFESSIONALSERVICES		746
EUROPE (INCLUDING ICELAND AND					
GREENLAND)	0	0	PROGRAM SERVICES		1,500
					1.00.040
NORTH AMERICA	0	1	PROFESSIONALSERVICES		168,048
Fotals	1	5			360,790

132181 04-01-21 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 AND THE							
			PGRM.	FUNDING-GRANT	3,000,000.	WIRE TRFR	0.		
		EAST ASIA AND THE PACIFIC	PGRM.	FUNDING-GRANT	1,800,056.	WIRE TRFR	0.		
		EAST ASIA AND THE			550.000				
		PACIFIC	PGRM.	FUNDING-GRANT	550,000.	WIRE TRFR	0.		
		SOUTH ASIA	PGRM.	FUNDING-GRANT	2,061,450.	WIRE TRFR	0.		
		SOUTH ASIA	PGRM.	FUNDING-GRANT	2,350,000.	WIRE TRFR	0.		
		SOUTH ASIA	PGRM.	FUNDING-GRANT	400,000.	WIRE TRFR	0.		
		SOUTH ASIA	PGRM.	FUNDING-GRANT	2,500,000.	WIRE TRFR	0.		
		SOUTH ASIA	PGRM.	FUNDING-GRANT	720,000.	WIRE TRFR	0.		
		ns listed above that are r					· ·		
exempt 501(c)(3) organBenter total number of a		or for which the grantee	or couns	el has provided a sect	ion 501(c)(3) equ	uivalency letter			28

Schedule F (Form 990) 2021

chedule F (Form 990)		GLOBAL, INC				22-3930			Page
	of Grants and Other	Assistance to Organiza	tions o	r Entities Outside the	United States.	<u>(Schedule F (Form 9</u>			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, FM ^v appraisal, other)
		SOUTH ASIA	PGRM.	FUNDING-GRANT	949 995.	WIRE TRFR	0.		
		SUB-SAHARAN AFRICA	PGRM.	FUNDING-GRANT	15,307,551.	WIRE TRFR	0.		
		SUB-SAHARAN AFRICA	PGRM.	FUNDING-GRANT	8,080,000.	WIRE TRFR	0.		
		SUB-SAHARAN AFRICA	PGRM.	FUNDING-GRANT	375 000,	WIRE TRFR	0.		
							-		
		SUB-SAHARAN AFRICA	PGRM.	FUNDING-GRANT	6,331,098.	WIRE TRFR	0.		
							-		
		SUB-SAHARAN AFRICA	PGRM.	FUNDING-GRANT	1,830,000.	WIRE TRFR	0.		
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		SUB-SAHARAN AFRICA	PGRM.	FUNDING-GRANT	6,200,000.	WIRE TRFR	0.		
					, , ,				
		SUB-SAHARAN AFRICA	PGRM.	FUNDING-GRANT	508 898.	WIRE TRFR	0.		
			•						
		SUB-SAHARAN AFRICA	PGRM	FUNDING-GRANT	2,000,000.	WIRE TRFR	0.		

chedule F (Form 990)		GLOBAL, INC		22-3936753					
1 (b) IRS code s		ts and Other Assistance to Organizati S code section N (if applicable) (c) Region		r Entities Outside the (d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	90), Part II, line 1) (g) Amount of non-cash assistance	1) (h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SUB-SAHARAN AFRICA	PGRM.	FUNDING-GRANT	1,300,000.	WIRE TRFR	0.		
		SUB-SAHARAN AFRICA	PGRM.	FUNDING-GRANT	1,199,997.	WIRE TRFR	0.		
		SUB-SAHARAN AFRICA	PGRM.	FUNDING-GRANT	3,900,000.	WIRE TRFR	0.		
		SUB-SAHARAN AFRICA	PGRM.	FUNDING-GRANT	6,196,000.	WIRE TRFR	0.		
		SUB-SAHARAN AFRICA	PGRM.	FUNDING-GRANT	315,179.	WIRE TRFR	0.		
		SUB-SAHARAN AFRICA	PGRM.	FUNDING-GRANT	4,904,943.		0.		
		SUB-SAHARAN AFRICA	PGRM.	FUNDING-GRANT	1,000,000.	WIRE TRFR	0.		
		SUB-SAHARAN AFRICA	PGRM.	FUNDING-GRANT	700,000.	WIRE TRFR	0.		
		SUB-SAHARAN AFRICA	PGRM.	FUNDING-GRANT	500,000.	WIRE TRFR	0.		

Schedule F (Form 990)	CHARITY			22-3936753 Page					
Part II Continuation of 1 (a) Name of organization	of Grants and Other (b) IRS code section and EIN (if applicable)	Assistance to Organiza (c) Region		r Entities Outside the (d) Purpose of grant	(e) Amount	(Schedule F (Form 9 (f) Manner of cash disbursement	90), Part II, line ⁻ (g) Amount of non-cash assistance	I) (h) Description of non-cash assistance	(i) Method of valuation (book, FM) appraisal, other)
		SUB-SAHARAN AFRICA	PGRM.	FUNDING-GRANT	1,600,000.	WIRE TRFR	0.		
		SUB-SAHARAN AFRICA	PGRM.	FUNDING-GRANT	750,000.	WIRE TRFR	0.		
		SUB-SAHARAN AFRICA	PGRM.	FUNDING-GRANT	1,200,000.	WIRE TRFR	0.		

CHARITY GLOBAL, INC Schedule F (Form 990) 2021

22-3936753 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 ac	ditional space is needed	J.					
(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)

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Schedule F (Form 990) 2021

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X 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	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	X 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? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

22-3936753 Page **5**

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

132075 12-20-21

2021.05000 CHARITY GLOBAL, INC

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0308NL_1

CONSISTENT WITH THE AUDITED FINANCIAL STATEMENTS.

CHARITY GLOBAL

Schedule F (Form 990) 2021

TNC

132075 12-20-21

Schedule F (Form 990) 2021

22-3936753

Page 5

SCHEDULE G	Suppleme	vities	OMB No. 1545-0047							
(Form 990)		Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								
Department of the Treasury		Attach to Form 990 or Form 990-EZ.						Open to Public		
Internal Revenue Service		to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.		Inspection		
Name of the organization	CHARITY GLO	ORAL INC					22-39367	entification number		
Part I Fundrais		Complete if the organization answe	orod "V	es" or	Form 990 Part IV	ino 1				
	complete this part		ieu i	63 01	110m 330, 1 at 10, 1		7.10m 330-L			
1 Indicate whether th	e organization rais	ed funds through any of the followin	ig activ	ities. (Check all that apply.					
a 📃 Mail solicitat	tions				overnment grants					
	email solicitations			-	nment grants					
c Phone solici		g 🛄 Special	fundra	ising	events					
d In-person so					<i>e</i> 11 1 1					
		or oral agreement with any individual				tees,	or Ye	s 🗌 No		
		art VII) or entity in connection with p <i>r</i> iduals or entities (fundraisers) pursu			•	he fu				
compensated at le	•	· · · ·		agreer						
	., .						• • • •	1		
(i) Name and addres	s of individual		(iii) fundr	Did aiser	(iv) Gross receipts		Amount paid or retained by)	(vi) Amount paid to (or retained by)		
or entity (fund	draiser)	(ii) Activity	have c or con contribu	trol of	from activity		fundraiser ted in col. (i)	organization		
			Yes	No						
			Tes	NO						
Total										
	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is	exempt from r	egistration		
or licensing.										
LHA For Paperwork R	eduction Act Noti	ce, see the Instructions for Form S	990 or	990-E	Ζ.		Schedu	e G (Form 990) 2021		

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 VIRTUAL EVENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
	(event type)	(event type)	(total number)	- col. (c))
Gross receipts	4,017,576.			4,017,576.
Less: Contributions	4,017,576.			4,017,576.
Gross income (line 1 minus line 2)				
Cash prizes				
Noncash prizes				
Rent/facility costs	5,000.			5,000.
Food and beverages				
Entertainment				
	186,667.			186,667.
	n 9 in column (d)		>	191,667.
Net income summary. Subtract line 10 from li	-191,667.			
	Less: Contributions <u>Gross income (line 1 minus line 2)</u> Cash prizes <u>Noncash prizes</u> Rent/facility costs Food and beverages <u>Entertainment</u> Other direct expenses <u>Direct expenses summary. Add lines 4 through</u>	Gross receipts 4,017,576. Gross income (line 1 minus line 2) 4,017,576. Gross income (line 1 minus line 2) 4,017,576. Cash prizes 5,000. Noncash prizes 5,000. Food and beverages 186,667. Direct expenses summary. Add lines 4 through 9 in column (d) 100.	VIRTUAL EVENT (event type) (event type) Gross receipts 4,017,576. Less: Contributions 4,017,576. Gross income (line 1 minus line 2) 4,017,576. Cash prizes 5,000. Noncash prizes 5,000. Food and beverages 186,667. Direct expense summary. Add lines 4 through 9 in column (d)	VIRTUAL EVENT NONE Gross receipts 4,017,576. Less: Contributions 4,017,576. Gross income (line 1 minus line 2) 4,017,576. Cash prizes

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
es	2	Cash prizes				
xpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	15 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
	ls f	ter the state(s) in which the organization condu the organization licensed to conduct gaming ac No," explain:	tivities in each of these s	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:				Yes _ No
1320	32 10	0-21-21			Sche	dule G (Form 990) 2021

Schedule G (Form 990) 2021

Schedule G (Form 990) 2021 CHARITY GLOBAL, INC	22-39	936753	Page 3
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 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 amoun	nt		
of gaming revenue retained by the third party \blacktriangleright \$			
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 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); a	nd Part	III, lines 9,	9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
132083 10-21-21 43	Schedu	le G (Form	990) 2021

15531107 153541 0308NL

2021.05000 CHARITY GLOBAL, INC 0308NL_1

		Caba	dule G (Form 99
32084 11-18-21	44	3016	

SC	HEDULE J	Compens	ation Information	I	OMB No.	1545-004	47		
	rm 990)	-	rs, Trustees, Key Employees, and Highest	2021					
•		Comp	pensated Employees		ZU		1		
Dopo	tment of the Treasury		nswered "Yes" on Form 990, Part IV, line 23. tach to Form 990.		Open to	Publ	lic		
	al Revenue Service		0 for instructions and the latest information.		Inspe	ction			
Nam	e of the organization	1		Employer id	entificatio	ntification number			
		CHARITY GLOBAL, INC		22-39	36753				
Pa	rt I Question	s Regarding Compensation							
						Yes	No		
1a			of the following to or for a person listed on Form	990,					
		line 1a. Complete Part III to provide any rele	vant information regarding these items.						
	First-class or c		Housing allowance or residence for perso						
	Travel for com	•	Payments for business use of personal res						
	Tax indemnification and gross-up payments								
	Discretionary	spending account	Personal services (such as maid, chauffer	ir, chef)					
-									
b	,	, S	follow a written policy regarding payment or						
•			ove? If "No," complete Part III to explain		<u>1b</u>		<u> </u>		
2	•		or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, rec	garding the items checked on line 1a?		2		<u> </u>		
2	ladiaatakiala if a								
3			establish the compensation of the organization's v boxes for methods used by a related organization of the second s						
		,	, ,						
	·	ation of the CEO/Executive Director, but exp							
			Written employment contract						
		ompensation consultant		ommittee					
	X Form 990 of o	ther organizations	X Approval by the board or compensation c	ommittee					
4	During the year, did	any person listed on Form 990, Part VII, Se	ction A. line 1a. with respect to the filing						
	organization or a re		, , , , , , , , , , , , , , , , , , ,						
а	•	e payment or change-of-control payment?			4a	Х			
b		eive payment from a supplemental nonquali			41		X		
с	Participate in or rec	eive payment from an equity-based compen			4c		X		
	If "Yes" to any of lir	ies 4a-c, list the persons and provide the ap	plicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization	s must complete lines 5-9.						
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensatio	n					
	contingent on the r	evenues of:							
а	The organization?				. 5a		x		
	Any related organiz						X		
	If "Yes" on line 5a o	r 5b, describe in Part III.							
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensatio	n					
	contingent on the r	et earnings of:							
а	The organization?				. <u>6a</u>		X		
b	Any related organiz	ation?					X		
	If "Yes" on line 6a o	r 6b, describe in Part III.							
7			the organization provide any nonfixed payments						
					7	X	<u> </u>		
8	-		ued pursuant to a contract that was subject to th	e					
		ption described in Regulations section 53.45			8		X		
9		d the organization also follow the rebuttable	e presumption procedure described in						
	Regulations section				. 9		<u> </u>		
LHA	For Paperwork R	eduction Act Notice, see the Instructions	for Form 990.	Schedu	ıle J (Forr	n 990)) 2021		

132111 11-02-21

22-3936753

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) SCOTT HARRISON	(i)	387,255.	0.	1,202.	3,297.	31,524.	423,278.	0.	
FOUNDER/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) CHRISTOPH GORDER	(i)	251,283.	15,851.	1,159.	5,618.	29,740.	303,651.	0.	
CHIEF GLOBAL WATER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) MARLA GOODMAN	(i)	200,859.	1,848.	79,371.	3,132.	3,222.	288,432.	0.	
CHIEF REVENUE OFFR (THRU 10/22/2021)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) BENJAMIN GREENE	(i)	234,194.	11,848.	190.	5,064.	31,899.	283,195.	0.	
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) ADITI DEEG	(i)	259,678.	11,848.	232.	2,169.	1,704.	275,631.	0.	
CHIEF FINANCIAL & OPS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) JOHN BAYNE	(i)	184,022.	2,098.	157.	3,757.	8,971.	199,005.	0.	
VP OF ENGINEERING	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) BRIAN HOYER	(i)	171,417.	4,396.	141.	3,484.	9,029.	188,467.	0.	
VP OF PROGRAM OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) JASDEEP GOSAL	(i)	145,167.	5,876.	316.	3,065.	22,975.	177,399.	0.	
PRINCIPAL ENGINEER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) JULIA ANDERSON	(i)	166,244.	4,869.	125.	3,375.	839.	175,452.	0.	
VP OF PARTNERSHIPS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) CHRISTINE CHOE	(i)	165,050.	5,284.	124.	3,351.	601.	174,410.	0.	
VP OF FINANCE & BUSINESS OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	٥.	
(11) LAUREN LETTA	(i)	117,419.	0.	16.	0.	2,566.	120,001.	٥.	
CHIEF OPERATING OFFR (THRU 1/29/21)	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2021

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:

MARLA GOODMAN RECEIVED SEVERANCE COMPENSATION OF \$78,923 IN CALENDAR YEAR

2021.

PART I, LINE 7:

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

Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.



Name of the organization

CHARITY GL	OBAL,	INC
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Employer identification number 22-3936753

Par	rt 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 de noncash contribu			s
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	Х	74	8,016,703.	FMV AT TIME OF S	ALE		
10	Securities - Closely held stock							
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 CURRE)	X	416	5,381,333.				
26	Other (<u>SUPPLIES</u>)	X	2	16,688.	FMV			
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz						10	
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29			12	
~~	5 · · · · · · · · · · · · · · · · · · ·						Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		l contribution, and	which isn't required to be us	sed for	-		v
	exempt purposes for the entire holding period?					30a		X
	If "Yes," describe the arrangement in Part II.	aliay that ra	avisos the soview	f any nonatondard contribut	ionol	04	v	
31	Does the organization have a gift acceptance p				ions?	31	X	
3Za	Does the organization hire or use third parties of		•	· · ·		200		х
h	contributions?					32a		~
	If "Yes," describe in Part II. If the organization didn't report an amount in co	olumn (o) for	a tuna of property	for which column (a) is she	skod			
33	in the organization durit report an amount in co	ланні (C) ЮІ	a type of property	nor which column (a) is ched	neu,			

describe in Part II. LHA

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

Schedule M (Form 990) 2021

132141 11-17-21

Part II	Supplementa	al Informa	tion. Pro	vide th
Schedule	M (Form 990) 2021	CHARITY	GLOBAL,	INC

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 M (Form 990) 2021

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22-3936753

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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



Employer identification number 22-3936753

CHARITY GLOBAL, INC

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:

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

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

133 OUT OF 189 COUNTRIES ON THE MOST RECENT UN HUMAN DEVELOPMENT INDEX

(HDI). WHILE ONLY 2.1% OF THE RURAL POPULATION LACKED ACCESS TO AT

LEAST BASIC WATER SERVICES, WATER QUALITY REMAINS A LARGE ISSUE.

ARSENIC IS A COMMON CONTAMINANT AS IS THE RUNOFF FROM INADEQUATE

DRAINAGE SYSTEMS, AND 45% OF THE RURAL POPULATION LACKED AT LEAST BASIC

ACCESS TO SANITATION SERVICES. IN 2021, CHARITY: WATER FUNDED 375

PROJECTS THAT WILL SERVE 225,000 PEOPLE.

BURKINA FASO: BURKINA FASO IS A LANDLOCKED COUNTRY LOCATED IN WESTERN

AFRICA. UNFORTUNATELY, IT HAS BEEN PLAGUED BY REOCCURRING DROUGHTS AND

MILITARY COUPS THAT HAVE CAUSED VIOLENCE AND INSTABILITY THROUGHOUT THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21 50 Schedule O (Form 990) 2021

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2021.05000 CHARITY GLOBAL, INC

Name of the organization	Employer identification number 22-3936753
CHARITY GLOBAL, INC	22-3930755
COUNTRY. IT IS RANKED 182 OUT OF 189 COUNTRIES ON THE MOST RECENT UN	
HDI. 69% OF THE POPULATION LIVED IN RURAL AREAS, WHERE 67.3% LACKED	
ACCESS TO AT LEAST BASIC WATER SERVICES, AND 86.5% LACKED ACCESS TO AT	
LEAST BASIC SANITATION SERVICES. IN 2021, CHARITY: WATER FUNDED 204	
WATER PROJECTS THAT WILL SERVE 58,244 PEOPLE.	
CAMBODIA: CAMBODIA IS LOCATED 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 FROM. CAMBODIA IS RANKED	
144 OUT OF 189 COUNTIES ON THE MOST RECENT UN HDI. ACCESS TO SANITATION	
AND IMPROVED HYGIENE PRACTICES IS 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	
2021, CHARITY: WATER FUNDED 843 WATER PROJECTS THAT WILL SERVE 217,880	
PEOPLE.	
THE CENTRAL AFRICAN REPUBLIC: THE CENTRAL AFRICAN REPUBLIC IS A	
LANDLOCKED COUNTRY IN CENTRAL AFRICA. IT IS RANKED NEARLY AT THE BOTTOM	
OF THE MOST RECENT UN HDI, AT 188 OUT OF 189 COUNTRIES. THE COUNTRY	
ALSO STRUGGLES WITH ACCESS TO WATER AND SANITATION, ESPECIALLY IN THE	
HARD TO REACH, OFTEN ISOLATED RURAL AREAS OF THE COUNTRY. MORE THAN 71%	
OF THE RURAL POPULATION LACKED ACCESS TO AT LEAST BASIC WATER SERVICES,	
AND 94% LACKED ACCESS TO AT LEAST BASIC SANITATION SERVICES. IN 2021,	
CHARITY: WATER FUNDED 93 WATER PROJECTS THAT WILL SERVE 41,850 PEOPLE.	
COTE D'IVOIRE: COTE D'IVOIRE IS A COUNTRY LOCATED ON THE COAST OF	
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5	Page 2 yer identification number 22-3936753
WESTERN AFRICA. IT IS AN ECONOMIC POWER IN WEST AFRICA, THE SECOND-LARGEST BECAUSE OF ITS POSITION AS THE WORLD'S LARGEST PRODUCER AND EXPORTER OF CASHEWS AND COCOA BEANS. IT IS RANKED 162 OUT OF 189 COUNTRIES ON THE MOST RECENT UN HDI. OF THE 26.4 MILLION POPULATION,	
SECOND-LARGEST BECAUSE OF ITS POSITION AS THE WORLD'S LARGEST PRODUCER AND EXPORTER OF CASHEWS AND COCOA BEANS. IT IS RANKED 162 OUT OF 189 COUNTRIES ON THE MOST RECENT UN HDI. OF THE 26.4 MILLION POPULATION,	
AND EXPORTER OF CASHEWS AND COCOA BEANS. IT IS RANKED 162 OUT OF 189 COUNTRIES ON THE MOST RECENT UN HDI. OF THE 26.4 MILLION POPULATION,	
COUNTRIES ON THE MOST RECENT UN HDI. OF THE 26.4 MILLION POPULATION,	
44.3% LACKED ACCESS TO AT LEAST BASIC WATER SERVICES AND 79.5% LACKED	
ACCESS TO AT LEAST BASIC SANITATION SERVICES. IN 2021, CHARITY: WATER	
FUNDED 68 WATER PROJECTS THAT WILL SERVE 27,554 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 173 OUT OF 189	
COUNTRIES ON THE MOST RECENT UN HDI. OF THE 115 MILLION POPULATION, 60%	
IN RURAL AREAS LACKED ACCESS TO AT LEAST BASIC WATER SERVICES AND 94.6%	
LACKED ACCESS TO AT LEAST BASIC SANITATION SERVICES. IN 2021, CHARITY:	
WATER FUNDED 230 WATER PROJECTS THAT WILL SERVE 78,800 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 IS RANKED 131 OUT OF 189 COUNTRIES ON THE MOST RECENT UN	
HDI. IT FACES DIFFICULT BARRIERS TO DEVELOPMENT, INCLUDING RAPID	
POPULATION GROWTH, WHERE 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, WATER QUALITY ISSUES, AND WATER SCARCITY HAVE	
ALSO PROVEN TO BE CHALLENGES IN ACHIEVING FULL WATER AND SANITATION	
COVERAGE. IN 2021, CHARITY: WATER FUNDED 2,620 WATER PROJECTS THAT WILL	
SERVE 15,634 PEOPLE.	

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Name of the organization CHARITY GLOBAL, INC	Employer identification number 22-3936753
	22 3330733
ENYA: KENYA IS LOCATED IN EAST AFRICA AND BORDERS THE INDIAN OCEAN.	
THE POPULATION OF 53.8 MILLION IS VERY DIVERSE, BEING HOME TO AN	
ESTIMATED 416,014 REFUGEES FROM NEIGHBORING COUNTRIES IN 2021. KENYA IS	
RANKED 143 OUT OF 189 COUNTRIES ON THE MOST RECENT UN HDI. THERE IS	
ALSO AN ESTIMATED 1.4 MILLION PEOPLE LIVING WITH HIV IN THE COUNTRY AS	
DF 2020. 72% OF THE POPULATION LIVES IN RURAL AREAS, WHERE 48.2% LACKED	
TO AT LEAST BASIC ACCESS TO WATER SERVICES, WHILE 68.4% LACKED AT LEAST	
BASIC ACCESS TO SANITATION SERVICES. IN 2021, CHARITY: WATER FUNDED 79	
WATER PROJECTS THAT WILL SERVE 36,376 PEOPLE.	
LAOS: LAOS IS A LANDLOCKED COUNTRY IN NORTHERN SOUTHEAST ASIA. THE	
COUNTRY IS SLOWLY EMERGING FROM THE AFTERMATH OF SEVERAL YEARS OF WAR	
WORLD WAR II, INDOCHINA WARS, AND ITS OWN CIVIL WAR IN THE SECOND HALF	
OF THE 20TH CENTURY). IT IS RANKED 137 OUT OF 189 COUNTRIES ON THE MOST	
RECENT UN HDI. ALTHOUGH LAOS HAS MADE SIGNIFICANT PROGRESS IN	
INCREASING WATER ACCESS AND BASIC SANITATION THROUGHOUT THE COUNTRY IN	
RECENT YEARS, IT STILL PROVES TO BE A CHALLENGE TO PROVIDE THE SAME	
ACCESS TO THOSE LIVING IN RURAL AREAS, WHERE 64 % OF THE POPULATION	
LIVES. IN RURAL AREAS, 21.5% LACKED ACCESS TO AT LEAST BASIC WATER	
SERVICES, WHILE 30.9% LACKED AT LEAST BASIC ACCESS TO SANITATION	
SERVICES. IN 2021, CHARITY: WATER FUNDED 4,923 WATER PROJECTS THAT WILL	
SERVE 28,186 PEOPLE.	
MALAWI: A SMALL LANDLOCKED COUNTRY IN SOUTHERN AFRICA WITH A POPULATION	
OF 19.1 MILLION PEOPLE, MALAWI RANKED 174 OUT OF 189 COUNTRIES ON THE	
MOST RECENT UN HDI. MORE THAN 33.4% OF RURAL MALAWIANS LACKED ACCESS TO	
AT LEAST BASIC WATER SERVICES AND 75.1% LACKED ACCESS TO AT LEAST BASIC	
SANITATION SERVICES. AS A RESULT, DIARRHEAL DISEASES ARE VERY COMMON	Schedule O (Form 990) 202

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Name of the organization CHARITY GLOBAL, INC	Employer identification number 22-3936753
AND ONE OF THE LEADING CAUSES OF DEATH IN MALAWI, SECOND ONLY TO	
HIV/AIDS. AN ESTIMATED 990,000 ADULTS LIVE WITH HIV, MAKING MALAWI A	
COUNTRY WITH ONE OF THE HIGHEST HIV PREVALENCE RATES (8.1%) IN THE	
WORLD. IN 2021, CHARITY: WATER FUNDED 514 WATER PROJECTS THAT WILL	
SERVE 173,612 PEOPLE.	
MALI: MALI IS A LANDLOCKED COUNTRY LOCATED IN THE SAHEL, ONE OF THE	
HARSHEST CONTEXTS IN THE WORLD IN WESTERN AFRICA. 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 IS RANKED 184 OUT	
OF 189 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 2021, CHARITY:	
WATER FUNDED 198 WATER PROJECTS THAT WILL SERVE 72,980 PEOPLE.	
MOZAMBIQUE: IN THE YEARS SINCE ITS DEVASTATING CIVIL WAR, MOZAMBIQUE	
HAS FACED EXTREME POVERTY. IT IS RANKED 181 OUT OF 189 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 (11.5%) IN THE WORLD. WATER QUALITY IN PARTICULAR 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 2021, CHARITY: WATER FUNDED 285 WATER PROJECTS	
THAT WILL SERVE 107,700 PEOPLE.	

NEPAL: NEPAL IS A LANDLOCKED COUNTRY IN SOUTH ASIA BORDERED BY INDIA

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Schedule O (Form 990) 2021 Name of the organization	Page 2
CHARITY GLOBAL, INC	22-3936753
AND CHINA. NEPAL'S HISTORY HAS LONG BEEN ONE OF STAYING ISOLATED FROM	
THE OUTSIDE WORLD. IT WAS ADMITTED TO THE UNITED NATIONS IN 1955 AND	
ONLY RECENTLY BECAME A DEMOCRATIC REPUBLIC IN 2008 AFTER A DECADE LONG	
PERIOD OF POLITICAL VIOLENCE WITH A STRONG MAOIST INFLUENCE. IT IS	
RANKED 142 OUT OF 189 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 2021, CHARITY: WATER FUNDED 8,347 WATER	
PROJECTS THAT WILL SERVE 68,179 PEOPLE.	
NIGER: NIGER, RANKED AT THE BOTTOM (189) OF THE MOST RECENT UN HDI, IS	
LOCATED LARGELY IN THE SAHARA DESERT, MAKING FOR HARSH LIVING	
CONDITIONS FOR ITS PREDOMINANTLY MUSLIM POPULATION. BECAUSE OF ITS	
LOCATION, IT IS PRONE TO FREQUENT DROUGHTS AND PROLONGED DRY SEASONS	
THAT POSE CHALLENGES FOR ACCESS TO CLEAN WATER, PARTICULARLY IN RURAL	
AREAS, WHERE 60.9% LACKED AT LEAST BASIC WATER SERVICES. IN ADDITION,	
92.6% LACKED ACCESS TO AT LEAST BASIC SANITATION SERVICES, WHERE	
DIARRHEAL DISEASES ARE AMONG THE LEADING CAUSES OF DEATH. IN 2021,	
CHARITY: WATER FUNDED 103 WATER PROJECTS THAT WILL SERVE 51,150 PEOPLE.	
SENEGAL: SENEGAL IS A COUNTRY IN WEST AFRICA WITH THE GAMBIA RIVER	
SEPARATING THE CASAMANCE REGION FROM THE REST OF THE COUNTRY. IT	
REMAINED UNDER FRENCH CONTROL UNTIL THE LATE 19TH CENTURY, FINALLY	
GAINING SOVEREIGNTY AS A SEPARATE NATION IN 1960. UNFORTUNATELY,	
INTERNAL CHALLENGES SUCH AS THE GROWING POPULATION AND WIDESPREAD	
JNEMPLOYMENT CONTINUE TO PLAGUE THE COUNTRY. IT IS RANKED 168 OUT OF	
189 COUNTRIES ON THE MOST RECENT UN HDI, WHERE 24.8% OF THE RURAL	
POPULATION LACKED ACCESS TO AT LEAST BASIC WATER SERVICES, WHILE 53.4%	

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Schedule O (Form 990) 2021 Name of the organization	Page 2
CHARITY GLOBAL, INC	22-3936753
LACKED ACCESS TO AT LEAST BASIC SANITATION SERVICES. IN 2021, CHARITY:	
WATER FUNDED 1,033 WATER PROJECTS THAT WILL SERVE 14,153 PEOPLE.	
SIERRA LEONE: SIERRA LEONE IS ON THE COAST OF WEST AFRICA. ALTHOUGH	
MUCH OF THE POPULATION RELIES HEAVILY ON FARMING AND AGRICULTURE, IT IS	
ALSO A MINING HUB. IT IS RANKED 182 OUT OF 189 COUNTRIES ON THE MOST	
RECENT UN HDI, WHERE 47.3% OF THE RURAL POPULATION LACKED ACCESS TO AT	
LEAST BASIC WATER SERVICES, WITH AN ALARMING 90.1% WHO 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. OVER A YEAR LATER, IT WAS DECLARED THAT THE EBOLA VIRUS WAS	
CONTAINED IN NOVEMBER 2015. IN 2021, CHARITY: WATER FUNDED 602 WATER	
PROJECTS THAT WILL SERVE 67,122 PEOPLE.	
TANZANIA: TANZANIA IS A COUNTRY IN EAST AFRICA, WHERE AFRICA'S HIGHEST	
MOUNTAIN, MOUNT KILIMANJARO, IS LOCATED. 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 TOGETHER TO OFFICIALLY FORM THE	
UNITED REPUBLIC OF TANZANIA. THE COUNTRY IS RANKED 163 OUT OF 189	
COUNTRIES ON THE MOST RECENT UN HDI. OVER 54.6% OF THE RURAL POPULATION	
LACKED ACCESS TO AT LEAST BASIC WATER SERVICES, WHILE 76.7% LACKED	
ACCESS TO BASIC SANITATION SERVICES. IN 2021, CHARITY: WATER FUNDED 109	
WATER PROJECTS THAT WILL SERVE 30,912 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	

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Schedule O (Form 990) 2021 Name of the organization		Page 2
CHARITY GLOBAL, INC		22-3936753
REMAINS A MAJOR ISSUE FOR ZIMBABWE. THIS	IS ESPECIALLY TRUE IN RURAL	
AREAS, WHERE 68% OF THE POPULATION RESIDE	ES. ZIMBABWE IS RANKED 150 OUT	
OF 189 COUNTRIES ON THE MOST RECENT UN HI	DI. 51.7% OF RURAL ZIMBABWEANS	
LACKED ACCESS TO AT LEAST BASIC WATER SEF	RVICES, AND 68% LACKED ACCESS	
TO AT LEAST BASIC SANITATION SERVICES. IN	N 2021, CHARITY: WATER FUNDED	
270 WATER PROJECTS THAT WILL SERVE 49,500) PEOPLE.	
EXPENSES \$ 52,687,013. INCLUDING GRANTS	S OF \$ 49,195,549. REVENUE \$ 0.	
FORM 990, PART VI, SECTION B, LINE 11B:		
ORGANIZATION'S PROCESS TO REVIEW FORM 990)	
THE RETURN PREPARER EMAILS A DRAFT OF THE	E FORM 990 TO MANAGEMENT FOR	
INTERNAL REVIEW. REVISIONS ARE INPUTTED F	BY THE RETURN PREPARER AND A	
REVISED DRAFT IS EMAILED TO THE ENGAGED I	INDEPENDENT ACCOUNTING FIRM FOR	
REVIEW. AFTER ALL CHANGES ARE MADE AND AG	GREED TO BY THE ENGAGED INDEPENDENT	
ACCOUNTING FIRM, THE FINAL FORM 990 IS TH	HEN SENT BY THE RETURN PREPARER VIA	
EMAIL TO THE FOUNDER/CEO, CFO AND FINANCE	E COMMITTEE FOR FINAL REVIEW. ONCE	
FINAL APPROVAL IS OBTAINED FROM THE ABOVE	E-SEATED OFFICERS, THE FINAL FORM	
990 IS SENT TO MANAGEMENT FOR SIGNATURE A	AND A COPY OF THE FINAL FORM 990 IS	
FORWARDED TO ALL SEATED BOARD MEMBERS PRI	IOR TO FILING WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:		
ENFORCEMENT OF CONFLICTS POLICY		
IN CONNECTION WITH ANY ACTUAL OR POSSIBLE	E CONFLICT OF INTEREST, ANY	
DIRECTOR, OFFICER, KEY EMPLOYEE, OR MEMBE	ER OF A COMMITTEE WITH THE	
GOVERNING BOARD MUST DISCLOSE THE EXISTEN	NCE 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.		A · · · · A · · · · · · · · · · · · · · · · · · ·
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Name of the organization	Employer identification number
CHARITY GLOBAL, INC	22-3936753

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:

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.

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Name of the organization CHARITY GLOBAL, INC	Employer identification numbe 22-3936753
· ·	I
C. WHETHER THE GOVERNING BOARD AND ALL COMMITTEES WITH BOARD DELEG	GATED
POWERS IS PROPERLY IMPLEMENTING THIS CONFLICT OF INTEREST POLICY.	
D. WHETHER ANY IMPROVEMENTS SHOULD BE MADE TO THIS CONFLICT OF IN	TEREST
POLICY.	
WHEN COMPLYING WITH THIS CONFLICT OF INTEREST POLICY, THE ORGANIZA	ATION MAY,
BUT NEED NOT, USE OUTSIDE ADVISORS. IF OUTSIDE EXPERTS ARE USED, S	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 CO	NFLICT OF
INTEREST, THE GOVERNING BOARD OR COMMITTEE SHALL FOLLOW THE PROCE	DURES
OUTLINED BELOW:	
A) THE CHAIRPERSON OF THE GOVERNING BOARD OR COMMITTEE SHALL, IF	
APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVES	TIGATE
ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT.	
B) AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITT	EE SHALL
DETERMINE WHETHER THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFF	ORTS A
MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENT	ITY THAT
WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.	
C) IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASO	NABLY
POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST	, THE
GOVERNING BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE O	F 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 SHAI	
ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANG	GEMENT.
TRANSACTION OR ARRANGEMENT.	
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Name of the organization

CHARITY GLOBAL, INC

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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

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

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Schedule O (Form 990) 2021 Name of the organization	Page Employer identification number
CHARITY GLOBAL, INC	22-3936753
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 2021.	
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	
2021.	
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	
IV,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	
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Name of the organization CHARITY GLOBAL, INC		Employer identification number 22-3936753
· · · ·		22 5550155
FORM 990'S ARE AVAILABLE TO THE PUBLIC UPO	ON REQUEST BY EMAILING	
INFO@CHARITYWATER.ORG. THE ORGANIZATION'S	ANNUAL REPORTS, INDEPENDENT AUDIT	
REPORTS AND ANNUAL FINANCIAL STATEMENTS AR	PE AVATLABLE ONLINE AT	
CHARITYWATER.ORG/ABOUT/FINANCIALS		
FORM 990, PART XI, LINE 9, CHANGES IN NET	ASSETS	
DISCOUNT ON GRANTS PAYABLE	1,374,278.	
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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.

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

CHARITY GLOBAL, INC

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	4,260,345.	4,187,494.	CHARITY GLOBAL
	-				
	-				
	-				
	1				

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 Part II organizations during the tax year.

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

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

Schedule R (Form 990) 2021

Open to Public

Inspection

Employer identification number

22-3936753

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)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	rolling Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income assets A total income assets A total income assets A total allocations? A total and the total income assets A total allocations A tota		amount in box 20 of Schedule	partne	ownership			
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10
	-										
										$ \vdash $	
											_
	1										
	4										
	4										

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	(d) Direct controlling entity	Direct controlling Type of entity		(g) Share of end-of-year assets	(h) Percentage ownership	ent	i) b)(13) rolled tity?
		country)						Yes	No

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
	Gift, grant, or capital contribution to related organization(s)	1b		
с	Gift, grant, or capital contribution from related organization(s)	1c		\square
d	Loans or loan guarantees to or for related organization(s)	1d		
	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		
	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		
	Performance of services or membership or fundraising solicitations for related organization(s)	11		
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		
	Sharing of paid employees with related organization(s)	10		
р	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
<u>(1)</u>			
<u>(2)</u>			
<u>(3)</u>			
(4)			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2021 CHARITY GLOBAL, INC

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)	Are Partne 501(org Yes	(f) Share of total income	(g) Share of end-of-year assets	(r Dispr tior allocat Yes	opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	or Percentage ownership

Schedule R (Form 990) 2021

Part VII Supplemental Information

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

132165 11-17-21