

## PUBLIC DISCLOSURE COPY

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023****Open to Public Inspection**

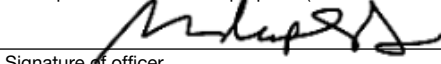
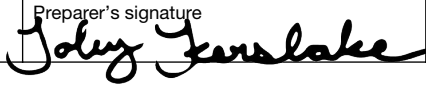
<b>A</b> For the 2023 calendar year, or tax year beginning <u>10/01</u> , 2023, and ending <u>09/30</u> , 20 <u>24</u>			
<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>CHARITY GLOBAL, INC</u> Doing business as <u>CHARITY:WATER</u> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>230 FRANKLIN RD</u> <u>11-II</u> City or town, state or province, country, and ZIP or foreign postal code <u>FRANKLIN, TN 37064</u>		<b>D</b> Employer identification number <u>22-3936753</u>
	<b>F</b> Name and address of principal officer: <u>SCOTT HARRISON</u> <u>SAME AS C ABOVE</u>		<b>E</b> Telephone number <u>(646) 688-2323</u>
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>G</b> Gross receipts \$ <u>162,373,064</u>
	<b>J</b> Website: <u>WWW.CHARITYWATER.ORG</u>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>H(c)</b> Group exemption number
<b>L</b> Year of formation: <u>2006</u>		<b>M</b> State of legal domicile: <u>NY</u>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>TO BRING CLEAN AND SAFE WATER TO PEOPLE AROUND THE WORLD. SEE SCHEDULE O.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>12</u>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>11</u>
	<b>5</b>	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<u>123</u>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<u>11</u>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<u>0</u>
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<u>0</u>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<u>45,089,527</u>	<u>90,804,970</u>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>0</u>	<u>0</u>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>2,215,768</u>	<u>4,010,748</u>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>(30,327)</u>	<u>194,512</u>
	<b>12</b>		<u>47,274,968</u>	<u>95,010,230</u>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>24,012,982</u>	<u>63,965,970</u>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>10,621,887</u>	<u>14,992,057</u>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<u>10,438,240</u>	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>7,919,766</u>	<u>8,491,366</u>
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>42,554,635</u>	<u>87,449,393</u>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<u>4,720,333</u>	<u>7,560,837</u>	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<u>136,416,474</u>	<u>144,877,238</u>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<u>55,657,761</u>	<u>46,987,892</u>
<b>22</b>		<u>80,758,713</u>	<u>97,889,346</u>	

**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.

<b>Sign Here</b>			<u>08/12/2025</u>		
	Signature of officer		Date		
<b>Paid Preparer Use Only</b>	<u>MANDEEP SINGH, CHIEF FINANCIAL OFFICER</u>				
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>TOBY KERSLAKE</u>		<u>08/13/2025</u>	<input type="checkbox"/>	<u>P01875806</u>
	Firm's name	Firm's EIN			
	<u>KPMG LLP</u>	<u>13-5565207</u>			
	Firm's address	Phone no.			
	<u>345 PARK AVENUE, NEW YORK, NY 10154-0102</u>	<u>(212) 758-9700</u>			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2023)

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

**File a separate application for each return.**  
**Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

**Part I — Identification**

<b>Type or Print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. <b>CHARITY GLOBAL, INC</b>	Taxpayer identification number (TIN) <b>22-3936753</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>230 FRANKLIN RD, STE. 11-II</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>FRANKLIN, TN 37064</b>	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information

Plan Name \_\_\_\_\_  
Plan Number \_\_\_\_\_  
Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II — Automatic Extension of Time To File for Exempt Organizations** (see instructions)

• The books are in the care of ► **ANDREA JAFFE C/O CHARITY: WATER, 230 FRANKLIN RD, STE. 11-II, FRANKLIN, TN 37064**

Telephone No. ► **(646) 688-2323** Fax No. ► \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box . . . . . ► ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . . . . . ► ☐. If it is for part of the group, check this box . . . . . ► ☐ and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **08/15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year 20 \_\_\_\_ or  
► ☒ tax year beginning **10/01**, 20 **23**, and ending **09/30**, 20 **24**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

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

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

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

CHARITY: WATER IS A NON-PROFIT ORGANIZATION BRINGING CLEAN AND SAFE WATER TO PEOPLE AROUND THE WORLD. CONTINUED ON SCHEDULE O.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 12,046,128 including grants of \$ 11,150,000 ) (Revenue \$ 0 )

UGANDA - IN FISCAL YEAR 2024, CHARITY: WATER FUNDED 1,224 WATER PROJECTS THAT WILL SERVE AN ESTIMATED 259,149 PEOPLE IN UGANDA. FOURTEEN YEARS AGO, CHARITY: WATER FUNDED ITS INAUGURAL PROJECT IN UGANDA, MARKING THE BEGINNING OF OUR LONG-TERM COMMITMENT TO THE COUNTRY. UGANDA REMAINS A KEY FOCUS WITHIN OUR PORTFOLIO, WITH ONGOING PROJECTS SUPPORTED BY EIGHT LOCAL PARTNERS-MORE THAN IN ANY OTHER COUNTRY WE WORK IN. THIS EXPANDED NETWORK ALLOWS US TO REACH A BROADER RANGE OF COMMUNITIES, INCLUDING THOSE IN MORE REMOTE OR GEOGRAPHICALLY CHALLENGING AREAS. PERHAPS MOST IMPORTANTLY, OUR SUSTAINED FOCUS ON UGANDA FOSTERS COLLABORATION AMONG LOCAL PARTNERS, EMPOWERING THEM TO LEARN FROM ONE ANOTHER AND ADVOCATE EFFECTIVELY FOR THEIR COMMUNITIES. OVER 42% OF THE POPULATION LIVES BELOW THE POVERTY LINE, AND AN ESTIMATED 1.59 MILLION REFUGEES ARE ALSO LIVING IN THE COUNTRY. MANY UGANDANS (74%) LIVE IN RURAL COMMUNITIES, WHERE 48% LACK ACCESS TO BASIC WATER SERVICES, AND 82% LACK ACCESS TO BASIC SANITATION SERVICES.

**4b** (Code: ) (Expenses \$ 6,056,867 including grants of \$ 6,015,448 ) (Revenue \$ 0 )

ETHIOPIA - IN FISCAL YEAR 2024, CHARITY: WATER FUNDED 299 WATER PROJECTS THAT WILL SERVE AN ESTIMATED 109,822 PEOPLE IN ETHIOPIA. CHARITY: WATER FUNDS FOUR LOCAL PARTNERS IN ETHIOPIA. WHILE ONE OF THE WORLD'S OLDEST CIVILIZATIONS AND ONE OF AFRICA'S FASTEST-GROWING ECONOMIES, THANKS TO COFFEE PRODUCTION, ETHIOPIA IS STILL ONE OF THE MOST UNDERDEVELOPED NATIONS IN THE WORLD. NEARLY 27% OF THE POPULATION LIVES BELOW THE POVERTY LINE, AND AN ESTIMATED 1.1 MILLION REFUGEES ARE ALSO LIVING IN THE COUNTRY. CLIMATE CHANGE HAS RESULTED IN DROPPING WATER TABLES, LEADING CHARITY: WATER PARTNERS TO IMPLEMENT DRILLED BOREHOLES INSTEAD OF HAND-DUG WELLS, WHICH ARE MORE RESILIENT WHEN DROUGHTS OCCUR. IN RURAL ETHIOPIA, WHERE 77% OF PEOPLE LIVE, OVER 58% OF THE POPULATION STILL LACK ACCESS TO BASIC WATER SERVICES, AND 94% STILL LACK ACCESS TO BASIC SANITATION SERVICES.

**4c** (Code: ) (Expenses \$ 5,844,760 including grants of \$ 5,600,000 ) (Revenue \$ 0 )

MALAWI - IN FISCAL YEAR 2024, CHARITY: WATER FUNDED 688 WATER PROJECTS THAT WILL SERVE AN ESTIMATED 164,255 PEOPLE IN MALAWI. CHARITY: WATER FUNDS FOUR LOCAL PARTNERS IN MALAWI, ONE OF AFRICA'S MOST DENSELY POPULATED AND LEAST DEVELOPED COUNTRIES, WITH 70.1% LIVING BELOW THE POVERTY LINE. MALAWI'S GEOGRAPHY MAKES IT SUSCEPTIBLE TO CYCLONES AND FLOODING, AND SADLY, THERE IS MINIMAL GOVERNMENT BUDGET AVAILABLE FOR WASH INITIATIVES, WHERE RECENT DROUGHTS AND FLOODS HAVE DESTROYED ALREADY UNDERDEVELOPED WASH INFRASTRUCTURE. APPROXIMATELY 28% OF THE RURAL POPULATION CONTINUES TO LACK ACCESS TO BASIC WATER SERVICES, AND 51% LACK ACCESS TO BASIC SANITATION SERVICES.

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 68,424,800

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> ✓	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	<b>2</b> ✓	
<b>3</b> 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 . . . . .	<b>3</b>	✓
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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 . . . . .	<b>4</b>	✓
<b>5</b> 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 . . . . .	<b>5</b>	✓
<b>6</b> 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 . . . . .	<b>6</b>	✓
<b>7</b> 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 . . . . .	<b>7</b>	✓
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	✓
<b>9</b> 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 . . . . .	<b>9</b>	✓
<b>10</b> 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 . . . . .	<b>10</b>	✓
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b> ✓	
<b>b</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 . . . . .	<b>11b</b>	✓
<b>c</b> 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 . . . . .	<b>11c</b>	✓
<b>d</b> 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 . . . . .	<b>11d</b>	✓
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b>	✓
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	<b>11f</b> ✓	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<b>12a</b>	✓
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .	<b>12b</b> ✓	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	✓
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b> ✓	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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 . . . . .	<b>14b</b> ✓	
<b>15</b> 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 . . . . .	<b>15</b> ✓	
<b>16</b> 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 . . . . .	<b>16</b>	✓
<b>17</b> 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 . . . . .	<b>17</b>	✓
<b>18</b> 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 . . . . .	<b>18</b> ✓	
<b>19</b> 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 . . . . .	<b>19</b>	✓
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b>	✓
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	
<b>21</b> 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 . . . . .	<b>21</b>	✓

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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 . . . . .	<b>22</b>	✓
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	<b>23</b>	✓
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .	<b>24a</b>	✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	<b>25a</b>	✓
<b>b</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 Schedule L, Part I . . . . .	<b>25b</b>	✓
<b>26</b> 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% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II . . . . .	<b>26</b>	✓
<b>27</b> 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 entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	<b>27</b>	✓
<b>28</b> 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).		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .	<b>28a</b>	✓
<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .	<b>28b</b>	✓
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .	<b>28c</b>	✓
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M . . . . .	<b>29</b>	✓
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	<b>30</b>	✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	<b>31</b>	✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	<b>32</b>	✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	<b>33</b>	✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	<b>34</b>	✓
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35a</b>	✓
<b>b</b> 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 . . . . .	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>36</b>	✓
<b>37</b> 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 . . . . .	<b>37</b>	✓
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	✓

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	36
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	✓



<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No
<b>2a</b>	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	<b>2a</b>	123
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	✓
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	✓
<b>b</b>	If "Yes," enter the name of the foreign country <u>UK</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	✓
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>	✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</b>	

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> <b>12</b> 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</b> Enter the number of voting members included on line 1a, above, who are independent . . . . . <b>1b</b> <b>11</b>		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . <b>2</b>		<input checked="" type="checkbox"/>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . . <b>3</b>		<input checked="" type="checkbox"/>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . <b>4</b>		<input checked="" type="checkbox"/>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . <b>5</b>		<input checked="" type="checkbox"/>
<b>6</b> Did the organization have members or stockholders? . . . . . <b>6</b>		<input checked="" type="checkbox"/>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . <b>7a</b>		<input checked="" type="checkbox"/>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . <b>7b</b>		<input checked="" type="checkbox"/>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . . <b>8a</b>	<input checked="" type="checkbox"/>	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . . <b>8b</b>	<input checked="" type="checkbox"/>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . . <b>9</b>		<input checked="" type="checkbox"/>

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . . <b>10a</b>		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . . <b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . <b>11a</b>	<input checked="" type="checkbox"/>	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . <b>12a</b>	<input checked="" type="checkbox"/>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . <b>12b</b>	<input checked="" type="checkbox"/>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . . <b>12c</b>	<input checked="" type="checkbox"/>	
<b>13</b> Did the organization have a written whistleblower policy? . . . . . <b>13</b>	<input checked="" type="checkbox"/>	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . . <b>14</b>	<input checked="" type="checkbox"/>	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . . <b>15a</b>	<input checked="" type="checkbox"/>	
<b>b</b> Other officers or key employees of the organization . . . . . <b>15b</b>	<input checked="" type="checkbox"/>	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. . . . .		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . <b>16a</b>		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . <b>16b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, (CONTINUED ON SCHEDULE O)

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
ANDREA JAFFE, 230 FRANKLIN RD, SUITE 11-II, FRANKLIN, TN 37064, (646) 688-2323

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SCOTT HARRISON FOUNDER/CEO	50.0 0.0	✓		✓				385,875	0	48,876
(2) BENJAMIN GREENE CHIEF REVENUE OFFICER	50.0 0.0				✓			351,426	0	45,476
(3) CHRISTOPH GORDER CHIEF GLOBAL WATER OFFICER (THRU 12/1/23)	50.0 0.0			✓				329,056	0	46,128
(4) JASDEEP GOSAL DIR OF ENGINEERING	50.0 0.0					✓		178,813	0	49,098
(5) CHRISTA STELZMULLER CHIEF TECHNOLOGY OFFICER (AS OF 3/6/23)	50.0 0.0				✓			213,036	0	10,436
(6) BRIAN HOYER CHIEF WATER PROGRAMS OFFICER (AS OF 11/20/23)	50.0 0.0			✓				201,487	0	14,262
(7) TYLER RIEWER SR DIR OF BRAND & CONTENT	50.0 0.0					✓		193,097	0	21,829
(8) MANDEEP SINGH CHIEF FINANCIAL OFFICER/TREASURER	50.0 0.0			✓				201,629	0	9,726
(9) KAITLIN MCELROY VP OF KEY RELATIONSHIPS EXPERIENCE (THRU 9/8/23)	50.0 0.0					✓		193,627	0	13,137
(10) CHRISTINA TINEO VP OF PEOPLE	50.0 0.0				✓			186,388	0	20,105
(11) SEAN LEE VP OF IT	50.0 0.0					✓		171,387	0	22,903
(12) BRADY JOSEPHSON VP OF MARKETING AND GROWTH (AS OF 1/30/23)	50.0 0.0				✓			165,957	0	27,270
(13) JULIA ANDERSON VP OF PARTNERSHIPS	50.0 0.0					✓		181,707	0	7,925
(14) CHRISTOPHER BARTON SECRETARY/GEN COUNSEL	30.0 0.0			✓				119,058	0	34,430



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MELISSA RUSSELL PRESIDENT (AS OF 3/18/24)	50.0 0.0			✓				0	0	0
(16) BROOK HAZELTON CHAIRPERSON (AS OF 3/20/24)	2.0 0.0	✓		✓				0	0	0
(17) MICHAEL WILKERSON CHAIRPERSON (THRU 3/20/24), BOARD MEMBER	2.0 0.0	✓		✓				0	0	0
(18) CHIDI ACHARA BOARD MEMBER	2.0 0.0	✓						0	0	0
(19) ANGELA AHRENDTS BOARD MEMBER	2.0 0.0	✓						0	0	0
(20) CHI-HUA CHIEN BOARD MEMBER	2.0 0.0	✓						0	0	0
(21) BRANT CRYDER BOARD MEMBER	2.0 0.0	✓						0	0	0
(22) SHANNON SEDGWICK DAVIS BOARD MEMBER	2.0 0.0	✓						0	0	0
(23) VALERIE DONATI BOARD MEMBER	2.0 0.0	✓						0	0	0
(24) NANCY DUARTE BOARD MEMBER (AS OF 3/20/24)	2.0 0.0	✓						0	0	0
(25) (SEE STATEMENT)										
<b>1b Subtotal</b>								3,072,543	0	371,601
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								3,072,543	0	371,601

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **46**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
WE CONSULT, PO BOX 22856, KAMPALA, UG	SUSTAINABILITY PROGRAMMATIC CONSULTING	700,000
TWISTHINK, 109 MICHIGAN ST NW, #600, GRAND RAPIDS, MI 49503	SENSOR PROGRAMMATIC CONSULTING	592,000
SALESFORCE.COM, INC., 415 MISSION STREET, 3RD FLOOR, SAN FRANCISCO, CA 94105	CRM AND GRANTS MGMT PLATFORM	173,170
THE TRIUM GROUP, 909 MONTGOMERY STREET, 6TH FLOOR, SAN FRANCISCO, CA 94105	EXECUTIVE VISION SUPPORT & TEAM COACHING	137,571
KPMG, DEPT 0511, POB 120511, DALLAS, TX 75312	AUDIT AND TAX SUPPORT	125,741

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>	158,762			
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	2,651,223			
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	87,994,985			
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 6,411,351			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		90,804,970			
	<b>Program Service Revenue</b>			Business Code			
<b>2a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b>	All other program service revenue . . . . .			0	0	0	0
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .			0			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		3,080,637			3,080,637
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross rents . . . . .	(i) Real	(ii) Personal			
	<b>b</b>	Less: rental expenses					
	<b>c</b>	Rental income or (loss)	0	0			
	<b>d</b>	Net rental income or (loss) . . . . .					
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .					
	<b>c</b>	Gain or (loss) . . . . .	930,111	0			
	<b>d</b>	Net gain or (loss) . . . . .		930,111			930,111
	<b>8a</b>	Gross income from fundraising events (not including \$ 2,651,223 of contributions reported on line 1c). See Part IV, line 18 . . . . .		0			
	<b>b</b>	Less: direct expenses . . . . .		312,773			
	<b>c</b>	Net income or (loss) from fundraising events . . . . .		(312,773)			(312,773)
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .					
	<b>b</b>	Less: direct expenses . . . . .					
	<b>c</b>	Net income or (loss) from gaming activities . . . . .					
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .					
	<b>b</b>	Less: cost of goods sold . . . . .					
	<b>c</b>	Net income or (loss) from sales of inventory . . . . .					
<b>Miscellaneous Revenue</b>			Business Code				
	<b>11a</b>	MISCELLANEOUS INCOME	900099	507,285			507,285
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue . . . . .		0	0	0	0
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			507,285			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			95,010,230	0	0	4,205,260

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	63,965,970	63,965,970		
<b>4</b> Benefits paid to or for members . . . . .	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	2,657,884	380,298	1,439,119	838,467
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	9,713,831	1,621,039	3,371,170	4,721,622
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	326,177	58,657	106,143	161,377
<b>9</b> Other employee benefits . . . . .	1,308,145	282,359	444,949	580,837
<b>10</b> Payroll taxes . . . . .	986,020	161,249	375,602	449,169
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	3,809	199	3,428	182
<b>c</b> Accounting . . . . .	220,969	46,241	154,866	19,862
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .	332,092		332,092	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	1,189,441	279,046	395,882	514,513
<b>12</b> Advertising and promotion . . . . .	2,024,410			2,024,410
<b>13</b> Office expenses . . . . .	2,048,787	237,505	1,234,894	576,388
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	45,486	7,405	17,625	20,456
<b>17</b> Travel . . . . .	1,101,128	157,239	606,514	337,375
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	88,304	14,375	34,217	39,712
<b>23</b> Insurance . . . . .	180,269	29,347	69,852	81,070
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) . . . . .				
<b>a</b> WATER PROJECT SUSTAINABILITY . . . . .	1,183,871	1,183,871		
<b>b</b> EVENT COSTS . . . . .	72,800			72,800
<b>c</b> . . . . .				
<b>d</b> . . . . .				
<b>e</b> All other expenses . . . . .	0	0	0	0
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	87,449,393	68,424,800	8,586,353	10,438,240
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	6,583,521	<b>1</b>	18,462,845
	<b>2</b> Savings and temporary cash investments . . . . .	22,577,692	<b>2</b>	6,321,108
	<b>3</b> Pledges and grants receivable, net . . . . .	30,943,439	<b>3</b>	30,425,774
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	18,238	<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	683,308	<b>9</b>	1,593,229
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 2,983,483		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 1,599,444		
	<b>11</b> Investments—publicly traded securities . . . . .	424,325	<b>10c</b>	1,384,039
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	74,537,081	<b>11</b>	86,009,873
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	557,952	<b>12</b>	578,591
	<b>14</b> Intangible assets . . . . .	0	<b>13</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	90,918	<b>15</b>	101,779	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	136,416,474	<b>16</b>	144,877,238
	<b>18</b> Grants payable . . . . .	1,841,649	<b>17</b>	1,397,383
	<b>19</b> Deferred revenue . . . . .	53,816,112	<b>18</b>	45,590,509
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>19</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>20</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>21</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>22</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>23</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	0	<b>24</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	0	<b>25</b>	0
<b>Net Assets or Fund Balances</b>	<b>27</b> <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>	55,657,761	<b>26</b>	46,987,892
	<b>28</b> Net assets without donor restrictions . . . . .			
	<b>29</b> Net assets with donor restrictions . . . . .			
	<b>30</b> <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>31</b> Capital stock or trust principal, or current funds . . . . .		<b>27</b>	41,546,746
	<b>32</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	26,589,913	<b>28</b>	56,342,600
	<b>33</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	54,168,800	<b>29</b>	
	<b>34</b> Total net assets or fund balances . . . . .		<b>30</b>	
<b>35</b> Total liabilities and net assets/fund balances . . . . .		<b>31</b>		
<b>36</b> Total net assets or fund balances . . . . .	80,758,713	<b>32</b>	97,889,346	
<b>37</b> Total liabilities and net assets/fund balances . . . . .	136,416,474	<b>33</b>	144,877,238	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	95,010,230
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	87,449,393
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	7,560,837
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	80,758,713
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	8,627,066
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	942,730
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	97,889,346

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

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



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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) RYAN GRAVES ----- BOARD MEMBER	2.0 ----- 0.0	✓						0	0	0
(26) IJE NWOKORIE ----- BOARD MEMBER	2.0 ----- 0.0	✓						0	0	0

SCHEDULE A  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization

CHARITY GLOBAL, INC

Employer identification number

22-3936753

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	90,196,522	100,523,267	96,946,011	45,089,527	90,804,970	423,560,297
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	90,196,522	100,523,267	96,946,011	45,089,527	90,804,970	423,560,297
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						12,253,490
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						411,306,807

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 . . . . .	90,196,522	100,523,267	96,946,011	45,089,527	90,804,970	423,560,297
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	1,056,645	1,522,700	1,856,266	2,004,390	3,080,637	9,520,638
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	350,703	(245,767)	(621,618)	(30,327)	507,285	(39,724)
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						433,041,211
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	0
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	94.98 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 . . . . .	<b>15</b>	95.74 %
<b>16a 33<sup>1</sup>/<sub>3</sub>% support test—2023.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>	
<b>b 33<sup>1</sup>/<sub>3</sub>% support test—2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test—2023.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b 10%-facts-and-circumstances test—2022.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</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 . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33<sup>1</sup>/<sub>3</sub>% support tests—2023.</b> If the organization did not check the box on line 14, and line 15 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line 17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33<sup>1</sup>/<sub>3</sub>% support tests—2022.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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 <b>Part VI</b> 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>2a</b>			
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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 <b>Part VI</b> .			
<b>3a</b>			
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

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

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D—Distributions		Current Year	
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>	
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>	
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>	
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>	

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018 . . . . .			
<b>b</b> From 2019 . . . . .			
<b>c</b> From 2020 . . . . .			
<b>d</b> From 2021 . . . . .			
<b>e</b> From 2022 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019 . . .			
<b>b</b> Excess from 2020 . . .			
<b>c</b> Excess from 2021 . . .			
<b>d</b> Excess from 2022 . . .			
<b>e</b> Excess from 2023 . . .			

## 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.)

## 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.)

Return Reference - Identifier	Explanation
SCHEDULE A, PART II - SHORT YEAR REPORTING	<p>CHARITY GLOBAL, INC. TRANSITIONED ITS FISCAL YEAR END FROM DECEMBER 31 TO SEPTEMBER 30, STARTING WITH THE SHORT YEAR FILING FOR THE PERIOD JANUARY 1, 2023, TO SEPTEMBER 30, 2023.</p> <p>THE AMOUNTS REPORTED ON SCHEDULE A, PART II, IN THE 2022 COLUMN REPRESENT SUPPORT RECEIVED DURING THE SHORT PERIOD FROM JANUARY 1, 2023, TO SEPTEMBER 30, 2023. CONSEQUENTLY, THE AMOUNTS IN THE 2021 COLUMN CORRESPOND TO THE CALENDAR YEAR 2022, THE AMOUNTS IN THE 2020 COLUMN CORRESPOND TO THE CALENDAR YEAR 2021, AND THE AMOUNTS IN THE 2019 COLUMN CORRESPOND TO THE CALENDAR YEAR 2020.</p>



Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	(1) MISC. INCOME	350,703	(245,767)	(621,618)	(30,327)	507,285	(39,724)
	Total	350,703	(245,767)	(621,618)	(30,327)	507,285	(39,724)

**Schedule B  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization  
**CHARITY GLOBAL, INC**

Employer identification number  
**22-3936753**

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

- ☒ 501(c)( **3** ) (enter number) organization
- ☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- ☐ 527 political organization

Form 990-PF

- ☐ 501(c)(3) exempt private foundation
- ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
- ☐ 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

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

Name of organization

CHARITY GLOBAL, INC

Employer identification number

22-3936753

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 8,000,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 5,000,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 4,328,150	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 3,101,665	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 2,413,199	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 2,295,406	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

CHARITY GLOBAL, INC

Employer identification number

22-3936753

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 2,129,400	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
			<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
			<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
			<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
			<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
			<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
			<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

22-3936753

## Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	DONATED STOCK	\$ 2,074,840	09/20/2024
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	DONATED STOCK	\$ 1,719,884	02/29/2024
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization

CHARITY GLOBAL, INC

Employer identification number

22-3936753

**Part III**

**Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization

CHARITY GLOBAL, INC

Employer identification number

22-3936753

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included on line 2a . . . . .	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . .	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year . . . . .	
4 Number of states where property subject to conservation easement is located . . . . .	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .	
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.	
(i) Revenue included on Form 990, Part VIII, line 1 . . . . .	\$
(ii) Assets included in Form 990, Part X . . . . .	\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.	
a Revenue included on Form 990, Part VIII, line 1 . . . . .	\$
b Assets included in Form 990, Part X . . . . .	\$



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

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

**a** ☐ Public exhibition

**d** ☐ Loan or exchange program

**b** ☐ Scholarly research

**e** ☐ Other .....

**c** ☐ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements**

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

**1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

**Part V Endowment Funds**

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

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

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

**a** Board designated or quasi-endowment \_\_\_\_\_%

**b** Permanent endowment \_\_\_\_\_%

**c** Term endowment \_\_\_\_\_%

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

**(i)** Unrelated organizations? ☐ Yes ☐ No **3a(i)**

**(ii)** Related organizations? ☐ Yes ☐ No **3a(ii)**

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No **3b**

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		699,322	69,605	629,717
<b>e</b> Other		2,284,161	1,529,839	754,322

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 1,384,039

**Part VII Investments—Other Securities**

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

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

**Part VIII Investments—Program Related**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . .	0

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☒

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	104,895,858
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	8,627,066
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	1,277,881
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	0
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	9,904,947
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	94,990,911
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	332,092
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	(312,773)
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	19,319
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	95,010,230

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	87,765,225
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	1,277,881
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	(629,957)
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	647,924
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	87,117,301
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	332,092
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	0
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	332,092
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	87,449,393

**Part XIII Supplemental Information**

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

[SEE STATEMENT](#)

## Part XIII

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

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	(a) Description	(b) Amount
	FUNDRAISING EVENT DIRECT EXPENSES	- 312,773
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	DISCOUNT ON GRANTS PAYABLE	- 942,730
	FUNDRAISING EVENT DIRECT EXPENSES	312,773

**Part XIII**

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	CHARITY: WATER RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. INCOME GENERATED FROM ACTIVITIES UNRELATED TO CHARITY: WATER'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER INTERNAL REVENUE CODE SECTION 511. CHARITY: WATER DID NOT RECOGNIZE ANY UNRELATED BUSINESS INCOME TAX LIABILITY FOR THE TWELVE MONTHS ENDED SEPTEMBER 30, 2024.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

CHARITY GLOBAL, INC

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

22-3936753

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ **Yes** ☐ **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
<b>(1)</b> EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING	WATER PROJECTS	3,600,000
<b>(2)</b> EAST ASIA AND THE PACIFIC	0	1	PROFESSIONAL SERVICES		16,900
<b>(3)</b> EUROPE (INCLUDING ICELAND AND GREENLAND)	1	3	MAINTAINING OFFICES		25,360
<b>(4)</b> EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROFESSIONAL SERVICES		58,881
<b>(5)</b> EUROPE (INCLUDING ICELAND AND GREENLAND)	0	1	PROGRAM SERVICES	WATER PROGRAMS	98,236
<b>(6)</b> SOUTH ASIA	0	0	GRANTMAKING	WATER PROJECTS	9,868,731
<b>(7)</b> SOUTH ASIA	0	0	PROFESSIONAL SERVICES		12,093
<b>(8)</b> SOUTH ASIA	0	3	PROGRAM SERVICES	WATER PROGRAMS	36,745
<b>(9)</b> SOUTH ASIA	0	0	PROGRAM SERVICES	WATER PROJECT SUSTAINABILITY	90,676
<b>(10)</b> SUB-SAHARAN AFRICA	0	0	GRANTMAKING	WATER PROJECTS	50,497,239
<b>(11)</b> SUB-SAHARAN AFRICA	0	2	PROGRAM SERVICES	WATER PROGRAMS	171,798
<b>(12)</b> SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	WATER PROJECT SUSTAINABILITY	1,093,195
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Subtotal . . . . .	1	10			65,569,854
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	1	10			65,569,854

**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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>(1)</b>			EAST ASIA AND THE PACIFIC	PROGRAM FUNDING GRANT	2,600,000	WIRE TRANSFER			
<b>(2)</b>			EAST ASIA AND THE PACIFIC	PROGRAM FUNDING GRANT	1,000,000	WIRE TRANSFER			
<b>(3)</b>			SOUTH ASIA	PROGRAM FUNDING GRANT	3,250,000	WIRE TRANSFER			
<b>(4)</b>			SOUTH ASIA	PROGRAM FUNDING GRANT	1,900,000	WIRE TRANSFER			
<b>(5)</b>			SOUTH ASIA	PROGRAM FUNDING GRANT	1,450,000	WIRE TRANSFER			
<b>(6)</b>			SOUTH ASIA	PROGRAM FUNDING GRANT	649,933	WIRE TRANSFER			
<b>(7)</b>			SOUTH ASIA	PROGRAM FUNDING GRANT	500,000	WIRE TRANSFER			
<b>(8)</b>			SOUTH ASIA	PROGRAM FUNDING GRANT	500,000	WIRE TRANSFER			
<b>(9)</b>			SOUTH ASIA	PROGRAM FUNDING GRANT	499,959	WIRE TRANSFER			
<b>(10)</b>			SOUTH ASIA	PROGRAM FUNDING GRANT	420,000	WIRE TRANSFER			
<b>(11)</b>			SOUTH ASIA	PROGRAM FUNDING GRANT	400,000	WIRE TRANSFER			
<b>(12)</b>			SOUTH ASIA	PROGRAM FUNDING GRANT	298,839	WIRE TRANSFER			
<b>(13)</b>			SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	7,600,000	WIRE TRANSFER			
<b>(14)</b>			SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	7,200,000	WIRE TRANSFER			
<b>(15)</b>			SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	4,900,000	WIRE TRANSFER			
<b>(16)</b>			(SEE STATEMENT)						

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

32

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

0



Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

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

**Part II****Grants and Other Assistance to Organizations or Entities Outside the United States** (continued)

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(16)		SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	4,500,000	WIRE TRANSFER			
(17)		SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	4,010,500	WIRE TRANSFER			
(18)		SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	3,800,000	WIRE TRANSFER			
(19)		SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	3,465,449	WIRE TRANSFER			
(20)		SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	2,500,000	WIRE TRANSFER			
(21)		SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	2,250,000	WIRE TRANSFER			
(22)		SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	1,539,400	WIRE TRANSFER			
(23)		SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	1,300,000	WIRE TRANSFER			
(24)		SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	1,150,000	WIRE TRANSFER			
(25)		SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	1,000,000	WIRE TRANSFER			
(26)		SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	1,000,000	WIRE TRANSFER			
(27)		SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	850,000	WIRE TRANSFER			
(28)		SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	815,000	WIRE TRANSFER			
(29)		SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	750,000	WIRE TRANSFER			
(30)		SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	612,842	WIRE TRANSFER			
(31)		SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	525,000	WIRE TRANSFER			
(32)		SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	500,000	WIRE TRANSFER			
(33)		SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	129,048	WIRE TRANSFER			
(34)		SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	100,000	WIRE TRANSFER			

## 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).

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	<p>CHARITY: WATER'S PROCEDURES FOR MONITORING PROGRAM FUNDING BEGIN WITH STRATEGIC PROGRAM AND PARTNER SELECTION.</p> <p>PRIOR TO ENTERING INTO ANY AGREEMENT(S) TO FUND CONSTRUCTION, REPAIR, MAINTENANCE, MONITORING AND EVALUATION OF WATER PROJECTS, PARTNER ORGANIZATIONS ARE SELECTED BASED ON CHARITY WATER'S STRICT SELECTION CRITERIA WHICH INCLUDES MEASURES OF STRONG FISCAL OVERSIGHT AND INTERNAL CONTROLS, USE OF BEST OPERATING PRACTICES, AND A DEMONSTRATED HISTORY OF SUCCESS IN COMPLETING HIGH QUALITY WATER PROJECTS ON TIME AND WITHIN BUDGET. 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.</p> <p>THE PARTNER SELECTION PROCESS INCLUDES, BUT IS NOT LIMITED TO REVIEWING:</p> <ul style="list-style-type: none"> <li>- COMPLETED PROGRAMS AND PROJECTS</li> <li>- LOCAL REGISTRATION AND EMPLOYMENT CONTRACTS</li> <li>- INDEPENDENT AUDIT REPORTS</li> <li>- FISCAL OVERSIGHT, RECORD-KEEPING AND INTERNAL CONTROLS</li> <li>- PROCUREMENT AND CONTRACTING PROCEDURES</li> <li>- CASH AND TREASURY MANAGEMENT POLICIES</li> <li>- PROGRAM ACCOUNTING AND REPORTING SYSTEMS</li> </ul> <p>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 SIGNING THE GRANT. ACCORDINGLY, CHARITY: WATER'S \$45,590,509 OF GRANTS PAYABLE (BALANCE SHEET, PART X, LINE 18) ARE FULLY SUPPORTED BY PROGRAMMATIC ASSETS - CASH ON HAND DESIGNATED FOR THIS USE. CHARITY: WATER SENDS DISBURSEMENTS TO PARTNERS IN TRanches ONCE KEY MILESTONES TOWARD PROJECT COMPLETION HAVE BEEN MET.</p> <p>KEY MILESTONES INCLUDE:</p> <ul style="list-style-type: none"> <li>- ESTABLISHMENT OF A LEGALLY-BINDING AGREEMENT TO PRODUCE INTENDED PROGRAM DELIVERABLES WITHIN AN AGREED-UPON TIMEFRAME</li> <li>- RECEIPT AND ACCEPTANCE OF INTERIM PROGRESS REPORTS</li> <li>- RECEIPT AND ACCEPTANCE OF A FINAL REPORT ON PROGRAM DELIVERABLES AND A FINANCIAL RECONCILIATION</li> <li>- VARIANCES TO PLAN ARE INVESTIGATED FOR REASONABLENESS AND DOCUMENTED DURING PROGRAM IMPLEMENTATION AND AT PROGRAM COMPLETION.</li> </ul> <p>IN ADDITION TO THE PROCEDURES NOTED ABOVE, PROGRAMS ARE ROUTINELY MONITORED POST-IMPLEMENTATION, AND SOME ARE SELECTED FOR INDEPENDENTLY-CONTRACTED FINANCIAL AUDITS TO ENSURE THAT COSTS INCURRED AND CLAIMED HAVE BEEN PROPERLY REPORTED AND REASONABLY STATED IN COMPLIANCE WITH THE TERMS OF THE AGREEMENT(S). ADDITIONALLY, PROGRAMMATIC AUDITS ARE CONDUCTED TO ENSURE THE QUALITY OF THE COMPLETED PROJECTS.</p>
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	<p>EAST ASIA AND THE PACIFIC -ACCRUAL</p> <p>EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL</p> <p>SOUTH ASIA -ACCRUAL</p> <p>SUB-SAHARAN AFRICA -ACCRUAL</p>
SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	<p>EAST ASIA AND THE PACIFIC -ACCRUAL</p> <p>SOUTH ASIA -ACCRUAL</p> <p>SUB-SAHARAN AFRICA -ACCRUAL</p>

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

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

		(a) Event #1 <small>IMMERSED FUNDRAISING EVENT</small> (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	2,651,223			2,651,223
	<b>2</b> Less: Contributions . . . . .	2,651,223			2,651,223
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	0	0	0	0
Direct Expenses	<b>4</b> Cash prizes . . . . .				0
	<b>5</b> Noncash prizes . . . . .				0
	<b>6</b> Rent/facility costs . . . . .	54,000			54,000
	<b>7</b> Food and beverages . . . . .	63,828			63,828
	<b>8</b> Entertainment . . . . .	7,500			7,500
	<b>9</b> Other direct expenses . . . . .	187,445			187,445
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				312,773
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .				(312,773)

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_

- |           |  |                                     |                                    |
|-----------|--|-------------------------------------|------------------------------------|
| <b>11</b> | Does the organization conduct gaming activities with nonmembers? . . . . .   | <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |
| <b>12</b> | 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? . . . . . | <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |
| <b>13</b> | Indicate the percentage of gaming activity conducted in:   |                                     |                                    |
| <b>a</b>  | The organization's facility . . . . .  | <b>13a</b>                          | %                                  |
| <b>b</b>  | An outside facility . . . . .  | <b>13b</b>                          | %                                  |
| <b>14</b> | Enter the name and address of the person who prepares the organization's gaming/special events books and records:  |                                     |                                    |

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

- 16** Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided	Date	Time	Location	Other

☐ Director/officer☐ Employee☐ Independent contractor

- 17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year . . . . . \$

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



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

CHARITY GLOBAL, INC

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

22-3936753

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account</div> <div><input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</div>		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . . . .	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations</div> <div><input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee</div>		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment? . . . . . <b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . . <b>c</b> Participate in or receive payment from an equity-based compensation arrangement? . . . . . If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	<b>4a</b> <b>4b</b> <b>4c</b>	   <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization? . . . . . <b>b</b> Any related organization? . . . . . If "Yes" on line 5a or 5b, describe in Part III.	<b>5a</b> <b>5b</b>	   <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization? . . . . . <b>b</b> Any related organization? . . . . . If "Yes" on line 6a or 6b, describe in Part III.	<b>6a</b> <b>6b</b>	   <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . .	<b>7</b>	   <input checked="" type="checkbox"/>
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .	<b>8</b>	   <input checked="" type="checkbox"/>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .	<b>9</b>	

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b>	SCOTT HARRISON	(i) 385,254	(ii) 0	(iii) 621	13,200	35,676	434,751	0
	FOUNDER/CEO	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
<b>2</b>	BENJAMIN GREENE	(i) 300,282	(ii) 50,678	(iii) 466	13,200	32,276	396,902	0
	CHIEF REVENUE OFFICER	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
<b>3</b>	CHRISTOPH GORDER	(i) 278,239	(ii) 50,000	(iii) 817	12,119	34,009	375,184	0
	CHIEF GLOBAL WATER OFFICER (THRU 12/1/23)	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
<b>4</b>	JASDEEP GOSAL	(i) 177,954	(ii) 676	(iii) 183	7,387	41,711	227,911	0
	DIR OF ENGINEERING	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
<b>5</b>	CHRISTA STELMULLER	(i) 211,935	(ii) 646	(iii) 455	3,357	7,079	223,472	0
	CHIEF TECHNOLOGY OFFICER (AS OF 3/6/23)	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
<b>6</b>	BRIAN HOYER	(i) 195,607	(ii) 5,711	(iii) 169	8,081	6,181	215,749	0
	CHIEF WATER PROGRAMS OFFICER (AS OF 11/20/23)	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
<b>7</b>	TYLER RIEWER	(i) 159,838	(ii) 641	(iii) 32,618	7,723	14,106	214,926	0
	SR DIR OF BRAND & CONTENT	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
<b>8</b>	MANDEEP SINGH	(i) 200,167	(ii) 672	(iii) 790	959	8,767	211,355	0
	CHIEF FINANCIAL OFFICER/TREASURER	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
<b>9</b>	KAITLIN MCELROY	(i) 115,353	(ii) 0	(iii) 78,274	4,676	8,461	206,764	0
	VP OF KEY RELATIONSHIPS EXPERIENCE (THRU 9/8/23)	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
<b>10</b>	CHRISTINA TINEO	(i) 185,611	(ii) 627	(iii) 150	7,578	12,527	206,493	0
	VP OF PEOPLE	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
<b>11</b>	SEAN LEE	(i) 170,600	(ii) 647	(iii) 140	7,051	15,852	194,290	0
	VP OF IT	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
<b>12</b>	BRADY JOSEPHSON	(i) 165,170	(ii) 648	(iii) 139	2,965	24,305	193,227	0
	VP OF MARKETING AND GROWTH (AS OF 1/30/23)	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
<b>13</b>	JULIA ANDERSON	(i) 180,932	(ii) 632	(iii) 143	7,260	665	189,632	0
	VP OF PARTNERSHIPS	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
<b>14</b>	CHRISTOPHER BARTON	(i) 117,677	(ii) 666	(iii) 715	5,043	29,387	153,488	0
	SECRETARY/GEN COUNSEL	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
<b>15</b>		(i)						
		(ii)						
<b>16</b>		(i)						
		(ii)						

**Part III**

**Supplemental Information.** Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	KAITLIN MCELROY RECEIVED SEVERANCE COMPENSATION OF \$78,193 IN CALENDAR YEAR 2023.
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	AMOUNTS REPORTED IN COLUMN (B)(II) REPRESENT DISCRETIONARY BONUS PAYMENTS. EMPLOYEES WHO HAVE SERVED CHARITY: WATER AT LEAST TEN YEARS ALSO RECEIVED LOYALTY BONUSES IN CALENDAR YEAR 2023, AND THOSE AMOUNTS ARE INCLUDED IN COLUMN (B)(III).

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

CHARITY GLOBAL, INC

Employer identification number

22-3936753

**Part I** **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	✓	81	5,997,480	FMV
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 ( (SEE STATEMENT) ) . . . . .				
26 Other ( ) . . . . .				
27 Other ( ) . . . . .				
28 Other ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . . **29** 0

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

## Part I

## Types of Property (continued)

Property Type	(a) Check If Applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
SUPPLIES	✓	4	27,477	FMV
VIRTUAL CURRENCY	✓	105	386,394	FMV

**Part II**

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

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	OTHER - SUPPLIES - THE NUMBER OF CONTRIBUTIONS
	SECURITIES - PUBLICLY TRADED - NUMBER OF STOCK DONATIONS
	OTHER - VIRTUAL CURRENCY - NUMBER OF VIRTUAL CURRENCY CONTRIBUTIONS

**SCHEDULE O  
(Form 990)**

Department of Treasury Internal  
Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

Name of the Organization  
**CHARITY GLOBAL, INC**

Employer Identification Number  
**22-3936753**

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 - 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. CHARITY WATER GRANTS RAISED FUNDS STRATEGICALLY TO LOCAL PARTNERS TO COMPLETE WATER PROJECTS IN AREAS OF GREATEST NEED THROUGHOUT THE WORLD. BEFORE BEING SELECTED, LOCAL PROJECT IMPLEMENTATION PARTNERS MUST MEET CHARITY WATER'S STRICT SELECTION CRITERIA AND QUALITY STANDARDS, AND DEMONSTRATE A HISTORY OF SUCCESSFUL PROJECT OUTCOMES. WHEN THE WATER PROJECTS ARE COMPLETED, WE PROVE EVERY ONE OF THEM USING GPS COORDINATES, PHOTOS AND INFORMATION ABOUT THE COMMUNITY SERVED.



Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES</p>	<p>(EXPENSES \$44,477,045 INCLUDING GRANTS OF \$41,200,522)(REVENUE \$0)</p> <p>BANGLADESH - IN FISCAL YEAR 2024 ("FY24"), CHARITY: WATER FUNDED 278 WATER PROJECTS THAT WILL SERVE AN ESTIMATED 108,777 PEOPLE IN BANGLADESH. CHARITY: WATER FUNDS TWO LOCAL PARTNERS IN BANGLADESH, ONE OF THE MOST DENSELY POPULATED COUNTRIES IN THE WORLD, WHICH FACES BOTH WATER ACCESS AND WATER QUALITY CHALLENGES. IT IS PRONE TO FLOODING DURING MONSOONS AND DROUGHTS DURING DRY SEASONS. THE RURAL POPULATION PRIMARILY RELIES ON GROUNDWATER, WHICH HAS A HIGH RISK OF CONTAMINATION IF IT'S NOT ACCESSED AND TREATED CORRECTLY. MANY COMMUNITIES ALSO LACK ACCESS TO BASIC SANITATION AND PROPER DRAINAGE SYSTEMS, CONTAMINATING WATER SOURCES. WHILE ONLY 2% OF THE RURAL POPULATION LACKS ACCESS TO AT LEAST BASIC WATER SERVICES, WATER QUALITY REMAINS A LARGE ISSUE, AND 38% LACK ACCESS TO BASIC SANITATION SERVICES.</p> <p>BURKINA FASO - IN FY24, CHARITY: WATER FUNDED 246 WATER PROJECTS THAT WILL SERVE AN ESTIMATED 39,139 PEOPLE IN BURKINA FASO. CHARITY: WATER FUNDS TWO LOCAL PARTNERS IN BURKINA FASO. DROUGHTS, POLITICAL INSTABILITY, AND EXTREMIST VIOLENCE HAVE PLAUGUED THE COUNTRY. IN RESPONSE TO THESE CHALLENGES, THE GOVERNMENT HAS INITIATED SEVERAL REFORMS, INCLUDING A PROGRAM LAUNCHED IN 2016 THAT AIMS TO PROVIDE EVERYONE WITH ACCESS TO CLEAN AND AFFORDABLE DRINKING WATER, SANITATION, AND HYGIENE BY 2030. IN RURAL AREAS, 65% OF THE POPULATION LACKS ACCESS TO BASIC WATER SERVICES, AND 83% LACK ACCESS TO BASIC SANITATION SERVICES.</p> <p>CAMBODIA - IN FY24, CHARITY: WATER FUNDED 727 WATER PROJECTS THAT WILL SERVE AN ESTIMATED 126,828 PEOPLE IN CAMBODIA. CHARITY: WATER FUNDS ONE LOCAL PARTNER IN CAMBODIA. NEARLY 75% OF CAMBODIA'S POPULATION LIVES IN RURAL AREAS. MANY USE OPEN-SURFACE PONDS AND RIVERS POLLUTED BY HUMAN WASTE AND MICROBIAL CONTAMINATION AS THEIR WATER SOURCE. WELLS THAT DO EXIST ARE OFTEN IN POOR CONDITION. ONCE A PUMP BREAKS, IT'S COMMON FOR COMMUNITIES TO DRAW WATER WITH BUCKETS, LEADING TO MORE CONTAMINATION. IN RURAL AREAS, 27% OF THE POPULATION LACKS ACCESS TO BASIC WATER SERVICES, AND 29% LACK ACCESS TO BASIC SANITATION SERVICES.</p> <p>CENTRAL AFRICAN REPUBLIC - IN FY24, CHARITY: WATER FUNDED 60 WATER PROJECTS THAT WILL SERVE AN ESTIMATED 19,730 PEOPLE IN THE CENTRAL AFRICAN REPUBLIC (CAR). CHARITY: WATER FUNDS ONE LOCAL PARTNER IN CAR, A LANDLOCKED COUNTRY IN CENTRAL AFRICA, WITH MORE THAN 65% OF THE POPULATION LIVING BELOW THE POVERTY LINE. SADLY, 73% OF THE RURAL POPULATION LACKS ACCESS TO BASIC WATER SERVICES, WHILE AN ALARMING 94% LACK ACCESS TO BASIC SANITATION SERVICES.</p> <p>CÔTE D'IVOIRE - IN FY24, CHARITY: WATER FUNDED 56 WATER PROJECTS THAT WILL SERVE AN ESTIMATED 19,302 PEOPLE IN CÔTE D'IVOIRE. CHARITY: WATER FUNDS ONE LOCAL PARTNER IN CÔTE D'IVOIRE, A COUNTRY LOCATED ON THE COAST OF WESTERN AFRICA. IT IS THE SECOND-LARGEST ECONOMIC POWER IN WEST AFRICA, THANKS TO ITS STATUS AS THE WORLD'S LARGEST PRODUCER AND EXPORTER OF CASHEWS AND COCOA BEANS. STILL, ABOUT 42% OF THE RURAL POPULATION IS WITHOUT ACCESS TO BASIC WATER SERVICES, AND 78% ARE WITHOUT ACCESS TO BASIC SANITATION SERVICES.</p> <p>INDIA - IN FY24, CHARITY: WATER FUNDED 6,064 WATER PROJECTS THAT WILL SERVE AN ESTIMATED 49,586 PEOPLE IN INDIA. ALTHOUGH THE NATIONAL GOVERNMENT IS COMMITTED TO IMPROVING SANITATION AND WATER ACCESS, ITS AMBITIOUS GOALS NEED OUTSIDE PARTNERSHIPS TO CREATE WIDESPREAD CHANGE. TODAY, THE GOVERNMENT IS WORKING ON AN INITIATIVE TO BRING PIPED WATER TO EVERY HOUSEHOLD IN INDIA. OUR FIVE LOCAL PARTNERS ARE SUPPORTING THESE EFFORTS AND MORE. WHILE MUCH OF THE POPULATION HAS ACCESS TO BASIC WATER SERVICES, WATER CONTAMINATION REMAINS A SIGNIFICANT ISSUE IN THE COUNTRY. 8% OF THE RURAL POPULATION LACKS ACCESS TO BASIC WATER SERVICES, WHILE 25% LACKS ACCESS TO BASIC SANITATION SERVICES.</p> <p>KENYA - IN FY24, CHARITY: WATER FUNDED 151 WATER PROJECTS THAT WILL SERVE AN ESTIMATED 49,436 PEOPLE IN KENYA. CHARITY: WATER WORKS WITH FOUR LOCAL PARTNERS IN KENYA. OVERALL, 36.1% OF THE POPULATION LIVES BELOW THE POVERTY LINE, AND AN ESTIMATED 1.4 MILLION ADULTS ARE LIVING WITH HIV. COUPLED WITH THE ARID CLIMATE AND SEASONAL WATER SCARCITY IN SOME REGIONS, OUR PARTNERS FACE CONSIDERABLE CHALLENGES AND OPPORTUNITIES IN KENYA. IN RURAL KENYA, 47% OF THE POPULATION LACKS ACCESS TO BASIC WATER SERVICES, AND 65% LACK ACCESS TO BASIC SANITATION.</p> <p>LAOS - IN FY24, CHARITY: WATER FUNDED 2,657 WATER PROJECTS THAT WILL SERVE AN ESTIMATED 15,942 PEOPLE IN LAOS. CHARITY: WATER FUNDS ONE LOCAL PARTNER IN LAOS, A LANDLOCKED, NORTHERN SOUTHEAST ASIAN COUNTRY. THE NEIGHBORING COUNTRIES ARE THAILAND TO ITS LEFT AND VIETNAM TO ITS RIGHT. THE COUNTRY IS SLOWLY EMERGING FROM THE AFTERMATH OF SEVERAL YEARS OF WAR IN THE SECOND HALF OF THE 20TH CENTURY, WHICH HAS IMPACTED DEVELOPMENT. LAOS HAS RECENTLY MADE SIGNIFICANT PROGRESS IN INCREASING THE COUNTRY'S WATER ACCESS AND BASIC SANITATION. HOWEVER, IT STILL PROVES TO BE A CHALLENGE TO PROVIDE THE SAME ACCESS TO THOSE LIVING IN RURAL AREAS, WHERE MOST (62%) OF THE POPULATION LIVES. IN RESPONSE, THE GOVERNMENT HAS CREATED NATIONAL AND PROVINCIAL ACTION PLANS TO IMPROVE UNIVERSAL ACCESS TO WASH FOR ITS PEOPLE, WITH HELP FROM BOTH PRIVATE AND PUBLIC ORGANIZATIONS. IN RURAL LAOS, 22% OF THE POPULATION LACKS ACCESS TO BASIC WATER SERVICES, AND 31% LACK ACCESS TO BASIC SANITATION.</p> <p>MADAGASCAR - IN FY24, CHARITY: WATER FUNDED 2,334 WATER PROJECTS THAT WILL SERVE AN ESTIMATED 24,078 PEOPLE IN MADAGASCAR. CHARITY: WATER FUNDS THREE LOCAL PARTNERS WHO WORK IN REGIONS THROUGHOUT THE COUNTRY. MADAGASCAR IS AN ISLAND OFF THE COAST OF EAST AFRICA, LOCATED IN THE INDIAN OCEAN. WHILE MADAGASCAR'S RICH BIODIVERSITY DRAWS ENVIRONMENTAL AND CONSERVATION ATTENTION, THE PEOPLE WHO LIVE THERE ARE OFTEN OVERLOOKED. COUPLED WITH REGULAR FLOODS, DROUGHTS, AND CYCLONES, BASIC HEALTH AND SAFETY CAN BE HARD TO COME BY. ACCESS TO SERVICES FOR THE RURAL POPULATION IS LIMITED, WITH 64% LACKING ACCESS TO BASIC WATER SERVICES AND A STAGGERING 90% LACKING ACCESS TO BASIC SANITATION SERVICES.</p>

Return Reference - Identifier	Explanation
	<p>MALI - IN FY24, CHARITY: WATER FUNDED 183 WATER PROJECTS THAT WILL SERVE AN ESTIMATED 60,874 PEOPLE IN MALI. FOR MANY FAMILIES IN MALI, THE FIRST STEP OUT OF POVERTY BEGINS WITH CLEAN WATER. BUT IN THIS LANDLOCKED COUNTRY OF VAST DESERTS AND LONG DRY SEASONS, MANY LACK ACCESS. AT THE SAME TIME, MALI IS PRONE TO DROUGHTS, FLOODS, POLITICAL INSTABILITY, INSECURITY, AND EXTREMIST VIOLENCE. FURTHERMORE, THE PROLONGED DRY AND VERY SHORT RAINY SEASONS DEEPEN THE WATER SUPPLY CRISIS, STRESSING FOOD PRODUCTION, LIVELIHOOD ACTIVITIES, AND CHILD AND MATERNAL HEALTH. CHARITY: WATER FUNDS TWO LOCAL PARTNERS IN MALI, WHERE THEY LEVERAGE THE ENVIRONMENT HOWEVER THEY CAN, UTILIZING THE RELENTLESS SUNLIGHT BY IMPLEMENTING SOLAR-POWERED PIPED SYSTEMS. STILL, 26% OF THE RURAL POPULATION LIVE WITHOUT ACCESS TO BASIC WATER SERVICES, AND 58% WITHOUT ACCESS TO BASIC SANITATION SERVICES.</p> <p>MOZAMBIQUE - IN FY24, CHARITY: WATER FUNDED 207 WATER PROJECTS THAT WILL SERVE AN ESTIMATED 86,803 PEOPLE IN MOZAMBIQUE. CHARITY: WATER FUNDS TWO PARTNERS IN MOZAMBIQUE. BECAUSE OF ITS LOCATION IN SOUTHEAST AFRICA, NATURAL DISASTERS AND EXTREME WEATHER ARE COMMON, AND PEOPLE LIVING IN RURAL AREAS OFTEN FACE FREQUENT AND LARGE-SCALE FOOD INSECURITY. THE GOVERNMENT, DEVELOPMENT PARTNERS, AND THE PRIVATE SECTOR ARE COMMITTED TO ENSURING ACCESS TO WATER AND SANITATION FOR ALL. FOR NOW, SANITATION CONTRIBUTES TO THE SPREAD OF WASH-RELATED DISEASES. 52% OF THE RURAL POPULATION IS WITHOUT ACCESS TO BASIC WATER SERVICES, AND 77% LACK ACCESS TO BASIC SANITATION SERVICES.</p> <p>NEPAL - IN FY24, CHARITY: WATER FUNDED 8,795 WATER PROJECTS THAT WILL SERVE AN ESTIMATED 59,638 PEOPLE IN NEPAL. CHARITY: WATER FUNDS TWO LOCAL PARTNERS IN THE RURAL, HILLY REGIONS OF THE COUNTRY, WHERE FRESHWATER SPRINGS ARE OFTEN DIFFICULT TO REACH. WHILE NEPAL'S ROUGH AND VARIED TERRAIN DRAWS ADVENTURE SEEKERS, IT'S LESS THAN IDEAL FOR ACCESSING AND MAINTAINING WATER POINTS. IN MOUNTAINOUS REGIONS, MOST WATER SOURCES ARE FAR AWAY, DIFFICULT, AND DANGEROUS TO REACH. LANDSLIDES CAUSED BY THE ANNUAL MONSOON SEASON AND EARTHQUAKES DUE TO NEPAL'S LOCATION ALONG A MASSIVE FAULT LINE COMPLICATE THE MATTER. ABOUT 8% OF THE RURAL POPULATION LACKS ACCESS TO BASIC WATER SERVICES AND 19% LACKS ACCESS TO BASIC SANITATION SERVICES.</p> <p>NIGER - IN FY24, CHARITY: WATER FUNDED 95 WATER PROJECTS THAT WILL SERVE AN ESTIMATED 45,260 PEOPLE IN NIGER. NIGER IS A LANDLOCKED COUNTRY LOCATED IN WEST AFRICA, WITH OVER 80% OF THE LAND IN THE SAHARA DESERT, MAKING FOR HARSH LIVING CONDITIONS FOR THE COUNTRY'S POPULATION. FREQUENT DROUGHTS AND DRY SEASONS DEEPEN THE WATER SUPPLY CRISIS, STRESSING FOOD PRODUCTION, LIVELIHOOD ACTIVITIES, AND CHILD AND MATERNAL HEALTH. CHARITY: WATER FUNDS ONE LOCAL PARTNER TO HELP IMPROVE ACCESS, BUT 59% OF THE RURAL POPULATION STILL LACK ACCESS TO BASIC WATER SERVICES, AND A STAGGERING 91% LACK ACCESS TO BASIC SANITATION SERVICES.</p>
<p>FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES (CONTINUED)</p>	<p>PAKISTAN - IN FISCAL YEAR 2024, CHARITY: WATER FUNDED 5,599 WATER PROJECTS THAT WILL SERVE AN ESTIMATED 68,996 PEOPLE IN PAKISTAN. CHARITY: WATER FUNDS TWO LOCAL PARTNERS IN PAKISTAN. THE COUNTRY'S VULNERABILITY TO DISASTERS, INCLUDING EARTHQUAKES, FLOODS, DROUGHTS, AND INTERNAL DISPLACEMENT DUE TO CONFLICT, MAKES SUSTAINABLE ACCESS TO WATER, SANITATION, AND HYGIENE OFTEN A CHALLENGE. IN PAKISTAN, 11% OF THE RURAL POPULATION IS WITHOUT ACCESS TO BASIC WATER SERVICES, AND 37% IS WITHOUT ACCESS TO BASIC SANITATION SERVICES.</p> <p>RWANDA - IN FISCAL YEAR 2024, CHARITY: WATER FUNDED 412 WATER PROJECTS THAT WILL SERVE AN ESTIMATED 118,482 PEOPLE IN RWANDA. CHARITY: WATER FUNDS ONE LOCAL PARTNER IN RWANDA, A LANDLOCKED EAST AFRICAN COUNTRY KNOWN FOR ITS STUNNING LANDSCAPES. THE COUNTRY WAS SIGNIFICANTLY HURT BY THE RWANDAN CIVIL WAR AND THE 1994 GENOCIDE, BUT ITS DEVELOPING ECONOMY HAS SINCE CONTINUED TO STRENGTHEN. THE RWANDAN GOVERNMENT IS COMMITTED TO THE SUSTAINABLE DEVELOPMENT GOALS ADOPTED BY ALL UN COUNTRIES AND CONTINUES TO CREATE POLICIES TO SUPPORT THOSE INITIATIVES. DESPITE THIS, 40% OF THE RURAL POPULATION LACKS ACCESS TO BASIC WATER SERVICES, AND 22% LACK ACCESS TO BASIC SANITATION SERVICES.</p> <p>SIERRA LEONE - IN FISCAL YEAR 2024, CHARITY: WATER FUNDED 212 WATER PROJECTS THAT WILL SERVE AN ESTIMATED 64,950 PEOPLE IN SIERRA LEONE. CHARITY: WATER FUNDS FIVE LOCAL PARTNERS IN SIERRA LEONE, LOCATED ON THE WEST AFRICAN COAST. ALTHOUGH MUCH OF THE POPULATION RELIES HEAVILY ON FARMING AND AGRICULTURE, IT IS ALSO A MINING HUB. CURRENTLY, 46% OF THE RURAL POPULATION LACKS ACCESS TO BASIC WATER SERVICES, AND 86% LACK ACCESS TO BASIC SANITATION SERVICES.</p> <p>TANZANIA - IN FISCAL YEAR 2024, CHARITY: WATER FUNDED 135 WATER PROJECTS THAT WILL SERVE AN ESTIMATED 32,208 PEOPLE IN TANZANIA. CHARITY: WATER FUNDS THREE LOCAL PARTNERS IN TANZANIA. THE COUNTRY'S HIGH INFANT MORTALITY RATE CAN LARGELY BE ATTRIBUTED TO WATERBORNE DISEASES SUCH AS CHOLERA AND DIARRHEA, WHICH STEM FROM THE UNDERDEVELOPMENT OF AND UNDERINVESTMENT IN HIGH-QUALITY AND SUSTAINABLE WASH INFRASTRUCTURE. MORE THAN 63% OF THE POPULATION RESIDES IN RURAL TANZANIA, WHERE 51% LACK ACCESS TO BASIC WATER SERVICES, AND 79% LACK ACCESS TO BASIC SANITATION SERVICES.</p>
<p>FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY</p>	<p>THE RETURN PREPARER EMAILS A DRAFT OF THE FORM 990 TO MANAGEMENT FOR INTERNAL REVIEW. REVISIONS ARE INPUTTED BY THE RETURN PREPARER AND A REVISED DRAFT IS EMAILED TO THE ENGAGED INDEPENDENT ACCOUNTING FIRM FOR REVIEW. AFTER ALL CHANGES ARE MADE AND AGREED TO BY THE ENGAGED INDEPENDENT ACCOUNTING FIRM, THE FINAL FORM 990 IS THEN SENT BY THE RETURN PREPARER VIA EMAIL TO THE FOUNDER/CEO, CFO AND FINANCE COMMITTEE FOR FINAL REVIEW. ONCE FINAL APPROVAL IS OBTAINED FROM THE ABOVE-SEATED OFFICERS, THE FINAL FORM 990 IS SENT TO MANAGEMENT FOR SIGNATURE AND A COPY OF THE FINAL FORM 990 IS FORWARDED TO ALL SEATED BOARD MEMBERS PRIOR TO FILING WITH THE IRS.</p>

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, ANY DIRECTOR, OFFICER, KEY EMPLOYEE, OR MEMBER OF A COMMITTEE WITH THE GOVERNING BOARD MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. EACH INTERESTED PERSON SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON:</p> <ol style="list-style-type: none"> <li>1. HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY,</li> <li>2. HAS READ AND UNDERSTANDS THE CONFLICT OF INTEREST POLICY,</li> <li>3. HAS AGREED TO COMPLY WITH THE CONFLICT OF INTEREST POLICY, AND</li> <li>4. 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.</li> </ol> <p>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.</p> <p>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:</p> <p>A) WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON COMPETENT SURVEY INFORMATION, AND THE RESULT OF ARM'S-LENGTH BARGAINING.</p> <p>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.</p> <p>C) WHETHER THE GOVERNING BOARD AND ALL COMMITTEES WITH BOARD DELEGATED POWERS IS PROPERLY IMPLEMENTING THIS CONFLICT OF INTEREST POLICY.</p> <p>D) WHETHER ANY IMPROVEMENTS SHOULD BE MADE TO THIS CONFLICT OF INTEREST POLICY.</p> <p>WHEN COMPLYING WITH THIS CONFLICT OF INTEREST POLICY, THE ORGANIZATION MAY, BUT NEED NOT, USE OUTSIDE ADVISORS. IF OUTSIDE EXPERTS ARE USED, THEIR USE SHALL NOT RELIEVE THE GOVERNING BOARD OF ITS RESPONSIBILITY UNDER THIS CONFLICT OF INTEREST POLICY.</p> <p>IF THE GOVERNING BOARD OR COMMITTEE DETERMINES THAT THERE IS A CONFLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE SHALL FOLLOW THE PROCEDURES OUTLINED BELOW:</p> <p>A) THE CHAIRPERSON OF THE GOVERNING BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT.</p> <p>B) AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.</p> <p>C) IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION, IT SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT.</p>

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>THE PROCESS TO ESTABLISH COMPENSATION OF THE FOUNDER/CEO, INCLUDES THE FOLLOWING ELEMENTS:</p> <p>(1) ADVANCE APPROVAL BY THE INDEPENDENT BOARD OF DIRECTORS ("BOARD") OR THE INDEPENDENT COMPENSATION COMMITTEE OF THE ORGANIZATION;</p> <p>(2) USE OF APPROPRIATE COMPARABILITY DATA; AND</p> <p>(3) CONTEMPORANEOUS DOCUMENTATION.</p> <p>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.</p> <p>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:</p> <p>(I) COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS, BOTH TAXABLE AND TAX-EXEMPT, FOR FUNCTIONALLY COMPARABLE POSITIONS;</p> <p>(II) THE AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA OF THE ORGANIZATION;</p> <p>(III) CURRENT COMPENSATION SURVEYS COMPILED BY THE INDEPENDENT FIRMS; AND</p> <p>(IV) ACTUAL WRITTEN OFFERS FROM SIMILAR ORGANIZATIONS COMPETING FOR THE SERVICES OF THE PERSON.</p> <p>3. CONTEMPORANEOUS DOCUMENTATION - THE BOARD OR COMPENSATION COMMITTEE SHALL CONTEMPORANEOUSLY DOCUMENT THE BASIS FOR ITS COMPENSATION DETERMINATION, INCLUDING DOCUMENTATION:</p> <p>(I) THE AGREED-UPON TERMS AND DATE OF APPROVAL;</p> <p>(II) THE MEMBERS OF THE BOARD OR COMPENSATION COMMITTEE WHO:</p> <p>(A) WERE PRESENT DURING DEBATE ON THE COMPENSATION ARRANGEMENT AND</p> <p>(B) VOTED ON THE COMPENSATION ARRANGEMENT;</p> <p>(III) THE COMPARABILITY DATA OBTAINED AND RELIED UPON AND HOW SUCH DATA WAS OBTAINED; AND</p> <p>(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.</p> <p>4. THE MOST RECENT COMPENSATION REVIEW OCCURRED IN 2024, HOWEVER THERE HAS NOT BEEN A CHANGE TO BASE COMPENSATION SINCE 2021.</p> <p>THE PROCESS TO ESTABLISH COMPENSATION OF THE PRESIDENT CAN BE FOUND BELOW IN THE NARRATIVE FOR FORM 990, PART VI, LINE 15B, HOWEVER, ADVANCE APPROVAL IS REQUIRED BY THE FOUNDER/CEO AND THE VICE PRESIDENT OF PEOPLE. THE MOST RECENT COMPENSATION REVIEW FOR THE PRESIDENT OCCURRED IN 2024.</p>
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	<p>THE PROCESS INCLUDES THE FOLLOWING ELEMENTS:</p> <p>(1) ADVANCE APPROVAL BY THE PRESIDENT AND THE VICE PRESIDENT OF PEOPLE;</p> <p>(2) USE OF APPROPRIATE COMPARABILITY DATA; AND</p> <p>(3) CONTEMPORANEOUS DOCUMENTATION.</p> <p>1. ADVANCE REVIEW - THE PRESIDENT AND VICE PRESIDENT OF PEOPLE 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.</p> <p>2. COMPARABILITY DATA - TO DETERMINE REASONABLE COMPENSATION, THE VICE PRESIDENT OF PEOPLE SHALL OBTAIN AND RELY ON APPROPRIATE COMPARABILITY DATA, INCLUDING, BUT NOT LIMITED TO:</p> <p>(I) COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS;</p> <p>(II) THE AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA OF THE ORGANIZATION;</p> <p>(III) CURRENT COMPENSATION SURVEYS COMPILED BY THE INDEPENDENT FIRMS.</p> <p>3. CONTEMPORANEOUS DOCUMENTATION - THE VICE PRESIDENT OF PEOPLE SHALL CONTEMPORANEOUSLY DOCUMENT THE BASIS FOR ITS COMPENSATION DETERMINATION, INCLUDING DOCUMENTATION:</p> <p>(I) THE AGREED-UPON TERMS AND DATE OF APPROVAL;</p> <p>(II) THE COMPARABILITY DATA OBTAINED AND RELIED UPON AND HOW SUCH DATA WAS OBTAINED; AND</p> <p>(IV) ANY ACTIONS TAKEN WITH RESPECT TO CONSIDERATION OF THE COMPENSATION ARRANGEMENT BY ANYONE WHO HAD A CONFLICT OF INTEREST WITH RESPECT TO SUCH COMPENSATION ARRANGEMENT.</p> <p>4. THE MOST RECENT COMPENSATION REVIEW OCCURRED IN APRIL 2023.</p>
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	CHARITY: WATER'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FORMS 990 MAY BE AVAILABLE TO THE PUBLIC UPON REQUEST BY EMAILING <a href="mailto:info@charitywater.org">INFO@CHARITYWATER.ORG</a> . THE ORGANIZATION'S FORM 990, ANNUAL REPORTS, INDEPENDENT AUDIT REPORTS AND ANNUAL FINANCIAL STATEMENTS ARE AVAILABLE ONLINE AT <a href="https://charitywater.org/about/financials">CHARITYWATER.ORG/ABOUT/FINANCIALS</a> .

Return Reference - Identifier	Explanation	
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	(a) Description	(b) Amount
	DISCOUNT ON GRANTS PAYABLE	942,730
TAX YEAR 2023 FORM 990 - FISCAL YEAR TAX FILING	<p>CHARITY GLOBAL, INC. PREVIOUSLY ADJUSTED ITS FISCAL YEAR END FROM DECEMBER 31 TO SEPTEMBER 30, BEGINNING WITH THE SHORT YEAR FILING FOR THE PERIOD JANUARY 1, 2023, TO SEPTEMBER 30, 2023. THE SHORT YEAR WAS FILED USING A TAX YEAR 2023 FORM 990, IN ACCORDANCE WITH THE FORM 990 FILING INSTRUCTIONS FOR SHORT PERIOD RETURNS, WHICH ALLOW THE FILER TO SELECT THE FORM YEAR WHEN THE SHORT PERIOD DOES NOT INCLUDE DECEMBER 31. AS A RESULT, THIS TAX RETURN, WHICH REPRESENTS THE FIRST FULL FILING AFTER THE SHORT PERIOD, COVERING OCTOBER 1, 2023, TO SEPTEMBER 30, 2024, IS ALSO FILED USING A TAX YEAR 2023 FORM 990, LEADING TO TWO TAX YEAR 2023 FORMS 990 FOR CHARITY GLOBAL, INC.</p> <p>FURTHER, IN ACCORDANCE WITH THE FORM 990 INSTRUCTIONS FOR A FISCAL YEAR TAXPAYER, THE COMPENSATION INFORMATION REPORTED ON PART VII AND SCHEDULE J IS BASED ON CALENDAR YEAR 2023 COMPENSATION AMOUNTS AND WILL BE REPORTED THIS WAY GOING FORWARD.</p>	

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CHARITY GLOBAL, INC

Related Organizations and Unrelated Partnerships

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

Employer identification number  
22-3936753

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
(1) CHARITY GLOBAL (UK) LIMITED C/O TC CITROEN WELLS 5TH FL, 3 DORSET RISE, LONDON, EC4Y 8EN, UK	GRANTMAKING	UNITED KINGDOM (ENGLAND, NORTHERN IRELAND, SCOTLAND, AND WALES)	4,371,031	3,272,095	CHARITY GLOBAL
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) .....												
(2) .....												
(3) .....												
(4) .....												
(5) .....												
(6) .....												
(7) .....												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) .....									
(2) .....									
(3) .....									
(4) .....									
(5) .....									
(6) .....									
(7) .....									



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

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



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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													

Form **8858**

(Rev. September 2021)

Department of the Treasury  
Internal Revenue Service**Information Return of U.S. Persons With Respect to Foreign  
Disregarded Entities (FDEs) and Foreign Branches (FBs)**► Go to [www.irs.gov/Form8858](http://www.irs.gov/Form8858) for instructions and the latest information.Information furnished for the FDE's or FB's annual accounting period (see instructions)  
beginning **OCT 1, 2023**, and ending **SEP 30, 2024**

OMB No. 1545-1910

Attachment  
Sequence No. **140**

Name of person filing this return

CHARITY GLOBAL INC.

Filer's identifying number

22-3936753

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)

230 FRANKLIN RD, STE 11-II

City or town, state, and ZIP code

FRANKLIN, TN 37064

Filer's tax year beginning

OCT 1, 2023

, and ending SEP 30, 2024

**Important:** Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here	<input checked="checked" type="checkbox"/>	FDE of a U.S. person	<input type="checkbox"/>	FDE of a controlled foreign corporation (CFC)	<input type="checkbox"/>	FDE of a controlled foreign partnership
	<input type="checkbox"/>	FB of a U.S. person	<input type="checkbox"/>	FB of a CFC	<input type="checkbox"/>	FB of a controlled foreign partnership

Check here	<input type="checkbox"/>	Initial 8858	<input type="checkbox"/>	Final 8858
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**1a** Name and address of FDE or FBCHARITY GLOBAL (UK) LIMITED  
C/O TC CITROEN WELLS 5TH FL  
3 DORSET RISE  
LONDON, UNITED KINGDOM EC4Y BEN**b(1)** U.S. identifying number, if any**b(2)** Reference ID number (see instructions)

CHARITYGLOBALUKLIMITED

**c** For FDE, country(ies) under whose laws organized and entity type under local tax law

UNITED KINGDOM

PRIVATE LIMITED CO

**d** Date(s) of organization

09/15/16

**e** Effective date as FDE

09/15/16

**f** If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number**g** Country in which principal business activity is conducted

UNITED KINGDOM

**h** Principal business activity

GRANT MAKING

**i** Functional currency

GBP

**2** Provide the following information for the FDE's or FB's accounting period stated above.**a** Name, address, and identifying number of branch office or agent (if any) in the United StatesCHARITY GLOBAL, INC.  
230 FRANKLIN RD, STE 11-II  
FRANKLIN, TN 37064**b** Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if differentANDRA JAFFE  
230 FRANKLIN RD, STE 11-II  
FRANKLIN, TN 37064**3** For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):**a** Name and address**b** Annual accounting period covered by the return (see instructions)**c(1)** U.S. identifying number, if any**c(2)** Reference ID number (see instructions)**d** Country under whose laws organized**e** Functional currency**4** For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):**a** Name and address**b** Country under whose laws organized**c** U.S. identifying number, if any**d** Functional currency**5** Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

SEE STATEMENT 1

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8858** (Rev. 9-2021)

**Schedule C Income Statement** (see instructions)

**Important:** Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use U.S. dollar approximate separate transactions method of accounting (DASTM). If you are using the average exchange rate (determined under section 989(b)), check the following box ☐

		Functional Currency	U.S. Dollar
1	Gross receipts or sales (net of returns and allowances)	2,565,605	3,259,449
2	Cost of goods sold		
3	Gross profit (subtract line 2 from line 1)	2,565,605	3,259,449
4	Dividends		
5	Interest		
6	Gross rents, royalties, and license fees		
7	Gross income from performance of services		
8	Foreign currency gain (loss)		
9	Other income	877,750	1,111,582
10	Total income (add lines 3 through 9)	3,443,355	4,371,031
11	Total deductions (exclude income tax expense)	3,375,189	4,278,838
12	Income tax expense		
13	Other adjustments	0	279,869
14	Net income (loss) per books	68,166	372,062

**Schedule C-1 Section 987 Gain or Loss Information**

**Note:** See the instructions if there are multiple recipients of remittances from the FDE or FB.

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient
1	Remittances from the FDE or FB	0
2	Section 987 gain (loss) recognized by recipient	0
3	Section 987 gain (loss) deferred under Regulations section 1.987-12 (attach statement)	
4	Were all remittances from the FDE or FB treated as made to the direct owner?	Yes No X
5	Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting	X

**Schedule F Balance Sheet**

**Important:** Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

		(a) Beginning of annual accounting period	(b) End of annual accounting period
<b>Assets</b>			
1	Cash and other current assets	2,659,581	2,951,425
2	Other assets	237,016	320,670
3	Total assets	2,896,597	3,272,095
<b>Liabilities and Owner's Equity</b>			
4	Liabilities	6,445	9,881
5	Owner's equity	2,890,152	3,262,214
6	Total liabilities and owner's equity	2,896,597	3,272,095

**Schedule G Other Information**

	Yes	No
1	During the tax year, did the FDE or FB own an interest in any trust?	X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?	X
3	Answer only if the FDE made its election to be treated as disregarded from its owner during the tax year. Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?	
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?	
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?	X

**Schedule G Other Information (continued)**

	Yes	No
<b>6</b> Is the FDE or FB a qualified business unit as defined in section 989(a)? . . . . .	X	
<i>Do not complete lines 7 and 8 if you are an individual who owns an FB or FDE directly or through tiers of FBs and FDEs.</i>		
<b>7a</b> During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c . . . . .		X
<b>b</b> Enter the total amount of the base erosion payments \$ _____		
<b>c</b> Enter the total amount of the base erosion tax benefit \$ _____		
<b>8a</b> During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 8b and 8c.		X
<b>b</b> Enter the total amount of the base erosion payments \$ _____		
<b>c</b> Enter the total amount of the base erosion tax benefit \$ _____		
<b>9</b> Answer only if the tax owner of the FDE or FB is a CFC: Were there any intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch? . . . . .		
<i>Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE is a U.S. corporation. Answer questions 10a through 11c if the tax owner of the FB or the interest in the FDE is treated as a U.S. corporation solely for purposes of these questions.</i>		
<b>10a</b> If the FB or the interest in the FDE is a separate unit under Regulations section 1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		N/A
<b>b</b> If "Yes," enter the amount of the dual consolidated loss . . . . . ▶ \$ ( _____ )		
<b>11a</b> If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c . . . . .		
<b>b</b> Enter the amount of the dual consolidated loss for the combined separate unit . ▶ \$ ( _____ )		
<b>c</b> Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined under Regulations section 1.1503(d)-5(c)(4)(ii)(A) . . . . . ▶ \$ _____		
<b>12a</b> Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S. taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13 . . . . .		
<b>b</b> Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If "Yes," see the instructions and go to line 12c. If "No," go to line 12d . . . . .		
<b>c</b> If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a . . . . .		
<b>d</b> If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e . . . . .		
<b>e</b> Enter the separate unit's contribution to the cumulative consolidated taxable income ("cumulative register") as of the beginning of the tax year ▶ \$ _____. See instructions.		
<b>13a</b> During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years? . . . . .		
<b>b</b> If "Yes," enter the total amount of recapture . . . . . ▶ \$ _____. See instructions.		

**Schedule H Current Earnings and Profits or Taxable Income (see instructions)****Important:** Enter the amounts on lines 1 through 6 in functional currency.

<b>1</b> Current year net income (loss) per foreign books of account . . . . .	<b>1</b>	68,166
<b>2</b> Total net additions . . . . .	<b>2</b>	
<b>3</b> Total net subtractions . . . . .	<b>3</b>	
<b>4</b> Current earnings and profits (or taxable income - see instructions) (line 1 plus line 2 minus line 3) . . .	<b>4</b>	68,166
<b>5</b> DASTM gain (loss) (if applicable) . . . . .	<b>5</b>	
<b>6</b> Combine lines 4 and 5. . . . .	<b>6</b>	68,166
<b>7</b> Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions)). . . . .	<b>7</b>	372,062
<b>8</b> Enter exchange rate used for line 7 . . . . . ▶ 1.321610		

**Schedule I**      **Transferred Loss Amount** (see instructions)

**Important:** See instructions for who has to complete this section.

	Yes	No
<b>1</b> Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2 . . . . .		
<b>2</b> Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3 . . . . .		
<b>3</b> Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4. . . . .		
<b>4</b> Enter the transferred loss amount included in gross income as required under section 91. See instructions . . . . .		<b>4</b>

**Schedule J**      **Income Taxes Paid or Accrued** (see instructions)

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
<b>Totals</b>								

NAME OF ENTITY IN CHAIN OF OWNERSHIP	PERCENT OF OWNERSHIP	FDE'S POSITION	COUNTRY ORGANIZED
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TAX CLASSIFICATION

CHARITY GLOBAL, INC.	100.0000%		UK
FOREIGN SINGLE OWNER ELECTING TO BE DISREGARDED AS SEPARATE ENTITY			

ATTACHMENT FOR FORM 8858, LINE 5