

Form **990**
(Rev. January 2020)
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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

A For the 2019 calendar year, or tax year beginning , 2019, and ending , 20																										
B Check if applicable: <input 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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization CHARITY GLOBAL, INC.</td> <td>D Employer identification number 22-3936753</td> </tr> <tr> <td colspan="2">Doing business as CHARITY: WATER</td> <td rowspan="3">E Telephone number (646) 688-2323</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">40 WORTH STREET RM/STE 330</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10013</td> <td>G Gross receipts \$ 112,674,263.</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: SCOTT HARRISON 40 WORTH STREET RM/STE 330, NEW YORK, NY 10013</td> <td> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) </td> </tr> <tr> <td colspan="2"> I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 </td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">J Website: ▶ WWW.CHARITYWATER.ORG</td> <td></td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>L Year of formation: 2006 M State of legal domicile: NY</td> </tr> </table>	C Name of organization CHARITY GLOBAL, INC.		D Employer identification number 22-3936753	Doing business as CHARITY: WATER		E Telephone number (646) 688-2323	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	40 WORTH STREET RM/STE 330		City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10013		G Gross receipts \$ 112,674,263.	F Name and address of principal officer: SCOTT HARRISON 40 WORTH STREET RM/STE 330, NEW YORK, NY 10013		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	J Website: ▶ WWW.CHARITYWATER.ORG			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2006 M State of legal domicile: NY
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CHARITY: WATER IS A NON-PROFIT ORGANIZATION BRINGING CLEAN AND SAFE DRINKING WATER TO PEOPLE IN DEVELOPING COUNTRIES. (CONTINUED ON SCHEDULE O)		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	9.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	8.
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	117.
	6	Total number of volunteers (estimate if necessary)	150.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, line 39	0.	
Revenue	COPY FOR PUBLIC INSPECTION		
	8	Contributions and grants (Part VIII, line 1h)	Prior Year 69,223,898. Current Year 88,948,068.
	9	Program service revenue (Part VIII, line 2g)	0. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,108,991. 1,896,325.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-242,228. -712,921.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	70,090,661. 90,131,472.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	43,694,409. 54,435,381.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,460,608. 10,338,598.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 95,880.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,534,442.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,110,376. 9,630,935.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	59,265,393. 74,500,794.
19	Revenue less expenses. Subtract line 18 from line 12	10,825,268. 15,630,678.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 87,618,961. End of Year 116,342,480.
	21	Total liabilities (Part X, line 26)	43,874,552. 54,180,010.
	22	Net assets or fund balances. Subtract line 21 from line 20.	43,744,409. 62,162,470.

Part II Signature Block

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

Sign Here	 ADITI DEEG Type or print name and title		11/9/2020 Date	
	Print/Type preparer's name CHRISTINA ROSSETTI		Preparer's signature 	
	Firm's name ▶ KPMG LLP Firm's address ▶ 345 PARK AVENUE NEW YORK, NY 10154-0102		Date 11/7/2020 Check <input type="checkbox"/> if self-employed PTIN P01491094 Firm's EIN ▶ 13-5565207 Phone no. 212-758-9700	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

Form **8868**

(Rev. January 2020)

Department of the Treasury
Internal Revenue Service**Application for Automatic Extension of Time To File an
Exempt Organization Return**

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

OMB No. 1545-0047

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. CHARITY GLOBAL, INC.	Taxpayer identification number (TIN) 22-3936753
	Number, street, and room or suite no. If a P.O. box, see instructions. 40 WORTH STREET RM/STE 330	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10013	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ADITI DEEG C/O CHARITY:WATER

- The books are in the care of ► 40 WORTH STREET, SUITE 330 NY NY 10013

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 11/16, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 20 19 or
 ► ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)

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
 DRINKING WATER TO PEOPLE IN DEVELOPING COUNTRIES. (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 \$ 13,046,049. including grants of \$ 12,734,678.) (Revenue \$)

ETHIOPIA - WHILE ONE OF THE WORLD'S OLDEST CIVILIZATIONS AND ONE
 OF AFRICA'S FASTEST GROWING ECONOMIES, ETHIOPIA IS STILL ONE OF
 THE MOST UNDER-DEVELOPED NATIONS IN THE WORLD. IT RANKS 173 OUT OF
 189 ON THE 2019 UN HUMAN DEVELOPMENT INDEX. IN 2019, THERE WAS AN
 ESTIMATED 733,125 REFUGEES FROM NEIGHBORING COUNTRIES. OF THE 105
 MILLION POPULATION, 69% LACKS ACCESS TO AT LEAST BASIC WATER
 SERVICES AND 96% LACKS ACCESS TO AT LEAST BASIC SANITATION
 SERVICES. IN 2019, CHARITY: WATER FUNDED 1,090 WATER PROJECTS THAT
 CAN SERVE 299,747 PEOPLE.

4b (Code:) (Expenses \$ 5,616,979. including grants of \$ 5,136,200.) (Revenue \$)

UGANDA - UGANDA RANKS 159 OUT OF 189 COUNTRIES ON THE 2019 UN
 HUMAN DEVELOPMENT INDEX, AND CONTINUES TO FACE DIFFICULTIES AND
 HIGH REFUGEE RATES AS A RESULT OF TWO DECADES OF CIVIL CONFLICTS
 IN NEIGHBORING SOUTH SUDAN, THE DEMOCRATIC REPUBLIC OF THE CONGO,
 AND BURUNDI. FOR RURAL UGANDANS, WHICH MAKE UP 77% OF THE TOTAL
 POPULATION, APPROXIMATELY 59% LACK ACCESS TO AT LEAST BASIC WATER
 SERVICES AND 84% LACK ACCESS TO AT LEAST BASIC SANITATION
 SERVICES. AS COMMUNITIES REBUILD AFTER YEARS OF DISPLACEMENT,
 CLEAN WATER PROJECTS HELP TO IMPROVE HEALTH AND QUALITY OF LIFE.
 IN 2019, CHARITY: WATER FUNDED 665 WATER PROJECTS THAT CAN SERVE
 137,278 PEOPLE.

4c (Code:) (Expenses \$ 4,223,758. including grants of \$ 4,000,021.) (Revenue \$)

NEPAL - NEPAL IS A LANDLOCKED COUNTRY IN SOUTH ASIA BORDERED BY
 INDIA AND CHINA. NEPAL'S HISTORY HAS LONG BEEN ONE OF STAYING
 ISOLATED FROM THE OUTSIDE WORLD. IT WAS ADMITTED TO THE UNITED
 NATIONS. IN 2008, IT BECAME A DEMOCRATIC REPUBLIC AFTER A DECADE
 LONG PERIOD OF POLITICAL VIOLENCE WITH A STRONG MAOIST INFLUENCE.
 IT IS RANKED 147 OUT OF 189 COUNTRIES ON THE 2019 UN HUMAN
 DEVELOPMENT INDEX. OVER 88% OF THOSE LIVING IN RURAL AREAS LACK
 ACCESS TO AT LEAST BASIC WATER SERVICES, AND OVER 60% LACK ACCESS
 TO AT LEAST BASIC SANITATION SERVICES. IN 2019, CHARITY: WATER
 FUNDED 5,962 WATER PROJECTS THAT CAN SERVE 63,426 PEOPLE.

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

(Expenses \$ 37,208,837. including grants of \$ 32,564,482.) (Revenue \$)

4e Total program service expenses ▶ 60,095,623.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b 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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

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

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

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 117		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a 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)?	X	
b If "Yes," enter the name of the foreign country UNITED KINGDOM See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a 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?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a 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?	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
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 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15 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 instructions and file Form 4720, Schedule N.		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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 ☒ **X****Section A. Governing Body and Management**

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 1

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 ►
 ADITI DEEG C/O CHARITY: WATER 40 WORTH ST, SUITE 330 NEW YORK, NY 10013 646-688-2323

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☒ X**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 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 and/or Box 7 of Form 1099-MISC) 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 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)	(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			
(1) SCOTT HARRISON FOUNDER/CEO	50.00 0.	X		X				383,636.	0.	40,114.
(2) CHRISTOPH GORDER CHIEF GLOBAL WATER OFFICER	50.00 0.			X				252,519.	0.	35,523.
(3) LAUREN LETTA CHIEF OPERATING OFFICER	50.00 0.				X			255,106.	0.	32,818.
(4) JASON KERAMIDAS CHIEF PRODUCT OFCR (END 11/19)	50.00 0.				X			202,602.	0.	39,132.
(5) BRIAN HOYER VP OF PROGRAM OPERATIONS	50.00 0.					X		148,678.	0.	13,206.
(6) JASDEEP GOSAL PRINCIPAL ENGINEER	50.00 0.					X		137,537.	0.	23,500.
(7) CHRISTINE CHOE DIR OF BUSINESS OPERATIONS	50.00 0.					X		147,253.	0.	5,887.
(8) ANN KANE DIRECTOR OF PROGRAM FINANCE	50.00 0.					X		140,286.	0.	11,434.
(9) WILLIAM BELL DIR OF FINANCE (END 11/19)	50.00 0.					X		142,442.	0.	6,404.
(10) CHRISTOPHER BARTON SECRETARY/GEN COUNSEL	30.00 0.			X				93,699.	0.	24,554.
(11) MICHAEL GUMBLEY TREASURER/CFO (END 6/19)	50.00 0.			X				104,402.	0.	2,878.
(12) ADITI DEEG CFO (AS OF 09/19)	50.00 0.			X				73,665.	0.	1,397.
(13) MICHAEL WILKERSON CHAIRMAN	2.00 0.	X		X				0.	0.	0.
(14) BRANT CRYDER BOARD MEMBER	2.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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)	(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			
(15) BROOK HAZELTON BOARD MEMBER	2.00 0.	X						0.	0.	0.
(16) CHI-HUA CHIEN BOARD MEMBER	2.00 0.	X						0.	0.	0.
(17) GIAN-CARLO OCHOA, PHD BOARD MEMBER	2.00 0.	X						0.	0.	0.
(18) RYAN GRAVES BOARD MEMBER	2.00 0.	X						0.	0.	0.
(19) SHANNON SEDGWICK DAVIS BOARD MEMBER	2.00 0.	X						0.	0.	0.
(20) VALERIE DONATI BOARD MEMBER	2.00 0.	X						0.	0.	0.
1b Sub-total								2,081,825.	0.	236,847.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,081,825.	0.	236,847.

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 **25**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **14**

Part VIII Statement of RevenueCheck 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
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	478,441.			
	b	Membership dues	1b				
	c	Fundraising events	1c	7,415,839.			
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	81,053,788.			
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 3,724,406.			
	h	Total. Add lines 1a-1f		88,948,068.			
	Program Service Revenue				Business Code		
2a							
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f			0.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).			1,346,789.		1,346,789.
	4	Income from investment of tax-exempt bond proceeds . .			0.		
	5	Royalties			0.		
	6a	Gross rents	6a	(i) Real	(ii) Personal		
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)			0.		
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)			549,536.		549,536.
	8a	Gross income from fundraising events (not including \$ 7,415,839. of contributions reported on line 1c). See Part IV, line 18	8a				
	b	Less: direct expenses	8b				
	c	Net income or (loss) from fundraising events.			-871,173.		-871,173.
	9a	Gross income from gaming activities. See Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	c	Net income or (loss) from gaming activities.			0.		
10a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory.			0.			
Miscellaneous Revenue				Business Code			
	11a	MISCELLANEOUS INCOME			900099	158,252.	158,252.
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d			158,252.		
12	Total revenue. See instructions			90,131,472.		1,183,404.	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	54,435,381.	54,435,381.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,575,702.	318,243.	532,813.	724,646.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	7,232,612.	1,404,666.	2,389,287.	3,438,659.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	173,369.	41,107.	52,262.	80,000.
9 Other employee benefits	672,581.	138,667.	206,752.	327,161.
10 Payroll taxes	684,334.	132,153.	239,339.	312,842.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	9,835.	260.	8,632.	943.
c Accounting	279,378.	112,012.	150,428.	16,938.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	95,880.			95,880.
f Investment management fees	175,585.		175,585.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	896,932.	176,936.	377,418.	342,578.
12 Advertising and promotion	1,433,332.			1,433,332.
13 Office expenses	998,600.	196,544.	330,380.	471,677.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	668,727.	131,618.	221,244.	315,865.
17 Travel	671,498.	204,304.	247,221.	219,973.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	772,533.	152,049.	255,587.	364,897.
23 Insurance	198,091.	38,988.	65,537.	93,566.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a WATER PROJECT SUST. FUNDING	2,612,695.	2,612,695.		
b EVENT COSTS	295,485.			295,485.
c BANK CHARGES	618,244.		618,244.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	74,500,794.	60,095,623.	5,870,729.	8,534,442.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,736.	1	4,110.
	2 Savings and temporary cash investments.	37,348,674.	2	45,240,140.
	3 Pledges and grants receivable, net	19,756,927.	3	38,183,397.
	4 Accounts receivable, net.	0.	4	0.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	843,620.	9	385,951.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,269,197.		
	10b Less: accumulated depreciation.	3,765,697.		
	10c	1,198,812.	10c	503,500.
	11 Investments - publicly traded securities.	28,344,406.	11	31,935,447.
	12 Investments - other securities. See Part IV, line 11.	0.	12	0.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	123,786.	15	89,935.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	87,618,961.	16	116,342,480.	
Liabilities	17 Accounts payable and accrued expenses.	722,092.	17	952,739.
	18 Grants payable	42,799,544.	18	53,105,864.
	19 Deferred revenue.	0.	19	0.
	20 Tax-exempt bond liabilities.	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	352,916.	25	121,407.
	26 Total liabilities. Add lines 17 through 25.	43,874,552.	26	54,180,010.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	15,505,607.	27	15,849,328.
	28 Net assets with donor restrictions.	28,238,802.	28	46,313,142.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
	32 Total net assets or fund balances	43,744,409.	32	62,162,470.
33 Total liabilities and net assets/fund balances.	87,618,961.	33	116,342,480.	

Form **990** (2019)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	90,131,472.
2	Total expenses (must equal Part IX, column (A), line 25)	2	74,500,794.
3	Revenue less expenses. Subtract line 2 from line 1	3	15,630,678.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	43,744,409.
5	Net unrealized gains (losses) on investments	5	1,834,761.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O).	9	952,622.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	62,162,470.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 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:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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 . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019**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 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in 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						

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

Schedule A (Form 990 or 990-EZ) 2019

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	35,127,416.	36,176,933.	49,827,030.	69,223,898.	88,948,068.	279,303,345.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	35,127,416.	36,176,933.	49,827,030.	69,223,898.	88,948,068.	279,303,345.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						14,242,527.
6 Public support. Subtract line 5 from line 4						265,060,818.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4.	35,127,416.	36,176,933.	49,827,030.	69,223,898.	88,948,068.	279,303,345.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	466,174.	683,293.	754,462.	1,037,863.	1,346,789.	4,288,581.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				93,223.		93,223.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	152,226.	55,911.	122,640.	725,564.	158,252.	1,214,593.
11 Total support. Add lines 7 through 10						284,899,742.
12 Gross receipts from related activities, etc. (see instructions)					12	778,212.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)).	14	93.04 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	93.01 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ► ☐

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
MISCELLANEOUS INCOME	152,226.	55,911.	122,640.	725,564.	158,252.	1,214,593.
TOTALS	<u>152,226.</u>	<u>55,911.</u>	<u>122,640.</u>	<u>725,564.</u>	<u>158,252.</u>	<u>1,214,593.</u>

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2019▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

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

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA

9E1251 1.000

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		\$ 12,020,660.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 5,000,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 3,185,461.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 2,151,084.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 2,000,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHARITY GLOBAL, INC.

Employer identification number

22-3936753

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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

CHARITY GLOBAL, INC.

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019**Open to Public
Inspection**

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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule D (Form 990) 2019

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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

Part V Endowment Funds.

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

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

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

- a** Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

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

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

- (i)** Unrelated organizations
(ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,412,865.	1,295,121.	117,744.
d Equipment		2,856,332.	2,470,576.	385,756.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				503,500.

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT OBLIGATION	121,407.
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	93,551,826.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,834,761.
b	Donated services and use of facilities	2b	789,805.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	2,624,566.
3	Subtract line 2e from line 1	3	90,927,260.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	175,585.
b	Other (Describe in Part XIII.)	4b	-971,373.
c	Add lines 4a and 4b	4c	-795,788.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	90,131,472.

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

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

1	Total expenses and losses per audited financial statements	1	75,133,765.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	789,805.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	18,751.
e	Add lines 2a through 2d	2e	808,556.
3	Subtract line 2e from line 1	3	74,325,209.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	175,585.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	175,585.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	74,500,794.

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 PAGE 5

Part XIII Supplemental Information (continued)

PART X, LINE 2 - UNCERTAIN TAX POSITIONS

CHARITY: WATER RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. INCOME GENERATED FROM ACTIVITIES UNRELATED TO CHARITY: WATER'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER INTERNAL REVENUE CODE SECTION 511. CHARITY: WATER DID NOT RECOGNIZE ANY UNRELATED BUSINESS INCOME TAX LIABILITY FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018.

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

YEAR-END GALA REVENUE-RELATED EXPENSES	\$	-971,373
--	----	----------

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

DISCOUNT ON GRANTS PAYABLE ADJUSTMENT	\$	-952,622
---------------------------------------	----	----------

YEAR-END GALA REVENUE-RELATED EXPENSES	\$	971,373
--	----	---------

SCHEDULE F
(Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

CHARITY GLOBAL, INC.

Employer identification number

22-3936753

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING	WATER PROJECTS	2,225,000.
(2) SOUTH ASIA	0.	0.	GRANTMAKING	WATER PROJECTS	7,942,119.
(3) SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING	WATER PROJECTS	44,268,262.
(4) SOUTH ASIA	0.	0.	PROGRAM SERVICES	WATER PROJ. SUST.	782,310.
(5) SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	WATER PROJ. SUST.	1,830,385.
(6) SOUTH ASIA	0.	0.	PROGRAM SERVICES	WATER PROGRAMS	7,176.
(7) SUB-SAHARAN AFRICA	0.	1.	PROGRAM SERVICES	WATER PROGRAMS	48,299.
(8) EUROPE	0.	1.	PROGRAM SERVICES	WATER PROGRAMS	102,934.
(9) EUROPE	1.	3.	MAINTAINING OFFICES		42,662.
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	1.	5.			57,249,147.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1.	5.			57,249,147.

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	PGRM FUNDING-GRAN	2,225,000.	WIRE TRFR			
(2)			SOUTH ASIA	PGRM FUNDING-GRAN	2,700,000.	WIRE TRFR			
(3)			SOUTH ASIA	PGRM FUNDING-GRAN	548,360.	WIRE TRFR			
(4)			SOUTH ASIA	PGRM FUNDING-GRAN	1,500,000.	WIRE TRFR			
(5)			SOUTH ASIA	PGRM FUNDING-GRAN	400,000.	WIRE TRFR			
(6)			SOUTH ASIA	PGRM FUNDING-GRAN	1,300,021.	WIRE TRFR			
(7)			SOUTH ASIA	PGRM FUNDING-GRAN	743,745.	WIRE TRFR			
(8)			SOUTH ASIA	PGRM FUNDING-GRAN	749,992.	WIRE TRFR			
(9)			SUB-SAHARAN AFRICA	PGRM FUNDING-GRAN	6,197,691.	WIRE TRFR			
(10)			SUB-SAHARAN AFRICA	PGRM FUNDING-GRAN	5,500,000.	WIRE TRFR			
(11)			SUB-SAHARAN AFRICA	PGRM FUNDING-GRAN	9,034,679.	WIRE TRFR			
(12)			SUB-SAHARAN AFRICA	PGRM FUNDING-GRAN	3,386,200.	WIRE TRFR			
(13)			SUB-SAHARAN AFRICA	PGRM FUNDING-GRAN	1,290,000.	WIRE TRFR			
(14)			SUB-SAHARAN AFRICA	PGRM FUNDING-GRAN	1,200,000.	WIRE TRFR			
(15)			SUB-SAHARAN AFRICA	PGRM FUNDING-GRAN	3,640,627.	WIRE TRFR			
(16)			SUB-SAHARAN AFRICA	PGRM FUNDING-GRAN	1,000,000.	WIRE TRFR			

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

3 Enter total number of other organizations or entities ▶ _____

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	PGRM FUNDING-GRAN	798,500.	WIRE TRFR			
(2)			SUB-SAHARAN AFRICA	PGRM FUNDING-GRAN	998,214.	WIRE TRFR			
(3)			SUB-SAHARAN AFRICA	PGRM FUNDING-GRAN	3,700,000.	WIRE TRFR			
(4)			SUB-SAHARAN AFRICA	PGRM FUNDING-GRAN	3,234,868.	WIRE TRFR			
(5)			SUB-SAHARAN AFRICA	PGRM FUNDING-GRAN	308,652.	WIRE TRFR			
(6)			SUB-SAHARAN AFRICA	PGRM FUNDING-GRAN	278,834.	WIRE TRFR			
(7)			SUB-SAHARAN AFRICA	PGRM FUNDING-GRAN	2,499,998.	WIRE TRFR			
(8)			SUB-SAHARAN AFRICA	PGRM FUNDING-GRAN	650,000.	WIRE TRFR			
(9)			SUB-SAHARAN AFRICA	PGRM FUNDING-GRAN	550,000.	WIRE TRFR			
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 23.

3 Enter total number of other organizations or entities ▶

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**

Schedule F (Form 990) 2019

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

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

PRIOR TO ENTERING INTO ANY AGREEMENT(S) TO FUND CONSTRUCTION, REPAIR, MAINTENANCE, MONITORING AND EVALUATION OF WATER PROJECTS, PARTNER ORGANIZATIONS AND ENTITIES ARE SUBJECT TO A REVIEW. THESE ORGANIZATIONS MUST PROVIDE TO CHARITY: WATER DOCUMENTATION AND/OR EVIDENCE TO SUPPORT AND DEMONSTRATE INDUSTRY BEST PRACTICES IN THE AREA OF FIDUCIARY DUE DILIGENCE.

THIS PROCESS INCLUDES, BUT IS NOT LIMITED TO REVIEWING:

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

IN CONSIDERATION OF THE ABOVE CRITERIA, CHARITY: WATER THEN REQUESTS PARTNERS TO SUBMIT PROPOSALS FOR AN APPROPRIATE FUNDING AMOUNT. THE PROPOSAL INCLUDES PROGRAMMATIC DELIVERABLES, OUTPUTS, RELEVANT COSTS, REPORTING REQUIREMENTS, AND IMPACT METRICS. PROPOSALS ARE REVIEWED BY CHARITY: WATER AND SUBMITTED TO THE BOARD OF DIRECTORS FOR FORMAL

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).

APPROVAL. ALL FUNDS NECESSARY TO FULFILL EACH GRANT ARE RAISED PRIOR TO SIGNING THE GRANT. ACCORDINGLY, CHARITY: WATER'S \$53,105,864 OF GRANTS PAYABLE (BALANCE SHEET, PART X, LINE 18) ARE FULLY SUPPORTED BY PROGRAMMATIC ASSETS - CASH ON HAND DESIGNATED FOR THIS USE. CHARITY: WATER SENDS DISBURSEMENTS TO PARTNERS IN TRANCHES ONCE KEY MILESTONES TOWARD PROJECT COMPLETION HAVE BEEN MET.

KEY MILESTONES INCLUDE:

- ESTABLISHMENT OF A LEGALLY-BINDING AGREEMENT TO PRODUCE INTENDED PROGRAM DELIVERABLES WITHIN AN AGREED-UPON TIMEFRAME
- RECEIPT AND ACCEPTANCE OF INTERIM PROGRESS REPORTS
- RECEIPT AND ACCEPTANCE OF A FINAL REPORT ON PROGRAM DELIVERABLES AND A FINANCIAL RECONCILIATION
- VARIANCES TO PLAN ARE INVESTIGATED FOR REASONABLENESS AND DOCUMENTED DURING PROGRAM IMPLEMENTATION AND AT PROGRAM COMPLETION.

IN ADDITION TO THE PROCEDURES NOTED ABOVE, PROGRAMS ARE ROUTINELY MONITORED POST-IMPLEMENTATION, AND SOME ARE SELECTED FOR INDEPENDENTLY-CONTRACTED FINANCIAL AUDITS TO ENSURE THAT COSTS INCURRED AND CLAIMED HAVE BEEN PROPERLY REPORTED AND REASONABLY STATED IN COMPLIANCE WITH THE TERMS OF THE AGREEMENT(S). ADDITIONALLY, PROGRAMMATIC AUDITS ARE CONDUCTED TO ENSURE THE QUALITY OF THE COMPLETED PROJECTS.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CHARITY GLOBAL, INC.

Employer identification number

22-3936753

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 <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |
- 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 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				20,794.	95,880.	-75,086.

- 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.

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN,
IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY,

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		YEAR-END GALA (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	7,516,039.			7,516,039.
	2 Less: Contributions	7,415,839.			7,415,839.
	3 Gross income (line 1 minus line 2)	100,200.			100,200.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	16,737.			16,737.
	7 Food and beverages	157,940.			157,940.
	8 Entertainment				
	9 Other direct expenses	796,696.			796,696.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				971,373.
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-871,173.	

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				
1 Gross revenue				
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

Part IV **Supplemental Information.** Provide the explanation 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).

CHARITY GLOBAL, INC.

22-3936753

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
		YES	NO			
PEDRO A LATORRE DBA BRAVE WORK 6417 W 83RD STREET LOS ANGELES CA 90045	GENERAL FUNDRAISING		X	20,794.	95,880.	-75,086.

**SCHEDULE J
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

CHARITY GLOBAL, INC.

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019**Open to Public
Inspection**

Employer identification number

22-3936753

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

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

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

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

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

X

2

X

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

Page **2****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 compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SCOTT HARRISON FOUNDER/CEO	(i)	282,876.	0.	100,760.	11,200.	30,304.	425,140.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 CHRISTOPH GORDER CHIEF GLOBAL WATER OFFICER	(i)	251,694.	0.	825.	10,400.	26,475.	289,394.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 JASON KERAMIDAS CHIEF PRODUCT OFCR (END 11/19)	(i)	200,787.	0.	1,815.	8,750.	33,848.	245,200.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 LAUREN LETTA CHIEF OPERATING OFFICER	(i)	254,766.	0.	340.	10,291.	23,658.	289,055.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 BRIAN HOYER VP OF PROGRAM OPERATIONS	(i)	148,678.	0.	0.	5,992.	7,920.	162,590.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 CHRISTINE CHOE DIR OF BUSINESS OPERATIONS	(i)	147,175.	0.	78.	5,887.	738.	153,878.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 JASDEEP GOSAL PRINCIPAL ENGINEER	(i)	137,238.	0.	299.	5,671.	18,629.	161,837.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 ANN KANE DIRECTOR OF PROGRAM FINANCE	(i)	139,967.	0.	319.	5,818.	6,152.	152,256.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2019

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.

SCHEDULE J, PART I, LINE 1A

2019 TAXABLE HOUSING ALLOWANCE PROVIDED TO SCOTT HARRISON: \$100,000

**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 for instructions and the latest information.**

OMB No. 1545-0047

2019**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	X	82.	2,424,088.	FMV AT TIME OF SALE
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 ▶ (ATCH 1)		18.	1,300,318.	
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 IV, Donee Acknowledgement

29

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

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

Schedule M (Form 990) 2019

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

SCHEDULE M, PART I, COLUMN (B)

CHARITY: WATER IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED IN

COLUMN (B) OF SCHEDULE M, PART I.

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.

ATTACHMENT 1SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
VIRTUAL CURRENCY	X	5.	1,196,288.	FMV AT TIME OF SALE
SUPPLIES/EQUIPMENT	X	13.	104,030.	FMV
TOTALS		<u>18.</u>	<u>1,300,318.</u>	

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

CHARITY GLOBAL, INC.

Supplemental Information to Form 990 or 990-EZComplete 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2019**Open to Public
Inspection**

Employer identification number

22-3936753

FORM 990, PART I, LINE 1 & PART III, LINE 1 - ORG.'S MISSION

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

DRINKING WATER TO PEOPLE IN DEVELOPING COUNTRIES. CHARITY: WATER INSPIRES

GIVING AND EMPOWERS OTHERS TO FUNDRAISE FOR SUSTAINABLE WATER SOLUTIONS.

A SEPARATE, PRIVATE GROUP OF SUPPORTERS FUNDS OPERATIONAL COSTS, ALLOWING

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

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

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

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

ABOUT THE COMMUNITY SERVED.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

BANGLADESH - BANGLADESH IS ONE OF THE MOST DENSELY POPULATED COUNTRIES IN

THE WORLD. IT IS RANKED 135 OUT OF 189 COUNTRIES ON THE 2019 UN HUMAN

DEVELOPMENT INDEX. WHILE ONLY 3% OF THE RURAL POPULATION LACKS ACCESS TO

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

ARSENIC IS A COMMON CONTAMINANT AS IS THE RUNOFF FROM INADEQUATE DRAINAGE

SYSTEMS, AND 53% OF THE RURAL POPULATION LACKS AT LEAST BASIC ACCESS TO

SANITATION SERVICES. IN 2019, CHARITY: WATER FUNDED 480 PROJECTS THAT

WILL SERVE 147,685 PEOPLE.

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

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

MILITARY COUPS THAT HAVE CAUSED VIOLENCE AND INSTABILITY THROUGHOUT THE

Name of the organization

CHARITY GLOBAL, INC.

Employer identification number

22-3936753

COUNTRY. BURKINA FASO IS RANKED 182 OUT OF 189 COUNTRIES ON THE 2019 UN HUMAN DEVELOPMENT INDEX. 71% OF THE POPULATION LIVE IN RURAL AREAS, WHERE 65% LACKS ACCESS TO AT LEAST BASIC WATER SERVICES, AND 89% LACKS ACCESS TO AT LEAST BASIC SANITATION SERVICES. IN 2019, CHARITY: WATER FUNDED 97 WATER PROJECTS THAT CAN SERVE 34,374 PEOPLE.

CAMBODIA - CAMBODIA IS LOCATED IN SOUTHEAST ASIA, AT THE SOUTHERN REGION OF THE INDOCHINA PENINSULA. IT WAS DEVASTATED BY THE REIGN OF KHMER ROUGE, A RURAL COMMUNIST GUERRILLA MOVEMENT, BETWEEN 1975 AND 1979. DURING THIS TIME, AT LEAST 1.5 MILLION PEOPLE WERE KILLED, A DARK TIME FROM WHICH THE COUNTRY CONTINUES TO RECOVER FROM. TODAY, CAMBODIA HAS A POPULATION OF 16 MILLION AND IS RANKED 146 OF 189 COUNTRIES ON THE 2019 UN HUMAN DEVELOPMENT INDEX. ACCESS TO SANITATION AND IMPROVED HYGIENE PRACTICES IS A CONSIDERABLE HEALTH CHALLENGE IN RURAL AREAS, WITH 52% OF THE 12.3 MILLION RURAL POPULATION LACKING ACCESS TO AT LEAST BASIC SANITATION SERVICES AND 27% LACKING ACCESS TO AT LEAST BASIC WATER SERVICES. IN 2019, CHARITY: WATER FUNDED 981 WATER PROJECTS THAT CAN SERVE 173,263 PEOPLE.

THE CENTRAL AFRICAN REPUBLIC - THE CENTRAL AFRICAN REPUBLIC IS A LANDLOCKED COUNTRY IN CENTRAL AFRICA. IT IS RANKED NEARLY AT THE BOTTOM OF THE 2019 UN HUMAN DEVELOPMENT INDEX, AT 188 OUT OF 189 COUNTRIES. THE COUNTRY ALSO STRUGGLES WITH ACCESS TO WATER AND SANITATION, ESPECIALLY IN THE HARD TO REACH, OFTEN ISOLATED RURAL AREAS OF THE COUNTRY. MORE THAN 66% OF THE RURAL POPULATION LACKS ACCESS TO AT LEAST BASIC WATER

Name of the organization CHARITY GLOBAL, INC.	Employer identification number 22-3936753
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SERVICES, AND 91% LACKS ACCESS TO AT LEAST BASIC SANITATION SERVICES. IN 2019, CHARITY: WATER FUNDED 75 WATER PROJECTS THAT CAN SERVE 19,660 PEOPLE.

CÔTE D'IVOIRE - CÔTE D'IVOIRE IS A COUNTRY LOCATED ON THE COAST OF WESTERN AFRICA. IT IS AN ECONOMIC POWER IN WEST AFRICA, THE SECOND-LARGEST BECAUSE OF ITS POSITION AS THE WORLD'S LARGEST PRODUCER AND EXPORTER OF CASHEWS AND COCOA BEANS. IT IS RANKED 165 OUT OF 189 COUNTRIES ON THE 2019 UN HUMAN DEVELOPMENT INDEX. OF THE 24.2 MILLION POPULATION, 42% LACKS ACCESS TO AT LEAST BASIC WATER SERVICES AND 82% LACKS ACCESS TO AT LEAST BASIC SANITATION SERVICES. IN 2019, CHARITY: WATER FUNDED 68 WATER PROJECTS THAT CAN SERVE 31,436 PEOPLE.

INDIA - INDIA OCCUPIES THE GREATER PART OF SOUTH ASIA AND IS ONE OF THE MOST ETHNICALLY DIVERSE COUNTRIES WITH MANY RELIGIONS, SECTS, TRIBES, AND CASTES. IT IS RANKED 129 OUT OF 189 COUNTRIES ON THE 2019 UN HUMAN DEVELOPMENT INDEX. IT FACES DIFFICULT BARRIERS TO DEVELOPMENT, INCLUDING RAPID POPULATION GROWTH AND A LACK OF ACCESS TO AT LEAST BASIC SANITATION SERVICES FOR 47% OF ITS RURAL POPULATION OF 889 MILLION, WHILE 9% LACKS ACCESS TO AT LEAST BASIC WATER SERVICES. EXTREME POVERTY, ESPECIALLY AMONG HISTORICALLY DISADVANTAGED CASTES, WATER QUALITY ISSUES, AND WATER SCARCITY HAVE ALSO PROVEN TO BE CHALLENGES IN ACHIEVING FULL WATER AND SANITATION COVERAGE. IN 2019, CHARITY: WATER FUNDED 2,305 WATER PROJECTS THAT CAN SERVE 88,221 PEOPLE.

KENYA - KENYA IS LOCATED IN EAST AFRICA AND BORDERS THE INDIAN OCEAN. THE

Name of the organization CHARITY GLOBAL, INC.	Employer identification number 22-3936753
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POPULATION OF 49.6 MILLION IS VERY DIVERSE, BEING HOME TO AN ESTIMATED 438,901 REFUGEES FROM NEIGHBORING COUNTRIES IN 2019. KENYA IS RANKED 147 OUT OF 189 COUNTRIES ON THE 2019 UN HUMAN DEVELOPMENT INDEX. THERE IS ALSO AN ESTIMATED 1.6 MILLION PEOPLE LIVING WITH HIV IN THE COUNTRY AS OF 2019. IN RURAL AREAS, WHERE 73% OF THE POPULATION LIVES, 50% LACKS AT LEAST BASIC ACCESS TO DRINKING WATER, WHILE 73% LACKS AT LEAST BASIC ACCESS TO SANITATION SERVICES. IN 2019, CHARITY: WATER FUNDED 17 WATER PROJECTS THAN CAN BENEFIT 14,394 PEOPLE.

MADAGASCAR - MADAGASCAR IS AN ISLAND OFF THE COAST OF EAST AFRICA, LOCATED IN THE INDIAN OCEAN. THE ECONOMY IS STILL RECOVERING FROM THE 2009 - 2013 POLITICAL CRISIS, AS THE QUALITY OF LIFE REMAINS QUITE LOW FOR THE MAJORITY OF THE POPULATION. IT IS RANKED 162 OUT OF 189 COUNTRIES ON THE 2019 UN HUMAN DEVELOPMENT INDEX. IN ADDITION, 64% OF THE RURAL POPULATION LACKS ACCESS TO AT LEAST BASIC WATER SERVICES AND 94% LACKS ACCESS TO AT LEAST BASIC SANITATION SERVICES. FREQUENT FLOODING AND CLIMATE EVENTS FURTHER CONTAMINATE WATER SOURCES AND DAMAGE EXISTING INFRASTRUCTURE. IN 2019, CHARITY: WATER FUNDED 2,120 WATER POINTS THAT CAN SERVE 63,126 PEOPLE.

MALAWI - A SMALL LANDLOCKED COUNTRY IN SOUTHERN AFRICA WITH A POPULATION OF 18.6 MILLION PEOPLE, MALAWI RANKED 172 OUT OF 189 COUNTRIES ON THE 2019 UN HUMAN DEVELOPMENT INDEX. MORE THAN 34% OF RURAL MALAWIANS LACK ACCESS TO AT LEAST BASIC WATER SERVICES AND 75% LACK ACCESS TO AT LEAST BASIC SANITATION SERVICES. AS A RESULT, DIARRHEAL DISEASES ARE VERY

Name of the organization CHARITY GLOBAL, INC.	Employer identification number 22-3936753
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COMMON AND ONE OF THE LEADING CAUSES OF DEATH IN MALAWI, SECOND ONLY TO HIV/AIDS. AN ESTIMATED 1.7 MILLION ADULTS LIVE WITH HIV, MAKING MALAWI A COUNTRY WITH ONE OF THE HIGHEST HIV PREVALENCE RATES IN THE WORLD. IN 2019, CHARITY: WATER FUNDED 509 WATER PROJECTS THAT CAN SERVE 132,758 PEOPLE.

MALI - MALI IS A LANDLOCKED COUNTRY LOCATED IN THE SAHEL, ONE OF THE HARSHTEST CONTEXTS IN THE WORLD IN WESTERN AFRICA. IT IS PRONE TO SEVERE DROUGHTS AND PROLONGED DRY SEASONS THAT DEEPEN THE WATER SUPPLY CRISIS FOR MALIANS, STRESSING NOT ONLY FOOD PRODUCTION AND LIVELIHOOD ACTIVITIES BUT ALSO CHILD AND MATERNAL HEALTH. MALI IS RANKED 184 OUT OF 189 COUNTRIES ON THE 2019 UN HUMAN DEVELOPMENT INDEX. 32% OF THE RURAL POPULATION LIVES WITHOUT ACCESS TO AT LEAST BASIC DRINKING WATER, AND 71% LIVES WITHOUT ACCESS TO AT LEAST BASIC SANITATION SERVICES. IN 2019, CHARITY: WATER FUNDED 116 WATER PROJECTS IN MALI THAT CAN SERVE 53,178 PEOPLE.

MOZAMBIQUE - IN THE YEARS SINCE ITS DEVASTATING CIVIL WAR, MOZAMBIQUE HAS FACED EXTREME POVERTY. IT IS RANKED 180 OUT OF 189 COUNTRIES ON THE 2019 UN HUMAN DEVELOPMENT INDEX. FURTHERMORE, AN ESTIMATED 3.7 MILLION ADULTS LIVE WITH HIV, MAKING MOZAMBIQUE A COUNTRY WITH ONE OF THE HIGHEST HIV PREVALENCE RATES IN THE WORLD. WATER QUALITY IN PARTICULAR HAS BEEN A CHALLENGE, AS FLOODS AND EARTHQUAKES HAVE EXACERBATED THE GROWING WATER CRISIS. 60% OF THE RURAL POPULATION LACKS ACCESS TO AT LEAST BASIC WATER SERVICES AND 83% LACKS ACCESS TO AT LEAST BASIC SANITATION SERVICES. IN

Name of the organization CHARITY GLOBAL, INC.	Employer identification number 22-3936753
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2019, CHARITY: WATER FUNDED 222 WATER PROJECTS THAT CAN SERVE 86,562 PEOPLE.

NIGER - NIGER IS RANKED 189 OUT OF THE 189 COUNTRIES ON THE 2019 UN HUMAN DEVELOPMENT INDEX. LOCATED LARGELY IN THE SAHARA DESERT, IT HAS HARSH LIVING CONDITIONS FOR ITS PREDOMINANTLY MUSLIM POPULATION. BECAUSE OF ITS LOCATION, IT IS PRONE TO FREQUENT DROUGHTS AND PROLONGED DRY SEASONS THAT POSE CHALLENGES FOR ACCESS TO CLEAN WATER, PARTICULARLY IN RURAL AREAS, WHERE 56% LACKS AT LEAST BASIC WATER SERVICES. IN ADDITION, 92% LACKS ACCESS TO AT LEAST BASIC SANITATION SERVICES, WHERE DIARRHEAL DISEASES ARE AMONG THE LEADING CAUSES OF DEATH. IN 2019, CHARITY: WATER FUNDED 81 WATER PROJECTS THAT CAN SERVE 40,150 PEOPLE.

RWANDA - WHILE RWANDA HAS MADE INCREDIBLE SOCIAL AND ECONOMIC PROGRESS IN THE PAST 25 YEARS SINCE THE HORRIFIC GENOCIDE. THE COUNTRY RANKS 157 OUT OF 189 ON THE 2019 UN HUMAN DEVELOPMENT INDEX. 47% OF THOSE LIVING IN RURAL AREAS LACK ACCESS TO AT LEAST BASIC WATER SERVICES, AND 30% LACK ACCESS TO AT LEAST BASIC SANITATION SERVICES. IN 2019, CHARITY: WATER FUNDED 144 WATER PROJECTS IN RWANDA THAT CAN SERVE 50,802 PEOPLE.

SENEGAL - SENEGAL REMAINED UNDER FRENCH CONTROL UNTIL THE LATE 19TH CENTURY, FINALLY GAINING SOVEREIGNTY AS A SEPARATE NATION IN 1960. UNFORTUNATELY, INTERNAL CHALLENGES SUCH AS THE GROWING POPULATION AND WIDESPREAD UNEMPLOYMENT CONTINUES TO PLAGUE THE COUNTRY. THE COUNTRY IS RANKED 166 OUT OF 189 COUNTRIES ON THE 2019 UN HUMAN DEVELOPMENT INDEX.

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IN ADDITION, 30% OF THOSE LIVING IN RURAL AREAS LACK ACCESS TO AT LEAST BASIC WATER SERVICES, AND 60% LACK ACCESS TO AT LEAST BASIC SANITATION SERVICES. IN 2019, CHARITY: WATER FUNDED 596 WATER PROJECTS IN SENEGAL THAT CAN SERVE 10,220 PEOPLE.

SIERRA LEONE - WITH ONE OF THE WORLD'S SHORTEST LIFE EXPECTANCY AT BIRTH (54-YEARS-OLD), SIERRA LEONE RANKED 181 OUT OF 189 COUNTRIES ON THE 2019 UN HUMAN DEVELOPMENT INDEX. FURTHERMORE, AN EBOLA VIRUS OUTBREAK IN 2014 OVERBURDENED AN ALREADY WEAK HEALTHCARE INFRASTRUCTURE, WHICH BOTH AIDED THE SPREAD OF THE VIRUS AND CONTRIBUTED TO A TRAGICALLY HIGH DEATH TOLL. DIARRHEAL DISEASES ARE CURRENTLY THE LEADING CAUSE OF DEATH IN SIERRA LEONE, WHICH OFTEN STEM FROM UNSAFE WATER AND SANITATION. NEARLY 50% OF THE COUNTRY'S RURAL POPULATION OF 4.4 MILLION LACKS ACCESS TO AT LEAST BASIC WATER SERVICES, WHILE 91% LACKS ACCESS TO AT LEAST BASIC SANITATION SERVICES. IN 2019, CHARITY: WATER FUNDED 108 WATER PROJECTS THAT CAN SERVE 32,400 PEOPLE.

ZAMBIA - ZAMBIA REMAINED UNDER BRITISH RULE DURING THE COLONIAL PERIODS, FINALLY GAINING ITS INDEPENDENCE ON OCTOBER 24, 1964. UNFORTUNATELY, THE ECONOMY WAS WEAKENED BY A PROLONGED DROUGHT AND DECLINING COPPER PRICES IN THE 1980S AND 1990S. THE COUNTRY IS RANKED 143 OUT OF 189 COUNTRIES ON THE 2019 UN HUMAN DEVELOPMENT INDEX. IN ADDITION, 58% OF THE RURAL POPULATION LACKS ACCESS TO AT LEAST BASIC WATER SERVICES, WHILE 81% LACKS ACCESS TO AT LEAST BASIC SANITATION SERVICES. IN 2019, CHARITY: WATER FUNDED 70 WATER PROJECTS IN ZAMBIA THAT WILL SERVE 22,547 PEOPLE.

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ZIMBABWE - AFTER YEARS OF ECONOMIC CRISIS AND POLITICAL TURMOIL, REPEATED DROUGHTS AND FLOODS, AND CYCLONE DINEO IN 2017, ACCESS TO BASIC WATER AND SANITATION REMAINS A MAJOR ISSUE FOR ZIMBABWE. THIS IS ESPECIALLY TRUE IN RURAL AREAS, WHERE 68% OF THE POPULATION RESIDES. ZIMBABWE IS RANKED 150 OUT OF 189 COUNTRIES ON THE 2019 UN HUMAN DEVELOPMENT INDEX. 50% OF RURAL ZIMBABWEANS LIVE WITHOUT BASIC ACCESS TO DRINKING WATER, AND 69% LIVE WITHOUT ACCESS TO BASIC SANITATION SERVICES. IN 2019, CHARITY: WATER FUNDED 175 WATER PROJECTS THAT CAN SERVE 32,410 PEOPLE.

FORM 990, PART VI, LINE 11B -

ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE RETURN PREPARER EMAILS A DRAFT OF THE FORM 990 TO MANAGEMENT FOR INTERNAL REVIEW. REVISIONS ARE INPUTTED BY THE RETURN PREPARER AND A REVISED DRAFT IS EMAILED TO THE ENGAGED INDEPENDENT ACCOUNTING FIRM FOR REVIEW. AFTER ALL CHANGES ARE MADE AND AGREED TO BY THE ENGAGED INDEPENDENT ACCOUNTING FIRM, THE FINAL FORM 990 IS THEN SENT BY THE RETURN PREPARER VIA EMAIL TO THE FOUNDER/CEO, CFO AND FINANCE COMMITTEE FOR FINAL REVIEW. ONCE FINAL APPROVAL IS OBTAINED FROM THE ABOVE-SEATED OFFICERS, THE FINAL FORM 990 IS SENT TO MANAGEMENT FOR SIGNATURE AND A COPY OF THE FINAL FORM 990 IS FORWARDED TO ALL SEATED BOARD MEMBERS PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, ANY DIRECTOR, OFFICER, KEY EMPLOYEE, OR MEMBER OF A COMMITTEE WITH THE

Name of the organization

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GOVERNING BOARD MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND
 BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS
 AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS
 CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.

EACH INTERESTED PERSON SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH
 PERSON:

- A. HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY,
- B. HAS READ AND UNDERSTANDS THE CONFLICT OF INTEREST POLICY,
- C. HAS AGREED TO COMPLY WITH THE CONFLICT OF INTEREST POLICY, AND
- D. UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN
 ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH
 ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

IN ADDITION, ON SUCH STATEMENT, INTERESTED PERSONS SHALL DISCLOSE OR
 UPDATE THEIR INTERESTS THAT COULD GIVE RISE TO A CONFLICT OF INTEREST,
 SUCH AS A LIST OF FAMILY MEMBERS, SUBSTANTIAL BUSINESS OR INVESTMENT
 HOLDINGS, AND OTHER TRANSACTIONS OR AFFILIATIONS WITH BUSINESSES AND
 OTHER ORGANIZATIONS AND THOSE OF FAMILY MEMBERS.

TO ENSURE THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH
 CHARITABLE PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD
 JEOPARDIZE ITS TAX EXEMPT STATUS, REGULAR AND CONSISTENT REVIEWS (AT
 LEAST ANNUALLY) SHALL BE CONDUCTED. THE REVIEWS SHALL, AT A MINIMUM,
 INCLUDE THE FOLLOWING SUBJECTS:

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A. WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON COMPETENT SURVEY INFORMATION, AND THE RESULT OF ARM'S-LENGTH BARGAINING.

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

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

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

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

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

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

B) AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE SHALL

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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.

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

FORM 990, PART VI, LINE 15A -

COMPENSATION PROCESS FOR TOP OFFICIAL

THE PROCESS INCLUDES THE FOLLOWING ELEMENTS:

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

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

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

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

AND

- (IV) ACTUAL WRITTEN OFFERS FROM SIMILAR ORGANIZATIONS COMPETING FOR THE SERVICES OF THE PERSON.

3. CONTEMPORANEOUS DOCUMENTATION - THE BOARD OR COMPENSATION COMMITTEE SHALL CONTEMPORANEOUSLY DOCUMENT THE BASIS FOR ITS COMPENSATION DETERMINATION, INCLUDING DOCUMENTATION:

- (I) THE AGREED-UPON TERMS AND DATE OF APPROVAL;
- (II) THE MEMBERS OF THE BOARD OR COMPENSATION COMMITTEE WHO:
 - (A) WERE PRESENT DURING DEBATE ON THE COMPENSATION ARRANGEMENT AND
 - (B) VOTED ON THE COMPENSATION ARRANGEMENT;
- (III) THE COMPARABILITY DATA OBTAINED AND RELIED UPON AND HOW SUCH DATA WAS OBTAINED; AND
- (IV) ANY ACTIONS TAKEN WITH RESPECT TO CONSIDERATION OF THE COMPENSATION ARRANGEMENT BY ANYONE WHO IS OTHERWISE A MEMBER OF THE BOARD OR COMPENSATION COMMITTEE BUT HAD A CONFLICT OF INTEREST WITH RESPECT TO SUCH COMPENSATION ARRANGEMENT.

Name of the organization

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4. THE MOST RECENT COMPENSATION REVIEW OCCURRED IN 2019.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

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

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

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

IN 2019.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

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

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

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

AUDIT REPORTS AND ANNUAL FINANCIAL STATEMENTS ARE AVAILABLE ONLINE AT

CHARITYWATER.ORG/ABOUT/FINANCIALS

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

DISCOUNT ON GRANT PAYABLE \$ 952,622

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT,

DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,

MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, TN, UT, VA, WA, WV, WI,

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ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
TWISTHINK LLC 43 E 8TH STREET, SUITE 250 HOLLAND, MI 49423	CONSULTING	1,039,083.
WE CONSULT P.O BOX 22856 KAMPALA UGANDA	CONSULTING	349,024.
COMMUNITY BASED HEALTH CARE COUNCIL P.O. BOX 2214, NJIRO ROAD ARUSHA TANZANIA	PROJECT MONITORING	279,561.
IMMERSIVE ENVIRONMENTS LLC 1050 MARIN STREET SAN FRANCISCO, CA 94124	CONSULTING	242,668.
NEPAL WATER FOR HEALTH NABIL HOUSE KAMALADI, P.O. BOX 3729 KATHMANDU NEPAL	PROJECT MONITORING	168,572.

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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CHARITY GLOBAL (UK) LIMITED 1 DEVONSHIRE ST LONDON, UK W1W 5DR	GRNTMAKING	UK	5,418,996.	4,914,074.	CHARITY GLOB
(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)							

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

Schedule R (Form 990) 2019

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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a		
b Gift, grant, or capital contribution to related organization(s).	1b		
c Gift, grant, or capital contribution from related organization(s).	1c		
d Loans or loan guarantees to or for related organization(s).	1d		
e Loans or loan guarantees by related organization(s).	1e		
f Dividends from related organization(s).	1f		
g Sale of assets to related organization(s).	1g		
h Purchase of assets from related organization(s).	1h		
i Exchange of assets with related organization(s).	1i		
j Lease of facilities, equipment, or other assets to related organization(s).	1j		
k Lease of facilities, equipment, or other assets from related organization(s).	1k		
l Performance of services or membership or fundraising solicitations for related organization(s).	1l		
m Performance of services or membership or fundraising solicitations by related organization(s).	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n		
o Sharing of paid employees with related organization(s).	1o		
p Reimbursement paid to related organization(s) for expenses.	1p		
q Reimbursement paid by related organization(s) for expenses.	1q		
r Other transfer of cash or property to related organization(s).	1r		
s Other transfer of cash or property from related organization(s).	1s		

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners 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)													

Part VII **Supplemental Information**

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