

Form **990** (2024)

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

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

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 7,006,184 including grants of \$ 6,324,211) (Revenue \$ 0)

UGANDA - IN FISCAL YEAR 2025, CHARITY: WATER FUNDED 579 WATER PROJECTS IN UGANDA, WHICH WILL SERVE AN ESTIMATED 170,110 PEOPLE. TWENTY YEARS AGO, CHARITY: WATER FUNDED ITS FIRST PROJECT IN UGANDA, MARKING THE START OF A LONG-TERM COMMITMENT TO THE COUNTRY. UGANDA REMAINS A MAJOR FOCUS, WITH FUNDING FOR EIGHT LOCAL PARTNERS THAT IMPROVE PROJECT MONITORING, ENCOURAGE COLLABORATION, AND CONSERVE RESOURCES-THOUGH CHALLENGES PERSIST. THESE INCLUDE LIMITED GROUNDWATER POTENTIAL, FLOODING THAT DEGRADES WATER QUALITY, AND ACIDIC WATER THAT DAMAGES INFRASTRUCTURE. MORE THAN 59% OF THE POPULATION LIVES ON LESS THAN \$3 A DAY, AND ABOUT 2 MILLION REFUGEES RESIDE THERE. ADDITIONALLY, 73% OF UGANDANS LIVE IN RURAL AREAS, WHERE 43% LACK BASIC WATER ACCESS, AND 74% LACK BASIC SANITATION.

4b (Code:) (Expenses \$ 5,749,777 including grants of \$ 5,700,000) (Revenue \$ 0)

ETHIOPIA - IN FISCAL YEAR 2025, CHARITY: WATER FUNDED 391 WATER PROJECTS IN ETHIOPIA, WHICH WILL SERVE AN ESTIMATED 133,900 PEOPLE. CHARITY: WATER FUNDS FOUR LOCAL PARTNERS IN ETHIOPIA. DESPITE A FAST-GROWING ECONOMY DRIVEN BY COFFEE EXPORTS, MORE THAN 38% OF THE POPULATION LIVES ON LESS THAN \$3 A DAY. AS OF 2025, ETHIOPIA HOSTS AN ESTIMATED 1.10 MILLION REFUGEES. IN RURAL ETHIOPIA, WHERE 76% OF THE POPULATION LIVES, MORE THAN 53% STILL LACK ACCESS TO BASIC WATER SERVICES, AND 94% STILL LACK ACCESS TO BASIC SANITATION SERVICES.

4c (Code:) (Expenses \$ 4,820,169 including grants of \$ 4,815,000) (Revenue \$ 0)

MADAGASCAR - IN FISCAL YEAR 2025, CHARITY: WATER FUNDED 5,125 WATER PROJECTS IN MADAGASCAR, WHICH WILL SERVE AN ESTIMATED 78,111 PEOPLE. CHARITY: WATER FUNDS THREE LOCAL PARTNERS WHO WORK ACROSS THE COUNTRY. MADAGASCAR IS AN ISLAND OFF THE COAST OF EAST AFRICA IN THE INDIAN OCEAN, WITH RICH BIODIVERSITY BUT SEVERE HUMANITARIAN CHALLENGES. 69% OF ITS POPULATION LIVES ON LESS THAN \$3 A DAY. FREQUENT FLOODS, DROUGHTS, AND CYCLONES MAKE ACHIEVING BASIC HEALTH AND SAFETY DIFFICULT. ACCESS TO SERVICES FOR THE RURAL POPULATION IS LIMITED: 61% LACK ACCESS TO BASIC WATER SERVICES, AND 89% LACK ACCESS TO BASIC SANITATION SERVICES.

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

(Expenses \$ 48,610,925 including grants of \$ 43,961,990) (Revenue \$ 0)

4e Total program service expenses 66,187,055

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)? If "Yes," complete Schedule A	1 ✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2 ✓	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	✓
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	✓
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	✓
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	✓
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓
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? If "Yes," complete Schedule D, Part VI	11a ✓	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	✓
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? If "Yes," complete Schedule D, Part VIII	11c	✓
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e ✓	
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)? If "Yes," complete Schedule D, Part X	11f ✓	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b ✓	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a ✓	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b ✓	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 ✓	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	✓
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	✓
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 ✓	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	✓
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	✓
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? If "Yes," complete Schedule I, Parts I and II	21	✓

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

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	1a	51
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓

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	126		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
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)?	4a		✓	
b	If "Yes," enter the name of the foreign country <u>UK</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
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?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
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?	7a		✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
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?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
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?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
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?	12a			
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.	13a			
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?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
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 the instructions and file Form 4720, Schedule N.	15			✓
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.	16			✓
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 12 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 11		
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		☒
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		☒
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		☒
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		☒
6 Did the organization have members or stockholders? 6		☒
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		☒
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		☒
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	☒	
b Each committee with authority to act on behalf of the governing body? 8b	☒	
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		☒

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		☒
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	☒	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	☒	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	☒	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c	☒	
13 Did the organization have a written whistleblower policy? 13	☒	
14 Did the organization have a written document retention and destruction policy? 14	☒	
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	☒	
b Other officers or key employees of the organization 15b	☒	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a		☒
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 AK, AL, AR, AZ, (CONTINUED ON SCHEDULE O)

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

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

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

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SCOTT HARRISON FOUNDER/CEO	50.0 0.0	✓		✓				385,331	0	51,002
(2) BENJAMIN GREENE CHIEF REVENUE OFFICER	50.0 0.0				✓			308,883	0	43,784
(3) MANDEEP SINGH CHIEF FINANCIAL OFFICER	50.0 0.0			✓				304,790	0	44,676
(4) CHRISTA STELZMULLER CHIEF TECHNOLOGY OFFICER	50.0 0.0				✓			282,405	0	18,696
(5) MELISSA RUSSELL PRESIDENT	50.0 0.0			✓				265,087	0	33,759
(6) BRIAN HOYER CHIEF WATER PROGRAMS OFFICER	50.0 0.0			✓				269,159	0	15,476
(7) BRADY JOSEPHSON VP OF MARKETING & GROWTH	50.0 0.0				✓			203,961	0	33,930
(8) JASDEEP GOSAL DIR OF ENGINEERING	50.0 0.0					✓		194,997	0	32,958
(9) CHRISTINA TINEO VP OF PEOPLE	50.0 0.0				✓			199,458	0	19,054
(10) CHRIS DANNER VP OF PRODUCT	50.0 0.0					✓		174,115	0	33,083
(11) JULIA ANDERSON VP OF PARTNERSHIPS	50.0 0.0					✓		195,061	0	8,443
(12) SEAN LEE VP OF IT	50.0 0.0					✓		176,494	0	21,912
(13) TYLER RIEWER SR DIR OF BRAND & CONTENT	50.0 0.0					✓		174,755	0	7,995
(14) CHRISTOPHER BARTON SECRETARY/GENERAL COUNSEL	30.0 0.0			✓				129,113	0	33,597

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) BROOK HAZELTON CHAIRPERSON/BOARD MEMBER	2.0 0.0	☒		☒				0	0	0
(16) ANGELA AHRENDTS BOARD MEMBER	2.0 0.0	☒						0	0	0
(17) BRANT CRYDER BOARD MEMBER	2.0 0.0	☒						0	0	0
(18) CHIDI ACHARA BOARD MEMBER	2.0 0.0	☒						0	0	0
(19) CHI-HUA CHIEN BOARD MEMBER	2.0 0.0	☒						0	0	0
(20) IJE NWOKORIE BOARD MEMBER	2.0 0.0	☒						0	0	0
(21) MICHAEL WILKERSON BOARD MEMBER	2.0 0.0	☒						0	0	0
(22) NANCY DUARTE BOARD MEMBER	2.0 0.0	☒						0	0	0
(23) RYAN GRAVES BOARD MEMBER	2.0 0.0	☒						0	0	0
(24) SHANNON SEDGWICK DAVIS BOARD MEMBER	2.0 0.0	☒						0	0	0
(25) VALERIE DONATI BOARD MEMBER	2.0 0.0	☒						0	0	0
1b Subtotal								3,263,609	0	398,365
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								3,263,609	0	398,365

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 **50**

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3** ☐ Yes ☒ No

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 **4** ☒ Yes ☐ No

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 **5** ☐ Yes ☒ No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
WE CONSULT, PO BOX 22856, KAMPALA, UG	SUSTAINABILITY PROGRAMMATIC CONSULTING	700,000
TWISTHINK, 109 MICHIGAN ST NW, #600, GRAND RAPIDS, MI 49503	SENSOR PROGRAMMATIC CONSULTING	475,627
TATARI, INC., 100 BUSH STREET, SUITE 950, SAN FRANCISCO, CA 94104	TV ADVERTISING	402,000
MORNING WALK USA, LLC, 241 N BROADWAY SUITE 400, MILWAUKEE, WI 53202	PERFORMANCE BRANDING	300,000
KPMG, DEPT 0511, POB 120511, DALLAS, TX 75312	AUDIT AND TAX SUPPORT	220,211

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **12**

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	119,561			
	b	Membership dues	1b				
	c	Fundraising events	1c	850,123			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	75,962,649			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 938,153			
	h	Total. Add lines 1a-1f		76,932,333			
	Business Code						
Program Service Revenue	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue . .		0	0	0	0
	g	Total. Add lines 2a-2f		0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,655,113			2,655,113
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	(ii) Personal			
	b	Less: rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		2,605,109			2,605,109
	8a	Gross income from fundraising events (not including \$ 850,123 of contributions reported on line 1c). See Part IV, line 18		0			
	b	Less: direct expenses		398,278			
	c	Net income or (loss) from fundraising events		(398,278)			(398,278)
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold					
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code						
	11a	MISCELLANEOUS INCOME	900099	473,575			473,575
	b						
	c						
	d	All other revenue		0	0	0	0
e	Total. Add lines 11a-11d		473,575				
12	Total revenue. See instructions			82,267,852	0	0	5,335,519

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	60,801,201	60,801,201		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,797,680	357,874	1,557,586	882,220
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	10,609,909	1,849,224	3,654,934	5,105,751
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	329,242	58,762	110,758	159,722
9 Other employee benefits	1,220,495	283,456	424,052	512,987
10 Payroll taxes	1,048,703	177,334	393,461	477,908
11 Fees for services (nonemployees):				
a Management				
b Legal	26,256	963	24,690	603
c Accounting	159,941	9,261	134,060	16,620
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	327,242		327,242	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	1,759,467	438,845	540,402	780,220
12 Advertising and promotion	3,009,032			3,009,032
13 Office expenses	1,694,579	62,191	1,506,624	125,764
14 Information technology	1,064,764	176,862	414,053	473,849
15 Royalties				
16 Occupancy	318,901	215,494	71,517	31,890
17 Travel	1,056,346	128,898	644,970	282,478
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	592,182	98,365	230,281	263,536
23 Insurance	207,587	34,481	80,724	92,382
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 SUSTAINABILITY	1,493,844	1,493,844		
b EVENT COSTS	201,432			201,432
c				
d				
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	88,718,803	66,187,055	10,115,354	12,416,394
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 ☐ if following SOP 98-2 (ASC 958-720)				

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	18,462,845	1	16,115,722
	2 Savings and temporary cash investments	6,321,108	2	3,054,730
	3 Pledges and grants receivable, net	30,425,774	3	22,496,868
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,593,229	9	707,706
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,467,561		
	b Less: accumulated depreciation	10b 2,157,628		
	11 Investments—publicly traded securities	1,384,039	10c 3,309,933	
	12 Investments—other securities. See Part IV, line 11	86,009,873	11	97,227,637
	13 Investments—program-related. See Part IV, line 11	578,591	12	361,877
	14 Intangible assets	0	13	0
	15 Other assets. See Part IV, line 11	98,366	14	104,874
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,413	15	758,682	
	144,877,238	16	144,138,029	
Liabilities	17 Accounts payable and accrued expenses	1,397,383	17	1,279,487
	18 Grants payable	45,590,509	18	42,893,766
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	1,288,688
	26 Total liabilities. Add lines 17 through 25	46,987,892	26	45,461,941
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	41,546,746	27	41,849,689
	28 Net assets with donor restrictions	56,342,600	28	56,826,399
	Organizations that do not follow FASB ASC 958, check here ☐ 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	97,889,346	32	98,676,088
33 Total liabilities and net assets/fund balances	144,877,238	33	144,138,029	

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	82,267,852
2	Total expenses (must equal Part IX, column (A), line 25)	2	88,718,803
3	Revenue less expenses. Subtract line 2 from line 1	3	(6,450,951)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	97,889,346
5	Net unrealized gains (losses) on investments	5	6,591,348
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	646,345
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	98,676,088

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

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		✓
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		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

CHARITY GLOBAL, INC

Employer identification number

22-3936753

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(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 33¹/₃% 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 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	100,523,267	96,946,011	45,089,527	90,804,970	76,932,333	410,296,108
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	100,523,267	96,946,011	45,089,527	90,804,970	76,932,333	410,296,108
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)						17,659,350
6 Public support. Subtract line 5 from line 4						392,636,758

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	100,523,267	96,946,011	45,089,527	90,804,970	76,932,333	410,296,108
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,522,700	1,856,266	2,004,390	3,080,637	2,655,113	11,119,106
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	(245,767)	(621,618)	(30,327)	507,285	473,575	83,148
11 Total support. Add lines 7 through 10						421,498,362
12 Gross receipts from related activities, etc. (see instructions)					12	0
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	93.15 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	94.98 %
16a 33¹/₃% support test—2024. 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	☒	
b 33¹/₃% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization	☐	
17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	☐	
b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	☐	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	☐	

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%
19a 33¹/₃% support tests—2024. 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 33¹/₃% support tests—2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 ¹ / ₃ %, and line 18 is not more than 33 ¹ / ₃ %, check this box and stop here . The organization qualifies as a publicly supported organization ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
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.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3a			
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.			
3b			

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

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

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

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

Section D—Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9	Distributable amount for 2024 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020 . . .			
b Excess from 2021 . . .			
c Excess from 2022 . . .			
d Excess from 2023 . . .			
e Excess from 2024 . . .			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	(1) MISC. INCOME	(245,767)	(621,618)	(30,327)	507,285	473,575	83,148
	Total	(245,767)	(621,618)	(30,327)	507,285	473,575	83,148

Schedule B
(Form 990)

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

CHARITY GLOBAL, INC

Employer identification number

22-3936753

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

Name of organization

CHARITY GLOBAL, INC

Employer identification number

22-3936753

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 5,217,206	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2		\$ 4,000,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3		\$ 3,655,832	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4		\$ 2,157,145	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5		\$ 2,000,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

----- ----- -----	----- ----- -----
-------------------------	-------------------------

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

----- ----- -----	----- ----- -----
-------------------------	-------------------------

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

----- ----- -----	----- ----- -----
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(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

----- ----- -----	----- ----- -----
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SCHEDULE D
(Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

CHARITY GLOBAL, INC

Employer identification number

22-3936753

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ 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? ☐ Yes ☐ No	

Part II Conservation Easements

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

1	Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ 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 2d 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	\$

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange program

e ☐ Other _____

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

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

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

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

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
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? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

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

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		1,380,214	220,224	1,159,990
d Equipment		1,345,515	272,239	1,073,276
e Other		2,741,832	1,665,165	1,076,667
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				3,309,933

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, line 12, col. (B)) . . .		

Part VIII Investments—Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	1,288,688
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,288,688

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	90,780,357
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	6,591,348
b	Donated services and use of facilities	2b	1,850,121
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	8,441,469
3	Subtract line 2e from line 1	3	82,338,888
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	327,242
b	Other (Describe in Part XIII.)	4b	(398,278)
c	Add lines 4a and 4b	4c	(71,036)
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	82,267,852

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	89,993,615
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,850,121
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	(248,067)
e	Add lines 2a through 2d	2e	1,602,054
3	Subtract line 2e from line 1	3	88,391,561
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	327,242
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	327,242
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	88,718,803

Part XIII Supplemental Information

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

[SEE STATEMENT](#)

Part XIII

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

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	(a) Description	(b) Amount
	FUNDRAISING EVENT DIRECT EXPENSES	- 398,278
	TOTAL	- 398,278
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	DISCOUNT ON GRANTS PAYABLE	- 646,345
	FUNDRAISING EVENT DIRECT EXPENSES	398,278
	TOTAL	- 248,067

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	CHARITY: WATER RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. INCOME GENERATED FROM ACTIVITIES UNRELATED TO CHARITY: WATER'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER INTERNAL REVENUE CODE SECTION 511. CHARITY: WATER DID NOT RECOGNIZE ANY UNRELATED BUSINESS INCOME TAX LIABILITY FOR THE YEAR ENDED SEPTEMBER 30, 2025.

**SCHEDULE F
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Name of the organization

CHARITY GLOBAL, INC

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Employer identification number

22-3936753

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) SUB-SAHARAN AFRICA	0	0	GRANTMAKING	WATER PROJECT GRANTS	50,471,015
(2) SOUTH ASIA	0	0	GRANTMAKING	WATER PROJECT GRANTS	7,930,186
(3) EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING	WATER PROJECT GRANTS	2,400,000
(4) SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	(SEE STATEMENT)	1,489,906
(5) SOUTH ASIA	0	0	PROGRAM SERVICES	(SEE STATEMENT)	3,939
(6) SUB-SAHARAN AFRICA	0	4	PROFESSIONAL SERVICES		176,119
(7) SOUTH ASIA	0	3	PROFESSIONAL SERVICES		32,515
(8) EAST ASIA AND THE PACIFIC	0	1	PROFESSIONAL SERVICES		15,600
(9) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	2	PROFESSIONAL SERVICES		122,175
(10) EUROPE (INCLUDING ICELAND AND GREENLAND)	1	4	MAINTAINING OFFICES		49,108
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	1	14			62,690,563
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	1	14			62,690,563

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	PROGRAM FUNDING GRANT	5,400,000	WIRE TRANSFER			
(2)			SOUTH ASIA	PROGRAM FUNDING GRANT	3,110,000	WIRE TRANSFER			
(3)			SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	6,850,000	WIRE TRANSFER			
(4)			SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	6,500,000	WIRE TRANSFER			
(5)			SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	5,649,493	WIRE TRANSFER			
(6)			SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	3,792,571	WIRE TRANSFER			
(7)			SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	3,500,000	WIRE TRANSFER			
(8)			SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	3,400,000	WIRE TRANSFER			
(9)			EAST ASIA AND THE PACIFIC	PROGRAM FUNDING GRANT	2,400,000	WIRE TRANSFER			
(10)			SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	2,250,000	WIRE TRANSFER			
(11)			SOUTH ASIA	PROGRAM FUNDING GRANT	1,765,000	WIRE TRANSFER			
(12)			SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	1,600,000	WIRE TRANSFER			
(13)			SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	1,600,000	WIRE TRANSFER			
(14)			SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	1,390,000	WIRE TRANSFER			
(15)			SOUTH ASIA	PROGRAM FUNDING GRANT	1,350,000	WIRE TRANSFER			
(16)			(SEE STATEMENT)						

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

30

3 Enter total number of other organizations or entities

0

Part III

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

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No

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

Part V Supplemental Information

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

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	CHARITY: WATER'S PROCEDURES FOR MONITORING PROGRAM FUNDING BEGIN WITH STRATEGIC PROGRAM AND PARTNER SELECTION. PRIOR TO ENTERING INTO ANY AGREEMENT(S) TO FUND CONSTRUCTION, REPAIR, MAINTENANCE, MONITORING AND EVALUATION OF WATER PROJECTS, PARTNER ORGANIZATIONS ARE SELECTED BASED ON CHARITY: WATER'S STRICT SELECTION CRITERIA WHICH INCLUDES MEASURES OF STRONG FISCAL OVERSIGHT AND INTERNAL CONTROLS, USE OF BEST OPERATING PRACTICES, AND A DEMONSTRATED HISTORY OF SUCCESS IN COMPLETING HIGH QUALITY WATER PROJECTS ON TIME AND WITHIN BUDGET. THESE ORGANIZATIONS MUST PROVIDE TO CHARITY: WATER DOCUMENTATION AND/OR EVIDENCE TO SUPPORT AND DEMONSTRATE INDUSTRY BEST PRACTICES IN THE AREA OF FIDUCIARY DUE DILIGENCE. THE PARTNER SELECTION PROCESS INCLUDES, BUT IS NOT LIMITED TO REVIEWING: - COMPLETED PROGRAMS AND PROJECTS - LOCAL REGISTRATION AND EMPLOYMENT CONTRACTS - INDEPENDENT AUDIT REPORTS - FISCAL OVERSIGHT, RECORD-KEEPING AND INTERNAL CONTROLS - PROCUREMENT AND CONTRACTING PROCEDURES - CASH AND TREASURY MANAGEMENT POLICIES - PROGRAM ACCOUNTING AND REPORTING SYSTEMS IN CONSIDERATION OF THE ABOVE CRITERIA, CHARITY: WATER THEN REQUESTS PARTNERS TO SUBMIT PROPOSALS FOR AN APPROPRIATE FUNDING AMOUNT. THE PROPOSAL INCLUDES PROGRAMMATIC DELIVERABLES, OUTPUTS, RELEVANT COSTS, REPORTING REQUIREMENTS, AND IMPACT METRICS. PROPOSALS ARE REVIEWED BY CHARITY: WATER AND SUBMITTED TO THE BOARD OF DIRECTORS FOR FORMAL APPROVAL. ALL FUNDS NECESSARY TO FULFILL EACH GRANT ARE RAISED PRIOR TO SIGNING THE GRANT. ACCORDINGLY, CHARITY: WATER'S \$42,893,766 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.

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 3(E)(4) - IF ACTIVITY LISTED IN (D) IS A PROGRAM SERVICE, DESCRIBE SPECIFIC TYPE OF SERVICE(S) IN THE REGION	SUB-SAHARAN AFRICA - WATER PROJECT SUSTAINABILITY
SCHEDULE F, PART I, LINE 3(E)(5) - IF ACTIVITY LISTED IN (D) IS A PROGRAM SERVICE, DESCRIBE SPECIFIC TYPE OF SERVICE(S) IN THE REGION	SOUTH ASIA - WATER PROJECT SUSTAINABILITY

Return Reference - Identifier	Explanation
SCHEDULE F, PART V - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	EXPENSES ARE REPORTED USING THE ACCRUAL METHOD OF ACCOUNTING, CONSISTENT WITH THE CHARITY GLOBAL'S AUDITED FINANCIAL STATEMENTS.

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

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(16)		SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	1,125,000	WIRE TRANSFER			
(17)		SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	1,100,000	WIRE TRANSFER			
(18)		SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	1,050,000	WIRE TRANSFER			
(19)		SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	1,000,000	WIRE TRANSFER			
(20)		SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	815,000	WIRE TRANSFER			
(21)		SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	799,211	WIRE TRANSFER			
(22)		SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	750,000	WIRE TRANSFER			
(23)		SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	615,000	WIRE TRANSFER			
(24)		SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	525,000	WIRE TRANSFER			
(25)		SOUTH ASIA	PROGRAM FUNDING GRANT	499,989	WIRE TRANSFER			
(26)		SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	499,740	WIRE TRANSFER			
(27)		SOUTH ASIA	PROGRAM FUNDING GRANT	420,000	WIRE TRANSFER			
(28)		SOUTH ASIA	PROGRAM FUNDING GRANT	400,000	WIRE TRANSFER			
(29)		SOUTH ASIA	PROGRAM FUNDING GRANT	299,966	WIRE TRANSFER			
(30)		SUB-SAHARAN AFRICA	PROGRAM FUNDING GRANT	260,000	WIRE TRANSFER			
(31)		SOUTH ASIA	PROGRAM FUNDING GRANT	85,231	WIRE TRANSFER			

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CHARITY GLOBAL, INC

Employer identification number

22-3936753

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|--|
| a ☐ Mail solicitations | e ☐ Solicitation of nongovernment grants |
| b ☐ Internet and email solicitations | f ☐ Solicitation of government grants |
| c ☐ Phone solicitations | g ☐ Special fundraising events |
| d ☐ 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						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

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

		(a) Event #1 IMMERSED FUNDRAISING EVENT (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	850,123			850,123
	2 Less: Contributions	850,123			850,123
	3 Gross income (line 1 minus line 2)	0	0	0	0
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs	9,000			9,000
	7 Food and beverages	38,137			38,137
	8 Entertainment	30,822			30,822
	9 Other direct expenses	320,319			320,319
	10 Direct expense summary. Add lines 4 through 9 in column (d)				398,278
	11 Net income summary. Subtract line 10 from line 3, column (d)				(398,278)

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	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

Name _____

Address _____

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

Name _____

Address _____

- 16** Gaming manager information:

Name

Gaming manager compensation \$ _____

Description of services provided	Date	Time	Location	Notes
			</	

☐ Director/officer☐ Employee☐ Independent contractor

- 17** Mandatory distributions:

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

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

**SCHEDULE J
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Name of the organization

CHARITY GLOBAL, INC

Compensation Information

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

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Employer identification number

22-3936753

Part I Questions Regarding Compensation

	Yes	No								
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. <table><tbody><tr><td>☐ First-class or charter travel</td><td>☐ Housing allowance or residence for personal use</td></tr><tr><td>☐ Travel for companions</td><td>☐ Payments for business use of personal residence</td></tr><tr><td>☐ Tax indemnification and gross-up payments</td><td>☐ Health or social club dues or initiation fees</td></tr><tr><td>☐ Discretionary spending account</td><td>☐ Personal services (such as maid, chauffeur, chef)</td></tr></tbody></table>	☐ First-class or charter travel	☐ Housing allowance or residence for personal use	☐ Travel for companions	☐ Payments for business use of personal residence	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
☐ First-class or charter travel	☐ Housing allowance or residence for personal use									
☐ Travel for companions	☐ Payments for business use of personal residence									
☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees									
☐ Discretionary spending account	☐ 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	1b									
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?	2									
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. <table><tbody><tr><td>☒ Compensation committee</td><td>☐ Written employment contract</td></tr><tr><td>☐ Independent compensation consultant</td><td>☒ Compensation survey or study</td></tr><tr><td>☒ Form 990 of other organizations</td><td>☒ Approval by the board or compensation committee</td></tr></tbody></table>	☒ Compensation committee	☐ Written employment contract	☐ Independent compensation consultant	☒ Compensation survey or study	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee				
☒ Compensation committee	☐ Written employment contract									
☐ Independent compensation consultant	☒ Compensation survey or study									
☒ Form 990 of other organizations	☒ 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?	4a	☒								
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	☒								
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.	4c	☒								
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?	5a	☒								
b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b	☒								
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?	6a	☒								
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b	☒								
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	7	☒								
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	8	☒								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SCOTT HARRISON FOUNDER/CEO	(i)	384,736	0	595	13,800	37,202	436,333	0
	(ii)	0	0	0	0	0	0	0
2 BENJAMIN GREENE CHIEF REVENUE OFFICER	(i)	304,519	3,879	485	12,568	31,216	352,667	0
	(ii)	0	0	0	0	0	0	0
3 MANDEEP SINGH CHIEF FINANCIAL OFFICER	(i)	302,897	652	1,241	12,376	32,300	349,466	0
	(ii)	0	0	0	0	0	0	0
4 CHRISTA STELMULLER CHIEF TECHNOLOGY OFFICER	(i)	280,146	1,663	596	9,531	9,165	301,101	0
	(ii)	0	0	0	0	0	0	0
5 MELISSA RUSSELL PRESIDENT	(i)	264,692	0	395	3,392	30,367	298,846	0
	(ii)	0	0	0	0	0	0	0
6 BRIAN HOYER CHIEF WATER PROGRAMS OFFICER	(i)	263,858	5,097	204	9,338	6,138	284,635	0
	(ii)	0	0	0	0	0	0	0
7 BRADY JOSEPHSON VP OF MARKETING & GROWTH	(i)	194,632	9,163	166	8,301	25,629	237,891	0
	(ii)	0	0	0	0	0	0	0
8 JASDEEP GOSAL DIR OF ENGINEERING	(i)	189,046	5,766	185	8,042	24,916	227,955	0
	(ii)	0	0	0	0	0	0	0
9 CHRISTINA TINEO VP OF PEOPLE	(i)	194,988	4,322	148	7,594	11,460	218,512	0
	(ii)	0	0	0	0	0	0	0
10 CHRIS DANNER VP OF PRODUCT	(i)	170,091	3,897	127	3,538	29,545	207,198	0
	(ii)	0	0	0	0	0	0	0
11 JULIA ANDERSON VP OF PARTNERSHIPS	(i)	189,547	5,374	140	7,802	641	203,504	0
	(ii)	0	0	0	0	0	0	0
12 SEAN LEE VP OF IT	(i)	172,047	4,303	144	7,256	14,656	198,406	0
	(ii)	0	0	0	0	0	0	0
13 TYLER RIEWER SR DIR OF BRAND & CONTENT	(i)	169,063	5,542	150	6,990	1,005	182,750	0
	(ii)	0	0	0	0	0	0	0
14 CHRISTOPHER BARTON SECRETARY/GENERAL COUNSEL	(i)	123,437	4,988	688	5,448	28,149	162,710	0
	(ii)	0	0	0	0	0	0	0
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	AMOUNTS REPORTED IN COLUMN (B)(II) REPRESENT DISCRETIONARY BONUS PAYMENTS.

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.

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 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				
2				
3				
4				
5				
6				
7				
8				
9	✓	169	924,115	MARKET VALUE
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25	✓	175	12,113	MARKET VALUE
26	✓	125	1,925	MARKET VALUE
27				
28				
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement			29 0
30a	During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?			30a Yes No
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?			31 ✓
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?			32a ✓
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II

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

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED - THE NUMBER OF CONTRIBUTIONS OTHER - WATER BOTTLES - THE NUMBER OF CONTRIBUTIONS OTHER - SUPPLIES - THE NUMBER OF CONTRIBUTIONS

Name of the organization
CHARITY GLOBAL, INC

Employer identification number
22-3936753

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 - PART III, LINE 1 - DESCRIPTION OF ORGANIZATION MISSION	CHARITY: WATER IS A NON-PROFIT ORGANIZATION BRINGING CLEAN AND SAFE WATER TO PEOPLE AROUND THE WORLD. CHARITY: WATER INSPIRES GIVING AND EMPOWERS OTHERS TO FUNDRAISE FOR SUSTAINABLE WATER SOLUTIONS. A SEPARATE, PRIVATE GROUP OF SUPPORTERS FUNDS OPERATIONAL COSTS, ALLOWING CHARITY: WATER TO USE 100% OF PUBLIC DONATIONS TO FUND WATER PROJECTS. CHARITY: WATER GRANTS RAISED FUNDS STRATEGICALLY TO LOCAL PARTNERS TO COMPLETE WATER PROJECTS IN AREAS OF GREATEST NEED THROUGHOUT THE WORLD. BEFORE BEING SELECTED, LOCAL PROJECT IMPLEMENTATION PARTNERS MUST MEET CHARITY: WATER'S STRICT SELECTION CRITERIA AND QUALITY STANDARDS, AND DEMONSTRATE A HISTORY OF SUCCESSFUL PROJECT OUTCOMES. WHEN THE WATER PROJECTS ARE COMPLETED, WE PROVE EVERY ONE OF THEM USING GPS COORDINATES, PHOTOS AND INFORMATION ABOUT THE COMMUNITY SERVED.

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
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OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

CHARITY GLOBAL, INC

Employer identification number

22-3936753

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$48,610,925 INCLUDING GRANTS OF \$43,961,990)(REVENUE \$0) BANGLADESH - IN FISCAL YEAR 2025, CHARITY: WATER FUNDED 281 WATER PROJECTS IN BANGLADESH, WHICH WILL SERVE AN ESTIMATED 99,013 PEOPLE. CHARITY: WATER FUNDS TWO LOCAL PARTNERS IN BANGLADESH, AN EXCEPTIONALLY DENSELY POPULATED COUNTRY FACING SIGNIFICANT CHALLENGES WITH WATER ACCESS AND QUALITY, COMPOUNDED BY EXTREME WEATHER SUCH AS MONSOON FLOODS AND DRY-SEASON DROUGHTS. ITS RURAL POPULATION (59%) RELIES HEAVILY ON GROUNDWATER, WHICH IS PRONE TO CONTAMINATION FROM IMPROPER ACCESS AND TREATMENT, AS WELL AS FROM THE WIDESPREAD LACK OF BASIC SANITATION AND DRAINAGE SYSTEMS. WHILE ONLY 1% OF THE RURAL POPULATION LACKS ACCESS TO BASIC WATER SERVICES, WATER QUALITY REMAINS A SIGNIFICANT ISSUE, AND 32% LACK ACCESS TO BASIC SANITATION SERVICES. BURKINA FASO - IN FISCAL YEAR 2025, CHARITY: WATER FUNDED 175 WATER PROJECTS IN BURKINA FASO, WHICH WILL SERVE AN ESTIMATED 39,138 PEOPLE. CHARITY: WATER FUNDS TWO LOCAL PARTNERS IN BURKINA FASO, A LANDLOCKED WEST AFRICAN COUNTRY. UNFORTUNATELY, BURKINA FASO HAS BEEN PLAGUED BY RECURRING DROUGHTS AND MILITARY COUPS, CAUSING VIOLENCE AND INSTABILITY ACROSS THE COUNTRY. IN RESPONSE TO THESE CHALLENGES, THE GOVERNMENT HAS INITIATED SEVERAL REFORMS, INCLUDING A 2016 PROGRAM TO PROVIDE UNIVERSAL ACCESS TO CLEAN, AFFORDABLE DRINKING WATER, SANITATION, AND HYGIENE BY 2030. IN RURAL AREAS, 66% OF THE POPULATION LACKS ACCESS TO BASIC WATER SERVICES, AND 76% LACKS ACCESS TO BASIC SANITATION SERVICES. CAMBODIA - IN FISCAL YEAR 2025, CHARITY: WATER FUNDED BIOSAND FILTERS, A HOUSEHOLD WATER FILTRATION SYSTEM, IN 695 COMMUNITIES IN CAMBODIA, SERVING AN ESTIMATED 129,200 PEOPLE. CHARITY: WATER FUNDS ONE LOCAL PARTNER IN CAMBODIA, A SOUTHEAST ASIAN COUNTRY. NEARLY 74% OF ITS POPULATION LIVES IN RURAL AREAS, WHERE THEY FACE SIGNIFICANT CHALLENGES WITH WATER AND SANITATION. IN THESE AREAS, 21% LACK ACCESS TO BASIC WATER, AND 20% LACK BASIC SANITATION, OFTEN RELYING ON POLLUTED OPEN SURFACE WATER OR CONTAMINATED WELLS WITH BROKEN PUMPS. CENTRAL AFRICAN REPUBLIC - IN FISCAL YEAR 2025, CHARITY: WATER FUNDED 48 WATER PROJECTS IN THE CENTRAL AFRICAN REPUBLIC (CAR), WHICH WILL SERVE AN ESTIMATED 16,698 PEOPLE. CHARITY: WATER FUNDS ONE LOCAL PARTNER IN CAR, A LANDLOCKED COUNTRY IN CENTRAL AFRICA. AN OVERWHELMING 71.6% OF THE POPULATION LIVES ON LESS THAN \$3 A DAY. 73% OF THE RURAL POPULATION LACKS ACCESS TO BASIC WATER SERVICES, AND 94% LACKS ACCESS TO BASIC SANITATION SERVICES. CÔTE D'IVOIRE - IN FISCAL YEAR 2025, CHARITY: WATER FUNDED 45 WATER PROJECTS IN CÔTE D'IVOIRE, WHICH WILL SERVE AN ESTIMATED 17,280 PEOPLE. CHARITY: WATER FUNDS ONE LOCAL PARTNER IN CÔTE D'IVOIRE, A WEST AFRICAN COUNTRY ON THE COAST. CÔTE D'IVOIRE IS AN ECONOMIC POWERHOUSE IN WEST AFRICA (THE SECOND LARGEST), THANKS TO ITS STATUS AS THE WORLD'S LARGEST PRODUCER AND EXPORTER OF CASHEWS AND COCOA BEANS. STILL, ABOUT 36% OF THE RURAL POPULATION LACKS ACCESS TO BASIC WATER SERVICES, AND 76% LACKS ACCESS TO BASIC SANITATION SERVICES. INDIA - IN FISCAL YEAR 2025, CHARITY: WATER FUNDED 3,876 WATER PROJECTS IN INDIA, WHICH WILL SERVE AN ESTIMATED 22,521 PEOPLE. CHARITY: WATER FUNDS FIVE LOCAL PARTNERS IN INDIA. ALTHOUGH THE NATIONAL GOVERNMENT IS COMMITTED TO IMPROVING SANITATION AND WATER ACCESS, ITS AMBITIOUS GOALS REQUIRE EXTERNAL PARTNERSHIPS TO DRIVE WIDESPREAD CHANGE. TODAY, THE GOVERNMENT IS WORKING ON AN INITIATIVE TO BRING PIPED WATER TO EVERY HOUSEHOLD IN INDIA. WHILE MUCH OF THE POPULATION HAS ACCESS TO BASIC WATER SERVICES, WATER CONTAMINATION REMAINS A SIGNIFICANT ISSUE NATIONWIDE. 5% OF THE RURAL POPULATION LACKS ACCESS TO BASIC WATER SERVICES, AND 19% LACKS ACCESS TO BASIC SANITATION SERVICES. KENYA - IN FISCAL YEAR 2025, CHARITY: WATER FUNDED 115 WATER PROJECTS IN KENYA, WHICH WILL SERVE AN ESTIMATED 40,395 PEOPLE. CHARITY: WATER WORKS WITH FOUR LOCAL PARTNERS IN KENYA. OVERALL, 45.5% OF THE POPULATION LIVES ON LESS THAN \$3 A DAY, AND AN ESTIMATED 1.3 MILLION ADULTS ARE LIVING WITH HIV. IN KENYA, OUR PARTNERS FACE CONSIDERABLE CHALLENGES AND OPPORTUNITIES, COMPOUNDED BY THE ARID CLIMATE AND SEASONAL WATER SCARCITY IN SOME REGIONS. IN RURAL KENYA, 44% OF THE POPULATION LACKS ACCESS TO BASIC WATER SERVICES, AND 59% LACKS ACCESS TO BASIC SANITATION. MALAWI - IN FISCAL YEAR 2025, CHARITY: WATER FUNDED 378 WATER PROJECTS IN MALAWI, WHICH WILL SERVE AN ESTIMATED 127,584 PEOPLE. CHARITY: WATER FUNDS FOUR LOCAL ORGANIZATIONS IN MALAWI, A DENSELY POPULATED, UNDERDEVELOPED COUNTRY IN AFRICA. IN MALAWI, OVER 75% OF PEOPLE LIVE ON LESS THAN \$3 A DAY, AND AN ESTIMATED 990,900 INDIVIDUALS ARE LIVING WITH HIV. THE COUNTRY IS HIGHLY VULNERABLE TO CYCLONES, DROUGHTS, AND FLOODS, WHICH HAVE SEVERELY AFFECTED ITS ALREADY FRAGILE WASH INFRASTRUCTURE. 81% OF THE POPULATION LIVES IN RURAL COMMUNITIES, WHERE 30% LACK BASIC WATER ACCESS, AND 50% LACK BASIC SANITATION. MALI - IN FISCAL YEAR 2025, CHARITY: WATER FUNDED 153 WATER PROJECTS IN MALI, WHICH WILL

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
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OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

CHARITY GLOBAL, INC

Employer identification number

22-3936753

Return Reference - Identifier	Explanation
	SERVE AN ESTIMATED 54,600 PEOPLE. CHARITY: WATER FUNDS TWO LOCAL PARTNERS IN MALI, A LANDLOCKED COUNTRY IN WEST AFRICA'S SAHEL REGION, WHERE ACCESS TO CLEAN WATER IS VITAL YET LIMITED. MALI, CHARACTERIZED BY EXPANSIVE DESERTS AND EXTENDED DRY SEASONS, FACES CRITICAL WATER SHORTAGES THAT AFFECT FOOD PRODUCTION, LIVELIHOODS, AND HEALTH. THE COUNTRY ALSO EXPERIENCES FREQUENT DROUGHTS, FLOODS, POLITICAL UNREST, INSECURITY, AND EXTREMISM. ABOUT 20% OF RURAL RESIDENTS LACK ACCESS TO BASIC WATER SERVICES, AND 61% LACK BASIC SANITATION SERVICES. MOZAMBIQUE - IN FISCAL YEAR 2025, CHARITY: WATER FUNDED 177 WATER PROJECTS IN MOZAMBIQUE, WHICH WILL SERVE AN ESTIMATED 88,500 PEOPLE. CHARITY: WATER FUNDS TWO LOCAL PARTNERS IN MOZAMBIQUE, A SOUTHEAST AFRICAN COUNTRY PRONE TO NATURAL DISASTERS SUCH AS DROUGHTS, FLOODS, CYCLONES, AND EARTHQUAKES. RURAL AREAS ARE HARDEST HIT, FACING SEVERE FOOD SHORTAGES. MORE THAN 81% OF RESIDENTS LIVE ON LESS THAN \$3 A DAY, AND AN ESTIMATED 2.5 MILLION PEOPLE LIVE WITH HIV. THE GOVERNMENT, DEVELOPMENT AGENCIES, AND THE PRIVATE SECTOR ARE WORKING TO IMPROVE ACCESS TO WATER AND SANITATION FOR EVERYONE. POOR SANITATION CURRENTLY EXACERBATES WASH-RELATED ILLNESSES. 48% OF RURAL RESIDENTS LACK BASIC WATER SERVICES, AND 77% LACK ACCESS TO BASIC SANITATION SERVICES. NEPAL - IN FISCAL YEAR 2025, CHARITY: WATER FUNDED 8,156 WATER PROJECTS IN NEPAL, WHICH WILL SERVE AN ESTIMATED 60,833 PEOPLE. CHARITY: WATER FUNDS TWO LOCAL PARTNERS IN NEPAL'S RURAL, HILLY REGIONS, WHERE FRESHWATER SPRINGS ARE OFTEN HARD TO REACH. THE COUNTRY'S RUGGED TERRAIN IS IDEAL FOR ADVENTURE, BUT IT MAKES ACCESS TO WATER CHALLENGING. DISTANT AND DANGEROUS WATER SOURCES, MONSOON LANDSLIDES, AND EARTHQUAKES COMPLICATE MATTERS. OVER 78% OF THE POPULATION LIVES IN RURAL COMMUNITIES, WHERE 6% LACKS ACCESS TO BASIC WATER SERVICES, AND 13% LACKS ACCESS TO BASIC SANITATION SERVICES. NIGER - IN FISCAL YEAR 2025, CHARITY: WATER FUNDED 87 WATER PROJECTS IN NIGER, WHICH WILL SERVE AN ESTIMATED 41,250 PEOPLE. CHARITY: WATER FUNDS ONE LOCAL PARTNER IN NIGER, A LANDLOCKED COUNTRY IN WEST AFRICA, WHERE MORE THAN 80% OF THE LAND LIES IN THE SAHARA DESERT, CREATING HARSH LIVING CONDITIONS FOR THE COUNTRY'S PREDOMINANTLY MUSLIM POPULATION. MORE THAN 60% LIVE ON LESS THAN \$3 A DAY, AND THE POPULATION IS VERY YOUNG, WITH ROUGHLY 50% AGED 14 AND UNDER. BECAUSE OF ITS LOCATION, NIGER IS ALSO PRONE TO FREQUENT DROUGHTS AND DRY SEASONS, FURTHER STRAINING FOOD PRODUCTION, LIVELIHOODS, AND CHILD AND MATERNAL HEALTH. MORE THAN 83% OF THE POPULATION LIVES IN RURAL AREAS, WHERE 54% STILL LACK ACCESS TO BASIC WATER SERVICES AND A STAGGERING 91% LACK ACCESS TO BASIC SANITATION SERVICES. RWANDA - IN FISCAL YEAR 2025, CHARITY: WATER FUNDED 432 WATER PROJECTS IN RWANDA, WHICH WILL SERVE AN ESTIMATED 120,384 PEOPLE. CHARITY: WATER FUNDS ONE LOCAL PARTNER IN RWANDA, A LANDLOCKED EAST AFRICAN COUNTRY KNOWN FOR ITS STUNNING LANDSCAPES. THE RWANDAN GOVERNMENT IS COMMITTED TO THE SUSTAINABLE DEVELOPMENT GOALS ADOPTED BY ALL UN MEMBER STATES AND CONTINUES TO DEVELOP POLICIES TO SUPPORT THOSE INITIATIVES. DESPITE THIS, 44% OF THE RURAL POPULATION LACKS ACCESS TO BASIC WATER SERVICES, AND 13% LACKS ACCESS TO BASIC SANITATION SERVICES. SENEGAL - IN FISCAL YEAR 2025, CHARITY: WATER FUNDED 882 WATER PROJECTS IN SENEGAL, WHICH WILL SERVE AN ESTIMATED 7,695 PEOPLE. CHARITY: WATER FUNDS ONE LOCAL PARTNER IN SENEGAL, A WEST AFRICAN COUNTRY, WITH THE GAMBIA RIVER SEPARATING THE CASAMANCE REGION FROM THE REST OF THE COUNTRY. SENEGAL WAS UNDER FRENCH RULE UNTIL THE LATE 19TH CENTURY AND GAINED INDEPENDENCE IN 1960. THE COUNTRY FACES ONGOING CHALLENGES, INCLUDING A GROWING POPULATION AND HIGH UNEMPLOYMENT. HALF OF THE POPULATION LIVES IN RURAL AREAS, WHERE 19% LACK ACCESS TO BASIC WATER AND 46% LACK ACCESS TO BASIC SANITATION.

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
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OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

CHARITY GLOBAL, INC

Employer identification number

22-3936753

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES (CONTINUED)	SIERRA LEONE - IN FISCAL YEAR 2025, CHARITY: WATER FUNDED 254 WATER PROJECTS IN SIERRA LEONE, WHICH WILL SERVE AN ESTIMATED 63,050 PEOPLE. CHARITY: WATER FUNDS FIVE LOCAL PARTNERS IN SIERRA LEONE, LOCATED ON THE WEST AFRICAN COAST. ALTHOUGH MUCH OF THE POPULATION RELIES HEAVILY ON AGRICULTURE, THE COUNTRY IS ALSO A MINING HUB. MORE THAN 41% OF THE POPULATION LIVES ON LESS THAN \$3 A DAY. AMONG RURAL RESIDENTS, 43% LACK ACCESS TO BASIC WATER SERVICES, AND 85% LACK ACCESS TO BASIC SANITATION SERVICES. TANZANIA - IN FISCAL YEAR 2025, CHARITY: WATER FUNDED 142 WATER PROJECTS IN TANZANIA, WHICH WILL SERVE AN ESTIMATED 31,727 PEOPLE. CHARITY: WATER FUNDS THREE LOCAL PARTNERS IN TANZANIA, AN EAST AFRICAN NATION HOME TO MOUNT KILIMANJARO. A SIGNIFICANT 51.3% OF ITS POPULATION LIVES ON LESS THAN \$3 A DAY. THIS UNDERINVESTMENT IN WASH INFRASTRUCTURE IS A MAJOR CONTRIBUTOR TO A HIGH INFANT MORTALITY RATE, DRIVEN PRIMARILY BY WATERBORNE DISEASES. IN RURAL AREAS, WHERE NEARLY 62% OF TANZANIANS RESIDE, OVER 49% LACK ACCESS TO BASIC WATER SERVICES, AND 74% LACK ACCESS TO BASIC SANITATION SERVICES. ZIMBABWE - IN FISCAL YEAR 2025, CHARITY: WATER FUNDED 423 WATER PROJECTS IN ZIMBABWE, WHICH WILL SERVE AN ESTIMATED 74,350 PEOPLE. CHARITY: WATER FUNDS TWO LOCAL PARTNERS IN ZIMBABWE, A LANDLOCKED SOUTHERN AFRICAN NATION THAT FACES SEVERE WATER AND SANITATION CHALLENGES AFTER YEARS OF ECONOMIC CRISIS, POLITICAL TURMOIL, AND RECURRING DROUGHTS. NEARLY 50% OF THE POPULATION LIVES ON LESS THAN \$3 A DAY, AND MANY (67%) LIVE IN RURAL COMMUNITIES, WHERE 46% LACK ACCESS TO BASIC WATER SERVICES AND 68% LACK ACCESS TO BASIC SANITATION SERVICES.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	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.

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
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Name of the organization

CHARITY GLOBAL, INC

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22-3936753

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, ANY DIRECTOR, OFFICER, KEY EMPLOYEE, OR MEMBER OF A COMMITTEE WITH THE GOVERNING BOARD MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. EACH INTERESTED PERSON SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON: 1. HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, 2. HAS READ AND UNDERSTANDS THE CONFLICT OF INTEREST POLICY, 3. HAS AGREED TO COMPLY WITH THE CONFLICT OF INTEREST POLICY, AND 4. UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. IN ADDITION, ON SUCH STATEMENT, INTERESTED PERSONS SHALL DISCLOSE OR UPDATE THEIR INTERESTS THAT COULD GIVE RISE TO A CONFLICT OF INTEREST, SUCH AS A LIST OF FAMILY MEMBERS, SUBSTANTIAL BUSINESS OR INVESTMENT HOLDINGS, AND OTHER TRANSACTIONS OR AFFILIATIONS WITH BUSINESSES AND OTHER ORGANIZATIONS AND THOSE OF FAMILY MEMBERS. TO ENSURE THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH CHARITABLE PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS, REGULAR AND CONSISTENT REVIEWS (AT LEAST ANNUALLY) SHALL BE CONDUCTED. THE REVIEWS SHALL, AT A MINIMUM, INCLUDE THE FOLLOWING SUBJECTS: A) WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON COMPETENT SURVEY INFORMATION, AND THE RESULT OF ARM'S-LENGTH BARGAINING. B) WHETHER PARTNERSHIPS, JOINT VENTURES AND ARRANGEMENTS WITH MANAGEMENT ORGANIZATIONS CONFORM TO THE ORGANIZATION'S WRITTEN POLICIES ARE PROPERLY RECORDED, REFLECT REASONABLE INVESTMENTS OR PAYMENTS FOR GOODS AND SERVICES, FURTHER CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT, IMPERMISSIBLE PRIVATE BENEFIT OR IN AN EXCESS BENEFIT TRANSACTION. C) WHETHER THE GOVERNING BOARD AND ALL COMMITTEES WITH BOARD DELEGATED POWERS IS PROPERLY IMPLEMENTING THIS CONFLICT OF INTEREST POLICY. D) WHETHER ANY IMPROVEMENTS SHOULD BE MADE TO THIS CONFLICT OF INTEREST POLICY. WHEN COMPLYING WITH THIS CONFLICT OF INTEREST POLICY, THE ORGANIZATION MAY, BUT NEED NOT, USE OUTSIDE ADVISORS. IF OUTSIDE EXPERTS ARE USED, THEIR USE SHALL NOT RELIEVE THE GOVERNING BOARD OF ITS RESPONSIBILITY UNDER THIS CONFLICT OF INTEREST POLICY. IF THE GOVERNING BOARD OR COMMITTEE DETERMINES THAT THERE IS A CONFLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE SHALL FOLLOW THE PROCEDURES OUTLINED BELOW: A) THE CHAIRPERSON OF THE GOVERNING BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. B) AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. 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.

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.****Attach to Form 990 or Form 990-EZ.****Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

CHARITY GLOBAL, INC

Employer identification number

22-3936753

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE PROCESS TO ESTABLISH COMPENSATION OF THE FOUNDER/CEO, INCLUDES THE FOLLOWING ELEMENTS: (1) ADVANCE APPROVAL BY THE INDEPENDENT BOARD OF DIRECTORS ("BOARD") OR THE INDEPENDENT COMPENSATION COMMITTEE OF THE ORGANIZATION; (2) USE OF APPROPRIATE COMPARABILITY DATA; AND (3) CONTEMPORANEOUS DOCUMENTATION. 1. ADVANCE REVIEW - THE BOARD OR COMPENSATION COMMITTEE SHALL REVIEW AND APPROVE COMPENSATION ARRANGEMENTS IN ADVANCE, PROVIDED THAT PERSONS WITH A CONFLICT OF INTEREST WITH RESPECT TO A GIVEN COMPENSATION ARRANGEMENT DO NOT PARTICIPATE IN THE REVIEW OR APPROVAL OF SUCH COMPENSATION ARRANGEMENT. 2. COMPARABILITY DATA - TO DETERMINE REASONABLE COMPENSATION, THE BOARD OR COMPENSATION COMMITTEE SHALL OBTAIN AND RELY ON APPROPRIATE COMPARABILITY DATA, INCLUDING, BUT NOT LIMITED TO: (I) COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS, BOTH TAXABLE AND TAX-EXEMPT, FOR FUNCTIONALLY COMPARABLE POSITIONS; (II) THE AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA OF THE ORGANIZATION; (III) CURRENT COMPENSATION SURVEYS COMPILED BY THE INDEPENDENT FIRMS; AND (IV) ACTUAL WRITTEN OFFERS FROM SIMILAR ORGANIZATIONS COMPETING FOR THE SERVICES OF THE PERSON. 3. CONTEMPORANEOUS DOCUMENTATION - THE BOARD OR COMPENSATION COMMITTEE SHALL CONTEMPORANEOUSLY DOCUMENT THE BASIS FOR ITS COMPENSATION DETERMINATION, INCLUDING DOCUMENTATION: (I) THE AGREED-UPON TERMS AND DATE OF APPROVAL; (II) THE MEMBERS OF THE BOARD OR COMPENSATION COMMITTEE WHO: (A) WERE PRESENT DURING DEBATE ON THE COMPENSATION ARRANGEMENT AND (B) VOTED ON THE COMPENSATION ARRANGEMENT; (III) THE COMPARABILITY DATA OBTAINED AND RELIED UPON AND HOW SUCH DATA WAS OBTAINED; AND (IV) ANY ACTIONS TAKEN WITH RESPECT TO CONSIDERATION OF THE COMPENSATION ARRANGEMENT BY ANYONE WHO IS OTHERWISE A MEMBER OF THE BOARD OR COMPENSATION COMMITTEE BUT HAD A CONFLICT OF INTEREST WITH RESPECT TO SUCH COMPENSATION ARRANGEMENT. 4. THE MOST RECENT COMPENSATION REVIEW OCCURRED IN 2026, HOWEVER THERE HAS NOT BEEN A CHANGE TO BASE COMPENSATION SINCE 2021. THE PROCESS TO ESTABLISH COMPENSATION OF THE PRESIDENT CAN BE FOUND BELOW IN THE NARRATIVE FOR FORM 990, PART VI, LINE 15B, HOWEVER, ADVANCE APPROVAL IS REQUIRED BY THE FOUNDER/CEO AND THE VICE PRESIDENT OF PEOPLE. THE MOST RECENT COMPENSATION REVIEW FOR THE PRESIDENT OCCURRED IN JULY, 2026.

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.****Attach to Form 990 or Form 990-EZ.****Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

CHARITY GLOBAL, INC

Employer identification number

22-3936753

Return Reference - Identifier	Explanation						
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	THE PROCESS INCLUDES THE FOLLOWING ELEMENTS: (1) ADVANCE APPROVAL BY THE PRESIDENT AND THE VICE PRESIDENT OF PEOPLE; (2) USE OF APPROPRIATE COMPARABILITY DATA; AND (3) CONTEMPORANEOUS DOCUMENTATION. 1. ADVANCE REVIEW - THE PRESIDENT AND VICE PRESIDENT OF PEOPLE SHALL REVIEW AND APPROVE COMPENSATION ARRANGEMENTS IN ADVANCE, PROVIDED THAT PERSONS WITH A CONFLICT OF INTEREST WITH RESPECT TO A GIVEN COMPENSATION ARRANGEMENT DO NOT PARTICIPATE IN THE REVIEW OR APPROVAL OF SUCH COMPENSATION ARRANGEMENT. 2. COMPARABILITY DATA - TO DETERMINE REASONABLE COMPENSATION, THE VICE PRESIDENT OF PEOPLE SHALL OBTAIN AND RELY ON APPROPRIATE COMPARABILITY DATA, INCLUDING, BUT NOT LIMITED TO: (I) COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS 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. 3. CONTEMPORANEOUS DOCUMENTATION - THE VICE PRESIDENT OF PEOPLE SHALL CONTEMPORANEOUSLY DOCUMENT THE BASIS FOR ITS COMPENSATION DETERMINATION, INCLUDING DOCUMENTATION: (I) THE AGREED-UPON TERMS AND DATE OF APPROVAL; (II) 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 HAD A CONFLICT OF INTEREST WITH RESPECT TO SUCH COMPENSATION ARRANGEMENT. 4. THE MOST RECENT COMPENSATION REVIEW FOR OFFICER AND KEY EMPLOYEE POSITIONS, OTHER THAN THE FOUNDER/CEO AND PRESIDENT, OCCURRED IN 2026.						
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV						
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	CHARITY: WATER'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FORMS 990 MAY BE AVAILABLE TO THE PUBLIC UPON REQUEST BY EMAILING INFO@CHARITYWATER.ORG . THE ORGANIZATION'S FORM 990, 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 OR FUND BALANCES	<table><tr><th>(a) Description</th><th>(b) Amount</th></tr><tr><td>DISCOUNT ON GRANTS PAYABLE</td><td>646,345</td></tr><tr><td>TOTAL</td><td>646,345</td></tr></table>	(a) Description	(b) Amount	DISCOUNT ON GRANTS PAYABLE	646,345	TOTAL	646,345
(a) Description	(b) Amount						
DISCOUNT ON GRANTS PAYABLE	646,345						
TOTAL	646,345						

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.

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CHARITY GLOBAL (UK) LIMITED C/O TC CITROEN WELLS, 5TH FL, 3 DORSET RISE, LONDON, EC4Y 8EN, UK	GRANTMAKING	UNITED KINGDOM	3,949,529	3,476,202	CHARITY GLOBAL
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

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

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

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

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

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

	Yes	No
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)													

Form **8879-TE**

IRS E-file Signature Authorization
for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2024, or fiscal year beginning 10/01, 2024, and ending 09/30, 20 25

20**24**

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer CHARITY GLOBAL, INC	EIN or SSN 22-3936753
Name and title of officer or person subject to tax JOHN PASSAUER, CHIEF FINANCIAL OFFICER	

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ☒	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>82,267,852</u>
2a Form 990-EZ check here ☐	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ☐	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ☐	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here ☐	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here ☐	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here ☐	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here ☐	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here ☐	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here ☐	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize KPMG LLP to enter my PIN

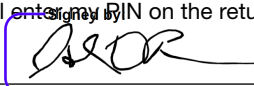
3	6	7	5	3
---	---	---	---	---

 as my signature

ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax  Date 8/14/2026

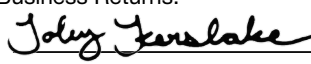
Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

1	3	1	4	8	4	6	5	2	0	7
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature  Date 8/11/2026

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Name of person filing this return CHARITY GLOBAL, INC.	Filer's identifying number 22-3936753
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Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)

230 FRANKLIN RD., STE. 11-II

City or town, state, and ZIP code

FRANKLIN, TN 37064

Filer's tax year beginning OCT 1, 2024, and ending SEP 30, 2025

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

Check here ☒ FDE of a U.S. person	☐ FDE of a controlled foreign corporation (CFC)	☐ FDE of a controlled foreign partnership
☐ FB of a U.S. person	☐ FB of a CFC	☐ FB of a controlled foreign partnership

Check here ☐ Initial Form 8858 ☐ Final Form 8858

1a Name and address of FDE or FB CHARITY GLOBAL (UK) LIMITED C/O TC CITROEN WELLS 5TH FL 3 DORSET RISE LONDON, UNITED KINGDOM EC4Y 8EN	b(1) U.S. identifying number, if any
	b(2) Reference ID number (see instructions) CHARITYGLOBALUKLIMITED
c For FDE, country(ies) under whose laws organized and entity type under local tax law UNITED KINGDOM PRIVATE LIMITED CO	d Date(s) of organization 09 15 16
	e Effective date as FDE 09/15/16

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

h Principal business activity code number	i Principal business activity GRANT MAKING	j Functional currency GBP
--	--	-------------------------------------

2 Provide the following information for the FDE's or FB's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States CHARITY GLOBAL, INC. 230 FRANKLIN RD, SUITE 11-II FRANKLIN, TN 37064	b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different TERESA PUVVADA 230 FRANKLIN RD, SUITE 11-II FRANKLIN, TN 37064
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3 For the **tax owner** of the FDE or FB (if different from the filer), provide the following. See instructions.

a Name and address	b Annual accounting period covered by the return (see instructions)	
	c(1) U.S. identifying number, if any	
	c(2) Reference ID number (see instructions)	
	d Country under whose laws organized	e Functional currency

4 For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following. See instructions.

a Name and address	b Country under whose laws organized	
	c U.S. identifying number, if any	d Functional currency

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10%-or-more direct or indirect interest. See instructions. **SEE STMT 1**

Form 8858 (Rev. 12-2024)

Page **2****Schedule C Income Statement** (see instructions)

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

If you are using the average exchange rate (determined under section 989(b)), check the following box ☐

		Functional currency	U.S. dollars
1	Gross receipts or sales (net of returns and allowances)	1 2,796,760.	3,657,903.
2	Cost of goods sold	2	
3	Gross profit (subtract line 2 from line 1)	3 2,796,760.	3,657,903.
4	Dividends	4	
5	Interest	5	
6	Gross rents, royalties, and license fees	6	
7	Gross income from performance of services	7	
8	Foreign currency gain (loss)	8	
9	Other income	9 218,198.	291,626.
10	Total income (add lines 3 through 9)	10 3,014,958.	3,949,529.
11	Total deductions (exclude income tax expense)	11 2,928,886.	3,823,303.
12	Income tax expense	12	
13	Other adjustments	13	2,598.
14	Net income (loss) per books	14 86,072.	128,823.

Schedule C-1 Section 987 Gain or Loss Information

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

Schedule F Balance Sheet

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

		(a) Beginning of annual accounting period	(b) End of annual accounting period
Assets			
1	Cash and other current assets	1 2,951,425.	3,234,851.
2	Other assets	2 320,670.	241,351.
3	Total assets	3 3,272,095.	3,476,202.
Liabilities and Owner's Equity			
4	Liabilities	4 9,881.	85,165.
5	Owner's equity	5 3,262,214.	3,391,037.
6	Total liabilities and owner's equity	6 3,272,095.	3,476,202.

Schedule G Other Information

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

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Page **3****Schedule G** Other Information (continued)

	Yes	No
6 Is the FDE or FB a qualified business unit as defined in section 989(a)?	X	
<i>Do not complete lines 7 and 8 if you are an individual who owns an FB or FDE directly or through tiers of FBs and FDEs.</i>		
7a During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c		X
b Enter the total amount of the base erosion payments \$		
c Enter the total amount of the base erosion tax benefit \$		
8a During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 8b and 8c		X
b Enter the total amount of the base erosion payments \$		
c Enter the total amount of the base erosion tax benefit \$		
9 Answer only if the tax owner of the FDE or FB is a CFC: Were there any intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
<i>Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE is a U.S. corporation. Answer questions 10a through 11c if the tax owner of the FB or the interest in the FDE is treated as a U.S. corporation solely for purposes of these questions.</i>		
10a If the FB or the interest in the FDE is a separate unit under Regulations section 1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		N/A
b If "Yes," enter the amount of the dual consolidated loss \$ (.....		
11a If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b Enter the amount of the dual consolidated loss for the combined separate unit \$ (.....		
c Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined under Regulations section 1.1503(d)-5(c)(4)(ii)(A) \$		
12a Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S. taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If "Yes," see the instructions and go to line 12c. If "No," go to line 12d		
c If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
e Enter the separate unit's contribution to the cumulative consolidated taxable income ("cumulative register") as of the beginning of the tax year \$ See instructions.		
13a During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years?		
b If "Yes," enter the total amount of recapture \$ See instructions.		
14a During the tax year, did the FDE or FB pay or accrue any Top-up Tax? See instructions		
b If "Yes," enter the amount of each type of tax paid or accrued.		
(1) Income Inclusion Rule (IIR) (or similar taxes) \$		
(2) Qualified Domestic Minimum Top-up Tax (QDMTT) (or similar taxes) \$		
(3) UTPR (or similar taxes) \$		

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Schedule H

Current Earnings and Profits or Taxable Income (see instructions)

Important: Enter the amounts on lines 1 through 6 in functional currency.

1	Current year net income (loss) per foreign books of account	1	86,072.
2	Total net additions	2	
3	Total net subtractions	3	
4	Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3)	4	86,072.
5	DASTM gain (loss) (if applicable)	5	
6	Combine lines 4 and 5	6	86,072.
7	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions)) 1.349740	7	128,823.
8	Enter exchange rate used for line 7		

Schedule I

Transferred Loss Amount

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

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

Schedule J

Income Taxes Paid or Accrued (see instructions)

(a) Country or territory	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign tax year (YYYY-MM-DD)	(c) Foreign currency	(d) Conversion rate	(e) U.S. dollars	(f) Foreign branch	(g) Passive	(h) General	(i) Other
Totals								

FORM 8858		ORGANIZATIONAL CHART		STATEMENT 1	
NAME OF ENTITY IN CHAIN OF OWNERSHIP		PERCENT OF OWNERSHIP	FDE'S POSITION		COUNTRY ORGANIZED
TAX CLASSIFICATION					

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

ATTACHMENT FOR FORM 8858, LINE 5