

Charity Global Inc.  
Form 990  
Return of Organization Exempt From Income Tax  
Year Ended December 31, 2007

**PUBLIC INSPECTION COPY**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**A For the 2007 calendar year, or tax year beginning** , and ending

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>Charity Global Inc.</b>	<b>D</b> Employer identification number <b>22-3936753</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>150 Varick St. 5th fl</b>	<b>E</b> Telephone number <b>646-733-8744</b>
		City or town, state or country, and ZIP + 4 <b>New York NY 10013</b>	<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). H and I are not applicable to section 527 organizations.

**G Website:** [www.charitywater.org](http://www.charitywater.org)

**J Organization type** (check only one)  501(c) ( **3** ) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **1,877,549**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates  Yes  No  
**H(c)** Are all affiliates included?  Yes  No (If "No," attach a list. See instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number   
**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions.)

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Contributions to donor advised funds	1a			
	<b>b</b> Direct public support (not included on line 1a)	1b	1,803,626		
	<b>c</b> Indirect public support (not included on line 1a)	1c	10,684		
	<b>d</b> Government contributions (grants) (not included on line 1a)	1d			
	<b>e</b> Total (add lines 1a through 1d) (cash \$ 1,690,944 noncash \$ 123,366 )	1e			1,814,310
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	<b>3</b> Membership dues and assessments	3			
	<b>4</b> Interest on savings and temporary cash investments	4			9,469
	<b>5</b> Dividends and interest from securities	5			
	<b>6a</b> Gross rents				
	<b>b</b> Less: rental expenses	6b			
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	6c				
<b>7</b> Other investment income (describe )	7				
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	8a				
	<b>b</b> Less: cost or other basis and sales expenses	8b			
	<b>c</b> Gain or (loss) (attach schedule)	8c			
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	8d				
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including contributions reported on line 1b)	9a	732,040	See Worksheet	
	<b>b</b> Less: direct expenses other than fundraising expenses	9b	53,770		
	<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	9c	62,178		-8,408
	<b>10a</b> Gross sales of inventory, less returns and allowances	10a			
<b>b</b> Less: cost of goods sold	10b				
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c				
<b>11</b> Other revenue (from Part VII, line 103)	11				
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			1,815,371	
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	13		1,080,567	
	<b>14</b> Management and general (from line 44, column (C))	14		198,419	
	<b>15</b> Fundraising (from line 44, column (D))	15		172,605	
	<b>16</b> Payments to affiliates (attach schedule)	16			
	<b>17</b> Total expenses. Add lines 16 and 44, column (A)	17			1,451,591
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	18		363,780	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	19		363,156	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	20			
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			726,936

**PUBLIC INSPECTION COPY**

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (attach schedule) <b>Stmt 1</b> (cash \$ <b>932,367</b> non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>	<b>932,367</b>	<b>932,367</b>	
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A <b>See Statement 2</b>	<b>25a</b>	<b>100,216</b>	<b>30,065</b>	<b>15,032</b>
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	<b>25b</b>			
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b>	<b>124,816</b>	<b>60,641</b>	<b>21,101</b>
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>			
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b>	<b>4,965</b>	<b>2,002</b>	<b>797</b>
<b>29</b> Payroll taxes	<b>29</b>	<b>15,741</b>	<b>6,344</b>	<b>2,528</b>
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b>	<b>24,748</b>		<b>24,748</b>
<b>32</b> Legal fees	<b>32</b>	<b>34,817</b>		<b>34,817</b>
<b>33</b> Supplies	<b>33</b>	<b>10,665</b>	<b>1,155</b>	<b>9,461</b>
<b>34</b> Telephone	<b>34</b>	<b>6,329</b>	<b>2,562</b>	<b>1,012</b>
<b>35</b> Postage and shipping	<b>35</b>	<b>12,543</b>	<b>475</b>	<b>5,413</b>
<b>36</b> Occupancy	<b>36</b>	<b>24,950</b>	<b>9,936</b>	<b>3,958</b>
<b>37</b> Equipment rental and maintenance	<b>37</b>	<b>2,128</b>	<b>271</b>	<b>1,857</b>
<b>38</b> Printing and publications	<b>38</b>	<b>14,223</b>	<b>5,717</b>	<b>6,540</b>
<b>39</b> Travel	<b>39</b>	<b>46,465</b>	<b>22,510</b>	<b>11,962</b>
<b>40</b> Conferences, conventions, and meetings	<b>40</b>			
<b>41</b> Interest	<b>41</b>			
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>42</b>	<b>9,847</b>		<b>9,847</b>
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b> <b>See Statement 3</b>	<b>43a</b>	<b>86,771</b>	<b>6,522</b>	<b>49,346</b>
<b>b</b>	<b>43b</b>			
<b>c</b>	<b>43c</b>			
<b>d</b>	<b>43d</b>			
<b>e</b>	<b>43e</b>			
<b>f</b>	<b>43f</b>			
<b>g</b>	<b>43g</b>			
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b>	<b>1,451,591</b>	<b>1,080,567</b>	<b>198,419</b>

**Joint Costs.** Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

▶ **See Statement 4**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**

(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

**a See Statement 5**

(Grants and allocations \$ **932,367** )

If this amount includes foreign grants, check here ▶

**1,038,714**

**b See Statement 6**

(Grants and allocations \$ )

If this amount includes foreign grants, check here ▶

**41,853**

**c**

(Grants and allocations \$ )

If this amount includes foreign grants, check here ▶

**d**

(Grants and allocations \$ )

If this amount includes foreign grants, check here ▶

**e Other program services (attach schedule)**

(Grants and allocations \$ )

If this amount includes foreign grants, check here ▶

**f Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶

**1,080,567**

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing	<b>221,634</b>	<b>45</b>	<b>143,866</b>
	<b>46</b> Savings and temporary cash investments	<b>84,106</b>	<b>46</b>	<b>881,201</b>
	<b>47a</b> Accounts receivable	<b>47a</b>		
	<b>b</b> Less: allowance for doubtful accounts	<b>47b</b>	<b>47c</b>	
	<b>48a</b> Pledges receivable	<b>48a</b> <b>12,900</b>		
	<b>b</b> Less: allowance for doubtful accounts	<b>48b</b>	<b>48c</b>	<b>12,900</b>
	<b>49</b> Grants receivable		<b>49</b>	
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		<b>50a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)		<b>50b</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule)	<b>51a</b>		
	<b>b</b> Less: allowance for doubtful accounts	<b>51b</b>	<b>51c</b>	
	<b>52</b> Inventories for sale or use		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges		<b>53</b>	
	<b>54a</b> Investments—publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	<b>54a</b>	
	<b>b</b> Investments—other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	<b>54b</b>	
	<b>55a</b> Investments—land, buildings, and equipment: basis	<b>55a</b>		
	<b>b</b> Less: accumulated depreciation (attach schedule)	<b>55b</b>	<b>55c</b>	
	<b>56</b> Investments—other (attach schedule)		<b>56</b>	
	<b>57a</b> Land, buildings, and equipment: basis	<b>57a</b> <b>35,980</b>		
	<b>b</b> Less: accumulated depreciation (attach schedule) <b>See Statement 7</b>	<b>57b</b> <b>5,324</b>	<b>17,184</b>	<b>57c</b> <b>30,656</b>
<b>58</b> Other assets, including program-related investments (describe <b>See Statement 8</b> )		<b>7,797</b>	<b>58</b> <b>13,599</b>	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58		<b>383,220</b>	<b>59</b> <b>1,082,222</b>	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses	<b>20,064</b>	<b>60</b>	<b>34,032</b>
	<b>61</b> Grants payable		<b>61</b>	<b>321,254</b>
	<b>62</b> Deferred revenue		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule)		<b>64b</b>	
	<b>65</b> Other liabilities (describe)		<b>65</b>	
<b>66 Total liabilities.</b> Add lines 60 through 65		<b>20,064</b>	<b>66</b> <b>355,286</b>	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted	<b>130,729</b>	<b>67</b>	<b>207,321</b>
	<b>68</b> Temporarily restricted	<b>232,427</b>	<b>68</b>	<b>519,615</b>
	<b>69</b> Permanently restricted		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>	
<b>73 Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		<b>363,156</b>	<b>73</b> <b>726,936</b>	
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		<b>383,220</b>	<b>74</b> <b>1,082,222</b>	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	<b>1,925,116</b>
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>		
<b>2</b>	Donated services and use of facilities	<b>b2</b>	<b>69,268</b>	
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify):	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	<b>69,268</b>
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	<b>1,855,848</b>
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>	<b>-40,477</b>	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	<b>-40,477</b>
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	<b>1,815,371</b>

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	<b>1,530,762</b>
<b>b</b>	Amounts included on line <b>a</b> but not Part I, line 17:			
<b>1</b>	Donated services and use of facilities	<b>b1</b>	<b>69,268</b>	
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b>	Other (specify):	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	<b>69,268</b>
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	<b>1,461,494</b>
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>	<b>-9,903</b>	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	<b>-9,903</b>
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	<b>1,451,591</b>

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Scott Harrison 150 Varick St. New York NY 10013	President 40	98,000	2,216	13,000
Gordon Pennington 150 Varick St. New York NY 10013	V. President .96	0	0	0
Gracia Sorice Ochoa 150 Varick St. New York NY 10013	Secretary .33	0	0	0
GianCarlo Ochoa 150 Varick St. New York NY 10013	Treasurer .96	0	0	0
Brant Cryder 150 Varick St. New York NY 10013	Board Member .92	0	0	0
Brook Hazelton 150 Varick St. New York NY 10013	Board Member .54	0	0	0
Catherine Vance Thompson 150 Varick St. New York NY 10013	Secretary 3.0	0	0	0

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)</b>		Yes	No
<b>75a</b>	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <span style="float: right;">▶ <b>6</b></span>		
<b>b</b>	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) <span style="float: right;"><b>See Statement 11</b></span>	<b>75b</b>	<b>X</b>
<b>c</b>	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	<b>75c</b>	<b>X</b>
<b>d</b>	Does the organization have a written conflict of interest policy?	<b>75d</b>	<b>X</b>

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits**  
 (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
<b>N/A</b>				

<b>Part VI Other Information (See the instructions.)</b>		Yes	No
<b>76</b>	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	<b>76</b>	<b>X</b>
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	<b>77</b>	<b>X</b>
<b>78a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<b>78b</b>	
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<b>79</b>	<b>X</b>
<b>80a</b>	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	<b>80a</b>	<b>X</b>
<b>b</b>	If "Yes," enter the name of the organization ▶ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81a</b>	Enter direct and indirect political expenditures. (See line 81 instructions.) <span style="float: right;"><b>81a</b>   <b>0</b></span>	<b>81b</b>	<b>X</b>
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year?		<b>X</b>

<b>Part VI Other Information (continued)</b>		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		<b>X</b>
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	<b>82b</b>		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>X</b>	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		<b>N/A</b>
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	<b>X</b>	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>X</b>	
<b>85a</b>	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		<b>N/A</b>
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		<b>N/A</b>
<b>c</b>	Dues, assessments, and similar amounts from members		<b>85c</b>
<b>d</b>	Section 162(e) lobbying and political expenditures		<b>85d</b>
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		<b>85e</b>
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		<b>85f</b>
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		<b>N/A</b>
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		<b>N/A</b>
<b>86</b>	501(c)(7) orgs. Enter: <b>a</b> Initiation fees and capital contributions included on line 12		<b>86a</b>
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities		<b>86b</b>
<b>87</b>	501(c)(12) orgs. Enter: <b>a</b> Gross income from members or shareholders		<b>87a</b>
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		<b>87b</b>
<b>88a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		<b>X</b>
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		<b>X</b>
<b>89a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>0</b> ; section 4912 <b>0</b> ; section 4955 <b>0</b>		
<b>b</b>	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		<b>X</b>
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		<b>0</b>
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization		<b>0</b>
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		<b>X</b>
<b>f</b>	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		<b>X</b>
<b>g</b>	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		<b>X</b>
<b>89g</b>			
<b>90a</b>	List the states with which a copy of this return is filed <b>NY, FL, PA, NC, VA, SC</b>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	<b>90b</b>	<b>3</b>
<b>91a</b>	The books are in care of <b>PWT Bookkeeping Services</b> <b>150 Varick Street, 5th Floor</b> Located at <b>New York, NY</b>	Telephone no. <b>917-575-6589</b> ZIP + 4 <b>10013</b>	
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	<b>91b</b>	<b>X</b>
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		



**Part VI Other Information (continued)**

Yes No

**c** At any time during the calendar year, did the organization maintain an office outside of the United States? **91c**  Yes  No

If "Yes," enter the name of the foreign country

**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of **Form 1041**—Check here

and enter the amount of tax-exempt interest received or accrued during the tax year **92**

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			<b>14</b>	<b>9,469</b>	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events			<b>1</b>	<b>-8,408</b>	
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))		<b>0</b>		<b>1,061</b>	<b>0</b>
<b>105 Total</b> (add line 104, columns (B), (D), and (E))					<b>1,061</b>

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
<b>N/A</b>	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
<b>N/A</b>	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

**(a)** Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

**(b)** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to **(b)**, file Form 8870 and Form 4720 (see instructions).

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a	.....			
b	.....			
c	.....			
<b>Totals</b>				

**107** Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a	.....			
b	.....			
c	.....			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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

**Please Sign Here**

Signature of officer <b>Scott Harrison</b>	Date _____
Type or print name and title <b>President</b>	

**Paid Preparer's Use Only**

Preparer's signature <b>Valerie Jones</b>	Date <b>10/15/08</b>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Instr. X) _____
Firm's name (or yours if self-employed), address, and ZIP + 4 <b>Lambrides, Lamos, Moulthrop LLP</b> <b>81 Larkfield Rd</b> <b>East Northport, NY 11731</b>		EIN <b>▶</b> _____	Phone no. <b>▶ 631-754-4242</b>

**SCHEDULE A  
(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**  
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

**2007**

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Charity Global Inc.**

Employer identification number  
**22-3936753**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. benefit plans & deferred comp.	(e) Expense account and other allowances
Victoria Alexeeva 150 Varick St. New York NY 10013	Design Dir. 40	51,223	200	0
Total number of other employees paid over \$50,000 ▶		0		

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		

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

Schedule A (Form 990 or 990-EZ) 2007

**Part III Statements About Activities** (See page 2 of the instructions.)

Yes No

<p><b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities: \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p>	1		<b>X</b>
<p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.</p>			
<p><b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)</p>			
<p><b>a</b> Sale, exchange, or leasing of property?</p>	2a		<b>X</b>
<p><b>b</b> Lending of money or other extension of credit?</p>	2b		<b>X</b>
<p><b>c</b> Furnishing of goods, services, or facilities?</p>	2c		<b>X</b>
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>See Part V-A, Form 990 See Statement 12</b></p>	2d	<b>X</b>	
<p><b>e</b> Transfer of any part of its income or assets?</p>	2e		<b>X</b>
<p><b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)</p>	3a		<b>X</b>
<p><b>b</b> Did the organization have a section 403(b) annuity plan for its employees?</p>	3b		<b>X</b>
<p><b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement</p>	3c		<b>X</b>
<p><b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		<b>X</b>
<p><b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g</p>	4a		<b>X</b>
<p><b>b</b> Did the organization make any taxable distributions under section 4966?</p>	4b		
<p><b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		
<p><b>d</b> Enter the total number of donor advised funds owned at the end of the tax year</p>			
<p><b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year</p>			
<p><b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts</p>		0	
<p><b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year</p>			0

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ .....
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
  - Type I
  - Type II
  - Type III-Functionally Integrated
  - Type III-Other

**Provide the following information about the supported organizations.** (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					▶

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	<b>405,857</b>				<b>405,857</b>
<b>16</b> Membership fees received					<b>0</b>
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	<b>94,269</b>				<b>94,269</b>
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	<b>81</b>				<b>81</b>
<b>19</b> Net income from unrelated business activities not included in line 18					<b>0</b>
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					<b>0</b>
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					<b>0</b>
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					<b>0</b>
<b>23</b> Total of lines 15 through 22	<b>500,207</b>				<b>500,207</b>
<b>24</b> Line 23 minus line 17	<b>405,938</b>				<b>405,938</b>
<b>25</b> Enter 1% of line 23	<b>5,002</b>				

<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24	<b>26a</b>	<b>8,119</b>
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	<b>26b</b>	<b>94,691</b>
c Total support for section 509(a)(1) test: Enter line 24, column (e)	<b>26c</b>	<b>405,938</b>
d Add: Amounts from column (e) for lines: 18 <u>81</u> 19 _____ 22 _____ 26b <u>94,691</u>	<b>26d</b>	<b>94,772</b>
e Public support (line 26c minus line 26d total)	<b>26e</b>	<b>311,166</b>
f <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b>	<b>26f</b>	<b>76.6536%</b>

**27 Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: **N/A**

(2006) \_\_\_\_\_ (2005) \_\_\_\_\_ (2004) \_\_\_\_\_ (2003) \_\_\_\_\_

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: **N/A**

(2006) \_\_\_\_\_ (2005) \_\_\_\_\_ (2004) \_\_\_\_\_ (2003) \_\_\_\_\_

c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	<b>27c</b>	
d Add: Line 27a total _____ and line 27b total _____	<b>27d</b>	
e Public support (line 27c total minus line 27d total)	<b>27e</b>	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	<b>27f</b>	
g <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b>	<b>27g</b>	<b>%</b>
h <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b>	<b>27h</b>	<b>%</b>

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 9 of the instructions.)

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		<b>N/A</b>	<b>Yes</b>	<b>No</b>
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
<b>32</b>	Does the organization maintain the following:			
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?			
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions?			
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
<b>33</b>	Does the organization discriminate by race in any way with respect to:			
<b>a</b>	Students' rights or privileges?			
<b>b</b>	Admissions policies?			
<b>c</b>	Employment of faculty or administrative staff?			
<b>d</b>	Scholarships or other financial assistance?			
<b>e</b>	Educational policies?			
<b>f</b>	Use of facilities?			
<b>g</b>	Athletic programs?			
<b>h</b>	Other extracurricular activities?			
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency?			
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.			
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation			

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

Table with 3 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for all electing organizations. Rows include lines 36-44 for various lobbying expenditure categories and nontaxable amounts.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 13 of the instructions.)

Table titled 'Lobbying Expenditures During 4-Year Averaging Period' with columns for Calendar year (or fiscal year beginning in) and sub-columns (a) 2007, (b) 2006, (c) 2005, (d) 2004, and (e) Total. Rows include lines 45-50 for nontaxable amounts, ceilings, and total lobbying expenditures.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

Table for reporting lobbying activity. Columns: Yes, No, Amount. Rows list activities from a) Volunteers to i) Total lobbying expenditures, plus a note about attaching a statement if 'Yes' to any activity.



**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)**

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash .....
- (ii) Other assets .....

**b** Other transactions:

- (i) Sales or exchanges of assets with a noncharitable exempt organization .....
- (ii) Purchases of assets from a noncharitable exempt organization .....
- (iii) Rental of facilities, equipment, or other assets .....
- (iv) Reimbursement arrangements .....
- (v) Loans or loan guarantees .....
- (vi) Performance of services or membership or fundraising solicitations .....

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees .....

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

	Yes	No
<b>51a(i)</b>		<b>X</b>
<b>a(ii)</b>		<b>X</b>
<b>b(i)</b>		<b>X</b>
<b>b(ii)</b>		<b>X</b>
<b>b(iii)</b>		<b>X</b>
<b>b(iv)</b>		<b>X</b>
<b>b(v)</b>		<b>X</b>
<b>b(vi)</b>		<b>X</b>
<b>c</b>		<b>X</b>

<b>(a)</b> Line no.	<b>(b)</b> Amount involved	<b>(c)</b> Name of noncharitable exempt organization	<b>(d)</b> Description of transfers, transactions, and sharing arrangements
<b>N/A</b>			

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule:

<b>(a)</b> Name of organization	<b>(b)</b> Type of organization	<b>(c)</b> Description of relationship
<b>N/A</b>		



## Federal Statements

### Statement 1 - Form 990, Part II, Line 22b - Other Grants and Allocations

Name Address	Relationship to Org	Class of Activity	Cash Contrib	NonCash Contrib	Book Value	BV Expl	FMV Expl
Date of Gift	Description of Property						
Concern Worldwide 104 East 40th St. New York NY 10016	None	Uganda water wells	\$ 231,100	\$	\$		
Global Partners for 320 Professional Center Drive, Rohnert Park CA 94928	None	Tanzania water wells	11,018				
10/16/07							
Healing Hands International 455 McNally Drive Nashville TN 37211	None	Ethiopia water wells	35,000				
3/08/07							
Water for People 6666 W. Quincy Avenue Denver CO 80235	None	Malawi water wells	63,372				
3/08/07							
Living Water International PO Box 2257 Sugar Land TX 77487-2257	None	Kenya water wells	556,254				
9/26/07							
Cure International 701 Bosler Avenue	None	Medical services-Nai	623				
9/26/07							

## Federal Statements

### Statement 1 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Expl	FMV Expl
Lemoyne PA 17043 Equip, Inc. PO Box 1126 Marion NC 28752	None	Liberia water wells	7/31/07		\$ 35,000	\$	\$		
Total					<u>\$ 932,367</u>	<u>\$ 0</u>	<u>\$ 0</u>		

### Statement 2 - Form 990, Part II, Line 25a - Compensation of Current Officers

Name	Program Services	Management & General	Fundraising
Expenses	\$	\$	\$
Scott Harrison Compensation	29,400	14,700	53,900
Benefit Plan Contribution	665	332	1,219
Total	<u>\$ 30,065</u>	<u>\$ 15,032</u>	<u>\$ 55,119</u>

**Federal Statements****Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
Expenses	\$	\$	\$	\$
Insurance	4,599	1,854	738	2,007
Licenses & Permits	10			10
Bank Charges	19,092		15,210	3,882
Special events and other indirect development costs	20,728			20,728
Meetings, hospitality & meals	3,371	647	2,211	513
Miscellaneous	1,927	45	1,882	
Other Professional Fees	16,025	500	15,525	
Storage Fees	8,624	3,476	1,385	3,763
Write off of uncollectable receivable	12,395		12,395	
Total	<u>\$ 86,771</u>	<u>\$ 6,522</u>	<u>\$ 49,346</u>	<u>\$ 30,903</u>

**Federal Statements****Statement 4 - Form 990, Part III - Organization's Primary Exempt Purpose**Description

Charity Global, Inc. is a non-profit organization stimulating greater global awareness about extreme poverty issues, educating the public, and provoking compassionate and intelligent giving.

Its first campaign, charity: water, raises awareness and educates the public about the global need for clean drinking water and basic sanitation.

Through the funding of freshwater wells, spring protections, rainwater harvesting schemes, biosand filters and other water solutions, charity: water brings clean, safe drinking water and basic sanitation to people in developing nations.

**Federal Statements****Statement 5 - Form 990, Part III, Line a - Statement of Program Service Accomplishments**Description

Bangladesh, Central African Republic, Ethiopia, Kenya, Liberia, Malawi, Rwanda, Tanzania, Uganda: By December of 2007, charity: water had developed and funded water projects in nine countries. It used \$931,744 of funds raised through the charity: water campaign to subcontract for the building and rehabilitation of 362 water solutions, in addition to basic sanitation, hygiene and maintenance training. The projects have the combined ability to serve approximately 144,800 people with clean, safe drinking water.

Bangladesh - charity: water committed to aiding in disaster relief efforts following Cyclon Sidr by rehabilitating 120 pond sand filters and deep tube wells.

Central African Republic - 13 new deep boreholes were drilled and 100 freshwater wells were rehabilitated.

Ethiopia - 30 new hand-dug wells were constructed in rural villages.

Kenya - 6 new deep boreholes were drilled in four health clinics and two schools.

Liberia - 31 new boreholes were drilled or hand-dug and 20 water points were rehabilitated.

Malawi - 6 new boreholes were drilled and 10 were rehabilitated.

Rwanda - 11 new boreholes were drilled in rural villages.

Tanzania - 7 new rainwater harvesting systems were installed at schools and health clinics.

Uganda - 8 new boreholes were drilled in Northern Uganda in refugee returnee sites.

**Federal Statements****Statement 6 - Form 990, Part III, Line b - Statement of Program Service Accomplishments**Description

Charity Global's awareness and educational activities in 2007 included a large exhibition of photography produced at the Sundance Film Festival, and the filming of a Public Service Announcement filmed by Hotel Rwanda director Terry George starring Oscar-winner Jennifer Connelly. More than 5,000 people attended in-person events and educational awareness functions, over 400 volunteers were engaged, and various speaking engagements at churches, schools and swim teams reached more than 5,000 people. The website attracted more than 100,000 visitors interested in learning more about the global water crisis.



## Federal Statements

### Statement 7 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Depr</u>	<u>End of Year</u>	<u>Accum Depr</u>
Equipment	\$ 28,084	\$ 10,900	\$ 35,980	\$ 5,324
Total	<u>\$ 28,084</u>	<u>\$ 10,900</u>	<u>\$ 35,980</u>	<u>\$ 5,324</u>

### Statement 8 - Form 990, Part IV, Line 58 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Other Current Assets	\$ 7,797	\$ 13,599
Total	<u>\$ 7,797</u>	<u>\$ 13,599</u>

## Federal Statements

### Statement 9 - Form 990, Part IV-A - Other Revenue Included on Return

<u>Description</u>	<u>Amount</u>
Revenues from London (UK) affiliate.	\$ -41,395
Foreign currency remeasurement loss.	918
Total	<u>\$ -40,477</u>

### Statement 10 - Form 990, Part IV-B - Other Expenses included on Return

<u>Description</u>	<u>Amount</u>
Administrative expenses for London (UK) affiliate.	\$ -9,903
Total	<u>\$ -9,903</u>

**Statement 11 - Form 990, Part V-A, Line 75b - Related Party Information**

Related  
Party One

Related  
Party Two

Relationship

Gian Carlo Ochoa  
VP/Treas.

Grazia Sorice Ochoa  
Secretary

Married

## Federal Statements

**Statement 12 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of**  
**Exp**

Description

---

To Scott Harrison - President - compensation for full-time work acting as President and performing all the duties required to fulfill the position

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
I	Equipment	1/01/06	<u>35,980</u>			<u>35,980</u>	3 MO S/L	<u>-4,523</u>	<u>9,847</u>
	<b>Total Other Depreciation</b>		<u>35,980</u>			<u>35,980</u>		<u>-4,523</u>	<u>9,847</u>
	<b>Total ACRS and Other Depreciation</b>		<u>35,980</u>			<u>35,980</u>		<u>-4,523</u>	<u>9,847</u>
	<b>Grand Totals</b>		35,980			35,980		-4,523	9,847
	<b>Less: Dispositions</b>		0			0		0	0
	<b>Less: Start-up/Org Expensed</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>35,980</u>			<u>35,980</u>		<u>-4,523</u>	<u>9,847</u>