

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2018 calendar year, or tax year beginning, 2018, and ending, 20

Form sections B through M: B Check if applicable; C Name of organization CHARITY GLOBAL, INC.; D Employer identification number 22-3936753; E Telephone number (646) 688-2323; F Name and address of principal officer SCOTT HARRISON; G Gross receipts \$ 84,142,659; H(a) Is this a group return for subordinates? Yes; H(b) Are all subordinates included? Yes; I Tax-exempt status: X 501(c)(3); J Website: WWW.CHARITYWATER.ORG; K Form of organization: X Corporation; L Year of formation: 2006; M State of legal domicile: NY

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, membership counts, revenue breakdown, expenses, and net assets.

Part II Signature Block

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

Signature of officer: Lauren Letta, COO, dated 11/15/19.

Preparer information: Devin L Duncan, KPMG LLP, dated 11/15/19, Firm's EIN 13-5565207.

May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)

Application for Automatic Extension of Time To File an Exempt Organization Return

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

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

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

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

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

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

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

WILLIAM BELL

• The books are in the care of ▶ 40 WORTH STREET, SUITE 330 NEW YORK NY 10013

Telephone No. ▶ 646 688-2323 Fax No. ▶ _____

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

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

1 I request an automatic 6-month extension of time until 11/15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 2018 or
▶ tax year beginning _____, 20____, and ending _____, 20____.

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

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

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

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

CHARITY: WATER IS A NON-PROFIT ORGANIZATION BRINGING CLEAN AND SAFE DRINKING WATER TO PEOPLE IN DEVELOPING COUNTRIES. (CONTINUED ON SCHEDULE O)

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 13,270,619. including grants of \$ 13,137,065.) (Revenue \$)

ETHIOPIA - WHILE ONE OF THE WORLD'S OLDEST CIVILIZATIONS AND ONE OF AFRICA'S FASTEST GROWING ECONOMIES, ETHIOPIA IS STILL ONE OF THE MOST UNDER-DEVELOPED NATIONS IN THE WORLD. IT RANKS 173 OUT OF 189 ON THE UN HUMAN DEVELOPMENT INDEX, AND NEARLY 27% OF ITS POPULATION OF 105 MILLION LIVE BELOW THE INCOME POVERTY LINE. 69% OF RURAL ETHIOPIANS LACK ACCESS TO AT LEAST BASIC WATER SERVICES AND 96% LACK ACCESS TO AT LEAST BASIC SANITATION SERVICES. IN 2018, CHARITY: WATER FUNDED 1,135 WATER PROJECTS THAT CAN SERVE 288,278 PEOPLE.

4b (Code:) (Expenses \$ 4,294,183. including grants of \$ 4,051,891.) (Revenue \$)

UGANDA - UGANDA RANKED 162 OUT OF 189 COUNTRIES ON THE MOST RECENT HUMAN DEVELOPMENT INDEX, AND CONTINUES TO FACE DIFFICULTIES AND HIGH REFUGEE RATES AS A RESULT OF TWO DECADES OF CIVIL CONFLICTS IN NEIGHBORING SOUTH SUDAN, THE DEMOCRATIC REPUBLIC OF THE CONGO, AND BURUNDI. FOR RURAL UGANDANS, WHICH MAKE UP 76% OF THE POPULATION, APPROXIMATELY 59% LACK ACCESS TO AT LEAST BASIC WATER SERVICES AND 84% LACK ACCESS TO AT LEAST BASIC SANITATION SERVICES. AS COMMUNITIES REBUILD AFTER YEARS OF DISPLACEMENT, CLEAN WATER PROJECTS HELP TO IMPROVE HEALTH AND QUALITY OF LIFE. IN 2018, CHARITY: WATER FUNDED 423 WATER PROJECTS THAT CAN SERVE 99,359 PEOPLE.

4c (Code:) (Expenses \$ 3,748,248. including grants of \$ 3,706,982.) (Revenue \$)

RWANDA - WHILE RWANDA HAS MADE INCREDIBLE SOCIAL AND ECONOMIC PROGRESS IN THE PAST 25 YEARS SINCE THE HORRIFIC GENOCIDE, 56% OF THE POPULATION CONTINUES TO LIVE BELOW THE POVERTY LINE, AND THE COUNTRY RANKS 158 OUT OF 189 ON THE MOST RECENT HUMAN DEVELOPMENT INDEX. 47% OF THOSE LIVING IN RURAL AREAS LACK OF ACCESS TO AT LEAST BASIC WATER SERVICES, AND 30% LACK ACCESS TO AT LEAST BASIC SANITATION SERVICES. IN 2018, CHARITY: WATER FUNDED 205 WATER PROJECTS IN RWANDA THAT CAN SERVE 65,040 PEOPLE.

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

(Expenses \$ 25,666,232. including grants of \$ 22,798,471.) (Revenue \$)

4e Total program service expenses 46,979,282.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS requirements like grants, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V. []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (governing body members), 1b (independent members), 2-7b (relationships and governance), 8a-8b (documentation), and 9 (reachability).

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

Table with 3 columns: Question, Yes, No. Rows include 10a-16b covering local chapters, conflict of interest, whistleblower policies, and compensation.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 1
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in 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

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SCOTT HARRISON FOUNDER/CEO	50.00 0.	X		X				387,065.	0.	27,597.
(2) MICHAEL WILKERSON CHAIRMAN	2.00 0.	X		X				0.	0.	0.
(3) BRANT CRYDER BOARD MEMBER	2.00 0.	X						0.	0.	0.
(4) BROOK HAZELTON BOARD MEMBER	2.00 0.	X						0.	0.	0.
(5) CHI-HUA CHIEN BOARD MEMBER	2.00 0.	X						0.	0.	0.
(6) GIAN-CARLO OCHOA, PHD BOARD MEMBER	2.00 0.	X						0.	0.	0.
(7) RYAN GRAVES BOARD MEMBER (AS OF 2/18)	2.00 0.	X						0.	0.	0.
(8) SHANNON SEDGWICK DAVIS BOARD MEMBER	2.00 0.	X						0.	0.	0.
(9) VALERIE DONATI BOARD MEMBER	2.00 0.	X						0.	0.	0.
(10) CHRISTOPH GORDER CHIEF GLOBAL WATER OFFICER	50.00 0.			X				262,547.	0.	34,602.
(11) MICHAEL GUMBLEY TREASURER/CFO	50.00 0.			X				207,162.	0.	4,178.
(12) CHRISTOPHER BARTON SECRETARY/GEN COUNSEL	30.00 0.			X				87,918.	0.	22,692.
(13) JASON KERAMIDAS CHIEF PRODUCT OFFICER	50.00 0.				X			232,130.	0.	42,746.
(14) LAUREN LETTA CHIEF OPERATING OFFICER	50.00 0.				X			210,590.	0.	25,196.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MOHAMMED ZAIDI DIR OF BRAND PSHIPS (END 12/18)	50.00 0.					X		160,710.	0.	12,876.
(16) WILLIAM BELL DIRECTOR OF FINANCE	50.00 0.					X		155,058.	0.	6,524.
(17) CHRISTINE CHOE DIR OF BUSINESS OPERATIONS	50.00 0.					X		138,375.	0.	5,500.
(18) JASDEEP GOSAL PRINCIPAL ENGINEER	50.00 0.					X		133,966.	0.	22,344.
(19) NITYA OBEROI SOFTWARE DEVELOPMENT MANAGER	50.00 0.					X		131,950.	0.	13,864.
1b Sub-total								1,387,412.	0.	157,011.
c Total from continuation sheets to Part VII, Section A								720,059.	0.	61,108.
d Total (add lines 1b and 1c)								2,107,471.	0.	218,119.

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 **▶** 17

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 6

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	786,725.				
	b Membership dues	1b					
	c Fundraising events	1c	6,755,342.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	61,681,831.				
	g Noncash contributions included in lines 1a-1f: \$		3,712,218.				
	h Total. Add lines 1a-1f		69,223,898.				
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f		0.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			1,037,863.			1,037,863.
	4 Income from investment of tax-exempt bond proceeds			0.			
	5 Royalties			0.			
	6a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)			0.			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		13,027,334.					
		b Less: cost or other basis and sales expenses		12,956,206.			
		c Gain or (loss)		71,128.			
	d Net gain or (loss)			71,128.			71,128.
	8a Gross income from fundraising events (not including \$ 6,755,342. of contributions reported on line 1c). See Part IV, line 18	a		128,000.			
		b Less: direct expenses	b	1,095,792.			
		c Net income or (loss) from fundraising events			-967,792.		
9a Gross income from gaming activities. See Part IV, line 19	a		0.				
	b Less: direct expenses	b	0.				
	c Net income or (loss) from gaming activities			0.			
10a Gross sales of inventory, less returns and allowances	a		0.				
	b Less: cost of goods sold	b	0.				
	c Net income or (loss) from sales of inventory			0.			
Miscellaneous Revenue			Business Code				
11a MISCELLANEOUS INCOME		900099		725,564.			725,564.
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d				725,564.			
12 Total revenue. See instructions.				70,090,661.			866,763.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	43,694,409.	43,694,409.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,562,317.	444,056.	406,585.	711,676.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	5,616,649.	804,906.	1,736,100.	3,075,643.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	151,359.	27,533.	45,610.	78,216.
9 Other employee benefits	552,348.	82,217.	163,028.	307,103.
10 Payroll taxes	577,935.	94,226.	174,806.	308,903.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	5,486.		5,486.	
c Accounting	153,824.	44,495.	109,329.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	136,649.		136,649.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,029,032.	174,868.	421,074.	433,090.
12 Advertising and promotion	1,182,041.			1,182,041.
13 Office expenses	697,464.	116,705.	202,905.	377,854.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	644,501.	110,680.	192,432.	341,389.
17 Travel	523,087.	179,756.	167,780.	175,551.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	842,781.	144,731.	251,634.	446,416.
23 Insurance	168,574.	28,949.	50,332.	89,293.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BANK CHARGES	473,988.		473,988.	
b EVENT COSTS	221,198.			221,198.
c WATER PROJECT SUST. FUNDING	1,031,751.	1,031,751.		
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	59,265,393.	46,979,282.	4,537,738.	7,748,373.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,211.	1	2,736.
	2 Savings and temporary cash investments	32,277,165.	2	37,348,674.
	3 Pledges and grants receivable, net	13,523,148.	3	19,756,927.
	4 Accounts receivable, net	0.	4	0.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	430,357.	9	843,620.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,386,974.		
	b Less: accumulated depreciation	10b 3,188,162.	1,851,168.	10c 1,198,812.
	11 Investments - publicly traded securities	20,100,324.	11	28,344,406.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	126,894.	15	123,786.
16 Total assets. Add lines 1 through 15 (must equal line 34)	68,312,267.	16	87,618,961.	
Liabilities	17 Accounts payable and accrued expenses	412,293.	17	722,092.
	18 Grants payable	33,938,073.	18	42,799,544.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	562,144.	25	352,916.
	26 Total liabilities. Add lines 17 through 25	34,912,510.	26	43,874,552.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	13,383,213.	27	15,505,607.
	28 Temporarily restricted net assets	20,016,544.	28	28,238,802.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	33,399,757.	33	43,744,409.	
34 Total liabilities and net assets/fund balances	68,312,267.	34	87,618,961.	

Part XI Reconciliation of Net Assets

Check 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	70,090,661.
2	Total expenses (must equal Part IX, column (A), line 25)	2	59,265,393.
3	Revenue less expenses. Subtract line 2 from line 1	3	10,825,268.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	33,399,757.
5	Net unrealized gains (losses) on investments	5	-1,245,583.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	764,967.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	43,744,409.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

CHARITY GLOBAL, INC.

Employer identification number

22-3936753

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2018

JSA
8E1210 1.000

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	43,690,259.	35,127,416.	36,176,933.	49,827,030.	69,223,898.	234,045,536.
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.	43,690,259.	35,127,416.	36,176,933.	49,827,030.	69,223,898.	234,045,536.
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).						12,171,793.
6 Public support. Subtract line 5 from line 4						221,873,743.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4.	43,690,259.	35,127,416.	36,176,933.	49,827,030.	69,223,898.	234,045,536.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	399,207.	466,174.	683,293.	754,462.	1,037,863.	3,340,999.
9 Net income from unrelated business activities, whether or not the business is regularly carried on					93,223.	93,223.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	25,045.	152,226.	55,911.	122,640.	725,564.	1,081,386.
11 Total support. Add lines 7 through 10						238,561,144.
12 Gross receipts from related activities, etc. (see instructions)					12	285,548.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)).	14	93.01 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	94.15 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	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? <i>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.</i>	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)? <i>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).</i>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	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 (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
MISCELLANEOUS INCOME	25,045.	152,226.	55,911.	122,640.	725,564.	1,081,386.
TOTALS	<u>25,045.</u>	<u>152,226.</u>	<u>55,911.</u>	<u>122,640.</u>	<u>725,564.</u>	<u>1,081,386.</u>

Schedule of Contributors

2018

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

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

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private 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 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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		\$ 3,839,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 3,790,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 3,144,160.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHARITY GLOBAL, INC.

Employer identification number

22-3936753

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	VIRTUAL CURRENCY	\$ 1,127,469.	12/20/2018

Name of organization CHARITY GLOBAL, INC.

Employer identification number
22-3936753

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

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

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

(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
_____ _____ _____	_____ _____ _____

(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
_____ _____ _____	_____ _____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2018

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

CHARITY GLOBAL, INC.

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.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

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.

Table with 3 columns: Line number, Description, and Amount. Includes rows for reporting requirements for art and historical treasures.

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

Schedule D (Form 990) 2018

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 are a 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 programs
 - 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 on Part XIII

Part V Endowment Funds.

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ _____ %
 - b** Permanent endowment ▶ _____ %
 - c** Temporarily restricted 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:
- | | Yes | No |
|---|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,412,865.	1,012,535.	400,330.
d Equipment		2,974,109.	2,175,627.	798,482.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,198,812.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DEFERRED RENT OBLIGATION	352,916.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (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	70,302,301.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-1,245,583.	
b	Donated services and use of facilities	2b	498,080.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	-747,503.
3	Subtract line 2e from line 1		3	71,049,804.
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	136,649.	
b	Other (Describe in Part XIII.)	4b	-1,095,792.	
c	Add lines 4a and 4b		4c	-959,143.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	70,090,661.

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	59,957,649.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	498,080.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	330,825.	
e	Add lines 2a through 2d		2e	828,905.
3	Subtract line 2e from line 1		3	59,128,744.
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	136,649.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	136,649.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	59,265,393.

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

PART X, LINE 2 - UNCERTAIN TAX POSITIONS

CHARITY: WATER RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. INCOME GENERATED FROM ACTIVITIES UNRELATED TO CHARITY: WATER'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER INTERNAL REVENUE CODE SECTION 511. CHARITY: WATER DID NOT RECOGNIZE ANY UNRELATED BUSINESS INCOME TAX LIABILITY FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017.

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

YEAR-END GALA REVENUE-RELATED EXPENSES	\$ -1,095,792
--	---------------

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

DISCOUNT ON GRANTS PAYABLE ADJUSTMENT	\$ -764,967
YEAR-END GALA REVENUE-RELATED EXPENSES	\$ 1,095,792

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

CHARITY GLOBAL, INC.

Employer identification number

22-3936753

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING	WATER PROJECTS	2,450,034.
(2) SOUTH ASIA	0.	0.	GRANTMAKING	WATER PROJECTS	5,574,299.
(3) SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING	WATER PROJECTS	35,670,076.
(4) SOUTH ASIA	0.	0.	PROGRAM SERVICES	WATER PROJ. SUST.	32,928.
(5) SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	WATER PROJ. SUST.	998,823.
(6) EAST ASIA AND THE PACIFIC	0.	1.	PROGRAM SERVICES	WATER PROGRAMS	3,657.
(7) SUB-SAHARAN AFRICA	0.	1.	PROGRAM SERVICES	WATER PROGRAMS	45,527.
(8) EUROPE	0.	1.	PROGRAM SERVICES	WATER PROGRAMS	77,554.
(9) EUROPE	1.	3.	MAINTAINING OFFICES		80,528.
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	1.	6.			44,933,426.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1.	6.			44,933,426.

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

Schedule F (Form 990) 2018

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	PGRM FUNDING-GRAN	1,983,633.	WIRE TRFR			
(2)			EAST ASIA/PACIFIC	PGRM FUNDING-GRAN	466,401.	WIRE TRFR			
(3)			SOUTH ASIA	PGRM FUNDING-GRAN	853,300.	WIRE TRFR			
(4)			SOUTH ASIA	PGRM FUNDING-GRAN	421,607.	WIRE TRFR			
(5)			SOUTH ASIA	PGRM FUNDING-GRAN	3,000,000.	WIRE TRFR			
(6)			SOUTH ASIA	PGRM FUNDING-GRAN	300,000.	WIRE TRFR			
(7)			SOUTH ASIA	PGRM FUNDING-GRAN	499,997.	WIRE TRFR			
(8)			SOUTH ASIA	PGRM FUNDING-GRAN	499,395.	WIRE TRFR			
(9)			SUB-SAHARAN AFRICA	PGRM FUNDING-GRAN	6,651,420.	WIRE TRFR			
(10)			SUB-SAHARAN AFRICA	PGRM FUNDING-GRAN	5,350,000.	WIRE TRFR			
(11)			SUB-SAHARAN AFRICA	PGRM FUNDING-GRAN	10,137,067.	WIRE TRFR			
(12)			SUB-SAHARAN AFRICA	PGRM FUNDING-GRAN	2,589,972.	WIRE TRFR			
(13)			SUB-SAHARAN AFRICA	PGRM FUNDING-GRAN	490,000.	WIRE TRFR			
(14)			SUB-SAHARAN AFRICA	PGRM FUNDING-GRAN	999,999.	WIRE TRFR			
(15)			SUB-SAHARAN AFRICA	PGRM FUNDING-GRAN	2,493,780.	WIRE TRFR			
(16)			SUB-SAHARAN AFRICA	PGRM FUNDING-GRAN	2,200,000.	WIRE TRFR			

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

3 Enter total number of other organizations or entities

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	PGRM FUNDING-GRAN	534,638.	WIRE TRFR			
(2)			SUB-SAHARAN AFRICA	PGRM FUNDING-GRAN	990,810.	WIRE TRFR			
(3)			SUB-SAHARAN AFRICA	PGRM FUNDING-GRAN	232,390.	WIRE TRFR			
(4)			SUB-SAHARAN AFRICA	PGRM FUNDING-GRAN	3,000,000.	WIRE TRFR			
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 19.

3 Enter total number of other organizations or entities

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

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

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

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

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

THIS PROCESS INCLUDES, BUT IS NOT LIMITED TO REVIEWING:

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

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

Part V Supplemental Information

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

APPROVAL. ALL FUNDS NECESSARY TO FULFILL EACH GRANT ARE RAISED PRIOR TO SIGNING THE GRANT. ACCORDINGLY, CHARITY: WATER'S \$42,799,544 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.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		YEAR-END GALA (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	6,883,342.			6,883,342.
	2 Less: Contributions	6,755,342.			6,755,342.
	3 Gross income (line 1 minus line 2)	128,000.			128,000.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	158,928.			158,928.
	8 Entertainment				
	9 Other direct expenses	936,864.			936,864.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				1,095,792.
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-967,792.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CHARITY GLOBAL, INC.

Employer identification number

22-3936753

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

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

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

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

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SCOTT HARRISON FOUNDER/CEO	286,470.	0.	100,595.	2,544.	27,154.	416,763.	0.
CHRISTOPH GORDER 2 CHIEF GLOBAL WATER OFFICER	261,779.	0.	768.	10,400.	26,364.	299,311.	0.
MICHAEL GUMBLEY 3 TREASURER/CFO	206,802.	0.	360.	4,178.	5,557.	216,897.	0.
JASON KERAMIDAS 4 CHIEF PRODUCT OFFICER	231,080.	0.	1,050.	10,000.	38,697.	280,827.	0.
LAUREN LETTA 5 CHIEF OPERATING OFFICER	210,285.	0.	305.	4,042.	22,692.	237,324.	0.
MOHAMMED ZAIDI 6 DIR OF BRAND PSHIPS (END 12/18)	160,710.	0.	0.	6,464.	8,882.	176,056.	0.
WILLIAM BELL 7 DIRECTOR OF FINANCE	154,938.	0.	120.	0.	8,872.	163,930.	0.
JASDEEP GOSAL 8 PRINCIPAL ENGINEER	133,874.	0.	92.	5,484.	19,120.	158,570.	0.
9							
10							
11							
12							
13							
14							
15							
16							

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 1A

2018 TAXABLE HOUSING ALLOWANCE PROVIDED TO SCOTT HARRISON: \$100,000

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

CHARITY GLOBAL, INC.

Employer identification number

22-3936753

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	61.	1,501,293.	FMV AT TIME OF SALE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		19.	2,210,925.	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

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

Schedule M (Form 990) 2018

JSA

8E1298 1.000

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

SCHEDULE M, PART I, COLUMN (B)

CHARITY: WATER IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED IN

COLUMN (B) OF SCHEDULE M, PART I.

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
VIRTUAL CURRENCY	X	7.	2,158,999.	FMV AT TIME OF SALE
SUPPLIES/EQUIPMENT	X	12.	51,926.	FMV
TOTALS		<u>19.</u>	<u>2,210,925.</u>	

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CHARITY GLOBAL, INC.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

22-3936753

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

CHARITY: WATER IS A NON-PROFIT ORGANIZATION BRINGING CLEAN AND SAFE DRINKING WATER TO PEOPLE IN DEVELOPING COUNTRIES. CHARITY: WATER INSPIRES GIVING AND EMPOWERS OTHERS TO FUNDRAISE FOR SUSTAINABLE WATER SOLUTIONS. A SEPARATE, PRIVATE GROUP OF SUPPORTERS FUNDS OPERATIONAL COSTS, ALLOWING CHARITY: WATER TO USE 100% OF PUBLIC DONATIONS TO FUND WATER PROJECTS. DONATIONS ARE SENT TO OUR LOCAL PARTNER ORGANIZATIONS, WHO BUILD AND IMPLEMENT THE WATER PROJECTS. WHEN THE WATER PROJECTS ARE COMPLETED, WE PROVE EVERY ONE OF THEM USING GPS COORDINATES, PHOTOS AND INFORMATION ABOUT THE COMMUNITY SERVED.

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

BANGLADESH - BANGLADESH RANKED 136 OUT OF 189 COUNTRIES ON THE MOST RECENT HUMAN DEVELOPMENT INDEX. NEARLY 15% OF THE POPULATION LIVES BELOW THE POVERTY LINE. WHILE ONLY 3% OF THE RURAL POPULATION LACKS ACCESS TO AT LEAST BASIC WATER SERVICES, WATER QUALITY REMAINS A LARGE ISSUE. ARSENIC IS A COMMON CONTAMINANT AS IS THE RUNOFF FROM INADEQUATE DRAINAGE SYSTEMS, AND 53% OF THE RURAL POPULATION LACKS AT LEAST BASIC ACCESS TO SANITATION SERVICES. IN 2018, CHARITY: WATER FUNDED 754 PROJECTS THAT CAN SERVE 204,547 PEOPLE.

BURKINA FASO - WITH NEARLY 45% OF THE POPULATION LIVING BELOW \$1.90 PER DAY AND ONE OF THE HIGHEST BIRTH RATES IN THE WORLD, BURKINA FASO RANKED

Name of the organization CHARITY GLOBAL, INC.	Employer identification number 22-3936753
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183 OUT OF 189 COUNTRIES ON THE 2018 HUMAN DEVELOPMENT INDEX. ACCESS TO BASIC WATER SERVICES IN RURAL BURKINA FASO, WHERE 71% OF THE POPULATION RESIDES, ONLY REACHES 35%. ACCESS TO BASIC SANITATION IS EVEN LOWER, AT 11.34%. CHARITY: WATER HOPES TO HELP CHANGE THAT, AND IN 2018, FUNDED 28 WATER PROJECTS THAT CAN SERVE 9,480 PEOPLE.

CAMBODIA - RANKING 146 OF 189 COUNTRIES ON THE MOST RECENT HUMAN DEVELOPMENT INDEX, CAMBODIA HAS A POPULATION OF 15.6 MILLION AND ONE OF THE LOWEST PER CAPITA GDPS IN EAST ASIA. ACCESS TO SANITATION AND IMPROVED HYGIENE PRACTICES IS A CONSIDERABLE HEALTH CHALLENGE IN RURAL AREAS, WITH 52% OF THE 12.3 MILLION RURAL POPULATION LACKING ACCESS TO AT LEAST BASIC SANITATION SERVICES AND 27% LACKING ACCESS TO AT LEAST BASIC WATER SERVICES. IN 2018, CHARITY: WATER FUNDED 787 WATER PROJECTS THAT CAN SERVE 156,800 PEOPLE.

THE CENTRAL AFRICAN REPUBLIC - THE CENTRAL AFRICAN REPUBLIC RANKS NEARLY AT THE BOTTOM OF THE HUMAN DEVELOPMENT INDEX, AT 188 OUT OF 189 COUNTRIES. 66% OF THE POPULATION LIVE BELOW THE POVERTY LINE, INFANT MORTALITY IS THE HIGHEST IN THE WORLD, AND LIFE EXPECTANCY IS THE SECOND LOWEST IN THE WORLD. THE COUNTRY ALSO STRUGGLES WITH ACCESS TO WATER AND SANITATION, ESPECIALLY IN THE HARD TO REACH, OFTEN ISOLATED RURAL AREAS OF THE COUNTRY. MORE THAN 66% OF THE RURAL POPULATION LACKS ACCESS TO AT LEAST BASIC WATER SERVICES, AND 91% LACKS ACCESS TO AT LEAST BASIC SANITATION SERVICES. IN 2018, CHARITY: WATER FUNDED 31 WATER PROJECTS THAT CAN SERVE 9,577 PEOPLE.

Name of the organization CHARITY GLOBAL, INC.	Employer identification number 22-3936753
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CÔTE D'IVOIRE - CÔTE D'IVOIRE RANKED 170 OUT OF 189 COUNTRIES ON THE MOST RECENT HUMAN DEVELOPMENT INDEX, WITH THE TENTH HIGHEST INFANT MORTALITY RATE AND FIFTH LOWEST LIFE EXPECTANCY IN THE WORLD. OF THE POPULATION OF 24 MILLION, ROUGHLY 28% LIVE BELOW THE POVERTY LINE. AMONG RURAL POPULATIONS, 42% OF INDIVIDUALS LACK ACCESS TO AT LEAST BASIC WATER SERVICES AND 82% LACK ACCESS TO AT LEAST BASIC SANITATION SERVICES. IN 2018, CHARITY: WATER FUNDED 58 WATER PROJECTS THAT CAN SERVE 23,200 PEOPLE.

INDIA - INDIA RANKED 130 OUT OF 189 COUNTRIES ON THE MOST RECENT HUMAN DEVELOPMENT INDEX. IT FACES DIFFICULT BARRIERS TO DEVELOPMENT, INCLUDING RAPID POPULATION GROWTH AND A LACK OF ACCESS TO AT LEAST BASIC SANITATION SERVICES FOR 47% OF ITS RURAL POPULATION OF 889 MILLION. 9% PERCENT LACKS ACCESS TO AT LEAST BASIC WATER SERVICES. EXTREME POVERTY, ESPECIALLY AMONG HISTORICALLY DISADVANTAGED CASTES, WATER QUALITY ISSUES, AND, IN SOME REGIONS, WATER SCARCITY HAVE ALSO PROVEN TO BE CHALLENGES IN WORKING TOWARDS FULL WATER AND SANITATION COVERAGE. IN 2018, CHARITY: WATER FUNDED 1,604 WATER PROJECTS THAT CAN SERVE 48,059 PEOPLE.

KENYA - KENYA RANKED 142 OUT OF 189 COUNTRIES ON THE MOST RECENT HUMAN DEVELOPMENT INDEX. IT EXPERIENCES A HIGH RATE OF REFUGEE RESETTLEMENT, BEING HOME TO MORE THAN 420,000 REFUGEES FROM NEIGHBORING COUNTRIES. THERE ARE ALSO AN ESTIMATED 1.6 MILLION PEOPLE LIVING WITH HIV IN THE COUNTRY. WHAT'S MORE, IN RURAL AREAS, WHERE 73% OF KENYANS LIVE, 50% OF

Name of the organization CHARITY GLOBAL, INC.	Employer identification number 22-3936753
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PEOPLE LACK ACCESS TO BASIC WATER SERVICES AND 73% LACK ACCESS TO BASIC SANITATION SERVICES. IN 2018, CHARITY: WATER FUNDED 6 WATER PROJECTS THAT CAN SERVE 3,740 PEOPLE.

MADAGASCAR - RANKING 161 OUT OF 189 COUNTRIES ON THE MOST RECENT HUMAN DEVELOPMENT INDEX, APPROXIMATELY 78% OF THE POPULATION OF MADAGASCAR FALLS BELOW THE POVERTY LINE. IN ADDITION TO THIS, 64% OF INDIVIDUALS LIVING IN RURAL AREAS LACK ACCESS TO AT LEAST BASIC WATER SERVICES AND 94% LACK ACCESS TO AT LEAST BASIC SANITATION SERVICES. FREQUENT FLOODING AND CLIMATE EVENTS FURTHER CONTAMINATE WATER SOURCES AND DAMAGE EXISTING INFRASTRUCTURE. IN 2018, CHARITY: WATER FUNDED 455 WATER POINTS THAT CAN SERVE 22,500 PEOPLE.

MALAWI - A SMALL LANDLOCKED COUNTRY IN SOUTHERN AFRICA WITH A POPULATION OF 18.6 MILLION PEOPLE, MALAWI RANKED 171 OUT OF 189 COUNTRIES ON THE MOST RECENT HUMAN DEVELOPMENT INDEX. MORE THAN 34% OF RURAL MALAWIANS LACK ACCESS TO AT LEAST BASIC WATER SERVICES AND 75% LACK ACCESS TO AT LEAST BASIC SANITATION SERVICES. AS A RESULT, DIARRHEAL DISEASES ARE A COMMON PROBLEM AND ARE ONE OF THE LEADING CAUSES OF DEATH IN MALAWI, SECOND ONLY TO HIV/AIDS. MALAWI HAS ONE OF THE HIGHEST HIV PREVALENCE RATES IN THE WORLD, AT 8% FOR ADULTS AGED 15 TO 49. IN 2018, CHARITY: WATER FUNDED 525 WATER PROJECTS THAT CAN SERVE 144,132 PEOPLE.

MALI - MALI RANKED 182 OUT OF 189 COUNTRIES ON THE MOST RECENT HUMAN DEVELOPMENT INDEX. THE COUNTRY EXPERIENCES THE FOURTH HIGHEST BIRTH RATE

Name of the organization CHARITY GLOBAL, INC.	Employer identification number 22-3936753
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IN THE WORLD AND THE SEVENTH HIGHEST INFANT MORTALITY RATE, IN ADDITION TO NEARLY 50% OF THE POPULATION LIVING BELOW THE POVERTY LINE. THE NORTHERN HALF OF THE COUNTRY FALLS IN THE HARSH SAHEL REGION, WHICH IS PRONE TO SEVERE DROUGHTS AND PROLONGED DRY SEASONS. THIS COMPLICATES THE WATER LANDSCAPE FOR MALI. 32% OF RURAL MALIANS LIVE WITHOUT ACCESS TO AT LEAST BASIC DRINKING WATER, AND 71% LIVE WITHOUT ACCESS TO AT LEAST BASIC SANITATION SERVICES. IN 2018, CHARITY: WATER FUNDED 59 WATER PROJECTS IN MALI THAT CAN SERVE 30,582 PEOPLE.

MOZAMBIQUE - IN THE YEARS SINCE ITS DEVASTATING CIVIL WAR, MOZAMBIQUE HAS FACED EXTREME POVERTY, WITH 63% OF ITS POPULATION LIVING BELOW THE POVERTY LINE. WATER QUALITY IN PARTICULAR HAS BEEN A CHALLENGE, AND FLOODS AND EARTHQUAKES HAVE EXACERBATED THE GROWING WATER CRISIS. RANKING 180 OUT OF 189 COUNTRIES ON THE MOST RECENT HUMAN DEVELOPMENT INDEX, MOZAMBIQUE HAS MADE ACCESS TO CLEAN WATER A MAJOR PRIORITY. CURRENTLY, 60% OF RURAL MOZAMBICANS LACK ACCESS TO AT LEAST BASIC WATER SERVICES AND 83% LACK ACCESS TO AT LEAST BASIC SANITATION SERVICES. IN 2018, CHARITY: WATER FUNDED 201 WATER PROJECTS THAT CAN SERVE 69,525 PEOPLE.

NEPAL - THOUGH NEPAL BOASTS ABUNDANT WATER RESOURCES, THIS AVAILABILITY CAN BE DECEIVING. RURAL RESIDENTS (NAMELY WOMEN) WALK AN AVERAGE OF TWO AND HALF HOURS IN CHALLENGING TERRAIN TO COLLECT WATER FROM UNIMPROVED SOURCES IN ONE OF THE AREAS CHARITY: WATER WORKS. RANKING 149 OF 189 ON THE 2018 HUMAN DEVELOPMENT INDEX, 11% OF RURAL NEPALIS LACK ACCESS TO AT LEAST BASIC WATER SERVICES AND 39% LACK ACCESS TO BASIC SANITATION

Name of the organization CHARITY GLOBAL, INC.	Employer identification number 22-3936753
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SERVICES. IN 2018, CHARITY: WATER FUNDED 90 WATER PROJECTS THAT CAN SERVE 15,226 PEOPLE.

NIGER - WITH THE WORLD'S HIGHEST BIRTH RATE AND AN AVERAGE ANNUAL INCOME OF \$906, NIGER RANKED AT THE BOTTOM OF THE 2018 HUMAN DEVELOPMENT INDEX. POPULATION GROWTH AND CLIMATE CHANGE POSE PROBLEMS FOR ACCESS TO CLEAN WATER, PARTICULARLY IN RURAL AREAS WHERE 56% OF PEOPLE LACK AT LEAST BASIC WATER SERVICES. IN ADDITION, 92% OF THE RURAL POPULATION LACKS ACCESS TO AT LEAST BASIC SANITATION SERVICES, AND DIARRHEAL DISEASES ARE AMONG THE LEADING CAUSES OF DEATH. IN 2018, CHARITY: WATER FUNDED 76 WATER PROJECTS THAT CAN SERVE 38,900 PEOPLE.

SIERRA LEONE - WITH THE WORLD'S SHORTEST LIFE EXPECTANCY AT BIRTH, SECOND HIGHEST INFANT MORTALITY RATE, AND FOURTH HIGHEST UNDER-5 MORTALITY RATE, SIERRA LEONE RANKED 184 OUT OF 189 COUNTRIES ON THE 2018 HUMAN DEVELOPMENT INDEX. AN EBOLA VIRUS OUTBREAK IN 2014 OVERBURDENED AN ALREADY WEAK HEALTHCARE INFRASTRUCTURE, WHICH BOTH AIDED THE SPREAD OF THE VIRUS AND CONTRIBUTED TO A TRAGICALLY HIGH DEATH TOLL. DIARRHEAL DISEASES ARE CURRENTLY THE LEADING CAUSE OF DEATH IN SIERRA LEONE, WHICH OFTEN STEM FROM UNSAFE WATER AND SANITATION. NEARLY 50% OF THE COUNTRY'S RURAL POPULATION OF 4.4 MILLION LACKS ACCESS TO AT LEAST BASIC WATER SERVICES, WHILE 91% LACKS ACCESS TO AT LEAST BASIC SANITATION SERVICES. IN 2018, CHARITY: WATER FUNDED 61 WATER PROJECTS THAT CAN SERVE 18,300 PEOPLE.

Name of the organization CHARITY GLOBAL, INC.	Employer identification number 22-3936753
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ZIMBABWE - AFTER YEARS OF ECONOMIC CRISIS AND POLITICAL TURMOIL, REPEATED DROUGHTS AND FLOODS, AND CYCLONE DINEO IN 2017, ACCESS TO BASIC WATER AND SANITATION REMAINS A MAJOR ISSUE FOR ZIMBABWE - ESPECIALLY IN RURAL AREAS, WHERE 68% OF THE POPULATION RESIDES. MOST RECENTLY, ZIMBABWE RANKED 156 OUT OF 189 COUNTRIES ON THE HUMAN DEVELOPMENT INDEX. 50% OF RURAL ZIMBABWEANS LIVE WITHOUT ACCESS TO BASIC WATER SERVICES AND 69% LACK ACCESS TO BASIC SANITATION SERVICES. IN 2018, CHARITY: WATER FUNDED 141 WATER PROJECTS THAT CAN SERVE 22,887 PEOPLE.

FORM 990, PART VI, LINE 11B - PROCESS TO REVIEW FORM 990
CHARITY: WATER WORKS WITH AN INDEPENDENT ACCOUNTING FIRM TO PREPARE THE FORM 990. THE FINAL FORM 990 IS THEN SENT BY THE RETURN PREPARER VIA EMAIL TO THE FOUNDER/CEO, CFO AND FINANCE COMMITTEE FOR FINAL REVIEW. ONCE FINAL APPROVAL IS OBTAINED FROM THE ABOVE-SEATED OFFICERS, THE FINAL FORM 990 IS SENT TO MANAGEMENT FOR SIGNATURE AND A COPY OF THE FINAL FORM 990 IS FORWARDED TO ALL SEATED BOARD MEMBERS PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, ANY DIRECTOR, OFFICER, KEY EMPLOYEE, OR MEMBER OF A COMMITTEE WITH THE 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.

Name of the organization CHARITY GLOBAL, INC.	Employer identification number 22-3936753
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EACH INTERESTED PERSON SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON:

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

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

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

- A. WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON COMPETENT SURVEY INFORMATION, AND THE RESULT OF ARM'S-LENGTH BARGAINING.
- B. WHETHER PARTNERSHIPS, JOINT VENTURES AND ARRANGEMENTS WITH MANAGEMENT ORGANIZATIONS CONFORM TO THE ORGANIZATION'S WRITTEN POLICIES ARE PROPERLY

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

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

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE PROCESS INCLUDES THE FOLLOWING ELEMENTS:

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

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

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

Name of the organization CHARITY GLOBAL, INC.	Employer identification number 22-3936753
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ORGANIZATION;

(III) CURRENT COMPENSATION SURVEYS COMPILED BY THE INDEPENDENT FIRMS;

(IV) ACTUAL WRITTEN OFFERS FROM SIMILAR ORGANIZATIONS COMPETING FOR THE SERVICES OF THE PERSON; AND

(V) BENCHMARKING PROVIDED BY INDEPENDENT COMPENSATION CONSULTANTS.

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 2018.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
SEE SCHEDULE O, FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL. THIS POLICY IS ALSO APPLICABLE TO THE ORGANIZATION'S TOP FINANCIAL OFFICER, THE CFO. THE MOST RECENT COMPENSATION REVIEW OCCURRED

Name of the organization CHARITY GLOBAL, INC.	Employer identification number 22-3936753
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IN 2018.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
 CHARITY: WATER'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND
 FORM 990'S ARE AVAILABLE TO THE PUBLIC UPON REQUEST BY EMAILING
 INFO@CHARITYWATER.ORG. THE ORGANIZATION'S ANNUAL REPORTS, INDEPENDENT
 AUDIT REPORTS AND ANNUAL FINANCIAL STATEMENTS ARE AVAILABLE ONLINE AT
 CHARITYWATER.ORG/ABOUT/FINANCIALS

FORM 990, PART X, LINES 27-29 - NET ASSET CLASSIFICATION
 THE FASB ISSUED ACCOUNTING STANDARDS UPDATE (ASU) 2016-14 NOT-FOR-PROFIT
 ENTITIES (TOPIC 958), PRESENTATION OF FINANCIAL STATEMENTS OF NOT-FOR-
 PROFIT ENTITIES, WHICH AMONG OTHER THINGS, CHANGES HOW NOT-FOR-PROFIT
 ENTITIES REPORT NET ASSET CLASSES. THE SIGNIFICANT REQUIREMENTS OF ASU
 2016-14 INCLUDE REDUCTION IN THE NUMBER OF NET ASSET CLASSES FROM THREE
 TO TWO: WITH DONOR RESTRICTIONS (FORMERLY REPORTED AS TEMPORARILY
 RESTRICTED NET ASSETS) AND WITHOUT DONOR RESTRICTIONS (FORMERLY REPORTED
 AS UNRESTRICTED NET ASSETS). THE 2018 FORM 990, PART X WAS NOT UPDATED TO
 REFLECT THE CHANGE IN NET ASSET CLASS TERMINOLOGY; THEREFORE,
 CHARITY:WATER HAS REPORTED NET ASSETS WITHOUT DONOR RESTRICTION AS
 UNRESTRICTED NET ASSETS AND NET ASSETS WITH DONOR RESTRICTIONS AS
 TEMPORARILY RESTRICTED NET ASSETS.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION
 DISCOUNT ON GRANTS PAYABLE ADJUSTMENT \$ 764,967

Name of the organization CHARITY GLOBAL, INC.	Employer identification number 22-3936753
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ATTACHMENT 1FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT,
 DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,
 MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
 RI, SC, TN, UT, VA, WA, WV, WI,

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
IMMERSIVE ENVIRONMENTS LLC 1050 MARIN ST. SAN FRANCISCO, CA 94124	CONSULTING	504,219.
TWISTHINK LLC 43 E 8TH STREET, SUITE 250 HOLLAND, MI 49423	CONSULTING	338,545.
WE CONSULT P.O. BOX 22856 KAMPALA UGANDA	CONSULTING	231,662.
INTELLIGENT PRODUCT SOLUTIONS, INC. 700 VETERANS MEMORIAL HIGHWAY, SUITE 100 HAUPPAUGE, NY 11788	CONSULTING	193,097.
THE ROBBINS OFFICE, INC. 405 PARK AVENUE, 9TH FLOOR NEW YORK, NY 10022	PUBLISHING	160,250.

**SCHEDULE R
(Form 990)**

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

CHARITY GLOBAL, INC.

**Open to Public
Inspection**

Employer identification number

22-3936753

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

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)	CHARITY GLOBAL (UK) LIMITED 1 DEVONSHIRE ST LONDON, UK W1W 5DR	GRNTMAKING	UK	1,499,406.	1,399,972.	CHARITY GLOB
(2)						
(3)						
(4)						
(5)						
(6)						

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

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

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

Schedule R (Form 990) 2018

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.

Table with 4 columns: (a) Name of related organization, (b) Transaction type (a-s), (c) Amount involved, (d) Method of determining amount involved. Rows include categories like Receipt of interest, royalties, or rent, and various types of contributions and leases.

Table with 4 columns: (a) Name of related organization, (b) Transaction type (a-s), (c) Amount involved, (d) Method of determining amount involved. Rows 1 through 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)													
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(15)													
(16)													

Part VII **Supplemental Information**

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