EXTENSION ATTACHED

Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047 2017 Open to Public Inspection

A	For the 20	7 calendar year, or tax year beginning , and ending		
В	Check if applical	e: C Name of organization	D Employ	er identification number
	Address change	Charity Global Inc.		
	Name change	Doing business as charity: water	22-3	3936753
<u></u>	1	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telepho	ne number
	Initial return	40 Worth Street RM/STE 330	646-	-688-2323
	Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code		
	7	New York NY 10013	G Gross re	ceipts\$ 71,902,645
	Amended return	F Name and address of principal officer:	h-cu-	(op ear)
	Application pend	Gott Harrison H(a) Is this a gro	oup return for	subordinates? Yes X No
		40 Worth St. Suite #330 H(b) Are all sub	ordinates in	cluded? Yes No
			" attach a lis	t. (see instructions)
	Tax-exempt sta			
-1	Website:	Trees about the sales and a sales	mandian mumi	
- V	Form of organiza			
	and the same of th	ion: X Corporation Trust Association Other L Year of formation: 2 Summary	000	M State of legal domicile: NY
-				
a		describe the organization's mission or most significant activities:	3	
ပို	- CII	arity: water is a non-profit organization bringing clean and		
Ë	Q.F.	nking water to people in developing countries. (Continued of	on Sch	nedule O)
Governance				
တိ	2 Check	this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net as	ssets.	
රේ	3 Numb	er of voting members of the governing body (Part VI, line 1a)	3	8
Activities &	4 Numb	er of independent voting members of the governing body (Part VI, line 1b)	4	7
2	5 Total i	umber of individuals employed in calendar year 2017 (Part V, line 2a)	5	79
S C	6 Total	umber of volunteers (estimate if necessary)		232
-04		nrelated business revenue from Part VIII, column (C), line 12		0
		related business taxable income from Form 990-T, line 34		0
		Prior Year		Current Year
0	8 Contri	utions and grants (Part VIII, line 1h)	,933	49,827,030
Revenue	9 Progra	m service revenue (Part VIII, line 2g)		0
eVe	10 Investi	nent income (Part VIII, column (A), lines 3, 4, and 7d)	,059	813,882
œ	11 Other	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -304	,377	-256,617
	12 Total r	evenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 36,496		50,384,295
-		and similar are contained (D of DV - 1 - VA) P - 4 - 0)		36,555,333
		s paid to or for members (Part IX, column (A), line 4)	, =2 =2 0	
w		s, other compensation, employee benefits (Part IX, column (A), lines 5–10) 6,937	704	7 611 207
Se	16 Daiane	ional fundraising fees (Part IX, column (A), line 11e)	, 104	7,611,297
Expenses	h Total 6	ndraining eveness (Part IX, column (A), line (1e)		V V
X	D TOTAL II	ndraising expenses (Part IX, column (D), line 25) ▶ 4,861,057	0.00	4 F40 F40
-	I I Other	xpenses (Part IX, column (A), lines 11a–11d, 11f–24e) 4,849	,09/	4,518,748
	1	openses. Add lines 13–17 (must equal Part IX, column (A), line 25)	,241	48,685,378
L 0	19 Reven		,374	1,698,917
Net Assets or Fund Balances	20 Total a	Beginning of Curre		End of Year
\sse	20 Total a	sets (Part X, line 16) 53,312		68,312,267
let /	20 N-4	bilities (Part X, line 26)		34,912,510
		ets or fund balances. Subtract line 21 from line 20 29,578	, /19	33,399,757
		ignature Block		
Uı	nder penalties	f 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
	re, correct, and	complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	dge.	
Sig		Signature of office	Pate	1, -/
He	re	Michael Gumbley, C30	8/27	118
		Type or print name and title	[/	
	Print/T	pe preparer's name Preparer's signature Date	Check	if PTIN
Paid	DE	VIN L. DUNCAN 8/15/18	8 self-emp	P01249521
Pre	parer Firm's		n's EIN ▶	13-5565207
Use	Only			±3 33V3ZV1
	Firm's	ddress 345 PARK AVENUE, NEW YORK, NEW YORK 10154	one no.	212-758-9700
Mav		ss this return with the preparer shown above? (see instructions)	110110, 4	[maga]
		luction Act Notice, see the separate instructions.		X Yes No
DAA	,	,		rorm 330 (2017)

Form 8868

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.
 Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

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/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automati	c 6-Month Extension of Time. Only subr	mit original	(no copies needed).				
All corpora	tions required to file an income tax return oth form 7004 to request an extension of time to	ner than For	m 990-T (including 1120-				
	Name of exempt organization or other filer, see	instructions.	T _E	Enter filer's identify mployer identification n			
Type or			_	imployer identification in	iumbei i	(EIIN) OI	
print CHARITY GLOBAL, INC. 22-3936753							
File by the	Number, street, and room or suite no. If a P.O. b	ox, see instru	ctions.	ocial security number (S	SSN)		
due date for filling your 40 WORTH STREET, SUITE 330							
return. See instructions.	City, town or post office, state, and ZIP code. For						
mandonona.	NEW YORK, NY 10013						
Enter the R	eturn Code for the return that this application	n is for (file	a separate application for e	each return)	× = = (01	
Application		Return	Application			Return	
ls For		Code	Is For			Code	
Form 990 o	r Form 990-EZ	01	Form 990-T (corporation)		07	
Form 990-B	L	02	Form 1041-A	/		08	
Form 4720	(individual)	03 .	Form 4720 (other than in	ndividual)		09	
Form 990-P	F	04	Form 5227	131713131		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	
If the organized lifth is for the whole a list with the lifth is request.	e No. 646 688-2323 anization does not have an office or place of or a Group Return, enter the organization's for a group, check this box names and EINs of all members the extensions an automatic 6-month extension of time uporganization named above. The extension is	business in our digit Gro If it is for pa sion is for. ntil	up Exemption Number (GE rt of the group, check this	his box	an	If this is d attach	
	calendar year 20 <u>1.7</u> or						
	tax year beginning	, 20	, and ending	,	20		
C	ax year entered in line 1 is for less than 12 m hange in accounting period			Winney Constant	1		
	application is for Forms 990-BL, 990-PF, 9	90-T, 4720	, or 6069, enter the ten	tative tax, less any			
	indable credits. See instructions.				3a \$	0.	
	application is for Forms 990-PF, 990-T,			dable credits and			
estimat	ed tax payments made. Include any prior yea	r overpaym	ent allowed as a credit.	1	3b \$	0.	
	e due. Subtract line 3b from line 3a. Include		ent with this form, if requir	ed, by using EFTPS			
	onic Federal Tax Payment System). See instru				3c \$	0.	
	are going to make an electronic funds withdrawal	I (direct debit) with this Form 8868, see Fo	orm 8453-EO and Form	8879-E	O for payment	
structions.		<i></i>					
or Privacy A	ct and Paperwork Reduction Act Notice, see instr	uctions.		*	Form 88	368 (Rev. 1-2017)	

rm 990 (2017) Charity Global Inc. 22-3936753	Page 2
Part III Statement of Program Service Accomplishments Check if Schodulo O contains a response or note to any line in this Bort III	X
Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	<u></u>
charity: water is a non-profit organization bringing clean and	d safe
drinking water to people in developing countries. (Continued	on Schedule
a case the case of	
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
If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	
carvings?	Yes X No
If "Yes," describe these changes on Schedule O.	l res A No
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.	-
a (Code:) (Expenses \$ 13,695,776 including grants of \$ 13,490,531) (Revenue \$	
Ethiopia - Ethiopia ranked 174 out of 188 countries on the most Human Development Index. Thirty-four percent of the population the poverty line, and Ethiopia hosts the second largest refuge in Africa. Eighty-one percent of the country's overall population which 70% lack access to at least basic water services and access to at least basic sanitation services. In 2017, charity funded 1,222 water projects that can serve 334,891 people.	lives belo e population ion is rura 1 96% lack

E-sucrous erecons or consequence (see) (see	
$\cdots \cdots $	
(Code:)(Expenses \$ 3,006,966 including grants of \$ 3,000,000) (Revenue \$ Mali - Mali ranked 175 out of 188 countries on the most recent Development Index. Half of the country's population of 17.6 mid pelow the poverty line. The country struggles to provide basic for almost 80% of its rural population, only 22% having access pasic sanitation services and 63% having access to at least baservices. Mali will continue to experience pressure on its wat due to a prolonged dry season, a very short rainy season, and copulation. In 2017, charity: water funded 126 water projects serve 68,090 people.	llion live sanitation to at least sic water er resources
• • • • • • • • • • • • • • • • • • • •	
(Code:)(Expenses \$ 2,966,294 including grants of \$ 2,955,979) (Revenue \$ 2 awanda - Rwanda is the second-most densely populated country is the appropriate of 11.6 million people living in an area slicken. We will be a compared to the population of 11.6 million people living in an area slicken. Rwanda ranked 159 out of 188 countries on the most recent evelopment Index. Diarrheal diseases are a leading cause of delayer of the rural population lack access to at least basic water serviced and 36% lack access to at least basic sanitation services. In that the contract of	ghtly larger overty t Human eath. 51% of ces 2017.
z	** * * *** * * * * * * * * * * * * * * *
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* · · · · · · · · · · · · · · · · · · ·	- 8 3 4 5 4 5 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6
Other program services (Describe in Schedule O.)	
Other program services (Describe in Schedule O.) (Expenses \$ 19,636,190 including grants of \$ 17,108,823) (Revenue \$	1

Form 990 (2017) Charity Global Inc. Part IV Checklist of Required Schedules

2 3 [Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	1 2	X X	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
3 [Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	2	X	
c	candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			1
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		x
6	PIPCUIDIU III PITPCI DUTINO TOP TAY VEST / IT "YES " COMPLETE SCHERUIG I " DOM II			X
	s the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4	-	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	3	1	122
	nave the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	Yes," complete Schedule D, Part I	6		X
	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-	1	
	he environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
	complete Schedule D, Part III	8		X
9 D	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
С	sustodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	lebt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10 D	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
е	indowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11 If	the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
V	/II, VIII, IX, or X as applicable.			
a D	old the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
C	omplete Schedule D, Part VI	11a	X	
b D	old the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	f its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	id the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	f its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	id the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	eported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e D	id the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	id the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	e organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
	id the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
Si	chedule D, Parts XI and XII	12a		X
	/as the organization included in consolidated, independent audited financial statements for the tax year? If			
"Y	Ves," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13 ls	the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	100 000	_X_
14a Di b Di	id the organization maintain an office, employees, or agents outside of the United States?	14a	X	
	id the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
for	ndraising, business, investment, and program service activities outside the United States, or aggregate		75	
15 Di	reign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV d the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b	X	
	r any foreign organization? If "Vas." complete Schodule E. Porte II and IV	4	w	
	d the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15	X	_
	sistance to or for foreign individuals? If "Voc." complete Schodule E. Parte III and IV	40		v
	d the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		<u>X</u>
Pa	art IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	47	1	₹ZP
18 Did	d the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		<u>X</u>
Pa	art VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19 Did	d the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	42	
	Yes," complete Schedule G, Part III	19		X
			990	

Form 990 (2017) Charity Global Inc. Part IV Checklist of Required Schedules (continued)

	Checklist of Required Schedules (continued)		T.,	Т
20-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	00	Yes	
2.0e		20a		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		-
200 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	da l		22
,	Part IX column (A) line 22 If "Ves." complete Schedule I. Parts Land III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	dia dia		22
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	20	88	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	※ ②・ が5 も分 ② ・3 ・ 3 × 4 か ②・	24b		45
c		240		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	Z-40		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	258		Δ
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	256		v
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b	_	X
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II			37
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		X
2.1	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			***
28		27	SHI ILLON	X
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	Mark I	200	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Part IV	28b		<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		- 1	
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			101.2
	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		- 1	
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	_	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.			

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 30 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return 79 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O b 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a b If "Yes," enter the name of the foreign country: ▶ Great Britain (UK) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X If "Yes," did the organization notify the donor of the value of the goods or services provided? X 7h Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f **7**f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? q If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year? X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

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 Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 8 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 7 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 X 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? \mathbf{X} Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 The governing body? X 8a Each committee with authority to act on behalf of the governing body? X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c Did the organization have a written whistleblower policy? 13 X 13 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA, CO, CT, DC, FL, GA, HI, IL, KS Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records: Michael Gumbley c/o charity:water 40 Worth Street, Suite 330 New York NY 10013 646-688-2323

Section A.

form 990 (2017) Charity Global Inc

22-3936753

Page 7

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

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	Name and Title Average hours per (do week box (list any offic				erson	e than o is both or/trust	n an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(vv-2/10aa-MI2C)	from the organization and related organizations
(1) Scott Harrison										
Founder/CEO	50.00	X		X				282,479	0	41,239
(2)Michael Wilkers										
Chairman	2.00	x		X				0	0	0
(3) Gian-Carlo Ocho										
Board Member	2.00	x						o	0	0
(4)Brook Hazelton	0.00	28						0	0	0
	2.00									
Board Member	0.00	X		12-				0	0	0
(5) Chi-Hua Chien	2.00									
Board Member	0.00	x						o	0	0
(6) Brant Cryder										
Board Member	2.00 0.00	x						o	0	0
(7) Valerie Donati										
Board Member	2.00 0.00	x						o	o	0
(8) Shannon Sedgwic		Δ	\dashv			\dashv		0	U	0
(0) 0110111011 10009 11110	2.00									
Board Member	0.00	X					_	0	0	0
(9) Christoph Gorde	50.00									
Chief Water Officer	0.00			x	- 1			248,412	0	40,574
(10)Michael Gumbley		T						6 0 / 3 23 22		40,574
T	50.00			22				100 770		0 000
Treasurer/CFO (11)Christopher Bar	0.00	+	+	X	-	-	+	180,770	0	9,887
	25.00									
Secretary/GenCounsel	0.00			X	\perp			48,659	0	21,960
UCA.										Form 990 (2017)

Form 990 (2017) Charity								22-393				Page
Part VII Section A. Office	rs, Directors, T	ruste	es, l	(ey	Em	ploy	rees	, and Highest Compens	ated Employees (continued)			
(A) Name and title	Name and title Average hours per week (list any hours for							(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estin amo oti compe	F) nated unt of her nsation the	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 2 loss limbs)	organi and re organi:	ization elated	
(12) Jason Kerami	das 50.00											
CPO (As of 03.31.17) (13) Lauren Letta	0.00	_		-	X			175,585	0		27,	877
coo	50.00				x			174,960	o		24,	114
(14) Sabrina Pour	L .											
VP of Key Relations (15) William Bell	0.00				X			158,347	0		7,	040
(12) MITITUM PETT	50.00											
Director of Finance (16) Christine Ch			-			X		148,036	0		9,	131
Dir Bus Operations	0.00					х		130,026	0		5,	200
(17) Jasdeep Gosa Principal Engineer	50.00					x		127,482	0	•	23.	552
(18) Maria Oszova	50.00										-0 /	
Dir of Key Relations (19) Brian Honoha	n		+	+	+	X	1	120,181	0		22,	329
System Architect	50.00				_	X		119,039	o			471
1b Sub-total							>	1,913,976		24	17,	374
d Total (add lines 1b and 1c)								1,913,976		24	17,	374
2 Total number of individuals (in reportable compensation from				hose	e lis	ted a	abov	re) who received more that	n \$100,000 of			
3 Did the organization list any fo	ormer officer di	recto	rort	rust	ee l	kev i	emn	lovee or highest compens	ated		Yes	No
employee on line 1a? <i>If "Yes,</i> " 4 For any individual listed on lin	<i>complete Sche</i> and is the sum	dule of re	<i>J for</i> porta	such ble d	ina com	lividu pen:	<i>ual</i> satio	on and other compensation	n from the	3		X
organization and related organization	nizations greatei	r than	\$150	0,00	0? /	f "Y∈	es," (complete Schedule J for st	uch	4	x	Janata
5 Did any person listed on line 1 for services rendered to the or	la receive or acc	crue o	comp	ensa	ation	ı froi	m ar	ny unrelated organization c	or individual	5		X
Section B. Independent Contract	ors											
Complete this table for your five compensation from the organical compensation from the organical compensation.	zation. Report c	ensa ompe	ted ir ensati	idep	end or th	ent d	conti alend	dar year ending with or wit	hin the organization's tax year			
	(A) business address								(B) on of services	Cor	(C) mpensat	tion
The Robbins Office, New York	Inc.	10	002)5	Pa		Ave., 9th Floomublishing	r		144	,045
							•					
										-		
Total number of independent or received more than \$100,000 certains.								se listed above) who	1			

		314		se or note to any line		(C)	(D)
				Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
1	a Federated campaigns	1a	239,30	7	Tevenue		512-514
	b Membership dues	1b					
,	c Fundraising events	1c	4,405,308	3			
	d Related organizations	1d					
•	Government grants (contributions)	1e					
	f All other contributions, gifts, grants,			× 22	*		
	and similar amounts not included above	1f	45,182,415				
•	Noncash contributions included in lines 1	a-1f: \$	3,189,818	40 007 000		5	
	h Total. Add lines 1a-1f	9		49,827,030			
222	2		Busn. Code			The state of the s	
24	• • • • • • • • • • • • • • • • • • •						
,			TARREST TO THE PARTY OF THE PAR				
6	•		St. 255 1.51				
	f All other program service reve						
Ç	Total. Add lines 2a-2f			10			
3	Investment income (including	divider	nds, interest,				
	and other similar amounts)			754,462			754,462
4	Income from investment of tax						
5	Royalties			W #			
	(i) Real		(ii) Personal				
6a	Gross rents						
b	Less: rental exps.					a a	
C	, , , , , , , , , , , , , , , , , , , ,						
d 7a	Cross amount from	· · · · · · · ·			CYNCSIC ENGRA		
	sales of assets (1) Securities	700	(ii) Other				
	other than inventor 21,138,	790					
D	Less: cost or other basis & sales exps 21,079,	370				b 4	
_	basis & sales exps 21,079, Gain or (loss) 59,						
	Net gain or (loss)		>	59,420		*	E0 400
	Gross income from fundraising eve		************	39,420		CONTRACTOR IN THE REAL PROPERTY.	59,420
ua	(not including \$ 4,405,3						
	of contributions reported on line 1c						
	See Part IV, line 18	a	59,723				
b	Less: direct expenses	b	438,980				
	Net income or (loss) from fund			-379,257		**********	-379,257
	Gross income from gaming activitie						10 10 C K
	See Part IV, line 19	. 1					
b	Less: direct expenses	b					
	Net income or (loss) from game	ng act	ivities				**************************************
l0a	Gross sales of inventory, less						
	returns and allowances	a					
b	Less: cost of goods sold	b					a de la companya de
С	Net income or (loss) from sales	of inv	entory				
	Miscellaneous Revenue		Busn. Code	W (2) 10			
1a	Miscellaneous Income	x.0 e.x.	900099	122,640			122,640
b							
C	***************************************						
	All other revenue	88 187 BB		100 640			(F-W
	Total. Add lines 11a–11d	. v . m. va	ranga ggangag	122,640			
2	Total revenue. See instruction	S		50,384,295	0	0	557,265

Form 990 (2017) Charity Global Inc. Part IX Statement of Functional Expenses

	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	9				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	36,555,333	36,555,333		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	4 4 4 4 4 4			_
	trustees, and key employees	1,461,700	481,274	494,966	485,460
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	A OF A 400	000 100	1 04 74 74 87	A A
7	Other salaries and wages	4,954,420	989,186	1,917,747	2,047,487
8	Pension plan accruals and contributions (include	120 011	21 222	40 045	80 800
9	section 401(k) and 403(b) employer contributions) Other employee benefits	130,011 556,690	31,333 109,497	49,245 190,663	49,433
10	Payroll taxes	508,476	102,133	190,863	256,530
11	Fees for services (non-employees):	300,270	104,100	132,403	213,854
a					
b		20,189		20,189	
c	Accounting	184,656	72,000	111,334	1,322
d			,2,000	222,002	4 / 2 / 4
	Professional fundraising services. See Part IV, line 17				
f		122,490	5 - 1 1 1 - 1 3 3 3 3 N 3 N 3 N 3	122,490	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	680,051	90,930	144,446	444,675
12	Advertising and promotion	179,861			179,861
13	Office expenses	511,019	104,349	182,850	223,820
14	Information technology				
15	Royalties				
16	Occupancy	602,874	135,716	225,355	241,803
17	Travel	433,006	133,310	159,282	140,414
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	0.60 500	104 100	000 101	
22	Depreciation, depletion, and amortization	862,502	194,163	322,404	345,935
23	Insurance	155,982	35,114	58,306	62,562
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.)				000
а	Bank Charges	327,329		327,329	
b	Event Costs	167,901		321,329	167 001
C	Remote Monitoring	153,968	153,968		167,901
d	Repairs of water projects	116,920	116,920		
	All other expenses	110,320	110,920		
	Total functional expenses. Add lines 1 through 24e	48,685,378	39,305,226	4,519,095	4,861,057
	Joint costs. Complete this line only if the	20,000,010		*,JIJ,UJJ	4,001,US/
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)				

Part						. ago .
	Check if Schedule O contains a response or no	te to any l	ne in this Part X		T	(27)
				(A) Beginning of year		(B) End of year
1	Cash—non-interest hearing			6,804	1	3,21:
2		68 CO • 60 EV.		19,711,789	2	32,277,165
3		3 C C C C C C C C C C C C C C C C C C C	9,914,695		13,523,14	
4			0,013,000	4	13,323,13	
5				Mea	012 (KWWWWWAE)	
	trustees, key employees, and highest compensated e					
	Complete Part II of Schedule L			5		
6	***************************************	ersons (as	defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(E					
	sponsoring organizations of section 501(c)(9) voluntal					
	organizations (see instructions). Complete Part II of S				6	A 4 3 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
7	Notes and loans receivable, net		***************************************		7	
8	Inventories for sale or use		1		8	
9	Prepaid expenses and deferred charges			513,074	9	430,35
10	a Land, buildings, and equipment: cost or					
	other basis. Complete Part VI of Schedule D	10a	4,234,551			
l t	Less: accumulated depreciation	10b	2,383,383	2,524,879	10c	1,851,168
11		90 - 10 60 - 60 - 60 o		20,548,716	11	20,100,324
12		3 - 22 - 23 - 2 - 2			12	
13	Investments—program-related. See Part IV, line 11	8 · · 0 · 00 · 00 · 00 00 00 00 00 00 00			13	
14	Intangible assets				14	
15				92,894	15	126,894
16	Total assets. Add lines 1 through 15 (must equal line			53,312,851	16	68,312,267
17	Accounts payable and accrued expenses		267,214	17	412,293	
18	Grants payable			22,717,178		33,938,073
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Part IV		1001514165551	Nervice of Burner States	21	***********
22	Loans and other payables to current and former office		S,			
	trustees, key employees, highest compensated employ		54.		00	
23	disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated thi		22			
24	Unsecured notes and loans payable to unrelated third				23	
25	Other liabilities (including federal income tax, payables	•	third		24	
	parties, and other liabilities not included on lines 17-24		I			
	of Schedule D		749,740	25	562,144	
26	Total liabilities. Add lines 17 through 25			23,734,132	26	34,912,510
	Organizations that follow SFAS 117 (ASC 958), ch	eck here	X and			
	complete lines 27 through 29, and lines 33 and 34.					
27	Unrestricted net assets	12,718,088	27	13,383,213		
28	Temporarily restricted net assets	16,860,631	28	20,016,544		
29	Permanently restricted net assets		29			
	Organizations that do not follow SFAS 117 (ASC 9					
	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 equipme	nt fund			31	
32	Retained earnings, endowment, accumulated income,	or other fu	nds		32	
33	Total net assets or fund balances	42.570,57		29,578,719	33	33,399,757
34	Total liabilities and net assets/fund balances			53,312,851	34	68,312,267

Form **990** (2017)

ori	m 990 (2017) Charity Global Inc. 2	2-3936753			Pa	age 12
P	art XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this	Part XI	a	.5		X
1	Total revenue (must equal Part VIII, column (A), line 12)		1	50,3	84,	295
2	Total expenses (must equal Part IX, column (A), line 25)		2	48,6	85,	378
3	Revenue less expenses. Subtract line 2 from line 1		3	1,6	98,	917
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A	١))	4	29,5	78,	719
5	Net unrealized gains (losses) on investments		5			638
6	Donated services and use of facilities		6			
7	Investment expenses	THE PARTY OF A THE PARTY OF THE	7			
8	Prior period adjustments		8			
9	Other shannes in act assets on final belones (southing to Out all 100)	***********************	9	1,4	31,	483
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Par					
	33, column (B))		10	33,3	99,	757
Pa	art XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this I	Part XII				
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual	Other				
	If the organization changed its method of accounting from a prior year or checked "Othe	er," explain in				
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year we	re compiled or	ora 12 rais 1			
	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?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were	e audited on a				
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate	basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsi	bility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent	endent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the	ax year, explain in				
	Schedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or aud	its as set forth in				
	the Single Audit Act and OMB Circular A-133?	92 X 949 Y 4540		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did	not undergo the	- arana minera ar			
	required audit or audits, explain why in Schedule O and describe any stone token to une	lorge such sudite		21-		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or Form 990-EZ.

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

ation. Inspection

Employer identification number

Name	of the organi		Global Inc.				lentification number
Pa	rt.]		harity Status (All organizati	ions mu	st compl		
			because it is: (For lines 1 through				ructions.
1			s, or association of churches descri		-	<i>'</i>	
2			'0(b)(1)(A)(ii). (Attach Schedule E (•		
3	_		tal service organization described in	•		• •	
4			operated in conjunction with a hosp			, , ,	the hospital's name.
		nd state:				,,,,,,	
5	An org	ganization operated for the	benefit of a college or university ow	ned or ope	erated by a	governmental unit describe	d in
		on 170(b)(1)(A)(iv). (Comp					
6			ent or governmental unit described				
7	descri	bed in section 170(b)(1)(A			overnmen	tal unit or from the general p	public
8			ection 170(b)(1)(A)(vi). (Complete				
9		versity or a non-land grant o	tion described in section 170(b)(1) college of agriculture (see instruction				
10	_		eives: (1) more than 33 1/3% of its s	support fro	m contribu	itions membership fees and	d aross
, , ,			ts exempt functions—subject to cer				
			come and unrelated business taxab June 30, 1975. See section 509(a				.
11	An org	anization organized and op	erated exclusively to test for public	safety. Se	e section	509(a)(4).	
12			erated exclusively for the benefit of				
	of one	or more publicly supported	organizations described in section h 12d that describes the type of sup	509(a)(1	or section	n 509(a)(2). See section 50)9(a)(3).
	L		tion operated, supervised, or contro				-
,	the	supported organization(s)	the power to regularly appoint or elements to the complete Part IV, Sections	ect a majo			giving
			ation supervised or controlled in cor		ith its supp	oorted organization(s), by ha	ving
	COI	ntrol or management of the	supporting organization vested in the mplete Part IV, Sections A and C	ne same p			
(ted. A supporting organization oper				ed with,
			see instructions). You must comp				
•	tha	t is not functionally integrat	egrated. A supporting organization ed. The organization generally mus	t satisfy a	distributior	requirement and an attentive	zation(s) /eness
			 You must complete Part IV, Section received a written determination 				
,	e ∐ Ch fun	ctionally integrated, or Type	e III non-functionally integrated supp	orting org	anization.	is a Type i, Type ii, Type iii	
1		ne number of supported org					
	g Provide	the following information a	bout the supported organization(s).				0. 600.00.00
	ame of suppo organization	rted (ii) EIN	(iii) Type of organization (described on lines 1–10	listed in yo	organization our governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
			above (see instructions))		iment?	instructions)	instructions)
(A)				Yes	No		
(A)							
(B)							
` '							
(C)							
(D)							
(E)							
			II.	70.7			
otal				5 6 5 6 5 5			

Schedule A (Form 990 or 990-EZ) 2017 Charity Global Inc. 22-3936753

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

Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	36,260,866	43,690,259	35,127,416	36,176,933	49,827,030	201,082,504
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	36,260,866	43,690,259	35,127,416	36,176,933	49,827,030	201,082,504
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)						2 652 602
6	Public support. Subtract line 5 from line 4.						8,658,893 192,423,611
_	tion B. Total Support	(v_=)(==================================	A STATE OF THE STA				192,423,611
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	36,260,866	43,690,259	35,127,416	36,176,933	49,827,030	201,082,504
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	218,600	399,207	466,174	683,293	754,462	2,521,736
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	428,982	25,045	152,226	55,911	122,640	784,804
11	Total support. Add lines 7 through 10						204,389,044
12	Gross receipts from related activities, etc.	(see instructions)				12	317,523
13	First five years. If the Form 990 is for the		t, second, third, fo	urth, or fifth tax ye	ear as a section 50)1(c)(3)	
-	organization, check this box and stop her tion C. Computation of Public S	e					
	tion C. Computation of Public S	upport Percer	ntage				
14	Public support percentage for 2017 (line 6	, column (f) divided	d by line 11, colum	n (f))	tarranta seren en esc	14	94.15%
15	Public support percentage from 2016 Sch					15	90.69%
16a	33 1/3% support test—2017. If the organ	nization did not che	ck the box on line	13, and line 14 is	33 1/3% or more,	check this	
	box and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			▶ X
b	33 1/3% support test—2016. If the organ				15 is 33 1/3% or r	nore, check	
47-	this box and stop here. The organization						99 791 9 79 2
17a	10%-facts-and-circumstances test—20						
	10% or more, and if the organization meet Part VI how the organization meets the "fa organization	cts-and-circumstar	nces" test. The org	anization qualifie	s as a publicly sup	ported	▶ □
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization me						
	supported organization						▶ □
18	Private foundation. If the organization did instructions	a not check a box c	in line 13, 16a, 16	p, 1/a, or 1/b, cn	eck this box and s	ee	
						nedule A (Form 996	

Schedule A (Form 990 or 990-EZ) 2017

n 990 or 990-EZ) 2017 Charity Global Inc.
Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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.)

Se	ction A. Public Support			, , ,			
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						
С	Add lines 7a and 7b					W = 0 2 Sp W = 2 Sp 2 Sp	
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨 📗	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						
С	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					` / ` /	. \Box
Sec	organization, check this box and stop her tion C. Computation of Public S						. 19 . 12 . 1
15	Public support percentage for 2017 (line 8			on (f))		15	%
16	Public support percentage from 2016 Sche	, column (r) divide edule A. Part III. li	ine 15	mi (i))	C+ ± + + + + ± + (5 + 5 + + 6 + 6 + 6 + 6	16	
	tion D. Computation of Investme	ent Income P	ercentage				70
17	Investment income percentage for 2017 (li			3, column (f))	5	17	%
18	Investment income percentage from 2016		III Ban 47			18	%
19a	33 1/3% support tests—2017. If the orga			e 14, and line 15	is more than 33 1/	Transaction Company	
	17 is not more than 33 1/3%, check this bo						
	33 1/3% support tests—2016. If the orga	nization did not cl	heck a box on line	14 or line 19a, an	d line 16 is more t	han 33 1/3%, and	
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did	l not check a box	on line 14, 19a, or	19b, check this b	ox and see instruc	ctions	

Part IV Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2017

(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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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?
- 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? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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))? If "Yes," provide detail in **Part VI**.
- **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? *If* "Yes," provide detail in **Part VI**.
- 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? If "Yes," provide detail in **Part VI.**
- 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)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1	10000	1000
2	102100	
3a		
- * *	4 4 4 4	
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c	30000	3,335.5
6		32203
7		9.31.74.74
8		V = 1-74
9a		CE POR S
9b		
9c		AND S
10a		
100	A PARTY OF THE PAR	

Check here if the current year is the organization's first as a non-fu	inctionally integrated Type III supporti	ng organization (see
instructions)		

1

2

3

4

5

Adjusted net income for prior year (from Section A, line 8, Column A)

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

2 Enter 85% of line 1.

7

Enter greater of line 2 or line 3.

emergency temporary reduction (see instructions).

5 Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

a Excess from 2013
b Excess from 2014
c Excess from 2015
d Excess from 2016
e Excess from 2017

	rm 990 or 990-Ez	Z) 2017	Charit	y Global	l Inc.			22-393675	3	Page 8
Part VI	III, line 12; B, lines 1 a	Part IV, S and 2; Par	Section A, I t IV, Section	lines 1, 2, 3b on C, line 1;	o, 3c, 4b, 4 Part IV, Se	c, 5a, 6, 9a, ection D, line	, 9b, 9c, 11a es 2 and 3;	e 10; Part II, line a, 11b, and 11c; Part IV, Section 5, 6, and 8; and	17a or Part IV, E, lines	Section 1c. 2a. 2t
	lines 2, 5, a	and 6. Als	o complete	e this part fo	r any addit	ional inform	nation. (See	instructions.)	· ait v, c	
Part I	I, Line	10 -	Other :	Income D	etail	ra 6+8+8 6+++++				ini.as.
					\$	784	,804	•		
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Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2017

Name of the organization

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Charity Globa	al Inc.	22-3936753					
Organization type (check o	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						
	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See					
General Rule							
	ling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling property) from any one contributor. Complete Parts I and II. See instructions for detertributions.						
Special Rules							
regulations under sec 13, 16a, or 16b, and t	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
aution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 90-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 orm 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

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

Page 1 of 2

Page 2

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	s needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,500,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 1,500,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$ 1,320,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No4	Name, address, and ZIP + 4	\$ 1,303,000	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 1,220,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 1,125,000	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Charity Global Inc. Page 2 of 2 Page 2
Employer identification number 22-3936753

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
. 7 ,		s 1,100,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
* *ature:		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a)	(b)	(c)	(d)					
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution					
Sour au •		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a)	(b)	(c)	(d)					
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					

Page 1 of 1

Page 3

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. (c) (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part! Publicly traded securities \$ 657,855 09/19/17 (a) No. (c) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I Publicly traded securities 4 \$ 645,145 12/12/17 (a) No. (c) (b) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

	Charity Global Inc.		22-3936753
P	Part 1 Organizations Maintaining Donor Advised F	unds or Other Similar Funds	or Accounts.
	Complete if the organization answered "Yes" or		
		(a) Donor advised funds	(b) Funds and other accounts
1	***************************************		
2	00 0		
3	00 0		
4	33. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.		
5			
	funds are the organization's property, subject to the organization's ex-	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors i		
	only for charitable purposes and not for the benefit of the donor or do		
#Sec.	conferring impermissible private benefit?		Yes No
1	art II Conservation Easements.	Farm 000 Dart IV line 7	
	Complete if the organization answered "Yes" or		
1	Purpose(s) of conservation easements held by the organization (chec		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically imp	
	Protection of natural habitat	Preservation of a certified histori	c structure
	Preservation of open space		
2	3 3 1	ervation contribution in the form of a con	
	easement on the last day of the tax year.		Held at the End of the Tax Year
a			
b	Total acreage restricted by conservation easements		2b
C		cluded in (a)	2c
a	Number of conservation easements included in (c) acquired after 7/25	6/06, and not on a	
2		of in an indicate and an indicate at least the control of	2d
3	Number of conservation easements modified, transferred, released, e	xtinguished, or terminated by the organiz	zation during the
А	tax year ▶	located No.	
5			
3	Does the organization have a written policy regarding the periodic mor violations, and enforcement of the conservation easements it holds?	- ·	□ Vaa □ Na
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	of violations, and enforcing consequation	Yes No
0	tan and volunteer hours devoted to monitoring, inspecting, nanding t	or violations, and emorcing conservation	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of vic	lations and enforcing conservation each	amonta during the year
•	S	nations, and emorcing conservation east	entents during the year
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(R)	\(\frac{1}{2}\)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easerr	nents in its revenue and expense statema	ent and
	balance sheet, and include, if applicable, the text of the footnote to the		
	organization's accounting for conservation easements.	<u> </u>	
Pa	art III Organizations Maintaining Collections of Art	, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), r	not to report in its revenue statement and	balance sheet
	works of art, historical treasures, or other similar assets held for public		
	public service, provide, in Part XIII, the text of the footnote to its financial	ial statements that describes these items	s.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to	o report in its revenue statement and bal	ance sheet
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of
	public service, provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, p	rovide the
	following amounts required to be reported under SFAS 116 (ASC 958)		
а	Revenue included on Form 990, Part VIII, line 1		\$ 800 500 500 500 500 500 500 500 500 500
b	Assets included in Form 990, Part X		S S

Sche	dule D (Form 990) 2017 Charity				22-3936		Page 2
_	rt III Organizations Maintain						sets (continued)
3	Using the organization's acquisition, accellection items (check all that apply):	ession, and other records, o	check any of the	e following that	are a significan	t use of its	
а	Public exhibition	d Loai	or exchange p	rograms			
b	Scholarly research	e Othe		-			
С	Preservation for future generations				* * * * * * * * * * * * * * * * * * * *	3 D S G S	
1	Provide a description of the organization's	s collections and explain h	w they further:	he organizatio	n'e evemnt nurn	ose in Dort	
	XIII.	s concodoris and explain in	ow they fulfiles	ine organizatio	ir s exempt purp	use iii rait	
		is an analysis of an assistance of a					
	During the year, did the organization solid						
	assets to be sold to raise funds rather that to the sold to raise funds rather that the sold is the sold in the sold is the sold in the sold is the sold in the so	in to be maintained as part Arrangements.	of the organiza	tion's collection	n?		Yes No
5. 1.	Complete if the organizat 990, Part X, line 21.		n Form 990	, Part IV, lin	e 9, or repor	ted an amo	ount on Form
1a	Is the organization an agent, trustee, cust	odian or other intermedian	for contribution	as or other ass	ots not		
la .	included on Form 990, Part X?	////				S	Yes No
D	If "Yes," explain the arrangement in Part)	(III and complete the follow	ing table:				
							Amount
С	Beginning balance			State State annual as	tert me tre tree er er er e	1c	
d /	Additions during the year			9 - 6 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7		1d	
e l	Distributions during the year	. Waliwa - Waliwa 111 a 21 a 21 a 21 a 21 a 21 a 21 a 2			G - 60	1e	
f	Ending balance					1f	
2a	Did the organization include an amount or	Form 990, Part X, line 21	for escrow or o	custodial accou	unt liability?		Yes No
b l	f "Yes," explain the arrangement in Part X	(III. Check here if the expla	nation has bee	n provided on l	Part XIII	** *** ** *** ***	
	tV Endowment Funds.						
	Complete if the organizat	ion answered "Yes" o	n Form 990.	Part IV. lin	e 10.		
		(a) Current year	(b) Prior year	(c) Two year		nree years back	(e) Four years back
12 5	Beginning of year balance	, , , , , , , , , , , , , , , , , , ,	(4)	(5) / 110 / 50.	(4) 11	iree years back	(e) i odi years back
				+			
	Contributions						
	Net investment earnings, gains, and						
	osses						
	Grants or scholarships						
e (Other expenditures for facilities and						
	programs						
f A	Administrative expenses						
g E	End of year balance						
	Provide the estimated percentage of the co	urrent year end balance (lii	ne 1g, column (a)) held as:			
a E	Board designated or quasi-endowment 🕨	%					
	Permanent endowment > %						
	omporarily rootricted andowment	0/					
	he percentages on lines 2a, 2b, and 2c s						
	are there endowment funds not in the poss	•	that are hold a	nd administers	d for the		
	rganization by:	session of the organization	triat are rielu a	nu auministere	d for the		V N-
	\						Yes No
				1 50 10 1050 1010 1010 1010			3a(i)
	i) related organizations				· + 90 + 90 00 + 30 + 00 + 00 + 00 + 00 +		3a(ii)
b If	"Yes" on line 3a(ii), are the related organ	izations listed as required	on Schedule R?		* * 30 *30 30* A *3000 * 60 *300 * 1	55 OC • 35 OF \$150 • 6	3b
	escribe in Part XIII the intended uses of t		ent funds.				
Part							
	Complete if the organization	on answered "Yes" or	n Form 990,	Part IV, line	11a. See Fo	orm 990, P	art X, line 10.
	Description of property	(a) Cost or other basis	(b) Cost or	other basis	(c) Accumulate	ed .	(d) Book value
		(investment)	(oth	er)	depreciation		
1a La	and						
b B	uildings			-		S	
61	easehold improvements		1 /	12,865	720	,949	682,916
				21,686	1,653		
	quipment		2,0	ZI,000	1,003	,404	1,168,252
	ther		1 (2) "				4 004 440
otal. A	Add lines 1a through 1e. (Column (d) mus	t eguai ⊢orm 990. Parl X. ι	column (B). line	7UC.)		▶	1 851 168

Part VII	Investments—Other Securities.	on Form 000 Part IV	line 11h See Form 00	Paye
	Complete if the organization answered "Yes" (a) Description of security or category			
	(including name of security)	(b) Book value	(c) Method of Cost or end-of-year	
(4) Financial			Cost of end-of-year	i market value
(1) Financial				
	eld equity interests			
(3) Other				
(B)	* 8 * 188* 8 * 18 * 18 * 18 * 18 * 18 *			Event Inc. and the control of the co
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV.	line 11c. See Form 99	0. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-yea	,
(1)				
(2)				
(3)			100000000000000000000000000000000000000	
(4)				
(5)		-		
(6)		-		
(7)		-		
(8)				
(9)			(1. c x = 2.	
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	on Form 000 Dort IV	line 11d Cos Farm 00/) D(.)
	Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11a. See Form 990	
(4)	(a) Description			(b) Book value
(1)				
(2)				
(3)				
_(4)				
(5)			10	
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		20 LA S SL SON W 6. KS	
Part X	Other Liabilities.			
A F L T X T T T W	Complete if the organization answered "Yes" o	n Form 990 Part IV I	line 11e or 11f See Fo	rm 990 Part X
	line 25.	in i dilii ddd, i diciri, i		illi 000, i ait X,
1.	(a) Description of liability	(b) Book value		
	ncome taxes	(b) Book value		
	red Rent Obligation	562 144		
	red vent optifacton	562,144		
(3)		-		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25.) ▶	562,144		

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

					Page 4
P	Reconciliation of Revenue per Audited Financial Stat			Reti	urn.
1	Complete if the organization answered "Yes" on Form 99 Total revenue, gains, and other support per audited financial statements	u, Part IV, I	ine 12a.	4	52,060,329
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	# 175.0## ###	18289211111188		32,000,329
	Net unrealized gains (losses) on investments	2a	690,638		
b	Donated services and use of facilities	2b	668,906		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	0		
е	Add lines 2a through 2d		CHANGE AND A TOX NOW A STATE AND A STA	2e	1,359,544
3	Subtract line 2e from line 1		0 - 0 - 000 - 00 - 000 - 000 - 00 - 00 -	3	50,700,785
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		400 400		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	122,490		
D	Other (Describe in Part XIII.)		-438,980		216 400
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	. 20.20 2.945		4c	-316,490
	irt XII Reconciliation of Expenses per Audited Financial Sta				50,384,295
1 1	Complete if the organization answered "Yes" on Form 99			el IVe	carr.
1	Total sympass and leases non mydited financial etatements			1	48,239,291
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		\$13 Er . 1		
а	Donated services and use of facilities	2a	668,906		
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	-992,503	***	
е	Add lines 2a through 2d		. 828 82	2e	-323,597
	Subtract line 2e from line 1			3	48,562,888
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a	122 400		
	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)		122,490		
	A statistica and American Alle			4c	122,490
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	48,685,378
	rt XIII Supplemental Information.				10,000,010
rovi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b a	nd 2b; Part V, line 4;	Part X	, line
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	de any additior	nal information.		
Pa	art X, Line 2 - FIN 48 Footnote				
Cl	narity: water recognizes the effect of in	come ta	ax position	ıs c	only if those
	ocitions and many likely than mot of being				
pc	sitions are more likely than not of beir	ig susta	ained. Inco	ome	generated
f,	com activities unrelated to charity: wate	rie ove	amat arrange		ia ambiant ta
	om activities unletated to charity, water	r s eve	supr purpos	> =	is subject to
ta	x under Internal Revenue Code Section 51	1. chai	rity: water	· di	d not
re	cognize any unrelated business income ta	x liabi	ility for t	he	years ended
		***************	(E + (E) + (E + + + + + + + + + + + + + + + + +		
De	cember 31, 2017 and 2016.	es de la companyon de la com-	N. 10 . 10 . 10 . 10 . 10 . 10 . 10 . 10	w. w o	
6.8	·				
	31 \$ + + + 1 CD \$ + + 1 \$ CD \$ + 1 CD \$ CD	. 220 2. 2 42 . 2			orani niza ala ta sia tali si sa
Pء	rt XI, Line 4b - Revenue Amounts Include	d on Re	turn - O+h	or	
T. 7				100 10 10	
Ye	ar-end gala revenue-related expenses \$ -	438,980)		
(0)			Sale D D D D D		
			DEC 1 DIE 12 DI BIRDO A FRANCE	0.5.135	* * * * * * * * * * * * * * * * * * *
.02 %					

Schedule D (Form 990) 2017 Charity Global Inc.	22-3936753	Page 5
Part XIII Supplemental Information (continued)		
Part XII, Line 2d - Expense Amounts Incl	uded in Financials - Othe	r
Grant Adjustments from prior year awards	\$ -791,765	
Discount on Grants Payable Adjustment \$ -	-639,718	* 000 100 100 100 100 100 100
Year-end gala revenue-related expenses \$	438,980	Erena saas or reserver
	51 W A G 1224 2 3 W 2 4 1 1 1 2 4 1 2 4 1 2 4 1 2 4 1 4 1 4	
• • • • • • • • • • • • • • • • • • • •	***************************************	
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		value in erector.
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		** • * * * * * * * * * * * * * * * * *

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

		y Global I		22-3936	5753
	eneral Informations orm 990, Part IV, lin		Outside the United States	. Complete if the organization	answered "Yes" on
			rds to substantiate the amount of its	e grante and other	
			stance, and the selection criteria us	_	
grants or ass		•			X Yes No
grants or ass	istalice!				X Yes No
_	akers. Describe in Pa utside the United Stat	•	procedures for monitoring the use	of its grants and other	
2 Activities per	Pagion (The following	a Port I line 2 table a	an be duplicated if additional space	is pooded)	
	·			·	
(a) Region	(b) Number of offices in the	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as,	(e) If activity listed in (d) is a program service,	(f) Total expenditures for
	region	agents, and independent	fundraising, program services, investments, grants to recipients	describe specific type of	and investments
		contractors	located in the region)	service(s) in the region	in the region
Each Bain	and the Paci	in the region			
	and the Paci	.Tie	Dawn Sunding amonto	Tio hom December 1	1 050 000
(1) South Asia			Pgrm funding-grants	water Programs	1,858,000
	1		D		
(2)	a Series		Pgrm funding-grants	water Programs	4,292,129
Sub-Sahara	n Arrica			L	
(3)			Pgrm funding-grants	Water Programs	30,405,204
South Asia	1				
(4)			Remote Monitoring	Water Programs	3,431
Sub-Sahara	n Africa				
(5)		<u></u>	Remote Monitoring	Water Programs	150,537
East Asia	and the Paci	fic			
(6)			Repair & Maintenance	eWater Programs	4,462
South Asia	L				
(7)			Repair & Maintenance	Water Programs	13,443
Sub-Sahara	n Africa				
(8)			Repair & Maintenance	Water Programs	99,015
East Asia	and the Paci	1			
(9)		1	Program Services	Water Programs	3,176
Sub-Sahara	n Africa				
(10)		1	Program Services	Water Programs	32,634
Europe					
(11)		5	UK Operations		212,402
(12)					
(13)					
,		ė.			
(14)					
(15)					
-/					
16)					
17)					
Ba Sub-total		7			37,074,433
b Total from continuation		·			31,014,433
sheets to Part I					
c Totals (add					
lines 3a and 3b)		7			37 074 433

47 00000 UNIVERSUTO IZTO FINE

Schedule F (Form 990) 2017 Charity Global Inc. Part

22-3936753

1 (a) Name of organization (f applicable) (1) East Asia and the form of contraction organization (f applicable) (2) East Asia and the form of contraction organization (f applicable) (3) South Asia Pgrm f South Asia Pgrm f Pgrm f South Asia Pgrm f Pgrm	Istance to Organ recipient who rec	itzations or Entities Outside the United States. Complete if the organization eived more than \$5,000. Part II can be duplicated if additional space is needed	the United State Il can be duplicate	s. Complete if difficitional	the organization space is neede	Complete if the organization answered "Yes" on Form 990, if additional space is needed.	on Form 990,
(a) Na organi (1) (2) (3) (4)					000000000000000000000000000000000000000	5	
	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash	(g) Amount of noncash	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal other)
(3)	East Asia	Pgrm funding-grants and the Pacific	1,858,000	ig	SFer		
(4)	South Asia	Pgrm funding-grants	1,183,737	Wire Transfer	sfer		
(4)	South Asia	Pgrm funding-grants	554,131	Wire Transfer	sfer		
	South Asia	Pgrm funding-grants	1,250,000	Wire transfer	sfer		
(5)	South Asia	Pgrm funding-grants	304,261	Wire Transfer	sfer		
(9)	South Asia	Pgrm funding-grants	1,000,000	Wire transfer	sfer		
(7)	Sub-Sahar	Sub-Saharan Africa	4,361,297	Wire Transfer	sfer		
	Sub-Sahar	Sub-Saharan Africa	6,988,578	Wire Transfer	sfer		
60	Sub-Sahar	Sub-Saharan Africa	9,990,531	Wire Transfer	sfer		
(10	Sub-Sahar	Sub-Saharan Africa	2,265,897	Wire Transfer	sfer		
	Sub-Sahar	Sub-Saharan Africa	190,000	Wire Transfer	sfer		
(12)	Sub-Sahar	Sub-Saharan Africa	1,200,000	Wire transfer	sfer		
(13)	Sub-Sahar	Sub-Saharan Africa	4,500,000	Wire transfer	sfer		
(14)	Sub-Sahar	Pgrm funding-grants Sub-Saharan Africa	908,901	Wire transfer	sfer		
(15)							
(16)							

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

Enter total number of other organizations or entities

က

Schedule F (Form 990) 2017

13

47.8580 05/02/2018 12:13 F M

(h) Method of valuation (book, FMV, appraisal, other) (f) Amount of noncash assistance disbursement 3 (11) 2 3 (10) (12)(14) 4 5 (3 6 (13) 9 8 (15)

Schedule F (Form 990) 2017

(16)

(17)

(18)

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)

Schedule F (Form 990) 2017

X No

Yes

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.

PC FATT () []	Harman 31 to	chastors torions
Region	Expenditures Inves	tments
East Asia and the Pacific	\$ 1,858,000 \$	0
South Asia	\$ 4,292,129 \$	0
Sub-Saharan Africa	\$ 30,405,204 \$	0
South Asia	\$ 3,431 \$	0
Sub-Saharan Africa	\$ 150,537 \$	0
East Asia and the Pacific	\$ 4,462 \$	0
South Asia	\$ 13,443 \$	0
Sub-Saharan Africa	\$ 99,015 \$	0
East Asia and the Pacific	\$ 3,176 \$	0
Sub-Saharan Africa	\$ 32,634 \$	0
Europe	\$ 212,402 \$	0
	we-g-1-2-12-1-12-12-12-12-12-12-12-12-12-12-	
Part V - Additional Information	o x co o a o o a a a a a a a a a a a a a a	
Part I, Line 2 - Procedures for Mo	onitoring the Use of Grant Fu	ınds
charity: water's procedures for mo	onitoring program funding beg	gin wit
		tini a kii kaa na re r
program selection.		
program selection.		
Program selection. Prior to entering into any agreeme	ent(s) to fund construction,	repair
	20 (000)	
Prior to entering into any agreeme	tion of water projects, part	ner
Prior to entering into any agreeme maintenance, monitoring and evalua	tion of water projects, part	ner mizati
Prior to entering into any agreeme maintenance, monitoring and evaluatoring are sub	tion of water projects, part ject to a review. These orga numentation and/or evidence t	ner mizatio to suppo

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.

-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
S S
In consideration of the above criteria, charity: water then requests
partners to submit proposals for an appropriate funding amount. The
proposal includes programmatic deliverables, outputs, relevant costs,
reporting requirements, and impact metrics. Proposals are reviewed by
charity: water and submitted to the Board of Directors for formal
approval. All funds necessary to fulfill each grant are raised prior to
signing the grant. Accordingly, charity: water's \$33,938,073 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

Part V

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.
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.
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Internal Revenue Service

Department of the Treasury

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

Open to Public

Name of the organization Charity Global Inc.	A-9				Employer identifica	
Part I Fundraising Activities. Complete	if the organiza	ation	ans	wered "Yes" on Form	│ 22−39367 n 990, Part IV,	line 17.
Form 990-EZ filers are not required						
1 Indicate whether the organization raised funds through						
			_	vernment grants		
				ment grants		
	g 💹 Special fui	ndrais	ing e	vents		
d In-person solicitations						
2a Did the organization have a written or oral agreement v or key employees listed in Form 990, Part VII) or entity	in connection wit	h prof	essio	nal fundraising services?		Yes No
b If "Yes," list the 10 highest paid individuals or entities (f compensated at least \$5,000 by the organization.	undraisers) pursu	uant to	agre	ements under which the f	undraiser is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raiser custo cont	d fund- have dy or rol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
0						
otal						
List all states in which the organization is registered or li registration or licensing.	censed to solicit	contrib	oution	is or has been notified it is	exempt from	
8 (8 (8 (8 (8 (8 (8 (8 (8 (8 (- 00 × 00 C			

Schedule G (Form 990 or 990-EZ) 2017 Charity Global Inc. 22-3936753 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 None (add col. (a) through (event type) (event type) col. (c)) (total number) Revenue 1 Gross receipts 4,465,031 4,465,031 4,405,308 4,405,308 2 Less: Contributions 3 Gross income (line 1 minus 59,723 line 2) 59,723 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 131,970 Direct Expenses 131,970 133,280 7 Food and beverages 133,280 8 Entertainment 173,730 173,730 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 438,980 11 Net income summary. Subtract line 10 from line 3, column (d) -379,257Gaming. 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. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes 6 Volunteer labor 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) 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? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2017 Charity Global Inc.	22-393675	3	Page 3
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			<u> </u>
	formed to administer charitable gaming?	8.8.8.s.o		Yes No
13	Indicate the percentage of gaming activity conducted in:	5,7,67,9,9,70,704,047.		
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and	[130]		70
14	records:			
	records.			
	At any like			
	Name •	0.28.00.00.00.00.00.00.		
	Address -	ta bara na bara na masa sa a k		
15a	Does the organization have a contract with a third party from whom the organization receives gaming			
	revenue?			Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and	the	Lannand	Consuid
	amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	7			
	Name •			
	Name •	**************************************	KW K. W.	
	Address			
	Address	v		
40				
16	Gaming manager information:			
	Name			
	•			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
		. 22 /25, 69 /25, 4 /4 /2		
	Director/officer Employee Independent contractor			
	tracent · · · · · · · · · · · · · · · · · · ·			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		\Box	Van 🗆 Na
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			Yes No
D				
n.	spent in the organization's own exempt activities during the tax year > \$	1 (***)		
Par		olumns (III) and	(v);	and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any add	ditional informat	ion.	
	See instructions.			
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		current each team where rows on the At-At-		
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	Sched	ule G (Form 990 o	r 990)-EZ) 2017
		,		,

SCHEDULE J (Form 990)

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I

Department of the Treasury

Charity Global Inc.

Questions Regarding Compensation

Employer identification number 22-3936753

			Yes	No
1	a 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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			- 1
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	333	0.00	
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
k	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
			255	1100
2				
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
	1a?	2	92500 h	10,74,54
3	Indicate which if any of the following the filing organization used to establish the common stien of the			
J	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.	30		
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study Compensation survey or study			
	Through the compensation committee Through the form 990 of other organizations			
	Approval by the board of 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:			
а	Describe a support of the second of the seco	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		ČĆ.	
			. 1	
	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:			
	The organization?	5a		X
b	Any related organization?	5b		X
	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:			
	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
****	Formand Sate day Form 000 Post VIII O. F. A. P. A. P. II.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			32
0	payments not described on lines 5 and 6? If "Yes," describe in Part III	7	-	<u>X</u>
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 contract 1/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			37
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	8.5.9.36	1900	
-	Regulations section 53 4958-6/c)?			

4700000000012018 12:13 PW

Charity Global Inc.

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 22-3936753 Schedule J (Form 990) 2017

Part II Officers, L

Page 2

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.

	(B) Breakdown of	of W-2 and/or 1099_MISC	acitoracion OS		7	מוווסטווגא וטו נוומר וווטואוטטמו	dual.
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	(D) Nontaxable benefits.	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior
Scott Harrison	282,47	0	0	7,406	35,393	5	0
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Schedule J (Form 990) 2017

Schedule J (Form 990) 2017 Charity Global Inc. 22–3936753

Part M 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 (Form 990) 2017

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

Noncash Contributions

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

Attach to Form 990.

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

OMB No. 1545-0047

2017

Open To Public Inspection

Employer identification number

Charity Global Inc.
Types of Property

22-3936753

				()				
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of determ	ining		
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution	amounts		
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household		+ 1 %					
•	goods							
6	Cars and other vehicles							
7	Posts and planes							
	Boats and planes							
8	Intellectual property	X	52	0 100 440	******			
9	Securities — Publicly traded	Δ	52	2,183,440	FMV at time of	sale	2	
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				in the second se			
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other >(VirtualCurrency	Х	8	001 500	FMV at time of			
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	Other ()							
28	Other ()	Ula a same di						
29	Number of Forms 8283 received by the							
	which the organization completed Fo	orm 8283,	Paπ IV, Donee Acknowl	edgement	29			
	5		H				Yes	No
3Ua	During the year, did the organization							
	28, that it must hold for at least three						313	
	to be used for exempt purposes for t	he entire h	olding period?		100 100 1 1 100 0; 00 1 10 100 100 1 2 100 100 10 10 10 10 10 10 10 10 10 10 1	30a		X
b	If "Yes," describe the arrangement in							
31	Does the organization have a gift acc	ceptance p	oolicy that requires the re	eview of any nonstandard				
	contributions?				8	31	X	
32a	Does the organization hire or use thin	d parties	or related organizations	to solicit, process, or sell i	noncash			
	contributions?				E SERVICIO VIII VIII INVESTIGATI	32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an am	nount in co	lumn (c) for a type of pr	operty for which column (a	a) is checked,			
	describe in Part II.			-				

Schedule M (Forr		Char	ity G	lobal	Inc.				<u>2-39367</u>			Page 2
Part II	the org	anization	is repor	ting in F	Part I, col	umn (b), th	e num	ired by Par ber of cont additional in	ributions, th	b, 32b, and ne number o	33, and vo	whether eceived,
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SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

the community served.

Charity Global Inc.

Employer identification number 22–3936753

Form 990 - Organization's Mission

Part I, Line 1 and Part III, Line 1

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

Form 990, Part III, Line 4d - All Other Accomplishment

Malawi - A small landlocked country in Southern Africa with a population of

17.2 million people, Malawi ranked 170 out of 188 countries on the most

recent Human Development Index. Almost 37% of rural Malawians lack access
to at least basic water services and 57% 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 9% for adults aged 15 to 49. In 2017, charity: water funded 287 water

projects that can serve 69,695 people.

Bangladesh - Bangladesh ranked 139 out of 188 countries on the most recent Human Development Index-roughly 19% of the population lives below the

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

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Employer identification number

Charity Global Inc.

22-3936753

poverty line. While only 3% of the rural population lacks access to at least basic water services, water quality remains a significant issue. Arsenic is a common contaminant as is the runoff from inadequate drainage systems, and 57% of the rural population lacks at least basic access to sanitation services. In 2017, charity: water funded 549 projects that can serve 219,269 people.

Cambodia - Ranking 143 of 188 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 61% of the 12.3 million rural population lacking access to at least basic sanitation services and 30% lacking access to at least basic water services. In 2017, charity: water funded 913 water projects that can serve 150,940 people.

Mozambique - In the years since its devastating civil war, Mozambique has faced extreme poverty, with 69% 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 181 out of 188 countries on the most recent Human Development Index, Mozambique has made access to clean water a major priority-68% of rural populations lack access to at least basic water services and 88% lack access to at least basic sanitation services. In 2017, charity: water funded 76 water projects that can serve 39,144 people.

Uganda - Uganda ranked 163 out of 188 countries on the most recent Human

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Schedule O (Form 990 or 990-EZ) (2017) Name of the organization

Charity Global Inc.

Employer identification number

22-3936753

Development Index, and continues to face difficulties and high refugee rates as a result of decades of civil war conflicts in neighboring countries. For rural Ugandans, which make up 84% of the total population, approximately 68% lack access to at least basic water services and 83% 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 2017, charity: water funded 146 water projects that can serve 69,280 people.

Niger - With the world's highest birth rate--half of the country's population is under 14 years old--and almost 46% of the population living below the poverty line, Niger ranked near the bottom of the most recent Human Development Index at 187 out of 188 countries. Population growth and climate change pose problems for access to clean water, particularly in rural areas where 64% of people lack at least basic water services. In addition, 94% of the rural population lacks access to at least basic sanitation services. Diarrheal diseases are among the leading causes of death. In 2017, charity: water funded 85 water projects that can serve 41,600 people.

Nepal - Nepal's mountainous geography poses unique challenges and opportunities in water project implementation. Half of the children living in Nepal are underweight and 60% of childhood deaths result from malnutrition, exacerbated by having to drink dirty water. Additionally, over half of the rural population lives without toilets and access to adequate sanitation, with 55% lacking access to at least basic sanitation services and 13% lacking access to at least basic water services. The

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Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

Charity Global Inc.

Employer identification number

22-3936753

country ranked 144 out of 188 on the most recent Human Development Index. In 2017, charity: water funded 132 water projects that can serve 19,009 people.

Madagascar - Ranking 158 out of 188 countries on the most recent Human

Development Index, approximately 78% of the population of Madagascar falls

below the poverty line. In addition to this, 66% 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 2017, charity: water funded 440 water points that can

serve 22,000 people.

Côte d'Ivoire - Côte d'Ivoire ranked 171 out of 188 countries on the most recent Human Development Index, with the tenth highest infant mortality and under-5 mortality rates in the world. Of the population of 22.7 million, roughly 29% live below the poverty line. The country has the fifth shortest life expectancy at 54 years. Among rural populations, 46% of individuals lack access to at least basic water services and 87% lack access to at least basic sanitation services. In 2017, charity: water funded 57 water projects that can serve 22,800 people.

Senegal - Among rural populations in Senegal, 37% of individuals lack access to at least basic water services and 65% lack access to at least basic sanitation services. Though a ceasefire was declared in 2014, secessionist movements in the southern part of the country, below The Gambia, left the region behind the rest of the country in terms of water

Page 3 of 9

access. Senegal ranked 162 out of 188 countries on the most recent Human Development Index-38% percent of the country's population of 15.1 million live below the poverty line. In 2017, charity: water funded 725 water projects that can serve 8,916 people.

India - India ranked 131 out of 188 countries on the most recent Human

Development Index. It faces difficult barriers to development, including

population growth and a lack of access to at least basic water services for

15% of its rural population of 881.7 million. Sixty-six percent lack access

to at least basic sanitation 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 2017, charity: water funded

610 water projects that can serve 26,790 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 179 out of 188 countries on the most recent Human Development Index. An Ebola virus outbreak in 2014 overburdened an already weak healthcare infrastructure, which both aided the spread of the virus as well as contributed to the death toll due to medical inefficiencies.

Diarrheal diseases are currently the leading cause of death in Sierra Leone. Roughly 53% of the country's rural population of 3.9 million lacks access to at least basic water services while 65% lacks access to at least basic sanitation services. In 2017, charity: water funded 45 water projects that can serve 13,500 people.

478586 08/02/2018 12:13 PM Schedule O (Form 990 or 990-EZ) (2017) Page 2 Name of the organization Employer identification number Charity Global Inc. 22-3936753 Form 990, Part V, Line 4b - Financial Accounts in Foreign Countries Great Britain (UK) Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The return preparer emails a draft of the Form 990 to management for internal review. Revisions are input by the return preparer and a revised draft is emailed to the engaged independent accounting firm for review. After all changes are made and agreed to by the engaged independent accounting firm, the final Form 990 is then sent by the return preparer via email to the Founder/CEO, CFO and Finance Committee for final review. Once final approval is obtained from the above-seated officers, the final Form 990 is sent to management for signature and a copy of the final Form 990 is forwarded to all seated Board Members prior to filing with the IRS. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy In connection with any actual or possible conflict of interest, any director, officer, key employee, or member of a committee with the governing board must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of committees with governing board delegated powers considering the proposed transaction or arrangement. Each interested person shall annually sign a statement which affirms such person: a. Has received a copy of the conflict of interest policy,

c. Has agreed to comply with the conflict of interest policy, and

b. Has read and understands the conflict of interest policy,

d. Understands the Organization is charitable and in order to maintain its

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

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Employer identification number

22-3936753

Charity Global Inc.

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

- a. Whether compensation arrangements and benefits are reasonable, based or competent survey information, and the result of arm's-length bargaining.
- b. Whether partnerships, joint ventures and arrangements with management organizations conform to the Organization's written policies are properly recorded, reflect reasonable investments or payments for goods and services, further charitable purposes and do not result in inurement, impermissible private benefit or in an excess benefit transaction.
- c. Whether the governing board and all committees with board delegated powers is properly implementing this conflict of interest policy.
- d. Whether any improvements should be made to this conflict of interest policy.

When complying with this conflict of interest policy, the Organization may, but need not, use outside advisors. If outside experts are used, their use shall not relieve the governing board of its responsibility under this conflict of interest policy.

If the governing board or committee determines that there is a conflict of

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Schedule O (Form 990 or 990-EZ) (2017)
Name of the organization
Charity Global Inc.

Employer identification number

22-3936753

interest, the governing board or committee shall follow the procedures outlined below:

- a) The chairperson of the governing board or committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.
- b) After exercising due diligence, the governing board or committee shall determine whether the Organization can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.
- c) If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the governing board or committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in the Organization's best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination it shall make its decision as to whether to enter into the transaction or arrangement.

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.

Schedule O (Form 990 or 990-EZ) (2017) Page 2 Name of the organization Employer identification number Charity Global Inc. 22-3936753 2. Comparability Data - To determine reasonable compensation, the Board or compensation committee shall obtain and rely on appropriate comparability data, including, but not limited to: (i) compensation levels paid by similarly situated organizations, both taxable and tax-exempt, for functionally comparable positions; (ii) the availability of similar services in the geographic area of the Organization; (iii) current compensation surveys compiled by the independent firms; and (iv) actual written offers from similar organizations competing for the services of the person. 3. Contemporaneous documentation - The Board or compensation committee shall contemporaneously document the basis for its compensation determination, including documentation: (i) the agreed-upon terms and date of approval; (ii) the members of the Board or compensation committee who: (a) were present during debate on the compensation arrangement and (b) voted on the compensation arrangement; (iii) the comparability data obtained and relied upon and how such data was obtained; and (iv) any actions taken with respect to consideration of the compensation arrangement by anyone who is otherwise a member of the Board or compensation committee but had a conflict of interest with respect to such compensation arrangement. 4. The most recent compensation review occurred in 2017.

Form 990, Part VI, Line 15b - Compensation Process for Officers

See Schedule O, Form 990, Part VI, Line 15a - Compensation Process for Top

Page 8 of 9

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SCHEDULER (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047 2017

Open to Public Inspection 22-3936753 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Go to www.irs.gov/Form990 for instructions and the latest information. ▶ Attach to Form 990. Charity Global Inc. Part

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c)		(d)	(e)	(4)
	farmon f	or foreign country)		il income	End-of-year assets	Direct controlling entity
(1) Charlty Global (UK) Limited 16 Old Bailey London UK				1		
	GENTMAKING	UK		637,219	557,482	Global Inc.
(3)						
6.000.000.000.000.000.000.000.000.000.0						
(4)						
(5)						
					-1113	
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.	Complete if the e tax year.	organization ar	Iswered "Yes" c	on Form 990,	Part IV, line 34 b	ecause it had
(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	Section 512(b controlled en
(1)				Webs	-	Yes
(2)						
(3)						
(4)						
(5)						
					441	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedu	Schedule R (Form 990) 2017

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Schedule R (Form 990) 2017 Charity Global Inc.

Page 2

22-3936753

(k) Percentage ownership Schedule R (Form 990) 2017 (I) Section 512(b)(13) controlled entity? Yes No 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. 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. (i) General or managing partner? Yes No Percentage ownership Ξ Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets (h) Dispro-portionate alloc.? Yes (g) Share of end-of-year assets Share of total income (f) Share of total income Type of entity (C corp, S corp, or trust) (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) Direct controlling entity (p) (d)
Direct controlling
entity foreign country) Legal domicile (state or <u>ن</u> domicile (state or foreign country) (c) Legal Primary activity (b)Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Part = Part ≥ DAA 3 3 3 8 E (2) 3 3

Page 3

Schedule R (Form 990) 2017 Charity Global Inc.

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.				2	1
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II—IV?	nizations listed	in Parts II–IV?		res	2
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				- C	
GITT, grant, or capital contribution to related organization(s)				£	
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Loans or loan guarantees to or for related organization(s)			200 02000000000000000000000000000000000	2	
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			200000000000000000000000000000000000000	D	Children
f Dividends from related organization(s)			760		
g Sale of assets to related organization(s)					
ation(s)		000000000000000000000000000000000000000		19	
i Exchange of assets with related organization(s)			33	=	
		000000000000000000000000000000000000000	200 CO	- max	
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k pase of facilities equipment or other good from selected secretaries.					
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m Deformance of services of membership or fundralsing solicitations for related organization(s)	000000000000000000000000000000000000000	300 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
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q Kelmbursement paid by related organization(s) for expenses				. Ja	
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s Other transfer of cash or property from related organization(s)		80800 60 · · · · · · · · · · · · · · · · ·			
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	uding covered	elationships and transaction t	thresholds	2	
	(b)	(c)	(p)		
Name of related organization Transa	Transaction	Amount involved	Method of determining amount involved	havloval	
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DAA			Schedule R (Form 990) 2017	Form 990)	2017

Page 4

22-3936753

Schedule R (Form 990) 2017 Charity Global Inc.

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

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.

	6		or call involution parties at the	אוווכווו אמו	iriei si iips.					
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Predominant income (related,	(e) Are all partners section	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V—UBI amount in box 20	(i) General or managing	(k) Percentage ownership
				organizations?	2.			(Form 1065)	E L	T
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Part VII	Suppleme	ntal Informatio	n.		estions on S		See Instructions.	
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(Rev. December 2013)

Information Return of U.S. Persons With Respect **To Foreign Disregarded Entities**

▶ Information about Form 8858 and its separate instructions is at www.irs.gov/form8858.

Information furnished for the foreign disregarded entity's annual accounting period (see

Attachment

OMB No. 1545-1910

Internal Revenue Service	instructions) beginning Ja	anuary 01	, 20	17	, and ending [December 31	, 20	17	Sequence No. 140	
Name of person filing this re CHARITY GLOBAL INC								File	er's identifying number 22-3936753	
Number, street, and room of 40 WORTH STREET RI	or suite no. (or P.O. box number if i M/STE 330	mail is not de	livered	to stre	et address)					
City or town, state, and ZIP NEW YORK, NY 10013	code									
Filer's tax year beginning	JANUARY 01		, 20	17			EMBER		, 20 17	
Important: Fill in a. U.S. do	ll applicable lines and so Illars unless otherwise in	chedules. Idicated.	All in	form	nation must be	in English. A	II amou	nts n	nust be stated in	
1a Name and address of for CHARITY GLOBAL (UK C/O WITHERS LLP					b(1) U.S. identifyi	ng number, if any				
16 OLD BAILY, LONDO UNITED KINGDOM	N EC4M 7EG				b(2) Reference ID	number (see instr CHARITYGI		KLIMI7	ΓED	
c Country(ies) under whos UNITED KINGDOM	e laws organized and entity type u	under local ta	x law		,	d Date(s) of org	janization		fective date as foreign sregarded entity	
f If handile under all O			<u> </u>			09/15/20			09/15/2016	
	ax treaty were claimed with respe- sregarded entity, enter the treaty a		ountry is		ch principal business ucted	h Principal bus activity	iness	i Fun	nctional currency	
		דואט	ED KI	NGD	MC	GRANT MAKIN	١G	BRITI	ISH POUND	
2 Provide the following info	ormation for the foreign disregarde	ed entity's ac	counting	g perio	od stated above.					
a Name, address, and ider the United States CHARITY GLOBAL INC. 40 WORTH STREET RM NEW YORK, NY 10013		r agent (if any) in		 b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the foreign disregarded entity, and the location of such books and records, if different MICHAEL GUMBLEY 40 WORTH STREET RM/STE 330 NEW YORK, NY 10013 					
For the tax owner of the	foreign disregarded entity (if differ	rent from the	filer) pr	ovide 1	the following (see inst	ructions):				
a Name and address					b Annual accounti	ng period covered	by the ret	urn (see	instructions)	
					c(1) U.S. identifyin	g number, if any				
					c(2) Reference ID	number (see instru	ctions)			
					d Country under w	rhose laws organiz	ed	e Fun	octional currency	
For the direct owner of t	he foreign disregarded entity (if dif	fferent from t	he tax c	wner)	provide the following	(see instructions):				
a Name and address					b Country under w	hose laws organiz	ed			
					c U.S. identifying n	number, if any		d Fund	ctional currency	
ownership between the ta	chart that identifies the name, plac ux owner and the foreign disregard has a 10% or more direct or indir	ded entity, an	d the ch	nain of	ownership between t	ion, and country of the foreign disrega	f organizat rded entity	ion of a	Il entities in the chain of ach entity in which the	

Sc	hedule C Income Statement (see instructions)				
dolla sect spec	ortant: Report all information in functional currency in accordance with U.S. ars translated from functional currency (using GAAP translation rules or the arion 989(b)). If the functional currency is the U.S. dollar, complete only the Ucial rules for foreign disregarded entities that use DASTM. u are using the average exchange rate (determined under section 989(b)), che	erag .S. D	e exchange rate o ollars column. Se	letermin	ed unde
		1	Functional Currency	U.S.	Dollars
1	Gross receipts or sales (net of returns and allowances)	1	476,886		632,350
2	Cost of goods sold	2	0		(002,000
3	Gross profit (subtract line 2 from line 1)	3	473,886	386 632,35	
4	Other income	4	75		4,869
5	Total income (add lines 3 and 4)	5	473,961		637,219
6	Total deductions	6	287,383		381,455
7	Other adjustments	7	0		C
8	Net income (loss) per books	8	189,578		255,764
Scr	edule C-1 Section 987 Gain or Loss Information	1			
	Note. See the instructions if there are multiple recipients of remittances from the foreign disregarded entity.		(a) Amount stated in functional currency of foreign disregarded entity	(b) Amount stated in functional currency of recipient	
1	Remittances from the foreign disregarded entity	1	NONE		NONE
2	Section 987 gain (loss) of recipient	2			NONE
_				Yes	No
3	Were all remittances from the foreign disregarded entity treated as made to the dire				✓
4	Did the tax owner change its method of accounting for section 987 gain or loss with	ı resp	ect to remittances		
Sch	from the foreign disregarded entity during the tax year? Balance Sheet	• •			✓
Impo	ortant: Report all amounts in U.S. dollars computed in functional currency and rdance with U.S. GAAP. See instructions for an exception for foreign disregar	d tran	slated into U.S. de entities that use DA	ollars in ISTM.	
	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period	
1	Cash and other current assets	1	0		557,482
2	Other assets	2	0		0
3	Total assets	3	0		557,482
	Liabilities and Owner's Equity				
4	Liabilities	4	0		301,718
5	Owner's equity	5	0		255,764
6	Total liabilities and owner's equity	6	0		557,482
Sch	edule G Other Information				
				Yes	No
1	During the tax year, did the foreign disregarded entity own an interest in any trust?.				✓
2	During the tax year, did the foreign disregarded entity own at least a 10% interest, any foreign partnership?				
3	disregarded from its owner during the tax year: Did the tax owner claim a loss we debt of the foreign disregarded entity as a result of the election?				
4	If the interest in the foreign disregarded entity is a separate unit under Reg. 1.150	3(4)-1	(b)(4) or part of a	1	
	combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii) does the separate unit or chave a dual consolidated loss as defined in Reg. 1.1503(d)-1(b)(5)(ii)?	ombir	ned separate unit		√

Sch	nedule G Other Information (continued)			
			Yes	No
5a	Vas any portion of the dual consolidated loss in question 4 taken into account in computing consolidated axable income for the year? If "Yes," go to 5b. If "No," skip 5b and 5c			N/A
b	Was this a permitted domestic use of the dual consolidated loss under Reg. 1.1503(d)-6? If "Yes," see instructions and skip 5c. If "No," go to 5c			
С	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated taxable income as provided under Reg. 1.1503(d)-4?			
	If "Yes," enter the separate unit's contribution to the cumulative consolidated taxable income ("cumulative register") as of the beginning of the tax year ▶ \$ See instructions.			
6	During the tax year, did the foreign disregarded entity pay or accrue any foreign tax that was disqualified for credit under section 901(m)?			√
7	During the tax year, did the foreign disregarded entity pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?			√
8	Answer the following question only if the tax owner of the foreign disregarded entity is a controlled foreign corporation (CFC): Were there any intracompany transactions between the foreign disregarded entity and the CFC or any other branch of the CFC during the tax year, in which the foreign disregarded entity acted as a manufacturing, selling, or purchasing branch?			N/A
Sch	edule H Current Earnings and Profits or Taxable Income (see instructions)			
Impo	ortant: Enter the amounts on lines 1 through 6 in functional currency.			
1	Current year net income or (loss) per foreign books of account	1		189,578
2	Total net additions	2		0
3	Total net subtractions	3		0
4	Current earnings and profits (or taxable income—see instructions) (line 1 plus line 2 minus line 3)			189,578
5	DASTM gain or loss (if applicable)	5		0
6	Combine lines 4 and 5	6		189,578
7	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average			
	exchange rate determined under section 989(b) and the related regulations (see instructions))	7		255,764
	Enter exchange rate used for line 7 ► AVERAGE MONTHLY RATE		Alimir i	

Form **8858** (Rev. 12-2013)