NOTICE

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx



DLN: 93493218001079

Open to Public

Department of the Treasury Internal Revenue

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

► The organization may have to use a copy of this return to satisfy state reporting requirements

benefit trust or private foundation)

Inspection

┌Yes ┌No

Serv	ıce							
A Fo	or the	2008 ca	alendar yea	ar, or tax year beginning 01-03	-2008 and ending 12-31-2008	3	D Employer ide	entification number
_		pplicable	Please use IRS	C Name of organization CHARITY GLOBAL INC				
_	dress cl	_	label or	Doing Business As			22-393675 E Telephone nu	
	me cha	_	print or type. See	CHARITY WATER			(646) 733-	8744
_	tıal retu		Specific Instruc-	Number and street (or P O box 150 VARICK ST	If mail is not delivered to street addre	ss) Room/suit		
	mınatı		tions.	ROOM/SUITE 5TH FL				
_	nended			City or town, state or country, a NEW YORK, NY 10013	nd ZIP + 4			
П Ар	plication	n pending		,				
				me and address of Principal O	fficer		hıs a group return	
				T HARRISON BROADWAY 5S		affıl	ıates?	ΓYes Γ Nο
				ORK,NY 10012		H(b) Are	all affiliates includ	ed?
I Ta	ıx-exen	npt status	✓ 501(c	:) (3) ◀ (insert no)	1) or 527	(If "	No," attach a list	See instructions)
J W	eb sit	: e: ► WV	VW CHARIT	TYWATER ORG		H(c) Gro	oup Exemption Nu	mber 🟲
К Тур	e of or	ganızatıon	Corporat	tion trust association othe	>	L Year of F	Formation 2007 M	State of legal domicile NY
Pa	rt I	Sum	mary					
	1			ne organization's mission or m	ost significant activities			
a 1					IZATION BRINGING CLEAN	AND SAFE	DRINKING WATE	ER TO PEOPLE IN
ž		DEVEL	OPING NA	TIONS				
<u>=</u>								
Governance	2	Check	this box	if the organization discontinu	ed its operations or disposed o	f more than	25% of its asset	s
	3		,		y (Part VI, line 1a)			6
න් ග්	4		_		overning body (Part VI, line 1b		_	5
Activities	5			mployees (Part V , line 2a) .		•	5 _	7
ਹਿੰ	6			olunteers (estimate if necessa			6 _	1,700
∢	7a	Total g	ross unrela	ated business revenue from Pa	rt VIII, line 12, column (C)		7a _	0
	ь	Netun	elated bus	ıness taxable ıncome from Fo	rm 990-T, line 34		7b	
						Pı	rior Year	Current Year
а.	8	Contr	ibutions an	d grants (Part VIII, line 1h)		1,814,310	6,280,463	
Revenue	9	Progra	am service	revenue (Part VIII, line 2g)			0	
J-A-C-	10			me (Part VIII, column (A), lın		9,469	13,641	
_	11		-	Part VIII, column (A), lines 5,			-8,408	45,848
	12	10tai 12)	revenue—a	aa iines 8 through 11 (must e	qual Part VIII, column (A), line		1,815,371	6,339,952
	13	Grant	s and simila	ar amounts paid (Part IX, colu	mn (A), lines 1-3)		932,367	4,320,222
	14	Benef	its paid to d	or for members (Part IX, colur	nn (A), line 4)			0
ers.	15		es, other c	ompensation, employee benef	its (Part IX, column (A), lines 5	i –	220.007	400.330
Expenses	16-	10)		d	/A \ lima 11 a \		229,997	490,330
<u>क</u>	16a			draising fees (Part IX, column				0
五	b	,	-	penses, Part IX, column (D), line 25			200 227	550.061
	17 18		•	(Part IX, column (A), lines 11	·		289,227	558,061
	19			-add lines 13–17 (must equa penses Subtract line 18 from			1,451,591 363,780	5,368,613 971,339
<u></u> ኤ ຜ	+	ive v e i	ide less ex	penses Subtract line 10 hom	Time 12	Regin	ning of Year	End of Year
Net Assets or Fund Balances	20	Total	assete /Da	rt X, line 16)		Degili	1,082,222	3,886,364
Bass.	21		•				, ,	· · ·
る			•	Part X, line 26)	f 1 20		355,286	2,188,089
	22			nd balances Subtract line 21	rrom line 20		726,936	1,698,275
Рa	rt II		ature Bl		ed this return, including accompanying	schodulos and	Letatoments, and to	the hest of my knowledge
					f preparer (other than officer) is base			
Plea		***				200	9-07-31	
Sigr Her		Sign	ature of office	er		Dat	e	
пет	E		TT HARRISON					
		Type	e or print nam	ie and title				
	_		parer's	MIEDIE JONES	Date 2009-07-31	Check If	Preparer's PTIN	l (See Gen Inst)
Paid			nature V	ALERIE JONES		self- empolyed 🕨	_	
	pare		n's name (or	vours k			·	
Use		ıf s	elf-employed)),			EIN Þ	
Onl	У	ado	Iress, and ZIP	C + 4 LAMBRIDES LAMOSTAYLOR LL	P			
				81 LARKFIELD RD			—	(631) 754-4242
				EAST NODTHBODT NV 1173	1		Prione no F	(631) 754-4242

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

1 See A	Briefly describe the organization's mission Additional Data Table
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting or make significant changes in how it conducts any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 445,475 including grants of \$ 445,475) (Revenue \$ 48,372) CENTRAL AFRICAN REPUBLIC IS ONE OF THE POOREST COUNTRIES IN THE WORLD, LANDLOCKED IN THE CENTER OF AFRICA CURRENTLY, ONE THIRD OF THE POPULATION IS WITHOUT CLEAN AND SAFE DRINKING WATER MOST PEOPLE GET THEIR WATER FROM CONTAMINATED SOURCES, SUCH AS RIVERS, PONDS AND SPRINGS IN 2008 CHARITY WATER FUNDED 445,475 FOR THE CONSTRUCTION OF 20 NEW WELLS AND THE REHABILITATION OF 75 BROKEN PUMPS TWO SETS OF LATRINES WERE ALSO BUILT AT EVERY SCHOOL PROJECT THOSE WATER PROJECTS ARE NOW SERVING 106,930 PEOPLE WITH SAFE AND CLEAN DRINKING WATER
	(Code) (Expenses \$ 1,418,579 including grants of \$ 1,414,913) (Revenue \$ 1,209,261)
	ETHIOPIA DESERVES URGENT ATTENTION BECAUSE OF ITS CONSTANT THREAT OF FAMINE AND DROUGHT CURRENTLY, 75% OF PEOPLE IN ETHIOPIA DON'T HAVE CLEAN AND SAFE DRINKING WATER CHARITY WATER LAUNCHED OUR SEPTEMBER CAMPAIGN TO FOCUS ON BRINGING WATER TO THE ARID NORTHERN REGIONS OF TIGRAY AND AMHARA 1,414,912 80 WAS GRANTED TO IMPLEMENT 290 WATER PROJECTS WHEN ALL ARE COMPLETE, THEY WILL PROVIDE AN ESTIMATED 138,507 PEOPLE WITH CLEAN AND SAFE DRINKING WATER
4c	(Code) (Expenses \$ 801,305 including grants of \$ 795,976) (Revenue \$ 805,403) KENYA IS THE MOST-DEVELOPED ECONOMY IN EASTERN AFRICA, YET MORE THAN HALF OF THE COUNTRY SURVIVES ON LESS THAN 2 PER DAY LESS THAN HALF OF RURAL AREAS HAVE ACCESS TO BRIGHTON LOVE WATER CAMPAIGN, 22 DEEP BOREHOLES HAVE BEEN FUNDED THOSE DEEP BOREHOLES ARE PIPED FROM HEALTH CLINICS AND SCHOOLS TO KIOSKS THAT SERVE LARGE COMMUNITIES FOR 2008, 795,976 44 WAS EXPENDED TO PROVIDE AN ESTIMATED 46,000 KENYAN'S WITH CLEAN AND SAFE DRINKING WATER
	/Code
	(Code) (Expenses \$ 1,815,361 including grants of \$ 1,663,858) (Revenue \$) BAGLADESH - 60 WATER WELLS LIBERIA - 19 WATER PROJECTS COTE D'IVORIRE - 70 WATER PROJECTS DEMOCRATIC REPUBLIC OF CONGO - 22 WATER PROJECTS HAITI - 3 SPRING PROTECTIONS UGANDA - 20 WATER PROJECTS
4d	Other program services (Describe in Schedule O) (Expenses \$ 1,815,361 including grants of \$ 1,663,858) (Revenue \$)
4e	Total program service expenses \$ 4,480,720 Must equal Part IX, Line 25, column (B).

27111V Checklist of Required Schedule:	art IV	Checkli	st of F	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νo
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο

Part IV Checklist of Required Schedules (Continued)

			Yes	No
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
6	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		No
37	Did the organization conduct more than 5 percent 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		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	11			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable			
_	gaming (gambling) winnings to prize winners?			1c		No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	7			
h	If at least one is reported in 2a, did the organization file all required federal employr		Av returns?			
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during return?	g the	year covered by this	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acaccount)?	_	•	4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , ReFinancial Accounts.	eport o	of Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		No
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	ty Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement th			C la	V	
7	were not tax deductible?			6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).	.+	ion of #75 or	7a	Yes	
	Did the organization provide goods or services in exchange for any quid pro quo con more?				I	<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services p			7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal prope file Form 8282?	rty for	which it was required to	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?		niums on a personal	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers		enefit contract?	7f		No
q	For all contributions of qualified intellectual property, did the organization file Form 8			7g		No
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization f					
	required?			7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a supporting organization of the supporting organization org					
	excess business holdings at any time during the year?			8		No
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		No
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	۱۶.		9b		Νο
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
	Gross income from members or shareholders	 11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	n lieu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the	12b				
	year	LIZD			ļ	

Νo

Νo

10

11

Yes

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

must describe in Schedule O the process, if any, the organization uses to review the Form 990 Is there any officer, director or 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

Se	ction A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
a	Enter the number of voting members of the governing body 1a 6	1		
b	Enter the number of voting members that are independent 1b 5			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
1	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? .	. 3		No
•1	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
;	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
,	Does the organization have members or stockholders?	6		Νo
a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
}	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
а	Does the organization have local chapters, branches, or affiliates?	9a	Yes	
ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			

Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
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			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 . Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed NY, FL, PA, CA, TN, UT, NJ, MA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website view upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization EASY OFFICE

21 HACKETT CIRCLE NORTH STAMFORD,CT 06906 (203) 464-3044

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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, or 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 the organization did not compensate any officer, director, trustee or key employee											
			(C) Position (check all that apply)							(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	1 1		Key employee	Highest compensated employee		(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
BRANT CRYDER	2	Х						0	0	0	
BROOK HAZELTON	2	X						0	0	0	
SCOTT HARRISON	50			Х				108,000	0	3,202	
GORDON PENNINGTON	2			Х				0	0	0	
GIAN-CARLO OCHOA	2			Х				0	0	0	
CATHERINE VANCE THOMPSON	2			Х				0	0	0	
-											
								_			

Part VII Continued

(A) Name and Title	(B) Average hours per week		o at Institutional Trustee	Office	/)	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total			•			<u> </u>	>	108,000		3,202
2 Total number of individuals (including		- \b					. # 1	00 000 in ronortobl		•

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►1

			5	110
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		Νο
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

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

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

Staten	nent	of	Rev	enu
--------	------	----	-----	-----

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
* * *	1a	Federated camp	paigns 1 a	10,684				514
gifts, grants illar amounts	ь	Membership du	es 1b					
s,g m	c	Fundraising eve	ents 1c	660,178				
慧	d	Related organiz	ations 1d					
E,S	e	Government grants	s (contributions) 1e					
er s	f	All other contribution	ons, gifts, grants, and 1f ot included above	5,609,601				
들듣	g		butions included in					
Contributions, and other simil	h		224,534 s 1a-1f)		6,280,463			
O a		Total (Add line:	s Id-II /	1				
Ę	2a			Business Code				
eve	ь							
e. Er	c							
7.	d							
ૐ ⊆	e							
Program Serwce Revenue	f	All other progra	am service revenue					
Δ	g	Total. Add lines	s 2a-2f	. + \$				
	3		ome (including dividen		43.644			10.041
	_		mounts)		13,641			13,641
	4 5							
		Noyunies I	(ı) Real	(II) Personal				
	6a	Gross Rents						
	ь	Less rental expenses						
	С	Rental income or (loss)						
	d	, ,	me or (loss)	+				
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other than inventory						
	Ь	Less cost or other basis and						
	l c	sales expenses Gain or (loss)						
	d	Net gaın or (los	s)					
	8a	Gross income fi						
		events (not incl \$99,	,05 <u>5</u>					
Other Revenue		of contributions See Part IV , lin	reported on line 1c)					
क ≳		Attach Schedule	G if total exceeds					
č	١.		a	000,170				
	р С		penses b (loss) from fundraising	,	45,848			45,848
5	9a		rom gaming activities	events	,			12,212
		See part IV, lın						
		\$15,000	ule G II total exceeds					
			а					
	Ь		penses b					
	10a	Gross sales of i	loss) from gaming acti	vicies				
		returns and allo						
	.		a .					
	b c		oods sold b (loss) from sales of inv	entorv 🟲				
	Ť	Miscellaneous	· · · · · · · · · · · · · · · · · · ·	Business Code				
	11a							
	ь							
	c							
	d	All other revenu	ue					
	e	Total. Add lines	s 11a-11d	\$				
	12	Total Revenue.	Add lines 1h, 2g, 3, 4,	5,6d,7d,8c, ▶-	6,339,952			59,489

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	3,681,794	3,681,794						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22								
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	638,428	638,428						
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	108,000	32,400	16,200	59,400				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$								
7	Other salaries and wages	327,353	30,544		82,479				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)								
9	Other employee benefits	54,977	7,950	29,111	17,916				
10	Payroll taxes								
11	Fees for services (non-employees)								
а	Management								
b	Legal	20,647		19,412	1,235				
c	Accounting	57,966		57,966					
d	Lobbying								
е	Professional fundraising See Part IV, line 17								
f	Investment management fees								
g	Other	43,405		39,905	3,500				
12	Advertising and promotion								
13	Office expenses	76,542	10,077	44,832	21,633				
14	Information technology								
15	Royalties								
16	Occupancy	41,899	6,058	22,186	13,655				
17	Travel	96,063	42,767	21,747	31,549				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials		·						
19	Conferences, conventions and meetings	42,264	9,315	6,208	26,741				
20	Interest								
21	Payments to affiliates				_				
22	Depreciation, depletion, and amortization	17,106	14,310	2,796					
23	Insurance	2,880	1,026	1,854					
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)								
а	INDIRECT DEVELOPMENT EXP	82,583			82,583				
b	BANK CHARGES	55,498		55,498	·				
c	STORAGE FEES	12,647	6,051		6,596				
d	MEETINGS/HOSPITALITY/MEAL	4,776		3,317	1,459				
	MISCELLANEOUS	2,424		2,068	356				
	All other expenses	1,361		490	871				
25	Total functional expenses. Add lines 1 through 24f	5,368,613	4,480,720	537,920	349,973				
26	Joint Costs. Check Tif following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	3,550,613	., .53,720		313,373				

Part X	Balance	Shoot
FaitA	Dalalice	Silect

			(A)		(B	3)
			Beginning of year		End of	
	1	Cash—non-interest-bearing	143,866	1		53,494
	2	Savings and temporary cash investments	881,201	2		1,857,655
	3	Pledges and grants receivable, net	12,900	3		203,111
	4	Accounts receivable, net		4		
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5		
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
92	9	Prepaid expenses and deferred charges		9		
ssets	10a					
AS		Land, buildings, and equipment cost basis 10a 173,687				
	b	Less accumulated depreciation Complete Part VI of Schedule D	30,656	10c		149,552
	11	Investments—publicly traded securities		11		1,582,882
	12	Investments—other securities See Part IV, line 11 $\it Complete Part VII of Schedule D$		12		
	13	Investments—program-related See Part IV, line 11 $\it Complete Part VIII$ of $\it Schedule D$.		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	13,599	15		39,670
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,082,222	16		3,886,364
	17	Accounts payable and accrued expenses .	34,032	17		71,930
	18	Grants payable	321,254	18		2,116,159
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
S	21	Escrow account liability Complete Part IV of Schedule D		21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
<u></u>		persons Complete Part II of Schedule L		22		
_	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable		24		
	25	Other liabilities Complete Part X of Schedule D		25		
	26	Total liabilities. Add lines 17 through 25	355,286	26		2,188,089
		Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27				
ě		through 29, and lines 33 and 34.				
an	27	Unrestricted net assets	207,321	27		1,455,920
_ တ က	28	Temporarily restricted net assets	519,615	28		242,355
ē	29	Permanently restricted net assets		29		
or Fund Balance		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30		
sets	31	Paid-in or capital surplus, or land, building or equipment fund		31		
Ass	32	Retained earnings, endowment, accumulated income, or other funds		32		
	33	Total net assets or fund balances	726,936	33		1,698,275
Net	34	Total liabilities and net assets/fund balances	1,082,222	34		3,886,364
	V.T	Fire weight Chate we are and Bounding				
Рa	rt XI	Financial Statements and Reporting			T	T
_	_				Yes	No
1		ounting method used to prepare the Form 990				l
2a		the organization's financial statements compiled or reviewed by an independent account		2a		No
b	Were	the organization's financial statements audited by an independent accountant?		2b		No

If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \cdot \cdot \cdot As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

 За

SCHEDULE A (Form 990 or

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

2008

Open to Public Inspection

Service

Name of the organization
CHARITY GLOBAL INC

990EZ)

Treasury

h

Department of the

Internal Revenue

Employer identification number

22-3936753 Reason for Public Charity Status (to be completed by all organizations) (See Instructions) The organization is not a private foundation because it is (Please check only one organization) A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i). 1 2 A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions.) 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III - Functionally Integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11q(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	organız col (i)	s the ation in listed in verning nent?	(v) Did you notify the organization in col (i) of your support? (vi) Is the organization in col (i) organized in the U S?		(vii) A mount of support?		
			Yes	No	Yes	No	Yes	No	
	-								
-									
Total									

Provide the following information about the organizations the organization supports

Support Schedule for Organizations Described in IRC 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.)

_	(Complete only if you chec	ked the box t	on line 5, 7, or	8 OF Part 1.)				
	ublic Support	T () 2224	42225	() 2005	1 (1) 2027		2222	(6) =
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not				458,356		1,814,310	2,272,666
_	include any "unusual grants ") Tax revenues levied for the organization's		+					
2	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 line 1-3				458,356		1,814,310	2,272,666
5	The portion of total contribution by each							
	person (other than a government unit or							
	publicly supported organization) included							101,747
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
6	(f) Public Support subtract line 5 from line							
U	4							2,170,919
T	otal Support	<u>.L</u>						
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	(=, = = = :	(-,	(1) = 1 1 1	458,356	(-)	1,814,310	2,272,666
8	Gross income from interest, dividends,							
•	payments received on securities loans,				81		9,469	9,550
	rents, royalties and income from similar				01		9,409	9,550
	sources							
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 IV)							
11	Total Support (Add lines 7 through 10)							2,282,216
12	Gross receipts from related activities, etc	(See instructio	ns)			12		246,889
					L		21	240,009
13	First Five Years. If the Form 990 is for the organization, check this box and stop here	_	nrst, secona, tnii	ra, tourth, or tittl	n tax year as a 5	O1(c)(► ▽
	organization, check this box and stop here							F- 1.
	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6		ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 Sched		•	(,,,		15		
160	33 1/3% Test - 2008. If the organization di			and line 14 is 2	2 1/20/ or more		thic box	
IVA	and stop here. The organization qualifies as		•		5 1/570 OF MOTE,	CHECK	tills box	▶ □
Ь	33 1/3% Test - 2007. If the organization di				15 is 33 1/3% o	r more	, check th	·
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon			,	▶ □
17a	10% Facts and Circumstances Test - 2008.	If the organizat	ion did not chec	k a box on line :	13, 16a, or 16b a	and line	14 is 10	% or
	more, and if the organization meets the "fa							
_	organization meets the "facts and circums							▶ ┌
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "facts and sure							
18	the organization meets the "facts and circu Private Foundation. If the organization did		_	•			-	►
10	instructions	not check the L	JOA OII IIIIE 13, 1	oa, 100, 1/a 01	I/D, CHECK IMS	אסע al	14 5 E E	▶ □

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 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 IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

For Paperwork Reduction Act Notice, see the Intructions for Form 990

DLN: 93493218001079

Open to Public Inspection

Schedule D (Form 990) 2008

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Service Name of the organization **Employer identification number** CHARITY GLOBAL INC

		22-3936753
organizations Maintaining Don organization answered "Yes" to Fo	or Advised Funds or Other Similar	Funds or Accounts. Complete if the
organization answered fes to Fo	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year	(a) Bollot davised lands	(b) Failus and other decounts
Aggregate Contributions to (during year)		
Aggregate Grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and dono funds are the organization's property, subject to		
Did the organization inform all grantees, donor used only for charitable purposes and not for timpermissible private benefit?		
rt II Conservation Easements. Com	plete if the organization answered "Yes	s" to Form 990, Part IV, line 7.
Purpose(s) of conservation easements held by Preservation of land for public use (e.g., re Protection of natural habitat Preservation of open space	creation or pleasure)	f an historically importantly land area f certified historic structure
Complete lines 2a-2d if the organization held on the last day of the tax year	a qualified conservation contribution in the f	Held at the End of the Yo
T. d		2a
Total number of conservation easements		
Total acreage restricted by conservation eas		26
Number of conservation easements on a cert	. ,	2c
Number of conservation easements included		2d
Number of conservation easements modified, t	ransferred, released, extinguished, or termir	nated by the organization during
the taxable year ►		
Number of states where property subject to co	nservation easement is located ►	
Does the organization have a written policy req enforcement of the conservation easements it		violations, and Yes V N
Staff or volunteer hours devoted to monitoring,	inspecting and enforcing easements during	the year ▶
A mount of expenses incurred in monitoring, in	specting, and enforcing easements during th	e year ►\$
Does each conservation easement reported or $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	line 2(d) above satisfy the requirements of	section Yes V
In Part XIV, describe how the organization rep balance sheet, and include, if applicable, the to the organization's accounting for conservation	ext of the footnote to the organization's finan easements	cial statements that describes
	ections of Art, Historical Treasure ered "Yes" to Form 990, Part IV, line 8	
If the organization elected, as permitted under art, historical treasures, or other similar asset provide, in Part XIV, the text of the footnote to	SFAS 116, not to report in its revenue state s held for public exhibition, education or rese	ement and balance sheet works of earch in furtherance of public service,
If the organization elected, as permitted under historical treasures, or other similar assets he provide the following amounts relating to these	ld for public exhibition, education, or research	•
(i) Revenues included in Form 990, Part VIII,	line 1	► \$
(ii) Assets included in Form 990, Part X		► \$
If the organization received or held works of ar following amounts required to be reported unde		ts for financial gain, provide the
Revenues included in Form 990, Part VIII, line	= 1	▶ \$
Assets included in Form 990, Part X		► \$

Cat No 52283D

Part	IIII Organizations Maintaining Co	llections of Art,	, His	tori	cal Treasur	es, or Othe	r Similar Asse	ts (ca	ontinued)
	Using the organization's accession and other items (check all that apply)	r records, check any	ofth	ie foll	-	_	se of its collection	า	
а	Public exhibition		d	Γ	Loan or exch	ange programs			
b	Scholarly research		e	Γ	Other				
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n hov	v the y	further the or	ganızatıon's ex	empt purpose in		
	During the year, did the organization solicit cassets to be sold to raise funds rather than t							Yes	▽ No
Pari	Part IV, line 9, or reported an an					nization answ	ered "Yes" to Fo	orm 9	90,
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for c	ontributions or	r other assets r		Yes	√ No
b	If "Yes," explain why in Part XIV and comple	te the following tabl	e						
							A mou	ınt	
c	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Г	Yes	✓ No
	If "Yes," explain the arrangement in Part XIV								
Par	t V Endowment Funds. Complete								
		(a)Current Year	(b)	Prior \	'ear (c) Two	Years Back (d)	Three Years Back (e)Four Y	ears Back
la	Beginning of year balance								
b	Contributions								
С	Investment earnings or losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses								
	End of year balance								
g	,								
2	Provide the estimated percentage of the yea	r end balance neld a	S						
_	Board designated or quasi-endowment 🕨								
Ь	Permanent endowment 🕨								
	Term endowment 🕨								
	Are there endowment funds not in the posses	ssion of the organiza	ition t	that a	re held and ad	lmınıstered for	the	V	N-
	organization by (i) unrelated organizations						3a(i)	Yes	No No
	(ii) related organizations						3a(ii)		No
b	If "Yes" to 3a(II), are the related organization			ched	ule R?	· · · · ·	3b	\vdash	No
	Describe in Part XIV the intended uses of th								
	t VI Investments—Land, Buildings					rt X, line 10.			
	·) Cost or other	(b)Cost or other	(-) D	(-1) 5	
	Description of investment				sis (investment)	basis (other)	(c) Depreciation	(a) B	ook value
la L	and						•		
b B	Buildings]		
c L	easehold improvements								
	quipment								
	Other					173,681	24,129		149,552
				, line	10(c).)	•			149,552
	Add lines 1a-1e (Column (d) should equal Fo			, line	10(c).)	•		Form 9	149

Part VII	Investments-Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial d	erivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12) 🕨			
Down VIII	Investments Duesus Polated Co	a Farm OOO Dart V June	12	
Part VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total (Colu	mn (b) should equal Form 990, Part X, col (B) line 13)			
Part IX		ne 15.		
	(a) Descri			(b) Book value
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) line .	15.)		
	Other Liabilities. See Form 990, Part 3			
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
]	
]	
]	
			1	
			1	
			1	
-			1	
			1	
Total. (Colum	mn (b) should equal Form 990, Part X, col (B) line 25) 🕨		1	
,,	· · · · · · · · · · · · · · · · · · ·	1		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,339,952
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,368,613
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	971,339
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	63,713
9	Total adjustments (net) Add lines 4 - 8	9	63,713
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	1,035,052
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	6,456,932
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	116,980
3	Subtract line 2e from line 1	3	6,339,952
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	4	
b	Other (Describe in Part XIV)	4	
С	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	6,339,952
	Reconciliation of Expenses per Audited Financial Statements With Expense		
1	Total expenses and losses per audited financial statements	1	5,421,880
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	-	
b	Prior year adjustments	-	
C		-	
d	Other (Describe in Part XIV)	┪	53,267
е 3	Subtract line 2e from line 1	2e 3	5,368,613
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	5,300,013
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIV) 4b	-	
	Add lines 4a and 4b	- 4c	
с 5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	4c 5	5,368,613
	t XIV Supplemental Information	<u> </u>	5,300,613

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
RECONCILATION OF CHANGES - OTHER	LINE 8	FOREIGN CURRENCY REMEASUREMENT LOSS -27,219 REVENUES FROM LONDON (UK) AFFILIATE 102,542 ADMINISTRATIVE EXPENSES FOR LONDON (UK) AFFILIATE -11,610
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER		FOREIGN CURRENCY REMEASUREMENT LOSS -27,219 REVENUES FROM LONDON (UK) AFFILIATE 102,542
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	· · · · · · · · · · · · · · · · · · ·	ADMINISTRATIVE EXPENSES FOR LONDON (UK) AFFILIATE 11,610

Part XIV Supplemental Inf	ormation(continued)	
Ident if ier	Return Reference	Explanation
RECONCILATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	FOREIGN CURRENCY REMEASUREMENT LOSS -27,219 REVENUES FROM LONDON (UK) AFFILIATE 102,542 ADMINISTRATIVE EXPENSES FOR LONDON (UK) AFFILIATE -11,610
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	FOREIGN CURRENCY REMEASUREMENT LOSS -27,219 REVENUES FROM LONDON (UK) AFFILIATE 102,542
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	ADMINISTRATIVE EXPENSES FOR LONDON (UK) AFFILIATE 11,610

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2008

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SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue

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

Statement of Activities Outside the United States

N C

erv	rice								
	ne of the organizatio					Employer ide	ent if icat ior	number	
ΗА	RITY GLOBAL INC					22-393675	3		
Pa	rt I General	Information on A	ctivities Outsi	de the United States	S. Complete			nswered	
		orm 990, Part IV, lır			,				
1	For grantmake	r s. Does the organiza	ation maintain r	ecords to substantiate t	the amount	of the grant	sor		
	assistance, the	grantees' eligibility f	or the grants or	assistance, and the se	lection criter	ıa used to a	ward		
	the grants or as	ssistance					<u> </u>	Yes $ abla$	No
2	For grant makers. United States	Describe in Part IV the	e organization's pr	ocedures for monitoring th	ne use of grant	t funds outsid	le the		
3	Activites per Reg	ion (Use Schedule F-1	(Form 990) If add	ditional space is needed)					
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity is a progra describe spe service(s)	m service, ecific type of	(f) Total e	expenditur region	es in

Totals ▶ For Paperwork Reduction Act Notice, see the instructions for Form 990.

Cat No 50082W

Schedule F (Form 990) 2008

a) Name of rganization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, othe
		SOUTH ASIA	WATER PRJCTS/TOILETS	463,428	GRANTS			
		SUB-SAHARAN AFRICA	WATER PROJECTS	175,000	GRANTS			
		_						

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+					
		1					
		+					
			•				

Schedule F (Form 990) 2008

Supplemental Info Complete this part to	rmation nroyide the information required	in Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE UNITED STATES		GRANT RECIPIENTS LOCATED OUTSIDE THE U S ARE CAREFULLY VETTED BEFORE THE ORGANIZATION CAN RECEIVE CHARITY WATER FUNDING IN ORDER TO ENSURE
		ORGANIZATIONS MEET THE HIGHEST STANDARDS, CHARITY WATER STAFF CONDUCT SITE VISITS TO THE PROPOSED COUNTRY OFFICES, ANALYZE FINANCIAL
		VIABILITY, CONDUCT BACKGROUND CHECKS FROM THE US TERRORIST WATCHLIST AND RESEARCH THE ORGANIZATION'S PREVIOUS FUNDERS
ADDITIONAL INFORMATION	SCHEDULE F, PAGE 4, PART IV	THE PUBLIC HAS ACCESS TO A VARIETY OF INFORMATION ON THE CHARITY WATER WEBSITE AT WWW CHARITYWATER ORG AVAILABLE ARE PRESS AND MEDIA CLIPPINGS, STORIES AND PHOTOS FROM THE FIELD PROJECTS, A GOOGLE EARTH LAYER WITH GPS COORDINATES AND PHOTOS OF COMPLETED PROJECTS, INFORMATION ABOUT EDUCATIONAL EXHIBITIONS AND PROGRAMS LIKE WATER FOR SCHOOLS, CRITERIA FOR SUSTAINABLE PROJECT AND PARTNER SELECTION, AND ALL COMPLETED AUDITED FINANCIALS MORE INFORMATION IS ALSO AVAIALBLE ON WWW GUIDESTAR ORG

Software ID:

Software Version:

EIN: 22-3936753

Name: CHARITY GLOBAL INC

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)	
		WATER PRJCTS/TOILETS	463,428	GRANTS					
		SUB-SAHARAN AFRICA	WATER PROJECTS	175,000	GRANTS				

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OMB No 1545-0047

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization **Employer identification number**

H A	ARITY GLOBAL INC						
						22-3936753	
2	ITT Fundraising Acti	ivities. Complete	ıf the o	rganızat	ion answered "Yes" t	to Form 990, Part IV	, line 17.
	Indicate whether the organi	zatıon raısed funds t	hrough a	ny of the	following activities Che	ck all that apply	
а	Mail solicitations				e Solicitation of r	on-government grants	
Ь	Email solicitations				f Solicitation of g	jovernment grants	
c	Phone solicitations				g Special fundrais	sing events	
d	In-person solicitations						
a b	Did the organization have a or key employees listed in I If "Yes," list the ten highest to be compensated at least	Form 990, Part VII) t paid individuals or e	or entity entities (f	in connec	ction with professional f rs) pursuant to agreeme	undraising activities? ents under which the fur	
	(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No			
			1				

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

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					repor	ted
			(a) Event #1 CHARITY BALL: 20	(b) Event #2 EVENING AT SAKS	(c) O ther Events	(Add col	tal Eve (a) th	
			(event type)	(event type)	(total number)		(0)	
Ξ	1	Gross receipts	614,644	144,589			75	9,233
Revenue	2	Less Charitable contributions	545,269	114,909			66	0,178
	3	Gross revenue (line 1 minus line 2)	69,375	29,680			9	9,055
	4	Cash Prizes						
Expenses	5	Non-cash Prizes						
ă S S	6	Rent/Facility costs	F1.655	1.552				2 207
ш ţ	7	Other direct expenses	51,655	1,552		<u> </u>		3,207
Direct	8	Direct expense summary Add lin	-		🛌			3,207
	9	Net income summary Combine III						5,848
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		Yes" to Form 990, Pa	rt IV, line 19, or repo	orted mor	e thar	n
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
	1	Gross revenue						
မှာ မွှာ	2	Cash prizes						
Expenses	3	Non-cash prizes						
<u>ស្</u>	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	┌ Yes%_ ┌ No	┌────────────────────────────────────	┌ Yes			
	7	Direct expense summary Add lines	s 2 through 5 ın column (d	d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)				
_	_						Yes	No
9 a		er the state(s) in which the organiza the organization licensed to operate				. 9a		
b		No," Explain				<u> </u>		
10a	— We r	re any of the organization's gaming l	ıcenses revoked, suspen	ded or terminated during	the tax year?	10a		
b	If"	Yes," Explain						
11		es the organization operate gaming a				11	 	<u> </u>
12		he organization a grantor, beneficial ned to administer charitable gaming				.		
						12	1	1

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493218001079

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

CHARITY GLOBAL INC

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Inspection

Employer identification number

 Does the organization ma the selection criteria used Describe in Part IV the organization 	d to award the grant ganization's proced	s or assistance? Jures for monitoring th	e use of grant funds in	the United States			
Form 990, Part I Part IV and Scho	V, line 21 for any edule I-1 if addition	/ recipient that rece onal space is		000. Check this box	ates. Complete if the control of the		
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONCERN WORLDWIDE US INC104 EAST 40TH ST SUITE 903 NEW YORK, NY 10016	13-3712030		230,597				BANGLADESH/LIBERIA
GLOBAL PARTNERS FOR DEVELOPMENT320 PROFESSIONAL CENTER DRIVE SUITE 120 ROHNERT PARK, CA 94928	94-2537375		89,010				TANZANIA WATER
LIVING WATER INTERNATIONALPO BOX 35496 HOUSTON,TX 77235	76-0324875		1,391,452				KENYA/HONDURAS/CAR
INTERNATIONAL RESCUE COMMITTEE122 EAST 42ND STREET NEW YORK, NY 10168	13-5660870		242,601				COTE D'IVOIRE WATER
ACTION AGAINST HUNGER US247 WEST 37TH STREET 10TH FLOOR NEW YORK, NY 10018	13-3327220		87,273				DRC WATER PROJECTS
A GLIMMER OF HOPE FOUNDATION3600 N CAPITAL OF TEXAS HWY BLDG B SUITE 330 AUSTIN,TX 78746	31-1758218		1,426,846				ETHIOPIA WATER
PARTNERS IN HEALTH800 BOYLSTON STREET 47TH FLOOR BOSTON, MA 02199	04-3567502		108,955				HAITI WATER PROJECTS
LIFE WATER INTERNATIONALPO BOX 3131 SAN LUIS OBISPO, CA 93403	95-3987142		105,060				UGANDA WATER

Part III	Grants and Other Assista	nce to Individ	ials in the United States	Complete if the organization	answered '	"Yes" d	on Form 990,	Part IV,	line 22
	Use Schedule I-1 (Form 990) if additional spa	ace is needed.						

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
					·

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. See Additional Data Table

Ident if ier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	ALL GRANTS ALLOCATED GO THROUGH A DETAILED REVIEW PROCESS SITE VISITS BY CHARITY WATER PROGRAM STAFF MEMBERS ENSURE THE PROPER VETTING, MANAGEMENT, & MONITORING OF ALL LOCAL IMPLEMENTING PARTNERS BEFORE FUNDS ARE DISPERSED, IMPLEMENTING ORGANIZATIONS SUBMIT DETAILED PROPOSALS OUTLINING EXPERIENCE, PROPOSED INTERVENTION & DESIRED OUTPUTS EMPHASIS IS PLACED ON BUILDING SUSTAINABLE AND COMMUNITY-DRIVEN PROGRAMS PARTNERS MUST ALSO SUBMIT A LINE ITEM BUDGET AND NARRATIVE TO DOCUMENT HOW 100% OF THE FUNDS WILL BE ALLOCATED TO BUILDING WATER, SANITATION & HYGIENE INTERVENTIONS ALL GRANTS ARE APPROVED BY CHARITY WATER'S BOARD (CON'T ON SCHED O)

SCHEDULE M (Form 990)

Non-Cash Contributions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

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	ne of the organization RITY GLOBAL INC				Employer identificat	ion nu	mber	
-HAR	RITT GLOBAL INC				22-3936753			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of do reven	etermı	nıng	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
_	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property			20744	MV 011075 011 00			
	Securities—Publicly traded .	X	1	20,744	MV QUOTE ON DO	NATI	ON DA	TE
	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Q ualified 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	Taxıdermy							
22	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
	Other (describe)	X	1	203,790	OPINION OF EXPE	RTS		
26	Other (describe)							
	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828	33, Part IV, Donee	ar for contributions for	29			
30a	During the year, did the organization bold for at	ition receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it must		Yes	No
	least three years from the date of for the entire holding period?			not required to be used for	exempt purposes	30a		No
ь	If "Yes", describe the arrangem	ent in Part 1	II					
31	Does the organization have a gif	tacceptano	ce policy that requires the	review of any non-standard	contributions?	31		Νo
32a	Does the organization hire or us	e third part	ies or related organizations	to solicit, process, or sell	non-cash			
	contributions?					32a		Νo
33	If "Yes", describe in Part II If the organization did not report checked, describe in Part II	revenues i	ın Column (c) for a type of p	property for which Column (a) ıs			

Part II Supplemental Infor 32b, and 33. Also com	mation. Complete this part to property of the property of the part for any additional	ovide the information required by Part I, lines 30b, information.
Identifier	ReturnReference	Explanation
240111111	Notal III Colored	Explanation
	1	1

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization CHARITY GLOBAL INC

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Employer identification number

		22-3936753
ldentifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	BAGLADESH - 60 WATER WELLS LIBERIA - 19 WATER PROJECTS COTE D'IVORIRE - 70 WATER PROJECTS DEMOCRATIC REPUBLIC OF CONGO - 22 WATER PROJECTS HAITI - 3 SPRING PROTECTIONS UGANDA - 20 WATER PROJECTS
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 10	THE RETURN PREPARER EMAILS A DRAFT OF THE FORM 990 TO THE EXECUTIVE DIRECTOR AND ALL SEATED BOARD MEMBERS FOR THEIR INTERNAL REVIEW REVISIONS ARE INPUT BY THE RETURN PREPARER THE FINAL FORM 990 IS THEN SENT BY THE RETURN PREPARER VIA EMAIL TO THE EXECUTIVE DIRECTOR AND ALL SEATED BOARD MEMBERS FOR FINAL REVIEW ONCE FINAL APPROVAL IS OBTAINED FROM THE ABOVE-STATED OFFICERS, THE FINAL FORM 990 IS SENT TO THE EXECUTIVE DIRECTOR, WHO FORWARDS A COPY OF THE FINAL FORM 990 TO EACH BOARD MEMBER
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	CHARITY WATER REQUIRES ITS BOARD MEMBERS TO CONDUCT BUSINESS ACCORDING TO THE HIGHTEST ETHICAL STANDARDS BOARD MEMBERS MUST DISCLOSE ANY POSSIBLE CONFLICTS TO DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD SO THAT THE BOARD MAY ASSESS AND PREVENT POTENTIAL CONFLICTS OF INTEREST FROM ARISING IF CONFLICTS OF INTEREST ARE DETERMINED TO EXIST, BOARD MEMBERS WITH SUCH POTENTIAL OR ACTUAL CONFLICTS OF INTEREST ARE BARRED FROM PARTICIPATING IN DELIBERATIONS AND/OR VOTING WITH REGARD TO AFFECTED TRANSACTIONS
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PA GE 6, PART VI, LINE 15A	THE PROCESS INCLUDES THE FOLLOWING ELEMENTS 1 ADVANCE APPROVAL BY THE BOARD OF DIRECTORS ("BOARD") OR COMPENSATION COMMITTEE OF THE ORGANIZATION, 2 USE OF APPROPRIATE COMPARABILITY DATA, AND 3 CONTEMPORANEOUS DOCUMENTATION 1 ADVANCE REVIEW THE BOARD OR COMPENSATION COMMITTEE SHALL REVIEW AND APPROVE COMPENSATION ARRANGEMENTS IN ADVANCE, PROVIDED THAT PERSONS WITH A CONFLICT OF INTEREST WITH RESPECT TO A GIVEN COMPENSATION ARRANGEMENT DO NOT PARTICIPATE IN THE REVIEW OR APPROVAL OF SUCH COMPENSATION ARRANGEMENT 2 COMPARABILITY DATA TO DETERMINE REASONABLE COMPENSATION, THE BOARD OR COMPENSATION COMMITTEE SHALL OBTAIN AND RELY ON APPROPRIATE COMPARABILITY DATA, INCLUDING, BUT NOT LIMITED TO, (I) COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS, BOTH TAXABLE AND TAX-EXEMPT, FOR FUNCTIONALLY COMPARABLE POSITIONS, (II) THE AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA OF THE ORGANIZATION, (III) CURRENT COMPENSATION SURVEY'S COMPILED BY 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 DOCUMENTING (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 COMPENSATION ARRANGEMENT AND (B) VOTED ON THE COMPENSATION ARRANGEMENT, (III) THE COMPENSATION ARRANGEMENT AND (B) VOTED ON 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 CONSIDERATION OF THE COMPENSATION ARRANGEMENT 2008 WAS THE MOST RECENT YEAR IN WHICH THE PROCESS WAS UNDERTAKEN
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THIS POLICY PROVIDES A PROCESS FOR DETERMINING REASONABLE COMPENSATION OF DIRECTORS, OFFICERS / AND KEY EMPLOYEES / OF CHARITY GLOBAL, INC (THE "ORGANIZATION"), OTHER LISTED INDIVIDUALS / AS WELL AS FAMILY MEMBERS OF THE FOREGOING THE PROCESS INCLUDES THE FOLLOWING ELEMENTS 1 ADVANCE APPROVAL BY THE BOARD OF DIRECTORS ("BOARD") OR 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 DO NOT PARTICIPATE IN THE REVIEW OR APPROVAL OF SUCH COMPENSATION ARRANGEMENT 2 COMPARABILITY DATA TO DETERMINE REASONABLE COMPENSATION, THE BOARD OR COMPENSATION COMMITTEE SHALL OBTAIN AND RELY ON APPROPRIATE COMPARABILITY DATA, INCLUDING, BUT NOT LIMITED TO, (I) COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS, BOTH TAXABLE AND TAX-EXEMPT, FOR FUNCTIONALLY COMPARABLE POSITIONS, (II) THE AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA OF THE ORGANIZATION, (III) CURRENT COMPENSATION SURVEYS COMPILED BY 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 DOCUMENTING (I) THE AGREED-UPON TERMS AND DATE OF APPROVAL, (II) THE MEMBERS OF THE BOARD OR COMPENSATION ARRANGEMENT AND (B) VOTED ON THE COMPENSATION DETERMINATION, INCLUDING DOCUMENTING (I) THE AGREED-UPON TERMS AND DATE OF APPROVAL, (II) THE MEMBERS OF THE BOARD OR COMPENSATION ARRANGEMENT, (III) THE COMPENSATION ARRANGEMENT BY ANY ONE WHO IS OTHERWISE A MEMBER OF THE BOARD OR COMPENSATION COMMITTEE BUT HAD A CONFLICT OF INTEREST WITH RESPECT TO SUCH COMPENSATION ARRANGEMENT
ADDITIONAL INFORMATION	SCHEDULE R	CHARITY GLOBAL, INC ESTABLISHED CHARITY GLOBAL LIMITED ("CHARITY GLOBAL LIMITED UK") IN THE UNITED KINGDOM, AN AFFILIATE ORGANIZATION GOVERNED BY ITS OWN BOARD OF DIRECTORS, AND FINANCIALLY INDEPENDENT FROM CHARITY GLOBAL, INC CHARITY GLOBAL LIMITED UK RECEIVED FULL CHARITABLE STATUS FROM THE UK CHARITIES COMMISSION IN SEPTEMBER OF 2007, AND IS INTENDED TO OPERATE IN FURTHERANCE OF CHARITY GLOBAL, INC 'S MISSION IN EUROPE BY VIRTUE OF THE GOVERNING DOCUMENTS OF CHARITY GLOBAL LIMITED UK, CHARITY GLOBAL, INC OWNS ALL THE OUTSTANDING SHARES OF, AND THEREBY RETAINS A MAJORITY VOTING INTEREST IN, CHARITY GLOBAL LIMITED UK
ADDITIONAL INFORMATION	SCHEDULE O	PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS (CON'T) PARTNERS RECEIVE FUNDING IN TWO DISBURSEMENTS HALF AT THE START OF THE PROGRAM AND THE SECOND HALF AFTER THEY HAVE SUCCESSFULLY COMPLETED HALF OF THE WORK ALL PROGRAMS NEED TO BE COMPLETED IN A ONE-YEAR TIME FRAME, AND INCLUDE DETAILED DATA AND DOCUMENTATION ABOUT THE WORK

DLN: 93493218001079

OMB No 1545-0047 2008

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See separate instructions.

Employer identification number Name of the organization CHARITY GLOBAL INC 22-3936753 **Identification of Disregarded Entities** (A) Name, address, and EIN of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling or foreign country) (if section 501(c)(3)) entity CHARITY GLOBAL LIMITED C/O DAB HAND MEDIA LINTON HOUSE 24 WELLS STREET W1T 3PH CHARITABLE UK N/A LONDON

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

Part V	Transactions with Related Organizations
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Pel	τν	Transactions with Related Organizations					
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV			Ye	s No	
1 Du	rıng th	e tax year, did the orgranization engage in any of the following transaction	s with one or more related organizations listed in Parts II-	IV?		T	
а	Recei	pt of (i) ınterest (ii) annuıtıes (iii) royaltıes (iv) rent from a controlled entı	t (ii) annuities (iii) royalties (iv) rent from a controlled entity				
b	Gıft, g	rant, or capital contribution to other organization(s)			1b	No	
c	Gıft, g	rant, or capital contribution from other organization(s)			1c	No	
d	Loans	or loan guarantees to or for other organization(s)			1d	No	
e	Loans	or loan guarantees by other organization(s)			1e	No	
f	Sale o	f assets to other organization(s)			1f	No	
g	Purch	ase of assets from other organization(s)		<u>:</u>	1g	No	
h	Excha	nge of assets		<u>:</u>	1h	No	
i 1	Lease	of facilities, equipment, or other assets to other organization(s)			1i	No	
j	Lease	of facilities, equipment, or other assets from other organization(s)		<u> </u>	1j	No	
k	Perfor	mance of services or membership or fundraising solicitations for other org	anızatıon(s)	<u>:</u>	1k	No	
1 1	Perforr	nance of services or membership or fundraising solicitations by other orga	anization(s)		11	No	
m	Sharın	g of facilities, equipment, mailing lists, or other assets		<u>:</u>	1m	No	
n	Sharır	ng of paid employees		<u>:</u>	1n	No	
o	Reımb	ursement paid to other organization for expenses		<u> </u>	10	No	
р	Reımb	ursement paid by other organization for expenses		<u> </u>	1p	No	
q	Other	transfer of cash or property to other organization(s)		<u> </u>	1q	No	
r	O ther	transfer of cash or property from other organization(s)		Ĺ	1r	No	
2	Ifthe	answer to any of the above is "Yes," see the instructions for information or	n who must complete this line, including covered relationsl	nips and transaction thresholds			
		(A)	(B) Transaction	(C)			
		Name of other organization(s)	type(a-r)	Amount Involved			
(1)							
(2)							
<u> </u>							
(3)							
(4)							
(+)							
(5)							
(6)					· · · · · ·		

Part VI Unrelated Organizations Taxable as a Partnership

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

									_					
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1		r J
			Yes	No		Yes	No		Yes	No				
			•	•		•		Cabadul	D / Form					

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DLN: 93493218001079

OMB No 1545-0172

Department of the Treasury Internal Revenue

Depreciation and Amortization (Including Information on Listed Property)

Attachment

Service See separate instructions. Attach to your tax return. Sequence No 67 Business or activity to which this form relates Identifying number Name(s) shown on return CHARITY GLOBAL INC INDIRECT DEPRECIATION 22-3936753 Part I Election To Expense Certain Property Under Section 179 **Note:** If you have any listed property, complete Part V before you complete Part I. 250,000 **1** Maximum amount See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 800,000 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (c) Elected cost (a) Description of property only) 7 Listed property Enter the amount from line 29 8 **8** Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 **16** Other depreciation (including ACRS) 17,106 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2008 18 If you are electing to group any assets placed in service during the tax year into one or more Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (a)Depreciation year placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property **c** 7 - year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs h Residential rental 27 5 yrs ММ S/L property 27 5 yrs ΜМ S/L i Nonresidential real 39 yrs ММ S/L property ΜМ S/L Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life **b** 12-year S/L S/L **c** 40-year **Summary** (See instructions) Part IV 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 17,106 and on the appropriate lines of your return Partnerships and S corporations—see instr 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period cost use only) percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? _ 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e)

(d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44