efile Public Visual Render ObjectId: 001 - Submission: 2015-01-16 TIN: 20-5478191 OMB No. 1545-Return of Organization Exempt From Income Tax 20 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation Do not enter social security numbers on this form as it may be made public. Open to Public Department of the Treasury ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. Inspection Internal Revenue Service , and ending 12-31-2019 For the 2019 calendar year, or tax year beginning 01-01-2019 D Employer identification number **B** Check if applicable: CHARITY GLOBAL INC Address change 22-3936753 Name change % ADITI DEEG C/O CHARITY WATE Initial return Doing business as CHARITY WATER Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Amended return 40 WORTH STREET RM/STE 330 Application pending (646) 688-2323 City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10013 **G** Gross receipts \$ 112,674,263 F Name and address of principal officer: **H(a)** Is this a group return for SCOTT HARRISON subordinates? Yes No 40 WORTH STREET RM/STE 330 **H(b)** Are all subordinates NEW YORK, NY 10013 included? Tax-exempt status: $\boxed{\checkmark}$ 501(c)(3) $\boxed{ }$ 501(c) () \blacktriangleleft (insert no.) $\boxed{ }$ 4947(a)(1) or $\boxed{ }$ 527 If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW.CHARITYWATER.ORG K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation: 2006 M State of legal domicile: NY Summary 1 Briefly describe the organization's mission or most significant activities: CHARITY: WATER IS A NON-PROFIT ORGANIZATION BRINGING CLEAN AND SAFE DRINKING WATER TO PEOPLE IN DEVELOPING COUNTRIES. (CONTINUED ON SCHEDULE O) Activities & Governance Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 8 Number of independent voting members of the governing body (Part VI, line 1b) 117 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 150 Total number of volunteers (estimate if necessary) 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 39 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 69,223,898 88,948,068 Program service revenue (Part VIII, line 2g) . 1,896,325 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 1,108,991 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -242,228 -712,921 70,090,661 90,131,472 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 43,694,409 54,435,381 Benefits paid to or for members (Part IX, column (A), line 4) . . . 8,460,608 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 10,338,598 16a Professional fundraising fees (Part IX, column (A), line 11e) 95,880 Total fundraising expenses (Part IX, column (D), line 25) \$\infty\$8,534,442 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,110,376 9,630,935 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 59,265,393 74,500,794 Revenue less expenses. Subtract line 18 from line 12 10,825,268 15,630,678 Assets or d Balances Beginning of Current **End of Year** 87,618,961 116,342,480 Total assets (Part X, line 16) . Total liabilities (Part X, line 26) . 43,874,552 54,180,010 Net assets or fund balances. Subtract line 21 from line 20 43,744,409 62,162,470 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign ADITI DEEG CFO Here Type or print name and title Print/Type preparer's name Preparer's signature Date Check | if 2020-11-07 P01491094 **Paid** self-employed Firm's name ► KPMG LLP Firm's EIN **Preparer Use Only** Firm's address > 345 Park Avenue Phone no. (212) 758-9700 New York, NY 101540102 May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019) Cat. No. 11282Y

Part IV Checklist of Required Schedules 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes Yes	No
complete Schedule A 2	Yes	No
complete Schedule A 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		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part I		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		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9		No

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report on Part IX column (A), line 3, more than \$5,000 of grants or other assistance to or for

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV 🖠

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

VIII, IX, or X as applicable.

15

16

17

Νo

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Νo

Νo

Form 990 (2019)

Yes

Yes

Yes

Yes

Yes

Yes

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

21

m 990 (2019)							
art IV Checklist of Required Schedules (continued)							
		Yes	No				
Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No				
Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"	23	Yes					

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If

Did the organization report any amount on Part X; line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

哲道學研究 公公司用包括证例所的的形式的 智利并引力 or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member,

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"

c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes,"

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

ชี้เข้Yสระ" ชีญชิคโซโซเอิร์ทิติปูนโตโลใะ, terminate, or dissolve and cease operations? If "Yes," complete schedule N. Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

พื่แร้งหลื เชาสูมิศาร์ลเรียกใช้เลี้ยง ใช้เร็กง tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🖠 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V .

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

23

30

Part V

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

sections 301.7701-2 and 301.7701-3?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

entity or family member of any of these persons?

instructions for applicable filing thresholds, conditions, and exceptions):

Νo

Νo

Νo

Nο

Nο

Νo

Νo

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

No

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

5.0

Λ

1a

1b

Yes

Yes

Yes

Yes

Form 990 (2019)

Form **990** (2019)

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			_
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a	Yes	
b	ਜ਼ਿ⊂ਾp⊌s,t)enter the name of the foreign country: ►UK			
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts [WFBSAKN]: organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
ь 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
	excess parachute payment(s) during the year?	15		N o
16	If the soft save is a storuction as larger title. Such jet the section 4968 excise tax on net investment income?	16		No

year by the following: The governing body? .

Section C. Disclosure

13

14

Νo

Nο

Νo

Νo

Nο

Νo

Nο

No

Νo

90 (2019)	Р
Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"	response to lines

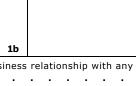
()	
Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines	
8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this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

,											
Section A. Governing Body and Management											
				Yes	N						
1a Enter the number of voting members of the governing body at the end of the tax	1a	9									
Yeare are material differences in voting rights among members of the governing											
body, or if the governing body delegated broad authority to an executive committee											
or similar committee, explain in Schedule O											

1a	Enter the number of voting members of the governing body at the end of the tax	1a	
	Yeare are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	

	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.
b	Enter the number of voting members included in line 1a, above, who are independent
2	Did any officer, director, trustee, or key employee have a family relationship or a but other officer, director, trustee, or key employee?

ad authority to an ex	ecutive committee
•	
d in line 1a, above, v	vho are
, ,	
lovoo havo a family	ــ relationship or a busi
	•
/ee?	





Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Form 990 (2019)

4

5

6

7a

10a

10b

11a

12a

12b

12c

13

15a

15b

16a

16b

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

WV,WI

Did the organization have members or stockholders?

b Each committee with authority to act on behalf of the governing body?

10a Did the organization have local chapters, branches, or affiliates? . .

- 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? .
- Did the organization make any significant changes to its governing documents since the prior Form 990 was િંગિવદીને organization become aware during the year of a significant diversion of the organization's assets? .

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Did the organization contemporaneously document the meetings held or written actions undertaken during the

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

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

organization's mailing address? If "Yes," provide the names and addresses in Schedule O

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

b Describe in Schedule O the process, if any, used by the organization to review this Form 990. .

12a Did the organization have a written conflict of interest policy? If "No," go to line 13.

Did the organization have a written whistleblower policy?

List the states with which a copy of this Form 990 is required to be filed

Did the organization have a written document retention and destruction policy? .

a The organization's CEO, Executive Director, or top management official . . .

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

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?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ADITI DEEG CO CHARITY WATE 40 WORTH ST SUITE 330 NEW YORK,NY 10013 (646) 688-2323

interest policy, and financial statements available to the public during the tax year.

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. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

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

See instructions for the order in which to list t Check this box if neither the organization n	-		ation	con	npei	nsate	d an	y current officer,	director, or truste	e.
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	unles	ore th	nan rson cer a or/t	not one is and rust		an	(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Scott Harrison	50.0	Х		х				383,636	0	40,114
Founder/CEO	0.0			^				303,030		.0,11
(2) Christoph Gorder Chief Global Water Officer	50.0 0.0			х				252,519	0	35,523
(3) Lauren Letta Chief Operating Officer	50.0				х			255,106	0	32,818
(4) Jason Keramidas CHIEF PRODUCT OFCR(END 11/19)	50.0				х			202,602	0	39,132
(5) Brian Hoyer	50.0									
VP of Program Operations	0.0					Х		148,678	0	13,206
(6) Jasdeep Gosal	50.0					V		127 527	0	22 500
Principal Engineer	0.0					Х		137,537	0	23,500
(7) Christine Choe DIR OF BUSINESS OPERATIONS	50.0					х		147,253	0	5,887
(8) Ann Kane Director of Program Finance	50.0					х		140,286	0	11,434
(9) William Bell Dir of Finance (END 11/19)						Х		142,442	0	6,404
(10) Christopher Barton	30.0			Х				93,699	0	24,554
Secretary/Gen Counsel (11) Michael Gumbley TREASURER/CFO (end 6/19)	0.0 50.0			Х				104,402	0	2,878
(12) Aditi Deeg CFO(AS OF 9/19)	50.0			х				73,665	0	1,397
(13) Michael Wilkerson Chairman	2.0	Х		Х				0	0	0
(14) Brant Cryder	0.0 2.0									
Board Member	0.0	Х						0	0	0
(15) Brook Hazelton Board Member	2.0 0.0	Х						0	0	0
(16) Chi-Hua Chien	2.0	х						0	0	0
(17) Gian-Carlo Ochoa PHD	2.0	Х						0	0	0
Board Member	0.0									

Pa	Section A. Officers, Director	s, Trustees, K	ey En	nploy	/ee	s, a	nd Hi	ighe	est Compensate	d Employees (co	ontinued)
	(A) Name and title	(B) Average hours per week (list any hours for related	more pers	than on is	one bot rect	no e bo th a	t chec x, unl n offic rustee	ess er e)	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	Estimated amount of other compensation from the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	(W-2/1099- MISC)	organization and related organizations
(18)	Ryan Graves	2.0 0.0	х						0	0	0
	d Member Shannon Sedgwick Davis										
	d Member	2.0 0.0	×						0	0	0
	Valerie Donati	2.0	· ·								
Board	d Member								0	0	0
1b :	Sub-Total					_					
c ·	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	l, Section A .		·		1	-		2,081,825	0	236,847
2	Total number of individuals (including b \$100,000 of reportable compensation f	ut not limited to	o those			bov	e) who	o red	ceived more than	1	
3	Did the organization list any former off			e, ke	y e	mple	oyee,	or h	ighest compensate	ed employee	Yes No
4	on line 1a? If "Yes," complete Schedule. For any individual listed on line 1a, is the organization and related organizations individual	he sum of repor	table o							rom the	
5	Did any person listed on line 1a receive								-		103
_	services rendered to the organization?		е Ѕспе	auie	Ј ГОІ	rsuc	cn pers	son		5	No
1	ection B. Independent Contractor Complete this table for your five highe compensation from the organization. Re	st compensated									
	Name and h	(A) pusiness address							Descrin	(B) tion of services	(C) Compensation
43 E	hink LLC, 8th Street Suite 250 nd, MI 49423	asiness address							Consulting		1,039,083
We C PO B	onsult, OX 22856 ALA, 0								Consulting		349,024
PO B	munity Based Health Care Council, OX 2214 NJIRO ROAD HA, 0								Project Monitor	ing	279,561
1050	ersive Environments LLC, Marin Street Francisco, CA 94124								Consulting		242,668
Nepa NABI	I Water for Health, L HOUSE KAMALADI PO BOX 3729 MANDU, 0								Project Monitor	ing	168,572

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization \triangleright 14

Form	990 (2019)							Page 9
Part		of Revenu						_
	Check if Scho	edule O contair	is a resp	ponse or note to a	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	 1a Federated camp b Membership du c Fundraising eve d Related organiz e Government grants 	es ents ations	1a 1b 1c 1d 1e	7,415,839				
Contrib and Otl	f All other contribution and similar amount above g Noncash contribution lines 1a - 1f:\$ h Total. Add lines	s not included	1f 1g	81,053,788 3,724,406	88,948,068			
	2a			Business Code				
Program Service Revenue	b							
3	С							
Se	d							
am								
ogr	е							
查								
	f All other program							
	9 Total. Add lines			0	1	1	<u> </u>	1
	3 Investment incom other	e (including div	/idends,	interest, and	1,346,78	39		1,346,789
	49incilareamonnitales	stment of tax-e	xempt l	bond proceeds	:	0		
	5 Royalties					0		
	,	(i) Re		(ii) Personal				
	6a Gross rents	6a			4			
	b Less: rental expenses	6b						
	c Rental							
	income or	6c	0			0		
	d (Nets)ental incom			-				
	- Cross amount	(i) Secu	irities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	7a 22	,120,954		_			
	b Less: cost or other basis and sales expenses	7b 21	,571,418		_			
	c Gain or (loss)	7c	549,536					
	d Net gain or (loss			▶	549,53	56		549,536
Other Revenue	8a Gross income from for (not including \$ contributions reporte See Part IV, line 18 b Less: direct experience of the contributions of the contributions reported to the contributions of the contrib	7,415,839 of d on line 1c).	8a 8b	100,200 971,373				
ď	c Net income or (Io		aising e	vents	-871,17	73		-871,173
Jer	,			•				
Ф	9a Gross income fro activities. See Part IV, line		9a	0				
	See Part IV, line : b Less: direct expe		9b	0		0		
	c Net income or (Io	iss) from gami	ny activ	ities 🔈				

10a Gross sales of inventory, less returns and allowances	10a	0			
b Less: cost of goods sold	10b	0			
c Net income or (loss) from sales of	inve	ntory	0		
		>			
Miscellaneous Revenue		Business Code			
11a MISCELLANEOUS INCOME		900099	158,252		158,252
b					
с					
d All other revenue					
e Total. Add lines 11a-11d	•		158,252		
12 Total revenue. See instructions .	•	•	90,131,472		1,183,404

1,183,404 Form **990** (2019)

b Event Costs

c Bank Charges

e All other expenses

25 Total functional expenses. Add lines 1 through 24e **26 Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).

For	m 990 (2019)				Page 10
Р	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must		_	•	te column (A).
	Check if Schedule O contains a response or note to	any line in this Part			<u> L</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	54,435,381	54,435,381		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,575,702	318,243	532,813	724,646
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	7,232,612	1,404,666	2,389,287	3,438,659
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	173,369	41,107	52,262	80,000
9	Other employee benefits	672,581	138,667	206,752	327,161
	Payroll taxes	684,334	132,153	239,339	312,842
	Fees for services (non-employees):	,	. ,		
	a Management	0			
	b Legal	9,835	260	8,632	943
	c Accounting	279,378	112,012	150,428	16,938
	d Lobbying	0	,	-50,125	
	e Professional fundraising services. See Part IV, line 17	95,880			95,880
	f Investment management fees	175,585		175,585	33,000
	g Other (If line 11g amount exceeds 10% of line 25,	896,932	176,936	377,418	342,578
•	column (A) amount, list line 11g expenses on Schedule O)	030/332	17 0/350	5777.20	
12	Advertising and promotion	1,433,332			1,433,332
13	Office expenses	998,600	196,544	330,380	471,677
14	Information technology	0			
15	Royalties	0			
16	Occupancy	668,727	131,618	221,244	315,865
17	Travel	671,498	204,304	247,221	219,973
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	772,533	152,049	255,587	364,897
23	Insurance	198,091	38,988	65,537	93,566
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a WATER PROJECT SUST. FUNDING	2,612,695	2,612,695		

295,485

618,244

74,500,794

60,095,623

295,485

8,534,442

Form **990** (2019)

618,244

5,870,729

	art X	Balance Sheet					Page 11
	ait A	-	t	a any line in this Dort IV			Г
		Check if Schedule O contains a response or	note t	b any line in this Part IX .	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			2,736	1	4,110
	2	Savings and temporary cash investments		37,348,674	2	45,240,140	
	3	Pledges and grants receivable, net		–	19,756,927	3	38,183,397
	4	Accounts receivable, net		0	4	0	
	5	Loans and other payables to any current or fo		officer director trustee		-	
	6	key employee, creator or founder, substantial controlled entity or family member of any of t Loans and other receivables from other disqu	bersons (as defined	0	5	0	
		under section $4958(f)(1)$), and persons desc	ribed	n section 4958(c)(3)(B)	0	6	0
ts	7	Notes and loans receivable, net			0	7	0
Assets	8	Inventories for sale or use			0	8	0
As	9	Prepaid expenses and deferred charges .			843,620	9	385,951
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	4,269,197			
	b	Less: accumulated depreciation	10b	3,765,697	1,198,812	10 c	503,500
	11	Investments—publicly traded securities .			28,344,406	11	31,935,447
	12	Investments—other securities. See Part IV, Ii	ine 11		0	12	0
	13	Investments—program-related. See Part IV, I	ine 11		0	13	0
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11			123,786	15	89,935
	16	Total assets: Add lines 1 through 15 (must e	aual li	ne 34)	87,618,961	16	116,342,480
	17	Accounts payable and accrued expenses .			722,092	17	952,739
	18	Grants payable	-		42,799,544	18	53,105,864
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			0	20	0
"	21	Escrow or custodial account liability. Comple			0	21	0
Liabilities	22	Loans and other payables to any current or fo key employee, creator or founder, substantial	rmer o	officer, director, trustee,	<u> </u>		
ap	key employee, creator or founder, substa controlled entity or family member of an			-	0	22	0
	23	Secured mortgages and notes payable to unr	elated	third parties	0	23	0
	24	Unsecured notes and loans payable to unrela	ted th	ird parties	0	24	0
	25	Other liabilities (including federal income tax parties, and other liabilities not included on I Complete Part X of Schedule D			352,916	25	121,407
	26	Total liabilities. Add lines 17 through 25 .			43,874,552	26	54,180,010
ces		Organizations that follow FASB ASC 958, che	eck her	e ► ✓ and complete			
Fund Balances	27	lines 27, 28, 32, and 33. Net assets without donor restrictions			15,505,607	27	15,849,328
nd B	28	Net assets with donor restrictions		L	28,238,802	28	46,313,142
Ē		Organizations that do not follow FASB ASC 9	58, ch	eck here 🕨 🗌 and			
Assets or	29	complete lines 29 through 33. Capital stock or trust principal, or current fur	nds .			29	
et	30	Paid-in or capital surplus, or land, building or	equip	ment fund		30	
155	31	Retained earnings, endowment, accumulated	income	e, or other funds		31	
	32	Total net assets or fund balances			43,744,409	32	62,162,470
Net	33	Total liabilities and het assets/fund balances			87,618,961	33	116,342,480
	l					<u> </u>	Form 990 (2019)

За

3b

Νo

Form 990 (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Single Audit Act and OMB Circular A-133?

Form 990 (2019)		
Additional Data		Return to Form
	Software ID:	
	Software Version:	
Form 990, Special Condition Descripti	ion:	
	Special Condition Description	

efi	e Pu	blic Visua	l Render	ObjectI	d: 001 - Submiss	ion: 2015-0	1-16	T.	IN: 20-5478191
SC	HED	ULE A		Public	Charity Statu	s and Pub	dic Sunno	rt	OMB No. 1545-0047
		or 990EZ)	c		organization is a sect				2010
Donorte	mant of th	4947(a)(1) nonexempt charitable trust. • Attach to Form 990 or Form 990-EZ.							2013
		e Service	•	Go to www.ir	s.gov/Form990 for i			rmation.	Open to Public Inspection
		ne organizati BAL INC	rganization Employer identification numb						
CHAR	III GLC	DAL INC						22-3936753	
	rt I				catus (All organiza use it is: (For lines 1				ons.
1	organi.		•		association of church		•	,	
2		•			(1)(A)(ii). (Attach S		•		
3					service organization of	•			
4		•	-	•	rated in conjunction w				i) Entar tha
•			name, city,		ated in conjunction w	vitir a nospitar u	escribed iii sect	.ioii 170(b)(1)(A)(ii	i). Enter the
5		_	•	ed for the bendered II.	efit of a college or uni .)	versity owned o	r operated by a	governmental unit o	described in section
6		A federal,	state, or loc	al government	or governmental unit	described in se	ction 170(b)(1))(A)(v).	
7	V				es a substantial part o i). (Complete Part II.		m a governmen	tal unit or from the	general public
8		A commun	ity trust de	scribed in secti	on 170(b)(1)(A)(vi).	(Complete Par	t II.)		
9					described in 170(b) e of agriculture. See in				
10		-		•	es: (1) more than 331				
		from gross	investmen	t income and u	exempt functions—su nrelated business tax e section 509(a)(2).	cable income (le	ess section 511	· ·	
11		_			ted exclusively to test		-	509(a)(4).	
12		one or mor	e publicly s	upported organ	ed exclusively for the nizations described in t describes the type o	section 509(a)	(1) or section 5 0	09(a)(2). See sectio	n 509(a)(3). Check
a		Type I. A supported	upporting o organization	rganization open(s) the power	erated, supervised, or to regularly appoint o	controlled by i r elect a majori	ts supported org	ganization(s), typica	lly by giving the
b		Type II. A	supporting	organization su	t IV, Sections A and I opervised or controlled ization vested in the	d in connection		•	by having control or l organization(s). You
	_	must comp	lete Part I\	, Sections A a	nd C.	·			.,
С					upporting organization actions). You must co				grated with, its
d	Г	not functio	nally integr	ated. The orga	A supporting organization generally mu	st satisfy a dist	ribution require		
e	Г				te Part IV, Sections A ceived a written deter			a Type I, Type II, T	ype III functionally
	_	integrated,	or Type III	non-functiona	lly integrated support	ing organization	ı.		•
f g	Ente			ed organization	ns ut the supported orga			· · · · · · · · <u> </u>	
	(i) N	lame of supp		(ii) EIN	(iii) Type of		organization	(v) Amount of	(vi) Amount of
		organization	1		organization (described on lines	listed in you docur	-	monetary support (see instructions)	other support (see instructions)
					1- 10 above (see instructions))				
						Yes	No		
Tota		and B. J. S.				C-+ N- 1122		Calcadad A /F	000 000 573 2515
		vork Reduct or 990-F7	ion Act Noti	ce, see the Ins	tructions for	Cat. No. 11285	r F	Schedule A (Form	990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly

line 4.

Calendar year

supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column **Public support.** Subtract line 5 from

Section B. Total Support

securities loans, rents, royalties and income from similar sources

(or fiscal year beginning in)

Amounts from line 4. . Gross income from interest, dividends, payments received on

Net income from unrelated business activities, whether or

11 Total support. Add lines 7

carried on. .

through 10

not the business is regularly

10 Other income. Do not include gain

or loss from the sale of capital assets (Explain in Part VI.). .

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

49,827,030

49,827,030

754,462

122,640

(c) 2017

69,223,898

69,223,898

1,037,863

93,223

725,564

(d) 2018

88.948.068

88,948,068

1,346,789

158,252

Schedule A (Form 990 or 990-EZ) 2019

(e) 2019

14

15

279,303,345

14,242,527

265,060,818

279,303,345

4,288,581

93,223

1,214,593

284,899,742

778,212

93.036 %

93.010 %

(f) Total

(f) Total

Pa	ırt III.	If the organi	zation failed t	o qualify	under t	he tests l	listed belo	ow, please	complete Par	t III.)	
Section A. I	Public	Support									
Calendar year			(a) 2015	(b) 20	116	(c) 201	7 (d	1) 2018	(a) 2019	(1	fλτ

35,127,416

35,127,416

466,174

152,226

Public support percentage for 2018 Schedule A, Part II, line 14

Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))

Section C. Computation of Public Support Percentage

(a) 2015

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

(or fiscal year beginning in) 1 Gifts, grants, contributions, and

35,127,416 36,176,933 49,827,030 69,223,898 88,948,068 279,303,345 membership fees received. (Do not include any "unusual grant.") . .

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf

The value of services or facilities furnished by a governmental unit to

the organization without charge...

36,176,933

36,176,933

683,293

55,911

(b) 2016

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box h 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

h 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Sche	edule A (Form 990 or 990-EZ) 2019						Page
P	art III Support Schedule f	or Organiza	tions Descri	bed in Section	n 509(a)(2)		<u>-</u>
	(Complete only if you	checked the	box on line 1	0 of Part I or if	f the organizati		alify under Part
	II. If the organization	fails to quali	fy under the t	ests listed belo	ow, please com	plete Part II.)	
	ection A. Public Support		1	-		1	
	endar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
-	fiscal year beginning in) Gifts, grants, contributions, and						
_	membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year.						
	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c						
S	from line 6.)						
	endar year						
	fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
-	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
	Hoveleted by stores to 1997 to 1		+				
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30,						
	1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated						
-	business activities not included in						
	line 10b, whether or not the						
	business is regularly carried on.						
12	Other income. Do not include gain						
	or loss from the sale of capital						
12	assets (Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.)						
14	First five years. If the Form 990 is for	or the organizat	tion's first, seco	nd, third, fourth.	or fifth tax year	as a section 501	(c)(3) organization
	check this box and stop here	-	•		•		
S	ection C. Computation of Publ			<u> </u>		<u> </u>	E
15	Public support percentage for 2019 (ne 13. column (f))	15	
15 16	Public support percentage from 201				-	16	
	ection D. Computation of Inve					10	
	Investment income percentage for 2				umn (f))	17	

Schedule A (Form 990 or 990-EZ) 2019

Investment income percentage from 2018 Schedule A, Part III, line 17

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

19a 331/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support tests-2018. 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

Section A. All Supporting Organizations

was described in section 509(a)(1) or (2).

amendment to the organizing document).

organization's organizing document?

checked 12b of

12d of Part I, complete

and (c) below.

made the determination.

Page 4

No

you checked 12a or 12b in Part I, answer (b) and (c) below.

"Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

or supervised by or in connection with its supported organizations.

describe the designation. If historic and continuing relationship, explain.

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,

Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b)

Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that

purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

supporting organization had an interest? If "Yes," provide detail in Part VI.

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked Sections A and D, and complete Part V.)

Yes

1

2

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9с

10a

10b Schedule A (Form 990 or 990-EZ) 2019

Parent of Supported Organizations. Answer (a) and (b) below.

each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of

Page 5

Ρē	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
S	Section B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
_	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.			
2				
S	Section C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or			
	management of the supporting organization was vested in the same persons that controlled or managed the supported	1		
S	Section ^z D ^{:/} เล้เก๋ Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice	_		
	in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this	3		
-	Section. E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructio	ne).	
_	a The organization satisfied the Activities Test. Complete line 2 below.		,.	
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(500		
	instructions)	(566		
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities		. 65	
	constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		

Page **6**

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

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

temporary reduction (see instructions)

instructions)

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

1 Amounts paid to supported organizations to accomplish exempt purposes

Section DOrganizations

3j and 4c.

8 Breakdown of line 7:

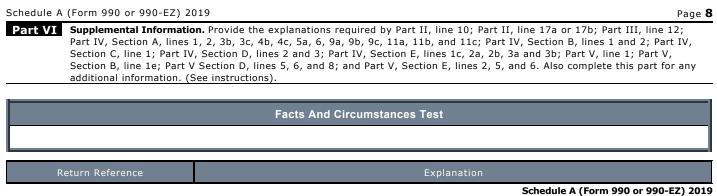
a Excess from 2015.

b Excess from 2016.

c Excess from 2017.d Excess from 2018.e Excess from 2019.

Current Year

2 Amounts paid to perform activity that directly further excess of income from activity	rted organizations, in					
3 Administrative expenses paid to accomplish exempt	3 Administrative expenses paid to accomplish exempt purposes of supported organizations					
4 Amounts paid to acquire exempt-use assets						
5 Qualified set-aside amounts (prior IRS approval requ	ired)					
6 Other distributions (describe in Part VI). See instruc	tions					
7 Total annual distributions. Add lines 1 through 6.						
8 Distributions to attentive supported organizations to details in Part VI). See instructions	which the organization is re	sponsive (provide				
9 Distributable amount for 2019 from Section C, line 6						
10 Line 8 amount divided by Line 9 amount						
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1 Distributable amount for 2019 from Section C, line 6						
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI).						
See instructions.						
3 Excess distributions carryover, if any, to 2019:						
a From 2014						
b From 2015						
c From 2016						
d From 2017						
e From 2018						
f Total of lines 3a through e						
g Applied to underdistributions of prior years						
h Applied to 2019 distributable amount						
 Carryover from 2014 not applied (see instructions) 						
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4 Distributions for 2019 from Section D, line 7:						
\$						
a Applied to underdistributions of prior years						
b Applied to 2019 distributable amount						
c Remainder. Subtract lines 4a and 4b from 4.						
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI .						
See instructions.						
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.						
7 Evenes distributions commerces to 2020. Add lines						



efile Public Visual Re	ender ObjectId: 001 - Submission: 2015-01-16	TIN: 20-5478191			
Schedule B	Schedule of Contributors	OMB No. 1545-0047			
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Attach to Form 990, 990-EZ, or 990-PF. So to www.irs.gov/Form990 for the latest information.				
Name of the organization		Employer identification number			
CHARITY GLOBAL IN	-	22-3936753			
Organization type (che	eck one):				
Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	ı			
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
_	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to from any one contributor. Complete Parts I and II. See instructions for determining a				
opoolar rance					
under sections 5 received from ar	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % supproperties of the described in section 501(c)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part I by one contributor, during the year, total contributions of the greater of (1) \$5,000 or or (ii) Form 990-EZ, line 1. Complete Parts I and II.	II, line 13, 16a, or 16b, and that			
during the year,	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive total contributions of more than \$1,000 exclusively for religious, charitable, scientific n of cruelty to children or animals. Complete Parts I, II, and III.				
during the year, this box is check purpose. Don't o	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions enter here the total contributions that were received during the year for an <i>exclusion</i> omplete any of the parts unless the General Rule applies to this organization because, etc., contributions totaling \$5,000 or more during the year	outions totaled more than \$1,000. If usively religious, charitable, etc., use it received nonexclusively			
990-EZ, or 990-PF), but	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedu t must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of art I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 9	its Form 990-EZ			
For Paperwork Reduction for Form 990, 990-EZ, or 9		ile B (Form 990, 990-EZ, or 990-PF) (2019)			

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

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
RESTRICTED			Payroll
		\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_			Person
-		•	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_			Person
		\$	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
No.	Name, address, and ZIF + 4	rotal contributions	Type of contribution
_			Person
		\$	Payroll
			Noncash
			(Complete Part II for noncash contributions.)

(d)

Date received

Page 3

(a)

No. from

Part I

(b)
oncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.
DBAL INC

Description of noncash property given

Description of noncash property given

(b) Description of noncash property given

(b) Description of noncash property given

(a) No. from Part I

(b)

(a) No. from

Part I

Description of noncash property given

(b)

Description of noncash property given

(c)

FMV (or estimate)

Employer identification number

22-3936753

(c)

FMV (or estimate)

(See instructions)

(See instructions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2019)		Page 4
	rganization GLOBAL INC		Employer identification number
СПАКІТТ	GLOBAL INC		22-3936753
Part III	Exclusively religious, charitable, etc., control total more than \$1,000 for the year from an line entry. For organizations completing Pa of \$1,000 or less for the year. (Enter this in Use duplicate copies of Part III if additional space	y one contributor. Complete col art III, enter the total of exclusive formation once. See instruction	lumns (a) through (e) and the following ly religious, charitable, etc., contributions
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	Transferrals name address and 7ID	(e) Transfer of gift	ionakin of transferor to transfero
-	Transferee's name, address, and ZIP	4 Relati	ionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_	Transferee's name, address, and ZIP	(e) Transfer of gift 4 Relati	ionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and ZIP	(e) Transfer of gift 4 Relati	ionship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) r urpose or girt	(c) use of gift	(u) Description of now gift is field
-	Transferee's name, address, and ZIP	(e) Transfer of gift 4 Relati	ionship of transferor to transferee
			chedule B (Form 990, 990-EZ, or 990-PF) (2019

efile Public Visual Render **ObjectId: 001 - Submission: 2015-01-16** TIN: 20-5478191 OMB No. 1545-0047 SCHEDULE D Supplemental Financial Statements (Form 990) ▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Open to Public Department of the Treasury Attach to Form 990. ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. Internal Revenue Service Inspection Name of the organization **Employer identification number** CHARITY GLOBAL INC 22-3936753 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are 5 the organization's property, subject to the organization's exclusive legal control? $\dots \dots \dots \dots$ ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d historic structure listed in the National Register . . . 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the vear Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. Schedule D (Form 990) 2019 52283D

3	Using the organization's acquisition, access collection items (check all that apply):	sion, and ot	her record	ds, che	ck an	y of th	he follow	ving that	are a signif	ficant use of	its	
а	Public exhibition			d		Loan d	r excha	nge prog	rams			
b	Scholarly research			e		Other						
c	Preservation for future generations											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.											
5	During the year, did the organization solic assets to be sold to raise funds rather tha									☐ Yes 「	No	
Pai	Complete if the organization as Part X, line 21.			orm 99	90, F	Part I	V, line	9, or rep	oorted an	amount on	Form	990,
1a	Is the organization an agent, trustee, cust included on Form 990, Part X?									Yes	No	
b	If "Yes," explain the arrangement in Part 3	XIII and com	plete the	followi	ng ta	ble:			A	mount		_
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 or	Form 990,	Part X, lir	ne 21, f	or es	crow (or custo	dial acco	unt liability	? ☐ Yes [No No	
	• • •									_		
b	If "Yes," explain the arrangement in Part	XIII. Check	here if the	e explar	natio	n has	been pro	ovided in	Part XIII	L		
Pa	rt V Endowment Funds. Complete if the organization ar	nswered "Y	es" on F	orm 90	an F	Part I\	/ line ·	10				
	Complete if the organization at	(a) Curre			rior ye				(d) Three ye	ears back (e) f	our yea	rs back
1a	Beginning of year balance											
b	Contributions											<u>_</u>
С	Net investment earnings, gains, and losses	3										
d	Grants or scholarships	1				1						
е	Other expenditures for facilities											
	and programs											
	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the co	urrent year o	end baland	ce (line	1g, d	columr	n (a)) he	eld as:				
а	Board designated or quasi-endowment											
b	Permanent endowment											
С	Temporarily restricted endowment		1000/									
За	The percentages on lines 2a, 2b, and 2c s Are there endowment funds not in the pos.			ation th		o hold	landadı	ministoro	d for the			
Ja	organization by:	session or th	ie organiza	ation th	iat ai	e neiu	i aiiu aui	iiiiiistere	u ioi tile		Yes	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations									3a(ii)		
b	If "Yes" on 3a(ii), are the related organiza	tions listed	as require	ed on S	ched	ule R?				3b		
4	Describe in Part XIII the intended uses of	the organiza	ation's en	dowme	nt fui	nds.						
Pai	t VI Land, Buildings, and Equip					. .						_
	Complete if the organization ar Description of property (a) Cost or of (investre	her basis	(b) Cost of						e Form 99 epreciation		ine 10 ook valu	
1a	Land		1									
	Buildings											
	Leasehold improvements				1,4	12,865			1,295,121			117,744
	Equipment					56,332			2,470,576			385,756
-					,							

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Form	000 Part IV	/ line 11h Coe Form	000 Part V line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Meth	of valuation: of-year market value
	al derivatives	•	cost of end	or year market value
(2) Closely (3)Other	-held equity interests	_		
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
Total. (Colum	Investments—Program Related.	•		
VIII	Complete if the organization answered 'Yes' on Form (a) Description of investment	1 990, Part I\	(b) Book value	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	on (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets.		•	
Fait IX	Complete if the organization answered 'Yes' on Form (a) Description	990, Part IV	, line 11d. See Form 9	990, Part X, line 15. (b) Book value
(2)	(a) bescription			(b) Book value
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	mn (b) must equal Form 990, Part X, col.(B) line 15.)			. •
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form See Form 990, Part X, line 25.	990, Part IV	, line 11e or 11f.	
1.	(a) Description of liability			(b) Book value
(1) Federal (2)	income taxes			0
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col.(B) line 25.)			121,407
	for uncertain tax positions. In Part XIII, provide the text of tho n's liability for uncertain tax positions under FIN 48 (ASC 740			

3

1

2

Part XII

Page 4

93,551,826

2,624,566

-795,788

808,556

175,585

74,500,794

Schedule D (Form 990) 2019

74,325,209

90,927,260

Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per
	Return.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements . . . 1 2

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Net unrealized gains (losses) on investments . . . 2a 1,834,761

Donated services and use of facilities . . Recoveries of prior year grants .

Other (Describe in Part XIII.)

Total expenses and losses per audited financial statements

Donated services and use of facilities

Prior year adjustments . . .

Other (Describe in Part XIII.)

Add lines 4a and 4b . .

Supplemental Information

Return Reference

Part X, Line 2 - UNCERTAIN TAX

Included on return - Other Part XII, Line 2d - Expense

Amounts Included in Financials -

Other losses .

. .

Part XIII

POSITIONS

Other

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

AND 2018. Part XI, Line 4b - Revenue Amounts Year-end gala revenue-related expenses \$ -971,373

971,373

. Add lines 2a through 2d .

Subtract line 2e from line 1

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . Add lines 4a and 4b . .

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

4a 4b

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

2a

2b 2c

4b

Explanation

POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. INCOME GENERATED FROM ACTIVITIES UNRELATED TO CHARITY: WATER'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER INTERNAL REVENUE CODE SECTION 511. CHARITY: WATER DID NOT RECOGNIZE ANY UNRELATED BUSINESS INCOME TAX LIABILITY FOR THE YEARS ENDED DECEMBER 31, 2019

CHARITY: WATER RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE

Discount on Grants Payable Adjustment \$ -952,622 Year-end gala revenue-related expenses \$

2b

2c

2d

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

-971,373

789,805

175,585

789,805

4c 5 1

4c

5

2e

3

90,131,472 75,133,765

Other (Describe in Part XIII.) 2d 18,751 Add lines 2a through 2d . 2e 3 3 Subtract line **2e** from line **1** . . Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 175,585

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line

efile Public Visual	Render	ObjectId: 0	001 - Submis	sion: 2015-01-16			TIN: 20-5478191	
SCHEDULE F Sta		tement of	Activities	Outside the Uni	ted St	ates	OMB No. 1545-0047	
(Form 990)			'Yes" to Form 990, Part IV,			2019		
				to Form 990.	,	,,	2019	
Department of the Treasury Internal Revenue Service	•	Go to www.irs.g	ov/Form990 for i	instructions and the latest	informati	on.	Open to Public Inspection	
Name of the organization	1					Employer iden	tification number	
CHARITY GLOBAL INC						22-3936753		
		on on Activit art IV, line 14		the United States. (Complete	e if the organiz	zation answered	
_		-		ds to substantiate the		-		
				or assistance, and the	selectio	n criteria used		
to award the gra	nts or assis	stance?					Yes No	
2 For grantmakers assistance outsice			organization's	procedures for monito	ring the	use of its grar	its and other	
3 Activites per Regio	n. (The follo	wing Part I, line	3 table can be	duplicated if additional s	pace is n	eeded.)	.	
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	program	vity listed in (d) is a n service, describe ecific type of e(s) in the region	(f) Total expenditures for and investments in the region	
(1) East Asia and the P	acific		. eg.e	Grantmaking	Water Pr	rojects	2,225,00	
(2) South Asia				Grantmaking	Water Pr	rojects	7,942,11	
(3) Sub-Saharan Africa				Grantmaking	Water Pr	rojects	44,268,26	
(4) South Asia				Program Services	Water Pr	oj. Sust.	782,31	
(5) Sub-Saharan Africa				Program Services	Water Pr	oj. Sust.	1,830,38	
(6) South Asia				Program Services	Water Pr	rograms	7,17	
(7) Sub-Saharan Africa			1	Program Services	Water Pr	rograms	48,29	
(8) Europe (Including In Greenland)			1	Program Services	Water Pr	rograms	102,93	
(9) Europe (Including Including Incl	celand and	1	3	Maintaining Offices			42,66	
10)								
11)								
(12)								
(13)								
(
14)								
15)								
16)								
17)								
3a Sub-totalb Total from continua to Part I	=	1	5				57,249,14	
c Totals (add lines 3a	and 3b)	1	5				57,249,14	
For Paperwork Reduction	Act Notice, se	e the Instruction	s for Form 990.	Cat	. No. 500	082W Sched	ule F (Form 990) 2019	

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

								¥
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		East Asia and the Pacific	Pgrm Funding-Grant Making	2,225,000	Wire Trfr			
(2)		South Asia	Pgrm funding-grants Pgrm Funding-Grant Making	2,700,000	Wire Trfr			
(3)		South Asia	Pgrm funding-grants Pgrm Funding-Grant Making	548,360	Wire Trfr			
(4)		South Asia	Pgrm funding-grants Pgrm Funding-Grant Making	1,500,000	Wire Trfr			
(5)		South Asia	Pgrm funding-grants Pgrm Funding-Grant Making	400,000	Wire Trfr			
(6)		South Asia	Pgrm funding-grants Pgrm Funding-Grant Making	1,300,021	Wire Trfr			
(7)		South Asia	Pgrm funding-grants Pgrm Funding-Grant Making	743,745	Wire Trfr			
(8)		South Asia	Pgrm funding-grants Pgrm Funding-Grant Making	749,992	Wire Trfr			
(9)		Sub-Saharan Africa	Pgrm funding-grants Pgrm Funding-Grant Making	6,197,691	Wire Trfr			
10)		Sub-Saharan Africa	Pgrm funding-grants Pgrm Funding-Grant Making	5,500,000	Wire Trfr			
11)		Sub-Saharan Africa	Pgrm funding-grants Pgrm Funding-Grant Making	9,034,679	Wire Trfr			
12)		Sub-Saharan Africa	Pgrm funding-grants Pgrm Funding-Grant Making	3,386,200	Wire Trfr			
(13)		Sub-Saharan Africa	Pgrm funding-grants Pgrm Funding-Grant Making	1,290,000	Wire Trfr			
14)		Sub-Saharan Africa	Pgrm funding-grants Pgrm Funding-Grant Making	1,200,000	Wire Trfr			
(15)		Sub-Saharan Africa	Pgrm funding-grants Pgrm Funding-Grant Making	3,640,627	Wire Trfr			
16)		Sub-Saharan Africa	Pgrm funding-grants Pgrm Funding-Grant Making	1,000,000	Wire Trfr			
17)		Sub-Saharan Africa	Pgrm funding-grants Pgrm Funding-Grant Making	798,500	Wire Trfr			
18)		Sub-Saharan Africa	Pgrm funding-grants Pgrm Funding-Grant Making	998,214	Wire Trfr			
19)		Sub-Saharan Africa	Pgrm funding-grants Pgrm Funding-Grant Making	3,700,000	Wire Trfr			
20)		Sub-Saharan Africa	Pgrm funding-grants Pgrm Funding-Grant Making	3,234,868	Wire Trfr			
(21)		Sub-Saharan Africa	Pgrm Funding-Grant Making	308,652	Wire Trfr			
(22)		Sub-Saharan Africa	Pgrm Funding-Grant Making	278,834				
(23)		Sub-Saharan Africa	Pgrm Funding-Grant Making	2,499,998				
(24)		Sub-Saharan Africa	Pgrm Funding-Grant Making	650,000				
25)		Sub-Saharan Africa	Pgrm Funding-Grant Making	550,000		untry recognized :		

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

23

(3) (4) (5) (6) (7) (8) (9)

10) 11)

(12)

13) (14)

(15)

16) (17)

18)

Schedule F (Form 990) 2019

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (b) Pogion (c) Number of (d) Amount of

(a) Type of grafit of	(b) Region	(c) Nullibel of	` '	(e) Maillier of Casil	(1) Alliount of	(g) Description	(ii) Method of
assistance		recipients	cash grant	disbursement	noncash	of noncash	valuation
					assistance	assistance	(book, FMV,
							appraisal, other)
(1)							

(2)

Sche	edule F (Form 990) 2019	Page 4
Par	rt IV Foreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	▼ N o
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	✓ N o
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	✓ N o
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	✓ N o
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	✓ N o

OF FIDUCIARY DUE DILIGENCE. This process includes, but is not limited to reviewing: -
Completed programs and projects - Local registration and employment contracts - Independent
audit reports - Fiscal oversight, record-keeping and internal controls - Procurement and
contracting procedures - Cash and treasury management policies - Program accounting and
reporting systems IN CONSIDERATION OF THE ABOVE CRITERIA, CHARITY: WATER THEN
REQUESTS PARTNERS TO SUBMIT PROPOSALS FOR AN APPROPRIATE FUNDING AMOUNT.
THE PROPOSAL INCLUDES PROGRAMMATIC DELIVERABLES, OUTPUTS, RELEVANT COSTS,
REPORTING REQUIREMENTS, AND IMPACT METRICS. PROPOSALS ARE REVIEWED BY
CHARITY: WATER AND SUBMITTED TO THE BOARD OF DIRECTORS FOR FORMAL
APPROVAL. ALL FUNDS NECESSARY TO FULFILL EACH GRANT ARE RAISED PRIOR TO
SIGNING THE GRANT. ACCORDINGLY, CHARITY: WATER'S \$53,105,864 OF GRANTS
PAYABLE (BALANCE SHEET, PART X, LINE 18) ARE FULLY SUPPORTED BY PROGRAMMATIC
ASSETS - CASH ON HAND DESIGNATED FOR THIS USE. CHARITY: WATER SENDS
DISBURSEMENTS TO PARTNERS IN TRANCHES ONCE KEY MILESTONES TOWARD PROJECT
COMPLETION HAVE BEEN MET. KEY MILESTONES INCLUDE: - ESTABLISHMENT OF A
LEGALLY-BINDING AGREEMENT TO PRODUCE INTENDED PROGRAM DELIVERABLES
WITHIN AN AGREED-UPON TIMEFRAME - RECEIPT AND ACCEPTANCE OF INTERIM
PROGRESS REPORTS - RECEIPT AND ACCEPTANCE OF A FINAL REPORT ON PROGRAM
DELIVERABLES AND A FINANCIAL RECONCILIATION - VARIANCES TO PLAN ARE
INVESTIGATED FOR REASONABLENESS AND DOCUMENTED DURING PROGRAM
IMPLEMENTATION AND AT PROGRAM COMPLETION. IN ADDITION TO THE PROCEDURES
NOTED ABOVE, PROGRAMS ARE ROUTINELY MONITORED POST-IMPLEMENTATION, AND
SOME ARE SELECTED FOR INDEPENDENTLY-CONTRACTED FINANCIAL AUDITS TO
ENSURE THAT COSTS INCURRED AND CLAIMED HAVE BEEN PROPERLY REPORTED AND
REASONABLY STATED IN COMPLIANCE WITH THE TERMS OF THE AGREEMENT(S).
ADDITIONALLY, PROGRAMMATIC AUDITS ARE CONDUCTED TO ENSURE THE QUALITY OF
THE COMPLETED PROJECTS.
THE COMPLETED TROJECTS.
Schedule F (Form 990) 2019
Scriedule F (FOFM 990) 2019

Additional Data Software ID: Software Version:

efile Public Visual Render **ObjectId: 001 - Submission: 2015-01-16 Supplemental Information Regarding SCHEDULE G** (Form 990 or 990-EZ)

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

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

Attach to Form 990 or Form 990-EZ.

TIN: 20-5478191

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information Name of the organization

Department of the Treasury

Employer identification number

CF	IARITY GLOBAL INC						22-3936753	3
ŀ		activities. Comple lers are not require		_	zation answered "Yes' this part.	on Form	990, Part IV	, line 17.
1	Indicate whether the org	janization raised fund	ds throug	h any of	the following activities. (Check all th	nat apply.	
a	Mail solicitations				e Solicitation of no	n-governn	nent grants	
b	Internet and email so	olicitations			f Solicitation of go	vernment	grants	
	Phone solicitations				g 🔽 Special fundraisi	ing events		
c	d 🔽 In-person solicitations							
2a	or key employees listed	in Form 990, Part Vi est paid individuals o	I) or ent or entitie	ity in cor s (fundra	nnection with profession	al fundraisi	ing Yes	s ∏ No ndraiser is
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(or ret	ount paid to tained by) er listed in bl. (i)	(vi) Amount paid to (or retained by) organization
1	Pedro A LaTorre dba Brave Work 6417 W 83rd Street	GENERAL FUNDRAISING	Yes	No No	20,794		95,880	-75,08
2	Los Angeles, C A 90045							
3								
4								
5								
6								
7								
8								
9								

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

registration or licensing. A L, A K, A Z, A R, C A, C O, C T, D E, D C, FL, G A, H I, I D, I L, I N, I A, K S, K Y, L A, M E, M D, M A, M I, M N, M S, M O, M T, N E, N V, N H, N J, N M, N Y, N C, N D, O H, O K, O R, P A, R I, S C, S D, T N, T X, U T, V T, V A, W A, W V, W I, W Y

20,794

-75,086

95,880

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a)Event #1 **(b)** Event #2 (c)Other events (d) Total events (add col. (a) through YEAR-END GALA col. (c)) (event type) (event type) (total number) 1 Gross receipts. 7,516,039 7,516,039 2 Less: Contributions. 7,415,839 7,415,839 3 Gross income (line 1 minus line 2) 100,200 100,200 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs 16,737 16,737 7 Food and beverages 157,940 157,940 Entertainment Other direct expenses 796,696 796,696 **10** Direct expense summary. Add lines 4 through 9 in column (d) 971,373 11 Net income summary. Subtract line 10 from line 3, column (d) . . . -871,173 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (c) Other gaming (a) Bingo bingo/progressive col.(a) through col.(c)) bingo Gross revenue Direct Expenses 2 Cash prizes 3 Noncash prizes Rent/facility costs Other direct expenses Yes % Yes % Yes % 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities:____ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? . . . ______ Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . | Yes | No 10a If "Yes," explain: _

Sche	dule G (Form 990 or 990-EZ) 2019				Page 3
11	Does the organization conduct gami	ng activities with nonm	embers?	Гүе	s No
12		•	st or a member of a partnership or other entity	\ Ye	s No
13	Indicate the percentage of gaming a	ctivity conducted in:			
а	The organization's facility			13a	%
b	An outside facility			13b	%
14	Enter the name and address of the p	erson who prepares the	e organization's gaming/special events books a	and records:	
	Name				
	Address				
15a	_		m whom the organization receives gaming	. \ Ye	s No
b	If "Yes," enter the amount of gaming amount of gaming revenue retained by		ne organization 🕨 \$ and	d the	
С	If "Yes," enter name and address of	the third party:			
	Name Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation ► \$				
	Description of services provided				
	Director/officer	Employee	☐ Independent contractor		
17 a b	retain the state gaming license? .		distributed to other exempt organizations or sp	🗌 Үе	s 🗖 No
Pai	t IV Supplemental Informa	tion. Provide the ex	planations required by Part I, line 2b, co 7b, as applicable. Also provide any additi	olumns (iii) a ional informa	and (v); and ation. See
	instructions. Return Reference		Explanation		
	dule G (Form 990 or 990-EZ) 2019 Iditional Data			Retu	rn to Form
				<u>. IXCEUI</u>	
		Softw	are ID:		

Software Version:

efi	le Public Visu	ual Render ObjectId: 001 -	Subr	nission: 2015-01-16			TIN:	20-	5478	191			
Sch	edule J	Compe	ensa	tion Information			ОМВ	No.	1545-	0047			
(For	m 990)	For certain Officers, Dire	ectors,	Trustees, Key Employees, a	nd High	nest							
		Complete if the organizati	-	sated Employees	Dart TV	lino 22	1 4	2019					
				ch to Form 990.	Pail IV,	ille 23.							
	ment of the Treasury I Revenue Service	► Go to <u>www.irs.gov/Form</u>	<u>1990</u> f	or instructions and the late	st inforn	nation.			o Pu ectio				
	ne of the organiz	I zation				Employer identi	_			/ II			
CHA	RITY GLOBAL INC												
Da	rt I Questi	ons Regarding Compensation				22-3936753							
Fa	Questi	ons Regarding Compensation							Yes	No			
1a		opiate box(es) if the organization provi Section A, line 1a. Complete Part III to							103	140			
	First-class	or charter travel	V	Housing allowance or resid	dence fo	r personal use							
	Travel for	companions		Payments for business use	e of pers	sonal residence							
	_	ification and gross-up payments		Health or social club dues									
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			ıffeur, chef)									
b	,	exes on Line 1a are checked, did the ore	_	. ,	-	, ,		1b	Yes				
_							i I		.,	i			
2	-	ation require substantiation prior to re ees, officers, including the CEO/Execu				•	.	2	Yes				
3	organization's	if any, of the following the filing organ CEO/Executive Director. Check all that ed organization to establish compensa	apply	. Do not check any boxes fo	r metho	ods							
	▼ Compensation committee												
	Independe	ent compensation consultant	☑	Compensation survey or s	tudy								
	Form 990	of other organizations	 	Approval by the board or o	compens	sation committee							
4		r, did any person listed on Form 990, F a related organization:	art VI	I, Section A, line 1a, with re	spect to	the filing							
а	Receive a seve	rance payment or change-of-control p	aymer	nt?				4a		Νo			
b	Participate in, o	or receive payment from, a supplement	al non	qualified retirement plan?				4b		Νo			
c		or receive payment from, an equity-ba						4c		Νo			
	If "Yes" to any	of lines 4a-c, list the persons and prov	vide th	e applicable amounts for ea	ch item	in Part III.							
	Only 501(c)(3)	, 501(c)(4), and 501(c)(29) organizati	one m	ust complete lines 5-9									
5	For persons list	ted on Form 990, Part VII, Section A, I contingent on the revenues of:			r accrue	e any							
	,	-						-		NI :			
a h	_	on?					F	5a 5b		No No			
b		e 5a or 5b, describe in Part III.						30		140			
6		ted on Form 990, Part VII, Section A, I contingent on the net earnings of:	ine 1a	, did the organization pay o	r accrue	e any							
а	The organization	on?						6a		Νo			
b	,	ganization?					-	6b		No			
7		ted on Form 990, Part VII, Section A, l described in lines 5 and 6? If "Yes," de						7		No			
8	subject to the	unts reported on Form 990, Part VII, painitial contract exception described in	Regul	ations section 53.4958-4(a))(3)? If	"Yes," describe							
_							-	8		No			
9		8, did the organization also follow the $58-6(c)$?						9					
For F		ction Act Notice, see the Instructions f				. 50053T Sch e			m 990`	2019			

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC (C) Retirement (D) Nontaxable (E) Total of (F) compensation and other benefits columns Compensation in deferred column (B) (B)(i)-(D)(i) Base (ii) (iii) Other compensation reported as compensation Bonus & reportable deferred on prior incentive compensation Form 990 compensation 1Scott Harrison 282,876 (i) 100,760 11,200 30,304 425,140 0 Founder/CEO -----(ii) ----- - -----0 0 0 0 0 0 0 251,694 2Christoph Gorder 825 10,400 26,475 289,394 0 (i) Chief Global Water Officer -----(ii) 0 0 0 0 0 0 0 3Jason Keramidas 200,787 0 1,815 8,750 33,848 245,200 (i) CHIEF PRODUCT OFCR(END 11/19) ----- - ------- - -(ii) 0 0 0 0 0 0 4Lauren Letta 254,766 340 10,291 23,658 289,055 0 (i) Chief Operating Officer - - -- - -(ii) 0 0 0 0 0 0 0 148,678 5Brian Hoyer 0 5,992 7,920 162,590 0 (i) VP of Program Operations ---------(ii) 0 0 0 0 0 0 0 6Christine Choe 147,175 78 5,887 738 153,878 0 (i) DIR OF BUSINESS OPERATIONS ----- - - -- - ----------- - -(ii) 0 0 0 0 0 0 0 7Jasdeep Gosal 137,238 (i) 299 5,671 18,629 161,837 0 Principal Engineer - - ------(ii) 0 0 0 0 0 0 0 8Ann Kane 139,967 319 5.818 6.152 152,256 0 (i) Director of Program Finance - - - -- - -(ii) 0 0 0 0 0 0 0

Schedule J (Form 990) 2019 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Return Reference Explanation

2019 TAXABLE HOUSING ALLOWANCE PROVIDED TO SCOTT HARRISON: \$100.000 SCHEDULE J. PART I. LINE 1A

Schedule J (Form 990) 2019



efile Public Visual Render ObjectId: 001 - Submission: 2015-01-16 TIN: 20-5478191 SCHEDULE M OMB No. 1545-0047 Noncash Contributions (Form 990) 2019 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** CHARITY GLOBAL INC 22-3936753 Types of Property (d) (b) (c) (a) Check if Number of contributions Noncash contribution Method of determining applicable or items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1 g 1 Art—Works of art . . 2 Art—Historical treasures 3 Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles . . Boats and planes . . . Intellectual property . . . 9 Securities-Publicly traded . 2,424,088 FMV at Time of Sale Χ 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests 12 Securities-Miscellaneous . . **13** Qualified conservation contribution - Historicstructures . . . 14 Qualified conservation contribution-Other . . Real estate-Residential . 16 Real estate—Commercial . . 17 Real estate—Other . . . **18** Collectibles . . . 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy Historical artifacts . . . 22 23 Scientific specimens . . Archeological artifacts . . 5 1,196,288 FMV at Time of Sale Other (Virtual Χ 25 Currency) 104,030 FMV Other (Supplies/Equipment Χ 26 27 Other ▶ (______) 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a Νo **b** If "Yes," describe the arrangement in Part II. 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Νo **b** If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J Schedule M (Form 990) (2019)

Schedule M (Form 990) (2019)	Page 2					
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.						
Return Reference	Explanation					
SCHEDULE M, PART I, COLUMN (B)	Charity: water is reporting the number of contributions received in column (b) of Schedule M, Part I.					
	Schedule M (Form 990) (2019)					

efile Public Visual Render

ObjectId: 001 - Submission: 2015-01-16

TIN: 20-5478191

OMB No. 1545-0047

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

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

Inspection

Name of the organization CHARITY GLOBAL INC Employer identification number 22-3936753 Explanation Return Reference Form 990, charity: water is a non-profit organization bringing clean and safe drinking water to people in developing countries. charity: Part I, LINE 1 water inspires giving and empowers others to fundraise for sustainable water solutions. A separate, private group of & Part III, Line supporters funds operational costs, allowing charity: water to use 100% of public donations to fund water projects. Donations 1 - ORG.'S are sent to our local partner organizations, who build and implement the water projects. When the water projects are **MISSION** completed, we prove every one of them using GPS coordinates, photos and information about the community served. Form 990, Part III, Line 4d - All Other Accomplishments Bangladesh Bangladesh is one of the most densely populated countries in the world. It is ranked 135 out of 189 countries on the 2019 UN Human Development Index. While only 3% of the rural population lacks access to at least basic water services, water quality remains a large issue. Arsenic is a common contaminant as is the runoff from inadequate drainage systems, and 53% of the rural population lacks at least basic access to sanitation services. In 2019, charity: water funded 480 projects that will serve 147,685 people. Burkina Faso Burkina Faso is a landlocked country located in Western Africa. Unfortunately, it has been plagued by reoccurring droughts and military coups that have caused violence and instability throughout the country. Burkina Faso is ranked 182 out of 189 countries on the 2019 UN Human Development Index. 71% of the population live in rural areas, where 65% lacks access to at least basic water services, and 89% lacks access to at least basic sanitation services. In 2019, charity: water funded 97 water projects that can serve 34,374 people. Cambodia Cambodia is located in Southeast Asia, at the southern region of the Indochina Peninsula. It was devastated by the reign of Khmer Rouge, a rural communist guerrilla movement, between 1975 and 1979. During this time, at least 1.5 million people were killed, a dark time from which the country continues to recover from. Today, Cambodia has a population of 16 million and is ranked 146 of 189 counties on the 2019 UN Human Development Index. Access to sanitation and improved hygiene practices is a considerable health challenge in rural areas, with 52% of the 12.3 million rural population lacking access to at least basic sanitation services and 27% lacking access to at least basic water services. In 2019, charity: water funded 981 water projects that can serve 173,263 people. The Central African Republic The Central African Republic is a landlocked country in Central Africa. It is ranked nearly at the bottom of the 2019 UN Human Development Index, at 188 out of 189 countries. The country also struggles with access to water and sanitation, especially in the hard to reach, often isolated rural areas of the country. More than 66% of the rural population lacks access to at least basic water services, and 91% lacks access to at least basic sanitation services. In 2019, charity: water funded 75 water projects that can serve 19,660 people. Cte dIvoire Cte d'Ivoire is a country located on the coast of Western Africa. It is an economic power in West Africa, the secondlargest because of its position as the world's largest producer and exporter of cashews and cocoa beans. It is ranked 165 out of 189 countries on the 2019 UN Human Development Index. Of the 24.2 million population, 42% lacks access to at least basic water services and 82% lacks access to at least basic sanitation services. In 2019, charity: water funded 68 water projects that can serve 31,436 people. INDIA - INDIA of the most ethnically diverse countries with many religions, sects, tribes, and castes. It is ranked 129 out of 189 countries on **OCCUPIES** the 2019 UN Human Development Index. It faces difficult barriers to development, including rapid population growth and a lack of the greater access to at least basic sanitation services for 47% of its rural population of 889 million, while 9% lacks access to at least basic part of South water services. Extreme poverty, especially among historically disadvantaged castes, water quality issues, and water scarcity Asia AND IS have also proven to be challenges in achieving full water and sanitation coverage. In 2019, charity: water funded 2,305 water ONE projects that can serve 88,221 people. Kenya Kenya is located in East Africa and borders the Indian Ocean. The population of 49.6 million is very diverse, being home to an estimated 438,901 refugees from neighboring countries in 2019. Kenya is ranked 147 out of 189 countries on the 2019 UN Human Development Index. There is also an estimated 1.6 million people living with HIV in the country as of 2019. In rural areas, where 73% of the population lives, 50% lacks at least basic access to drinking water, while 73% lacks at least basic access to sanitation services. In 2019, charity: water funded 17 water projects than can benefit 14,394 people. Madagascar Madagascar is an island off the coast of East Africa, located in the Indian Ocean. The economy is still recovering from the 2009 - 2013 political crisis, as the quality of life remains quite low for the majority of the population. It is ranked 162 out of 189 countries on the 2019 UN Human Development Index. In addition, 64% of the rural population lacks access to at least basic water services and 94% lacks access to at least basic sanitation services. Frequent flooding and climate events further contaminate water sources and damage existing infrastructure. In 2019, charity: water funded 2,120 water points that can serve 63,126 people. Malawi A small landlocked country in Southern Africa with a population of 18.6 million people, Malawi ranked 172 out of 189 countries on the 2019 UN Human Development Index. More than 34% of rural Malawians lack access to at least basic water services and 75% lack access to at least basic sanitation services. As a result, diarrheal diseases are very common and one of the leading causes of death in Malawi, second only to HIV/AIDS. An estimated 1.7 million adults live with HIV, making Malawi a country with one of the highest HIV prevalence rates in the world. In 2019, charity: water funded 509 water projects that can serve 132,758 people. Mali Mali is a landlocked country located in the Sahel, one of the harshest contexts in the world in Western Africa. It is prone to severe droughts and prolonged dry seasons that deepen the water supply crisis for Malians, stressing not only food production and livelihood activities but also child and maternal health. Mali is ranked 184 out of 189 countries on the 2019 UN Human Development Index. 32% of the rural population lives without access to at least basic drinking water, and 71% lives without access to at least basic sanitation services. In 2019, charity: water funded 116 water projects in Mali that can serve 53,178 people. Mozambique In the years since its devastating civil war, Mozambique has faced extreme poverty. It is ranked 180 out of 189 countries on the 2019 UN Human Development Index. Furthermore, an estimated 3.7 million adults live with HIV, making Mozambique a country with one of the highest HIV prevalence rates in the world. Water quality in particular has been a challenge, as floods and earthquakes have exacerbated the growing water crisis. 60% of the rural population lacks access to at least basic water services and 83% lacks access to at least basic sanitation services. In 2019, charity: water funded 222 water projects that can serve 86,562 people.

> Niger - Niger is ranked 189 out of the 189 countries on the 2019 UN Human Development Index. Located largely in the Sahara Desert, it has harsh living conditions for its predominantly Muslim population. Because of its location, it is prone to frequent droughts and prolonged dry seasons that pose challenges for access to clean water, particularly in rural areas, where 56% lacks at least basic water services. In addition, 92% lacks access to at least basic sanitation services, where diarrheal diseases are among the leading causes of death. In 2019, charity: water funded 81 water projects that can serve 40,150

Return Reference	Explanation
	people. Rwanda While Rwanda has made incredible social and economic progress in the past 25 years since the horrific genocide. The country ranks 157 out of 189 on the 2019 UN Human Development Index. 47% of those living in rural areas lack access to at least basic water services, and 30% lack access to at least basic sanitation services. In 2019, charity: water funded 144 water projects in Rwanda that can serve 50,802 people. Senegal Senegal remained under French control until the late 19th century, finally gaining sovereignty as a separate nation in 1960. Unfortunately, internal challenges such as the growing population and widespread unemployment continues to plague the country. The country is ranked 166 out of 189 countries on the 2019 UN Human Development Index. In addition, 30% of those living in rural areas lack access to at least basic water services, and 60% lack access to at least basic sanitation services. In 2019, charity: water funded 596 water projects in Senegal that can serve 10,220 people. Sierra Leone With one of the worlds shortest life expectancy at birth (54-years-old), Sierra Leone ranked 181 out of 189 countries on the 2019 UN Human Development Index. Furthermore, an Ebola virus outbreak in 2014 overburdened an already weak healthcare infrastructure, which both aided the spread of the virus and contributed to a tragically high death toll. Diarrheal diseases are currently the leading cause of death in Sierra Leone, which often stem from unsafe water and sanitation. Nearly 50% of the countrys rural population of 4.4 million lacks access to at least basic water services, while 91% lacks access to at least basic sanitation services. In 2019, charity: water funded 108 water projects that can serve 32,400 people. Zambia Zambia remained under British rule during the colonial periods, finally gaining its independence on October 24, 1964. Unfortunately, the economy was weakened by a prolonged drought and declining copper prices in the 1980s and 1990s. The country is ranked 143 out of 189 countries
FORM 990, PART VI, LINE 11B -	Organization's Process to Review Form 990 The return preparer emails a draft of the Form 990 to management for internal review. Revisions are inputted by the return preparer and a revised draft is emailed to the engaged independent accounting firm for review. After all changes are made and agreed to by the engaged independent accounting firm, the final Form 990 is then sent by the return preparer via email to the Founder/CEO, CFO and Finance Committee for final review. Once final approval is obtained from the above-seated officers, the final Form 990 is sent to management for signature and a copy of the final Form 990 is forwarded to all seated Board Members prior to filing with the IRS.
Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy	In connection with any actual or possible conflict of interest, any director, officer, key employee, or member of a committee with the governing board must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of committees with governing board delegated powers considering the proposed transaction or arrangement. Each interest person shall annually sign a statement which affirms such person: a. Has received a copy of the conflict of interest policy, b. Has read and understands the conflict of interest policy, and d. Understands the Organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes. In addition, on such statement, interested persons shall disclose or update their interests that could give rise to a conflict of interest, such as a list of family members, substantial business or investment holdings, and other transactions or affiliations with businesses and other organizations and those of family members. To ensure the Organization operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax exempt status, regular and consistent reviews (at least annually) shall be conducted. The reviews shall, at a minimum, include the following subjects: a. Whether compensation arrangements and benefits are reasonable, based on competent survey information, and the result of arm's-length bargaining. b. Whether partnerships, joint ventures and arrangements with management organizations confrom to the Organization's written policies are properly recorded, reflect reasonable investments or payments for goods and services, further charitable purposes and do not result in inurement, impermissible private benefit or in an excess benefit transaction. c. Whether the governing board and all committees with board delegated powers is properly implementing this conflict of inter
Form 990, Part VI, Line 15a -	Compensation Process for Top Official The process includes the following elements: (1) advance approval by the independent board of directors ("Board") or the independent compensation committee of the Organization; (2) use of appropriate comparability data; and (3) contemporaneous documentation. 1. Advance Review - The Board or compensation committee shall review and approve compensation arrangements in advance, provided that persons with a conflict of interest with respect to a given compensation arrangement do not participate in the review or approval of such compensation arrangement. 2. Comparability Data - To determine reasonable compensation, the Board or compensation committee shall obtain and rely on appropriate comparability data, including, but not limited to: (i) compensation levels paid by similarly situated organizations, both taxable and tax-exempt, for functionally comparable positions; (ii) the availability of similar services in the geographic area of the Organization; (iii) current compensation surveys compiled by the independent firms; and (iv) actual written offers from similar organizations competing for the services of the person. 3. Contemporaneous documentation - The Board or compensation committee shall contemporaneously document the basis for its compensation determination, including documentation: (i) the agreed-upon terms and date of approval; (ii) the members of the Board or compensation committee who: (a) were present during debate on the compensation arrangement and (b) voted on the compensation arrangement; (iii) the comparability data obtained and relied upon and how such data was obtained; and (iv) any actions taken with respect to consideration of the compensation arrangement by anyone who is otherwise a member of the Board or compensation committee but had a conflict of interest with respect to such compensation arrangement. 4. The most recent compensation review occurred in 2019. Form

of interest with respect to such compensation arrangement. 4. The most recent compensation review occurred in 2019. Form

Return Reference	Explanation
	990, Part VI, Line 15b - Compensation Process for Officers See Schedule O, Form 990, Part VI, Line 15a - Compensation Process for Top Official. This policy is also applicable to the organizations top financial officer, the CFO. The most recent compensation review occurred in 2019. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation charity: water's governing documents, conflict of interest policy and Form 990's are available to the public upon request by emailing info@charitywater.org. The organization's annual reports, independent audit reports and annual financial statements are available online at charitywater.org/about/financials FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION DISCOUNT ON GRANT PAYABLE \$ 952,622

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2019

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Name of the organization CHARITY GLOBAL INC	20-5478191
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Part II Attach to Form 990. Attach to Form 990. Part IV, line 33, 34, 35b, 36, or 37. Part II Part II Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part II Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part II Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part II Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 34. Primary activity Prima	. 1545-0047
Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because or more related tax-exempt organizations during the tax year. Part II Identification of Related Tax-Exempt Organizations of Primary activity Legal domicile (state or more related tax-exempt organizations during the tax year.)19
Name of the organization CHARITY GLOBAL INC Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) Name, address, and EIN (if applicable) of disregarded entity (b) Primary activity Legal dominical (state or foreign country) (c) Legal dominical (state or foreign country) (d) Total income End-of-year assets Direct control entity (1) Charity Global (UK) Limited 1 DEVONSHIRE ST LORDON WIW 5DR UK Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because or more related tax-exempt organizations during the tax year. (a) Name, address, and EIN of related organization Primary activity Legal dominical (state organization primary activity legal dominical (state or foreign country) (b) (c) (d) (e) (e) (d) (e) (e) (e) (e) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	to Public pection
Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (c) (d) (d) (e) (f) (d) (e) (f) (d) (e) (f) (d) (e) (f) (d) (f) (d) (e) (f) (d) (f) (e) (f) (f) (f) (f) (g) (f) (g) (g	
(a) Name, address, and EIN (if applicable) of disregarded entity (b) Primary activity Legal domicile (state or foreign country) (1) Charity Global (UK) Limited 1 DEVONSHIRE ST LONDON W1W SDR UK 5,418,996 4,914,074 Charity Global (a) Charity Global (b) Primary activity GRNTMAKING UK 5,418,996 4,914,074 Charity Global (c) (d) Charity Global (d) Charity Global (d) Charity Global (e) (f) Direct control entity (f) Direct control entity (g) Charity Global (h) Charity Global (g) Charity Global (h) Charity Global (g) Charity Global (h) Charity	
Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state or foreign country) It income of Primary activity Legal domicile (state or foreign country) It is income of Primary activity Legal domicile (state or foreign country) It is income of Primary activity It i	
Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because or more related tax-exempt organizations during the tax year. (a) Name, address, and ElM of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct contro	ng
or more related tax-exempt organizations during the tax year. (a) (b) (c) (d) (e) (f) Primary activity Legal domicile (state Exempt Code section Public charity status Direct control	
or more related tax-exempt organizations during the tax year. (a) (b) (c) (d) (e) (f) Primary activity Legal domicile (state Exempt Code section Public charity status Direct control	
or more related tax-exempt organizations during the tax year. (a) (b) (c) (d) (e) (f) Primary activity Legal domicile (state Exempt Code section Public charity status Direct control	
or more related tax-exempt organizations during the tax year. (a) (b) (c) (d) (e) (f) Primary activity Legal domicile (state Exempt Code section Public charity status Direct control	
(a) (b) (c) (d) (e) (f) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct control	: had one
Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct control	(g)
	ng Section 512(b) (13) controlled entity?
For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990)	

Part III Identification of Related Organia because it had one or more related or	zations Taxable a organizations treate	a s a Partn e ed as a part	ership nership	Complet during tl	e if the orga ne tax year.	nization ans	wered "Yes	" on F	orm 9	990, Part I\	/, lin	e 34,	,	
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomina income(relat unrelated excluded fron under sectic 512-514)	ted, total incom , n tax ons	(g) Share of e end-of-year assets	Disprop	h) ortionate ortions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k Percer owner	ntage
								Yes	No		Yes	No		
Part IV Identification of Related Organiz	ations Taxable a	s a Corpo	ration	or Trust	Complete i	f the organiz	ation answ	vered	"Yes"	on Form 9	90, F	Part I	V, lin	е
34 because it had one or more relate (a) Name, address, and EIN of related organization	(b) Primary activity	d (state	(c) Legal omicile or foreign	D	(d) irect controlling	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) e of end year assets		n) ntage ership	(:	(i) ection 5 13) con entity Yes	512(b) trolled

Schedule R (Form 990) 2019		Pag	ge 3
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)	1b		
${f c}$ Gift, grant, or capital contribution from related organization(s)	1c		
f d Loans or loan guarantees to or for related organization(s)	1d		
e Loans or loan guarantees by related organization(s)	1e		
${f f}$ Dividends from related organization(s)	1f		
g Sale of assets to related organization(s) · · · · · · · · · · · · · · · · · · ·	1 g		
${f h}$ Purchase of assets from related organization(s)	1h		
i Exchange of assets with related organization(s)	1 i		
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)	1j		
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)	1k		
l Performance of services or membership or fundraising solicitations for related organization(s)	11		
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) ${f \cdot}$	1 n		
$oldsymbol{o}$ Sharing of paid employees with related organization(s) $oldsymbol{\cdot}$ $olds$	10		
${f p}$ Reimbursement paid to related organization(s) for expenses	1 p		
q Reimbursement paid by related organization(s) for expenses	1q		
${f r}$ Other transfer of cash or property to related organization(s)	1r		
${f s}$ Other transfer of cash or property from related organization(s)	1s		
2 If the answer to any of the above is "Yes." see the instructions for information on who must complete this line, including covered relationships and transaction thres	holds.		

${f r}$ Other transfer of cash or property to related organization(s)				1r			
${f s}$ Other transfer of cash or property from related organization(s)				1s			
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.							
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining ar	nount invol	ved		

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

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

(a)	(b)	(c)	(d) Predominant		(e)	(f)	(g)	(h)		(i)	(j)		(k)
Name, address, and EIN of entity	domicile incom (state or (relate foreign unrelate		income (related, unrelated,	section 501(c)(3) organizations?		Share of	Share of end-of-year assets	Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule	General or managing partner?		(k) Percentage ownership
		country)	excluded from tax under sections 512- 514)					Yes	No	K-1 (Form 1065)	Yes	No	

Schedule R (Form 990) 2019	Page 5	
Part VII Supplemental In		
Provide additional info	ormation for responses to questions on Schedule R. (see instructions).	
Return Reference	Explanation	
		Schedule R (Form 990) 2019
Additional Data		Return to Form
	Software ID:	
	Software Version:	