Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No. 1545-0047 **2009** Open to Public Inspection

| A                 | For the 200      | 9 ca <u>lendar</u>   | year, or tax year beginning , and ending   |                 |                   |                                     |
|-------------------|------------------|----------------------|--|-----------------|-------------------|-------------------------------------|
| В                 | Check if applica | able: Please         | C Name of organization   | D               | Empl              | oyer identification number          |
| X                 | Address chang    | e use IRS label or   | Charity Global Inc.  |                 |                   |                                     |
| $\overline{\Box}$ | Name change      | print or             | Doing Business As charity: water   |                 | 22-               | 3936753                             |
|                   | ū                | type.                | Number and street (or P.O. box if mail is not delivered to street address)  Room/suite   | Е               | Telepl            | hone number                         |
|                   | Initial return   | See                  | 200 Varick St. 201   |                 | 646               | -688-2323                           |
|                   | Termination      | Specific<br>Instruc- | City or town, state or country, and ZIP + 4  | G               | Gross rec         | eipts\$ 8,768,512                   |
|                   | Amended return   |                      | New York NY 10014  |                 |                   |                                     |
| $\overline{\Box}$ | Application per  | H Nam                | e and address of principal officer:  | — н             | (a) Is this       | a group return for                  |
| Ш                 | Application per  | ulig                 | ott Harrison   | `               | affiliat          | · · · -                             |
|                   |                  |                      | 0 Varick St. Suite #201  | H(              | (b) Are al includ | l affiliates V N                    |
|                   |                  |                      | w York NY 10014  |                 |                   | " attach a list. (see instructions) |
| $\overline{}$     | Tax-exempt       |                      | 501(c) ( <b>3</b> ) <b>◄</b> (insert no.) 4947(a)(1) or 527  |                 |                   | ,,                                  |
| J                 |                  |                      | charitywater.org   | — н             | (c) Groun         | exemption number                    |
|                   | Type of organi   | ]                    |  |                 |                   | M State of legal domicile: NY       |
|                   | Part I           | Summa                |  |                 |                   | otato or rogar dominono.            |
|                   |                  |                      | the organization's mission or most significant activities:   |                 |                   |                                     |
| Ф                 |                  | •                    | water is a non-profit organization stimulating gre   |                 |                   |                                     |
| Governance        | 31               |                      | s about extreme poverty, educating the public, and   |                 |                   |                                     |
| Ë                 |                  |                      | onate and intelligent giving. (Continued on Schedul  |                 |                   | . <del>.</del>                      |
| Š                 | 2 Cha            |                      | If the organization discontinued its operations or disposed of more than 25% of its  |                 |                   |                                     |
|                   | 2 Chec           |                      |  |                 | 1 1               | 7                                   |
| න්<br>ග           |                  |                      | g members of the governing body (Part VI, line 1a)   |                 | 3                 | 6                                   |
| ij                |                  |                      | pendent voting members of the governing body (Part VI, line 1b)  |                 |                   |                                     |
| Activities        |                  |                      | employees (Part V, line 2a)  |                 | 5                 | 19                                  |
| Ą                 | <b>6</b> Tota    | l number of          | volunteers (estimate if necessary)   |                 | 6                 | 3700                                |
|                   | <b>7a</b> Tota   | l gross unre         | elated business revenue from Part VIII, column (C), line 12  |                 | 7a                |                                     |
|                   | <b>b</b> Net     | unrelated b          | usiness taxable income from Form 990-T, line 34  |                 | 7b                | 0                                   |
|                   | 0 0              |                      |  | or Year         | 162               | Current Year                        |
| ne                | 8 Con            | ributions ar         |  | 280,            | 403               | 8,684,493                           |
| /eu               | 9 Prog           | ram service          | e revenue (Part VIII, line 2g)   | 12              | C 4 1             | 40.020                              |
| Revenue           | 10 Inve          | stment inco          | me (Part VIII, column (A), lines 3, 4, and 7d)   | <u>13,</u>      |                   | -40,032                             |
| _                 | <b>11</b> Othe   |                      | Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |                 | 848               | 16,751                              |
|                   |                  |                      |  |                 | 952               | 8,661,212                           |
|                   |                  |                      |  | <u>320,</u>     | 222               | 5,360,948                           |
|                   |                  |                      | or for members (Part IX, column (A), line 4)   |                 |                   |                                     |
| es                | 15 Sala          | ries, other o        |  | <u>190,</u>     | 330               | 880,961                             |
| benses            | <b>16a</b> Profe | essional fur         | draising fees (Part IX, column (A), line 11e)  |                 |                   |                                     |
| ď                 |                  |                      | g expenses (Part IX, column (D), line 25) ▶ 862, 966   |                 |                   |                                     |
| Ä                 |                  |                      |  | <u>558,</u>     |                   | 799,126                             |
|                   | 18 Tota          | l expenses.          | · · · · · · · · · · · · · · · · · · ·  | <u> 368, </u>   |                   | 7,041,035                           |
|                   | 19 Reve          | enue less e          | kpenses. Subtract line 18 from line 12   | 971,            | 339               | 1,620,177                           |
| Net Assets or     | 2                |                      | Beginning  |                 |                   | End of Year                         |
| Sset              | <b>20</b> Tota   |                      |  | <u> 886,</u>    |                   | 7,662,325                           |
| et A              | <b>21</b> Tota   |                      |  | L88,            |                   | 4,343,873                           |
| Ž                 | 22 Net a         |                      |  | 598,            | 275               | 3,318,452                           |
| F                 | Part II          | Signatu              | re Block   |                 |                   |                                     |
|                   |                  |                      | lties of perjury, I declare that I have examined this return, including accompanying schedules and star  | ements,         | , and to t        | he best of my knowledge             |
|                   |                  | and belief, i        | is true, copie and a second companies of the companies of | of which        | n prepare         | er has any knowledge.               |
| Si                | gn               | <b>\</b>             | I ODLIO INGI LUTIUN OUL I  |                 |                   |                                     |
| He                | ere              | Signatu              | re of officer  |                 | Date              |                                     |
|                   |                  | Sc                   | ott Harrison President   |                 |                   |                                     |
| _                 |                  | Type o               | print name and title   |                 |                   |                                     |
|                   |                  | Preparer's           |  | heck if         |                   | Preparer's identifying number       |
| Pa                | id               | signature            | S6   | elf-<br>nployed |                   | (see instructions)                  |
| Pr                | eparer's         | J                    | Lambrides, Lamos, Taylor LLP   | ipioyeu         |                   | <u> </u>                            |
| Us                | e Only           | Firm's name          | 01 - 10: 11 - 1  | -+              | EIN D             |                                     |
|                   | -                | if self-emplo        |  |                 | Phone             | 621_754_4040                        |
|                   | 0. 150           |                      | Last Northport, Nr. 11731  |                 | no.               | 631-754-4242                        |
| Ma                | y the IRS d      | iscuss this          | return with the preparer shown above? (see instructions)   | <u></u>         |                   | Yes No                              |

DAA

| Part III Statement of Program Service Accomplishments   |  |
|---|--|
| 1 Briefly describe the organization's mission:  |  |
| charity: water is a non-profit organization stimulating greater of  | global   |
| awareness about extreme poverty, educating the public, and provol   | cing   |
| compassionate and intelligent giving. (Continued on Schedule O)   |  |
|   |  |
| 2 Did the organization undertake any significant program services during the year which were not listed on  |  |
| West of the Form 200 at 200 F70   | Yes X No   |
| the prior Form 990 or 990-EZ?   | Tes A NO   |
| If "Yes," describe these new services on Schedule O.  |  |
| 3 Did the organization cease conducting, or make significant changes in how it conducts, any program  |  |
| services?   | Yes X No   |
| If "Yes," describe these changes on Schedule O.   |  |
| 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.   |  |
| Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and   |  |
| allocations to others, the total expenses, and revenue, if any, for each program service reported.  |  |
| anodations to others, the total expenses, and revenue, if any, for each program service reported.   |  |
| 4a (Code: )(Expenses\$ 2,412,190 including grants of\$ 2,387,997) (Revenue \$ At any given time it is estimated that half of Ethiopia's popular million people is suffering from water-related disease, and more 250,000 children under the age of five die each year from diarrhe Tigray, the northernmost region of the country with a population 4,314,456, for which charity: water made two grants, has less the clean water coverage. Several districts in the Amhara region were for another grant because of their incidence of acute watery diar population, low water and sanitation coverage, and accessibility periods. (Continued in Schedule 0).                | than ea. of an 50% e selected crhea, high                  |
| Although Haiti is rich in groundwater, sources are often difficul access due to the country's mountainous terrain. Many rural Hait on unsafe water from unprotected springs and streams. Nearly 70° Haitians lack direct access to potable water, and only 55% have an improved water source. About one-third of all Haitian children before they reach the age of five, with 60% of these deaths relaminutrition and diarrheal disease. In 2009, charity: water fund \$553,643 for 11 larger-scale water projects for 11 communities act the Central Plateau of Haiti and on the island of La Gonave. The projects will provide 21,800 consumers with clean and safe drinks. | tians rely of access to en die ted to ded cross water      |
| 4c (Code: ) (Expenses \$ 440,015 including grants of \$ 434,145 ) (Revenue \$ Liberia is still recovering from the 14 years of civil war that of what little infrastructure there was in the country. Water points among the many structures destroyed during that time, and slow probeing made yearly to rebuild the country. 80% of the population underemployed, and 76% is living below the poverty line on less dollar per day. In 2009, charity: water funded \$434,145 for the construction of 72 clean water projects in Liberia. The water provide 31,875 consumers with clean and safe drinking water 4d Other program services. (Describe in Schedule O.)          | s were<br>rogress is<br>is still<br>than one US<br>rojects |
| (Expenses \$ 2,362,267 including grants of \$ 1,985,163 ) (Revenue \$ )   |  |
| 4e Total program service expenses ► 5,773,398   |  |
|   | Form <b>990</b> (2009)                                     |

Form 990 (2009) Charity Global Inc.

Part IV Checklist of Required Schedules

|     |  |          | Yes | No  |
|-----|--|----------|-----|-----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"                                      |          |     |     |
|     | complete Schedule A  | 1        | X   |     |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2        | X   |     |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to                                   |          |     |     |
|     | candidates for public office? If "Yes," complete Schedule C, Part I  | 3        |     | X   |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete  |          |     |     |
|     | Schedule C, Part II  | 4        |     | X   |
| 5   | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)                                      |          |     |     |
|     | notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III  | 5        |     |     |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have   |          |     |     |
|     | the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"                                      |          |     |     |
|     | complete Schedule D, Part I  | 6        |     | X   |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,  |          |     |     |
|     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7        |     | Х   |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"                                |          |     |     |
|     | complete Schedule D, Part III  | 8        |     | X   |
| 9   | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part                                      |          |     |     |
|     | X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"   |          |     |     |
|     | complete Schedule D, Part IV   | 9        |     | X   |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent, or   |          |     |     |
|     | quasi-endowments? If "Yes," complete Schedule D, Part V  | 10       |     | X   |
| 11  | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,  |          |     |     |
|     | VII, VIII, IX, or X as applicable  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete | 11       | X   |     |
| •   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete                                    |          |     |     |
|     | Schedule D, Part VI.   |          |     |     |
| •   | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more                                       |          |     |     |
|     | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.  |          |     |     |
| •   | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more  |          |     |     |
|     | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.   |          |     |     |
| •   | Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets                           |          |     |     |
|     | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.   |          |     |     |
|     | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.                             |          |     |     |
| •   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses                            |          |     |     |
|     | the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.                                      |          |     |     |
| 12  | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete                                |          |     |     |
|     | Schedule D, Parts XI, XII, and XIII.   | 12       |     | X   |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No.                                 | <u> </u> |     |     |
|     | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.  |          |     |     |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13       |     | X   |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a      |     | X   |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,                                      |          | 3,5 |     |
|     | business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I  | 14b      | Х   |     |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any                                       | ١        | .,  |     |
|     | organization or entity located outside the United States? If "Yes," complete Schedule F, Part II   | 15       | Х   |     |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance                                    |          |     | 3,5 |
| 4-  | to individuals located outside the United States? If "Yes," complete Schedule F, Part III  | 16       |     | Х   |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services  |          |     | ٦,  |
| 4.0 | on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17       |     | Х   |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on  | 1,0      | v   |     |
| 40  | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | 18       | Х   |     |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?                                       | 40       |     | v   |
| 20  | If "Yes," complete Schedule G, Part III  | 19       |     | X   |
| 20  | Did the organization operate one or more hospitals? If "Yes," complete Schedule H  | 20       |     | Λ   |

Form 990 (2009) Charity Global Inc.

Part IV Checklist of Required Schedules (continued)

|        | rt IV Checklist of Required Schedules (continued)  |      | Yes | No |
|--------|--|------|-----|----|
| 21     | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations        |      |     |    |
|        | in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                   | 21   | X   |    |
| 2      | Did the organization report more than \$5,000 of grants and other assistance to individuals in the                   |      |     |    |
|        | United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III                         | 22   |     | X  |
| 3      | 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," complete Schedule J   | 23   |     | X  |
| 4a     | 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 and complete Schedule K. If "No," go to line 25  | 24a  |     | X  |
| b      | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                    | 24b  |     |    |
| С      | Did the organization maintain an escrow account other than a refunding escrow at any time during the year            |      |     |    |
|        | to defease any tax-exempt bonds?   | 24c  |     |    |
| d      | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?              | 24d  |     |    |
| 5a     | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction          |      |     |    |
|        | with a disqualified person during the year? If "Yes," complete Schedule L, Part I                                    | 25a  |     | X  |
| 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 "Yes," complete Schedule L, Part I  | 25b  |     | X  |
| 3      | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or    |      |     |    |
|        | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26   |     | X  |
| ,      | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,             |      |     |    |
|        | substantial contributor, or a grant selection committee member, or to a person related to such an individual?        |      |     |    |
|        | If "Yes," complete Schedule L, Part III  | 27   |     | X  |
| 3      | Was the organization a party to a business transaction with one of the following parties (see Schedule L,            |      |     |    |
|        | Part IV instructions for applicable filing thresholds, conditions, and exceptions):                                  |      |     |    |
| а      | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV              | 28a  |     | X  |
| b      | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete               |      |     |    |
|        | Schedule L, Part IV  | 28b  |     | X  |
| С      | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a         |      |     |    |
|        | family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,        |      |     |    |
|        | Part IV  | 28c  |     | X  |
| )      | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M             | 29   | X   |    |
| )      | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified       |      |     |    |
|        | conservation contributions? If "Yes," complete Schedule M  | 30   | X   |    |
| 1      | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,          |      |     |    |
|        | Part I   | 31   |     | X  |
| 2      | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete     |      |     |    |
|        | Schedule N, Part II  | 32   |     | X  |
| 3      | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations           |      |     |    |
|        | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33   |     | X  |
| 1      | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,           |      |     |    |
|        | III, IV, and V, line 1   | 34   | X   |    |
| 5      | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete         |      |     |    |
|        | Schedule R, Part V, line 2   | 35   | X   |    |
| ;      | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related         |      |     |    |
|        | organization? If "Yes," complete Schedule R, Part V, line 2  | 36   |     | X  |
|        | Did the organization conduct more than 5% of its activities through an entity that is not a related organization     |      |     |    |
| 7      | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,                 |      |     |    |
| 7      | and that is treated as a partnership for rederal income tax purposes? If thes, complete schedule R,                  |      |     |    |
| 7      | Dot VI   | 37   |     | X  |
| 7<br>8 |  | . 37 |     | Х  |

Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 27 U.S. Information Returns. Enter -0- if not applicable **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ..... 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a X **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by X If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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 X 4a If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? X 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с X Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? N/A For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as h N/A 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring N/A organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? N/A Did the organization make a distribution to a donor, donor advisor, or related person? 9b b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a N/A Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b N/A Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Form 990 (2009) Charity Global Inc. 22-3936753 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| Sec      | ction A. Governing Body and Management  |                |          |     |              |             |
|----------|---|----------------|----------|-----|--------------|-------------|
|          |   |                |          |     | Yes          | No          |
| 1a       | Enter the number of voting members of the governing body  | 1a 7           |          |     |              |             |
| b        | Enter the number of voting members that are independent   | 1b 6           | <u> </u> |     |              |             |
| 2        | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with  |                |          |     |              |             |
|          | any other officer, director, trustee, or key employee?  |                | 2        |     |              | <u> </u>    |
| 3        | Did the organization delegate control over management duties customarily performed by or under the direct   |                |          |     |              |             |
|          | supervision of officers, directors or trustees, or key employees to a management company or other person?   |                | 3        | _   |              | X           |
| 4        | Did the organization make any significant changes to its organizational documents since the prior Form 990  | was filed?     |          | -+  |              | <u>X</u>    |
| 5        | Did the organization become aware during the year of a material diversion of the organization's assets?   |                | 5        | _   |              | <u>X</u>    |
| 6        | Does the organization have members or stockholders?   |                | 6        | 1   |              | X           |
| 7a       | Does the organization have members, stockholders, or other persons who may elect one or more members  |                |          |     |              |             |
|          | of the governing body?  |                |          | а   |              | <u> </u>    |
| b        | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?   |                | 7        | b   |              | X           |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during  |                |          |     |              |             |
|          | the year by the following:  |                |          |     | 7.7          |             |
| a        | The governing body?   |                |          | а   | X            |             |
| b        | Each committee with authority to act on behalf of the governing body?   |                | 8        | b   | X            |             |
| 9        | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached   |                |          |     |              | 3.7         |
| <u> </u> | at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  |                | 9        |     |              | <u> </u>    |
|          | ction B. Policies (This Section B requests information about policies not required by t   | ne mter        | nai      |     |              |             |
| Rev      | venue Code.)  |                |          |     | V            | N-          |
| 100      | Does the organization have local chapters, branches, or affiliates?   |                | 40       | 0a  | Yes          | No<br>X     |
| 10a<br>b | Does the organization have local chapters, branches, or affiliates?  If "Yes," does the organization have written policies and procedures governing the activities of such chapters |                |          | va  |              |             |
| b        | affiliates, and branches to ensure their operations are consistent with those of the organization?  | ,              | 10       | 0b  |              |             |
| 11       | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the  |                |          | 00  |              |             |
| ••       | form?   |                | 1        | 1   | х            |             |
| 11a      | Describe in Schedule O the process, if any, used by the organization to review this Form 990.   |                |          | •   |              |             |
| 12a      | Does the organization have a written conflict of interest policy? If "No," go to line 13  |                | 1:       | 2a  | Х            |             |
| b        | Are officers, directors or trustees, and key employees required to disclose annually interests that could give  |                |          |     |              |             |
| -        | rise to conflicts?  |                | 1:       | 2b  | X            |             |
| С        | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  |                |          |     |              |             |
|          | describe in Schedule O how this is done   |                | 1:       | 2c  | Х            |             |
| 13       | Does the organization have a written whistleblower policy?  |                |          | 3   | Х            |             |
| 14       | Does the organization have a written document retention and destruction policy?   |                | 1        | 4   | Х            |             |
| 15       | 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 decis   | ion?           |          |     |              |             |
| а        | The organization's CEO, Executive Director, or top management official  |                | 1!       | 5a  | X            |             |
| b        | Other officers or key employees of the organization   |                |          | 5b  | X            |             |
|          | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)  |                |          |     |              |             |
| 16a      | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement  |                |          |     |              |             |
|          | with a taxable entity during the year?  |                | 16       | 6a  |              | X           |
| b        | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate   |                |          |     |              |             |
|          | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard  |                |          |     |              |             |
|          | the organization's exempt status with respect to such arrangements?   | <u> </u>       | 16       | 6b  |              |             |
| Sec      | ction C. Disclosure   |                |          |     |              |             |
| 17       | List the states with which a copy of this Form 990 is required to be filed ▶ NY , FL , PA , CA , TN , UT , NJ   |                |          |     |              |             |
| 18       | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c   | )(3)s only     | )        |     |              |             |
|          | available for public inspection. Indicate how you make these available. Check all that apply.   |                |          |     |              |             |
|          | Own website Another's website X Upon request  |                |          |     |              |             |
| 19       | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of  | finterest      |          |     |              |             |
|          | policy, and financial statements available to the public.   |                |          |     |              |             |
| 20       | State the name, physical address, and telephone number of the person who possesses the books and record   |                | 11       |     |              |             |
|          |   | ite 20         |          |     |              | 201         |
| N        | ew York NY 1003   | . <del>4</del> | 646-6    | 200 | ) <b>–</b> Z | <b>3</b> ∠3 |

# 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. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee.

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| Check this box if the organizati        | on did not com    | pens                           | ale d                 | ally C  | Juire                | ent o                           | IIICE  | i, director, or trustee.        | <del></del>               |                         |  |  |  |
|---|-------------------|--------------------------------|-----------------------|---------|----------------------|---------------------------------|--------|---------------------------------|---------------------------|-------------------------|--|--|--|
| <b>(A)</b><br>Name and Title            | (B)<br>Average    | Posit                          | tion (                |         | <b>C)</b><br>k all t | that a                          | pply)  | <b>(D)</b><br>Reportable        | <b>(E)</b><br>Reportable  | <b>(F)</b><br>Estimated |  |  |  |
|   | hours per<br>week | or o                           | Ins                   | Off     | Ke                   | em<br>Hic                       | Fo     | compensation<br>from            | compensation from related | amount of other         |  |  |  |
|   |                   | Individual trustee or director | titut                 | Officer | Key employee         | ples                            | Former | the                             | organizations             | compensation            |  |  |  |
|   |                   | ual t                          | iona                  |         | nplo                 | t co/ee                         | 7      | organization<br>(W-2/1099-MISC) | (W-2/1099-MISC)           | from the organization   |  |  |  |
|   |                   | :rus                           | ıl t                  |         | yee                  | mp                              |        | ,                               |                           | and related             |  |  |  |
|   |                   | ee                             | Institutional trustee |         |                      | Highest compensated<br>employee |        |                                 |                           | organizations           |  |  |  |
|   |                   |                                | (D                    |         |                      | ated                            |        |                                 |                           |                         |  |  |  |
| Scott Harrison                          |                   |                                |                       |         |                      |                                 |        |                                 |                           |                         |  |  |  |
| President                               | 50.00             | X                              |                       | X       |                      |                                 |        | 105,500                         | 0                         | 3,231                   |  |  |  |
| Gordon Penningto                        |                   |                                |                       |         |                      |                                 |        |                                 |                           |                         |  |  |  |
| V. President                            | 2.00              | X                              |                       | X       |                      |                                 |        | 0                               | 0                         | 0                       |  |  |  |
| Michael Wilkerso                        |                   |                                |                       |         |                      |                                 |        |                                 |                           |                         |  |  |  |
| Chairman                                | 2.00              | X                              |                       | X       |                      |                                 |        | 0                               | 0                         | 0                       |  |  |  |
| Gian-Carlo Ochoa                        |                   |                                |                       |         |                      |                                 |        | _                               | _                         |                         |  |  |  |
| Treasurer                               | 2.00              | X                              |                       | X       |                      |                                 |        | 0                               | 0                         | 0                       |  |  |  |
| Brant Cryder                            |                   |                                |                       |         |                      |                                 |        |                                 |                           |                         |  |  |  |
| Board Member                            | 2.00              | X                              |                       |         |                      |                                 |        | 0                               | 0                         | 0                       |  |  |  |
| Valerie Donati                          |                   |                                |                       |         |                      |                                 |        |                                 | •                         |                         |  |  |  |
| Board Member                            | 2.00              | X                              |                       |         |                      |                                 |        | 0                               | 0                         | 0                       |  |  |  |
| Brenda Koinis                           | 0.00              |                                |                       |         |                      |                                 |        |                                 | •                         | •                       |  |  |  |
| Board Member                            | 2.00              | X                              |                       |         |                      |                                 |        | 0                               | 0                         | 0                       |  |  |  |
| Rod Arnold                              | E0 00             |                                |                       | x       |                      |                                 |        | 62 760                          | 0                         | 11 062                  |  |  |  |
| Chief Operating Off.                    | 50.00             |                                |                       | A       |                      |                                 |        | 62,760                          | 0                         | 11,963                  |  |  |  |
| • |                   |                                |                       |         |                      |                                 |        |                                 |                           |                         |  |  |  |
|   |                   |                                |                       |         |                      |                                 |        |                                 |                           |                         |  |  |  |
| •                                       |                   |                                |                       |         |                      |                                 |        |                                 |                           |                         |  |  |  |
|   |                   |                                |                       |         |                      |                                 |        |                                 |                           |                         |  |  |  |
| • |                   |                                |                       |         |                      |                                 |        |                                 |                           |                         |  |  |  |
|   |                   |                                |                       |         |                      |                                 |        |                                 |                           |                         |  |  |  |
|   |                   |                                |                       |         |                      |                                 |        |                                 |                           |                         |  |  |  |
|   |                   |                                |                       |         |                      |                                 |        |                                 |                           |                         |  |  |  |
|   |                   |                                |                       |         |                      |                                 |        |                                 |                           |                         |  |  |  |
|   |                   |                                |                       |         |                      |                                 |        |                                 |                           |                         |  |  |  |
|   |                   |                                |                       |         |                      |                                 |        |                                 |                           |                         |  |  |  |
|   |                   |                                |                       |         |                      |                                 |        |                                 |                           |                         |  |  |  |
|   |                   |                                |                       |         |                      |                                 |        |                                 |                           |                         |  |  |  |
|   |                   |                                |                       |         |                      |                                 |        |                                 |                           |                         |  |  |  |
|   |                   |                                |                       |         |                      |                                 |        |                                 |                           |                         |  |  |  |
|   |                   |                                |                       |         |                      |                                 |        |                                 |                           |                         |  |  |  |
|   |                   |                                |                       |         |                      |                                 |        |                                 |                           |                         |  |  |  |

| Form 990 (2009) Charity  |  |                                 |  |                                    |                     |                              |                                 | 22-393   | Page                                       |  |  |  |
|--|--|---------------------------------|--|------------------------------------|---------------------|------------------------------|---------------------------------|--|--|--|--|--|
| Part VII Section A. Officers   | s, Directors, Tr   | uste                            | es,  | Key                                | Em                  | ploy                         | ees,                            | and Highest Compensa   | ted Employees (continued)                  |  |  |  |
| (A) Name and Title   | (B) Average hours per  | Posi                            | tion (   |                                    | C)<br>k all         | that a                       |                                 | ( <b>D)</b> Reportable compensation  | <b>(E)</b> Reportable compensation         | <b>(F)</b> Estimated amount of                                     |  |  |
|  | week   | Individual trustee or director  | Institutional trustee  | Officer                            | Key employee        | Highest compensated employee | Former                          | from the organization (W-2/1099-MISC)  | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |  |  |
|  |  |                                 |  |                                    |                     |                              |                                 |  |  |  |  |  |
|  |  |                                 |  |                                    |                     |                              |                                 |  |  |  |  |  |
|  |  |                                 |  |                                    |                     |                              |                                 |  |  |  |  |  |
|  |  |                                 |  |                                    |                     |                              |                                 |  |  |  |  |  |
|  |  |                                 |  |                                    |                     |                              |                                 |  |  |  |  |  |
|  |  |                                 |  |                                    |                     |                              |                                 |  |  |  |  |  |
|  |  |                                 |  |                                    |                     |                              |                                 |  |  |  |  |  |
|  |  |                                 |  |                                    |                     |                              |                                 |  |  |  |  |  |
|  |  |                                 |  |                                    |                     |                              |                                 |  |  |  |  |  |
|  |  |                                 |  |                                    |                     |                              |                                 |  |  |  |  |  |
|  |  |                                 |  |                                    |                     |                              |                                 |  |  |  |  |  |
|  |  |                                 |  |                                    |                     |                              |                                 |  |  |  |  |  |
|  |  |                                 |  |                                    |                     |                              |                                 |  |  |  |  |  |
| 1b Total   |  |                                 |  |                                    |                     |                              | <b></b>                         | 168,260  |  | 15,19  |  |  |
| Total number of individuals (     reportable compensation from   | including but no   | t lim                           | ited   | to th                              | nose                | liste                        | d at                            | pove) who received more  | than \$100,000 in                          | •  |  |  |
| <ul> <li>Did the organization list any temployee on line 1a? If "Yes</li> <li>For any individual listed on lithe organization and related</li> </ul> | former officer, of the complete School of the | direc<br>nedul<br>m of<br>reate | tor of the Jacobs to the Jacob | for s<br>ortab<br>an \$<br><br>mpe | uch<br>ole c<br>150 | indivomp<br>,000<br>tion     | ridua<br>ensa<br>? If '<br>from | al<br>ation and other compensa<br>'Yes," complete Schedule<br>any unrelated organization | ation from<br>J for such                   |  |  |  |
| 1 Complete this table for your t   | five highest con   | npen                            | sate   | d in                               | depe                | ende                         | nt co                           | ontractors that received m   | nore than \$100,000 of                     |  |  |  |
| compensation from the organ  |  |                                 |  |                                    | -                   |                              |                                 |  | (B)<br>otion of services                   | (C)<br>Compensation  |  |  |
| Name and   | d business address   |                                 |  |                                    |                     |                              |                                 | Descrip  | otion of services                          | Compensation   |  |  |
|  |  |                                 |  |                                    |                     |                              |                                 |  |  |  |  |  |
|  |  |                                 |  |                                    |                     |                              |                                 |  |  |  |  |  |
|  |  |                                 |  |                                    |                     |                              |                                 |  |  |  |  |  |
| 2 Total number of independent  |  |                                 | _  |                                    |                     |                              | to t                            | those listed above) who re   | eceived                                    | _  |  |  |
| more than \$100,000 in comp  | ensation from t  | ne o                            | rgan   | ızati                              | on I                | <u> </u>                     |                                 |  |  | 0<br>Form <b>990</b> (20   |  |  |

| Pa   | ırt V   | III Statement of Rev                      | enue             |                   |                      |   |   |   |
|--|---------|---|------------------|-------------------|----------------------|---|---|---|
|  |         |   |                  |                   | (A)<br>Total revenue | (B) Related or exempt function revenue  | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| nts  | 1a      | Federated campaigns                       | 1a               | 9,258             |                      | revenue                                 |   | 312, 313, 01 314  |
| gra  | b       | Membership dues                           | 1b               | -,                |                      |   |   |   |
| s, g   | c       | Fundraising events                        |                  | ,839,879          |                      |   |   |   |
| Pif<br>Par   | d       | Related organizations                     | 1d               | ,                 |                      |   |   |   |
| Program Service Revenue Contributions, gifts, grants | e       | Government grants (contributions)         | 1e               |                   |                      |   |   |   |
| tio<br>er s  | f       | All other contributions, gifts, grants,   |                  |                   |                      |   |   |   |
| ğğ   |         | and similar amounts not included above    | 1f 6             | ,835,356          |                      |   |   |   |
| at o   | g       | Noncash contributions included in lines 1 |                  | 653,874           |                      |   |   |   |
| S g  | h       | Total. Add lines 1a-1f                    |                  |                   | 8,684,493            |   |   |   |
| nu   |         |   |                  | Busn. Code        |                      |   |   |   |
| eve  | 2a      |   |                  |                   |                      |   |   |   |
| e<br>R   | b       |   |                  |                   |                      |   |   |   |
| ξi   | С       |   |                  |                   |                      |   |   |   |
| Sel  | d       |   |                  |                   |                      |   |   |   |
| аш   | е       |   |                  |                   |                      |   |   |   |
| οg   | f       | All other program service rev             | enue             |                   |                      |   |   |   |
| <u> </u>   | 9       | Total. Add lines 2a–2f                    |                  |                   |                      |   |   |   |
|  | 3       | Investment income (including              | g dividends, int | terest, and       |                      |   |   |   |
|  |         |   |                  | ▶ ∟               | 3,042                |   |   | 3,042   |
|  | 4       | Income from investment of ta              | •                | •                 |                      |   |   |   |
|  | 5       | Royalties                                 |                  |                   |                      |   |   |   |
|  |         | (i) Real                                  | (ii)             | Personal          |                      |   |   |   |
|  | 6a      |   |                  |                   |                      |   |   |   |
|  |         | Less: rental exps.                        |                  |                   |                      |   |   |   |
|  |         | Rental inc. or (loss)                     |                  |                   |                      |   |   |   |
|  | d<br>7a | Cross amount from                         |                  | 20000             |                      |   |   |   |
|  |         | sales of assets (i) Securitie             | S (I             | i) Other          |                      |   |   |   |
|  |         | other than inventory                      |                  |                   |                      |   |   |   |
|  | b       | Less: cost or other                       |                  | 42 074            |                      |   |   |   |
|  |         | basis & sales exps                        |                  | 43,074<br>-43,074 |                      |   |   |   |
|  |         | Gain or (loss)                            |                  |                   | -43,074              | -43,074                                 |   |   |
|  |         | Net gain or (loss)                        |                  |                   | -43,074              | -43,074                                 |   |   |
| ηne  | oa      | (not including \$ 1,839,                  |                  |                   |                      |   |   |   |
| Ver  |         | of contributions reported on line 1       |                  |                   |                      |   |   |   |
| Other Rever  |         |   | •                | 58,108            |                      |   |   |   |
| her  | h       | See Part IV, line 18                      |                  | 64,226            |                      |   |   |   |
| ŏ  |         | Net income or (loss) from fur             |                  |                   | -6,118               |   |   | -6,118  |
|  |         | Gross income from gaming activit          |                  |                   | 0,0                  |   |   |   |
|  | •       | See Part IV, line 19                      |                  |                   |                      |   |   |   |
|  | b       | Less: direct expenses                     |                  |                   |                      |   |   |   |
|  |         | Net income or (loss) from ga              |                  |                   |                      |   |   |   |
|  |         | Gross sales of inventory, less            |                  |                   |                      |   |   |   |
|  |         | national and allactions                   | a                |                   |                      |   |   |   |
|  | b       | Less: cost of goods sold                  | b                |                   |                      |   |   |   |
|  |         | Net income or (loss) from sal             | les of inventor  | y <b>▶</b>        |                      | 000000000000000000000000000000000000000 |   |   |
|  |         | Miscellaneous Revenu                      |                  | Busn. Code        |                      |   |   |   |
|  | 11a     | Miscellaneous income                      | •                |                   | 22,869               |   |   | 22,869  |
|  | b       |   |                  |                   |                      |   |   | ·   |
|  | С       |   |                  |                   |                      |   |   |   |
|  |         | All other revenue                         |                  |                   |                      |   |   |   |
|  |         | Total. Add lines 11a-11d                  |                  |                   | 22,869               |   |   |   |
|  |         | Total Revenue. See instruct               |                  |                   | 8,661,212            | -43,074                                 | 0                                       | 19,793  |

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

|        | All other organizations must con  |                       |                        |                       | <u> </u>                   |
|--------|---|-----------------------|------------------------|-----------------------|----------------------------|
|        | not include amounts reported on lines 6b,   | (A)<br>Total expenses | (B)<br>Program service | (C)<br>Management and | ( <b>D)</b><br>Fundraising |
|        | , 8b, 9b, and 10b of Part VIII.   |                       | expenses               | general expenses      | expenses                   |
| 1      | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 5,160,884             | 5,160,884              |                       |                            |
| 2      | Grants and other assistance to individuals in   | 3,100,004             | 3,100,004              |                       |                            |
|        | the U.S. See Part IV, line 22   |                       |                        |                       |                            |
| 3      | Grants and other assistance to governments,   |                       |                        |                       |                            |
| ·      | organizations, and individuals outside the  |                       |                        |                       |                            |
|        | U.S. See Part IV, lines 15 and 16   | 200,064               | 200,064                |                       |                            |
| 4      | Benefits paid to or for members   |                       |                        |                       |                            |
| 5      | Compensation of current officers, directors,  |                       | 900                    |                       |                            |
|        | trustees, and key employees   | 183,454               | 58,366                 | 51,099                | 73,989                     |
| 6      | Compensation not included above, to disqualified  |                       |                        |                       |                            |
|        | persons (as defined under section 4958(f)(1)) and   |                       |                        |                       |                            |
|        | persons described in section 4958(c)(3)(B)  |                       |                        |                       |                            |
| 7      | Other salaries and wages  | 679,371               | 151,165                | 85,502                | 442,704                    |
| 8      | Pension plan contributions (include section 401(k)  |                       |                        |                       |                            |
|        | and section 403(b) employer contributions)  | 10.100                | 2 222                  |                       | 40.000                     |
| 9      | Other employee benefits   | 18,136                | 3,080                  | 2,164                 | 12,892                     |
| 10     | Payroll taxes   |                       |                        |                       |                            |
| 11     | Fees for services (non-employees):  |                       |                        |                       |                            |
| a      | Management  | 0 570                 | 1 220                  | 0 775                 | 4 474                      |
| b      | Legal   | 8,579<br>72,653       | 1,330                  | 2,775<br>72,653       | 4,474                      |
| C C    | Accounting  | 12,653                |                        | 12,653                |                            |
| d      | Lobbying  Professional fundraising convices. See Bot IV line 17.                              |                       |                        |                       |                            |
| e<br>f | Professional fundraising services. See Part IV, line 17 Investment management fees            |                       |                        |                       |                            |
| g      |   | 100,152               | 47,372                 | 1,600                 | 51,180                     |
| 12     | Other Advertising and promotion   | 100,132               | 41,312                 | 1,000                 | 31,100                     |
| 13     | Office cymeness   | 199,070               | 29,906                 | 54,915                | 114,249                    |
| 14     | Information technology  |                       |                        | 01/020                |                            |
| 15     | Royalties   |                       |                        |                       |                            |
| 16     | Occupancy   | 68,990                | 10,693                 | 22,317                | 35,980                     |
| 17     | Travel  | 113,633               | 61,181                 | 29,209                | 35,980<br>23,243           |
| 18     | Payments of travel or entertainment expenses  |                       |                        |                       |                            |
|        | for any federal, state, or local public officials   |                       |                        |                       |                            |
| 19     | Conferences, conventions, and meetings  | 12,536                | 2,256                  | 4,027                 | 6,253                      |
| 20     | Interest  |                       |                        |                       |                            |
| 21     | Payments to affiliates  |                       |                        |                       |                            |
| 22     | Depreciation, depletion, and amortization _   | 33,285                | 5,159                  | 10,767                | 17,359<br>3,529            |
| 23     | Insurance   | 6,767                 | 1,049                  | 2,189                 | 3,529                      |
|        |   |                       |                        |                       |                            |
| 24     | Other expenses. Itemize expenses not  |                       |                        |                       |                            |
|        | covered above. (Expenses grouped together   |                       |                        |                       |                            |
|        | and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)        |                       |                        |                       |                            |
| а      | Bank Charges  | 62,061                |                        | 62,061                |                            |
| a<br>b | Miscellaneous   | 44,286                | 40,893                 | 3,393                 |                            |
| C      | Event costs   | 43,982                | -10,000                | 3,333                 | 43.982                     |
| d      | Marketing, branding, promo  | 33,132                |                        |                       | 43,982<br>33,132           |
| e      |   | ,                     |                        |                       | 30,-3 <b>-</b>             |
| f      | All other expenses  |                       |                        |                       |                            |
| 25     | Total functional expenses. Add lines 1 through 24f  | 7,041,035             | 5,773,398              | 404,671               | 862,966                    |
| 26     | Joint costs. Check here ▶ if following  |                       | ,                      | ,                     | ,                          |
|        | SOP 98-2. Complete this line only if the  |                       |                        |                       |                            |
|        | organization reported in column (B) joint costs from a combined educational campaign and      |                       |                        |                       |                            |
|        | fundraising solicitation  |                       |                        |                       |                            |
| DAA    |   |                       |                        |                       | Form <b>990</b> (2009)     |

| P                          | art ) | K Balance Sheet   |               |                   |                      |     | _                      |  |  |  |  |
|----------------------------|-------|---|---------------|-------------------|----------------------|-----|------------------------|--|--|--|--|
|                            |       |   |               |                   | (A)                  |     | (B)                    |  |  |  |  |
|                            |       |   |               |                   | Beginning of year    |     | End of year            |  |  |  |  |
|                            | 1     | Cash—non-interest bearing   |               |                   | 53,494               | 1   | 188,074                |  |  |  |  |
|                            | 2     | Savings and temporary cash investments  |               |                   | 3,419,551            | 2   | 6,041,527              |  |  |  |  |
|                            | 3     | Pledges and grants receivable, net  |               |                   | 203,111              | 3   | 1,224,953              |  |  |  |  |
|                            | 4     | Accounts receivable, net  |               |                   |                      | 4   |                        |  |  |  |  |
|                            | 5     | Receivables from current and former officers, director                              | rs, trustees, | key               |                      |     |                        |  |  |  |  |
|                            |       | employees, and highest compensated employees. C                                     | omplete Par   | t II of           |                      |     |                        |  |  |  |  |
|                            |       | Schedule L  |               |                   |                      | 5   |                        |  |  |  |  |
|                            | 6     | Receivables from other disqualified persons (as defin                               | ned under se  | ection            |                      |     |                        |  |  |  |  |
|                            |       | 4958(f)(1)) and persons described in section 4958(c)                                | (3)(B). Com   | plete             |                      |     |                        |  |  |  |  |
| <b>'</b> 0                 |       | Part II of Schedule L   |               |                   | 6                    |     |                        |  |  |  |  |
| et                         | 7     | Notes and loans receivable, net   |               |                   | 7                    |     |                        |  |  |  |  |
| Assets                     | 8     | Inventories for sale or use   |               |                   |                      | 8   |                        |  |  |  |  |
| ⋖                          | 9     | Duranid assessment defensed above   |               |                   |                      | 9   | 108,051                |  |  |  |  |
|                            | 10a   | Land, buildings, and equipment: cost or   |               |                   |                      |     |                        |  |  |  |  |
|                            |       |   | 10a           | 143,063           |                      |     |                        |  |  |  |  |
|                            | b     | other basis. Complete Part VI of Schedule D Less: accumulated depreciation          | 10b           | 143,063<br>43,343 | 149,552              | 10c | 99,720                 |  |  |  |  |
|                            | 11    | Investments—publicly traded securities  | ,             |                   | 20,986               | 11  | •                      |  |  |  |  |
|                            | 12    | Investments—other securities. See Part IV, line 11                                  |               | ,                 | 12                   |     |                        |  |  |  |  |
|                            | 13    | Investments—program-related. See Part IV, line 11                                   |               |                   | 13                   |     |                        |  |  |  |  |
|                            | 14    | Intangible assets   |               |                   | 14                   |     |                        |  |  |  |  |
|                            | 15    |   |               |                   | 39,670               | 15  |                        |  |  |  |  |
|                            | 16    | Total assets. Add lines 1 through 15 (must equal line                               | e 34)         |                   | 3,886,364            | 16  | 7,662,325              |  |  |  |  |
|                            | 17    | Accounts payable and accrued expenses   | /             |                   | 71,930               | 17  | 66,779                 |  |  |  |  |
|                            | 18    | Grants payable  |               |                   | 2,116,159            |     | 4,277,094              |  |  |  |  |
|                            | 19    | Deferred revenue  |               |                   | , -,                 | 19  | , , , ,                |  |  |  |  |
|                            | 20    | Tax-exempt bond liabilities   |               |                   |                      | 20  |                        |  |  |  |  |
| S                          | 21    | Escrow or custodial account liability. Complete Part I                              | V of Schedu   | le D              |                      | 21  |                        |  |  |  |  |
| ≝                          | 22    | Payables to current and former officers, directors, tru                             |               |                   |                      |     |                        |  |  |  |  |
| <u></u>                    |       | employees, highest compensated employees, and di                                    | -             |                   |                      |     |                        |  |  |  |  |
| Liabilities                |       | narrana Campleta Dort II of Cabadula I  | •             |                   |                      | 22  |                        |  |  |  |  |
| _                          | 23    | Secured mortgages and notes payable to unrelated to                                 |               |                   |                      | 23  |                        |  |  |  |  |
|                            | 24    | Unsecured notes and loans payable to unrelated thir                                 |               |                   |                      | 24  |                        |  |  |  |  |
|                            | 25    | Other liabilities. Complete Part X of Schedule D                                    | a paraoo      |                   |                      | 25  |                        |  |  |  |  |
|                            |       | Total liabilities. Add lines 17 through 25  |               |                   | 2,188,089            |     | 4,343,873              |  |  |  |  |
| es                         |       | Organizations that follow SFAS 117, check here                                      |               |                   | 2,200,003            |     | 1,313,013              |  |  |  |  |
| ဥ                          |       | complete lines 27 through 29, and lines 33 and 34                                   |               |                   |                      |     |                        |  |  |  |  |
| <u>=</u>                   | 27    |   |               |                   | 1.455.920            | 27  | 1.879.492              |  |  |  |  |
| m                          | 28    | Temporarily restricted net assets   |               |                   | 1,455,920<br>242,355 | 28  | 1,879,492<br>1,438,960 |  |  |  |  |
| ď                          |       | Permanently restricted net assets   |               |                   | 212/333              | 29  | 1,430,300              |  |  |  |  |
| Ē                          | 23    | Permanently restricted net assets  Organizations that do not follow SFAS 117, check | here          |                   |                      | 20  |                        |  |  |  |  |
| <u>ج</u>                   |       | and complete lines 30 through 34.   |               |                   |                      |     |                        |  |  |  |  |
| S                          | 30    |   |               |                   | 30                   |     |                        |  |  |  |  |
| ē                          | 31    | Paid-in or capital surplus, or land, building, or equipm                            | <br>nent fund |                   |                      | 31  |                        |  |  |  |  |
| 188                        | 32    | Retained earnings, endowment, accumulated income                                    | or other fir  | nde               |                      | 32  |                        |  |  |  |  |
| Ļ                          | 33    |   |               |                   | 1,698,275            | 33  | 3,318,452              |  |  |  |  |
| Net Assets or Fund Balance | 34    | Total liabilities and net assets/fund balances                                      |               |                   | 3,886,364            |     | 7,662,325              |  |  |  |  |

Form **990** (2009)

Form 990 (2009) Charity Global Inc.

22-3936753

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| Pa         | art XI Financial Statements and Reporting  |    |     |       |
|------------|--|----|-----|-------|
|            |  |    | Yes | No    |
| 1          | Accounting method used to prepare the Form 990: Cash X Accrual Other   |    |     |       |
|            | If the organization changed its method of accounting from a prior year or checked "Other," explain in            |    |     |       |
|            | Schedule O.  |    |     |       |
| <b>2</b> a | Were the organization's financial statements compiled or reviewed by an independent accountant?                  | 2a |     | X     |
| b          | Were the organization's financial statements audited by an independent accountant?                               | 2b | X   |       |
| c          | : If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of |    |     |       |
|            | the audit, review, or compilation of its financial statements and selection of an independent accountant?        | 2c | X   |       |
|            | If the organization changed either its oversight process or selection process during the tax year, explain in    |    |     |       |
|            | Schedule O.  |    |     |       |
| d          | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were      |    |     |       |
|            | issued on a consolidated basis, separate basis, or both:   |    |     |       |
|            | Separate basis X Consolidated basis Both consolidated and separate basis   |    |     |       |
| 3 <i>a</i> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in      |    |     |       |
|            | the Single Audit Act and OMB Circular A-133?   | 3a |     | X     |
| 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.         | 3b |     |       |
|            |  | _  | 000 | (0000 |

Form **990** (2009)

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

**Public Charity Status and Public Support** 

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Charity Global Inc

Employer identification number 22-3936753

|       |       |                          | Charity Gio                    |  |                  |                  |            |                         |               | -393                 |          |                     |       |             |
|-------|-------|--------------------------|--------------------------------|--|------------------|------------------|------------|-------------------------|---------------|----------------------|----------|---------------------|-------|-------------|
| Pa    | art l | Reas                     | on for Public Charit           | y Status (All organization                         | ns mu            | st com           | olete t    | nis pa                  | rt.) Se       | ee ins               | tructi   | ons.                |       |             |
| he    | orga  | nization is no           | t a private foundation beca    | ause it is: (For lines 1 through 1                 | 11, check        | only one         | box.)      |                         |               |                      |          |                     |       |             |
| 1     |       | A church, co             | nvention of churches, or a     | ssociation of churches describe                    | ed in <b>sec</b> | tion 170         | (b)(1)(A)  | (i).                    |               |                      |          |                     |       |             |
| 2     | П     | A school des             | scribed in section 170(b)(1    | )(A)(ii). (Attach Schedule E.)                     |                  |                  |            |                         |               |                      |          |                     |       |             |
| 3     | П     |                          |                                | vice organization described in                     | section          | 170(b)(1)        | (A)(iii).  |                         |               |                      |          |                     |       |             |
| 4     | П     | •                        | ·                              | ted in conjunction with a hospi                    |                  |                  |            | 70(b)(1)                | (A)(iii).     | Enter t              | he hos   | spital's na         | ame.  |             |
| -     | ш     | city, and stat           | te·                            |  |                  |                  |            |                         | (* ()().      |                      |          | - p. ta. 0          |       |             |
| 5     |       | •                        |                                | it of a college or university owr                  |                  |                  |            | rnments                 | <br>al unit d | lescribe             | <br>d in |                     |       |             |
| J     |       | =                        | (b)(1)(A)(iv). (Complete Pa    | =  | ica oi op        | crated by        | a gove     | iiiiiciite              | ii uiiit u    | COCIDO               | ,u iii   |                     |       |             |
| c     |       |                          |                                |  | n acation        | . 470/b\/        | 4\/4\/\    |                         |               |                      |          |                     |       |             |
| 6     | v     |                          | <del>-</del>                   | governmental unit described i                      |                  |                  |            |                         | . 41          |                      |          |                     |       |             |
| 7     | X     | =                        |                                | a substantial part of its suppor                   | t from a g       | governme         | entai uni  | t or fron               | i the ge      | enerai p             | DUDIIC   |                     |       |             |
| _     |       |                          | section 170(b)(1)(A)(vi). (    |  |                  |                  |            |                         |               |                      |          |                     |       |             |
| 8     | Н     | -                        |                                | 170(b)(1)(A)(vi). (Complete P                      |                  |                  |            |                         |               | _                    |          |                     |       |             |
| 9     |       | =                        |                                | (1) more than 33 1/3 % of its                      |                  |                  |            |                         | -             |                      | _        | SS                  |       |             |
|       |       | -                        |                                | empt functions—subject to cert                     |                  |                  |            |                         |               |                      |          |                     |       |             |
|       |       |                          | =                              | and unrelated business taxabl                      |                  |                  |            | 1 tax) fr               | om bus        | inesse               | S        |                     |       |             |
|       |       | acquired by              | the organization after June    | : 30, 1975. See <b>section 509(a)</b>              | <b>(2).</b> (Con | iplete Pa        | rt III.)   |                         |               |                      |          |                     |       |             |
| 10    | Ш     | An organizat             | tion organized and operate     | d exclusively to test for public                   | safety. Se       | ee <b>sectio</b> | n 509(a    | )(4).                   |               |                      |          |                     |       |             |
| 11    |       | An organizat             | tion organized and operate     | d exclusively for the benefit of,                  | to perfor        | m the fur        | nctions    | of, or to               | carry o       | ut the               |          |                     |       |             |
|       |       | purposes of              | one or more publicly suppo     | orted organizations described i                    | n section        | 509(a)(1         | ) or sec   | tion 509                | (a)(2).       | See se               | ection   |                     |       |             |
|       |       | <b>509</b> (a)(3). Cl    | heck the box that describes    | s the type of supporting organiz                   | zation an        | d comple         | te lines   | 11e thro                | ough 11       | 1h.                  |          |                     |       |             |
|       |       | a Type                   | e I <b>b</b> Type II           | <b>c</b> Type III–Function                         | ally integ       | rated            | d          | Тур                     | e III–Ot      | ther                 |          |                     |       |             |
| е     |       | By checking              | this box, I certify that the o | rganization is not controlled di                   | rectly or i      | ndirectly        | by one     | or more                 | disqua        | lified               |          |                     |       |             |
|       |       | persons other            | er than foundation manage      | rs and other than one or more                      | publicly s       | supported        | d organi:  | zations                 | describ       | ed in s              | ection   |                     |       |             |
|       |       | 509(a)(1) or             | section 509(a)(2).             |  |                  |                  |            |                         |               |                      |          |                     |       |             |
| f     |       |                          |                                | etermination from the IRS that                     | t is a Typ       | e I, Type        | e II, or T | ype III s               | upporti       | ng                   |          |                     |       |             |
|       |       | -                        | , check this box               |  | ,,               | . ,,             |            |                         |               | Ū                    |          |                     |       | $\neg$      |
| g     |       | Since Augus              | st 17, 2006, has the organiz   | zation accepted any gift or con                    | tribution t      | rom anv          | of the     |                         |               |                      |          |                     |       |             |
| 9     |       | following pe             | =                              |  |                  |                  |            |                         |               |                      |          |                     |       |             |
|       |       |                          |                                | controls, either alone or togeth                   | er with n        | ersons de        | escribed   | in (ii)                 |               |                      |          | ,                   | es l  | No          |
|       |       |                          | -                              | of the supported organization                      | -                | 3100110 01       | 50011500   | ()                      |               |                      |          | 11g(i)              |       | <del></del> |
|       |       |                          | member of a person described   | · · · ·  |                  |                  |            |                         |               |                      |          | 11g(ii)             |       | —           |
|       |       |                          | · ·                            | n described in (i) or (ii) above?                  |                  |                  |            |                         |               |                      |          | 11g(iii)            |       | —           |
| h     |       |                          |                                | t the supported organization(s                     |                  |                  |            |                         |               |                      |          | 119(111)            |       |             |
| /i) i | lome  |                          |                                |  |                  | organization     | (v) Did v  | au natifi               | (vi) 1        | a tha                |          | wii\ Amau           | nt of |             |
| (1)   |       | e of supported anization | (ii) EIN                       | (iii) Type of organization (described on lines 1–9 | ` '              | sted in your     |            | ou notify<br>ization in |               | s the<br>ion in col. | (        | vii) Amou<br>suppor |       |             |
|       | - 3   |                          |                                | above or IRC section                               | ٠,               | document?        | col. (i)   | of your                 | (i) organiz   | zed in the           |          |                     |       |             |
|       |       |                          |                                | (see instructions))                                | V                | N.               |            | ort?                    | U.S           |                      |          |                     |       |             |
|       |       |                          |                                |  | Yes              | No               | Yes        | No                      | Yes           | No                   |          |                     |       |             |
|       |       |                          |                                |  |                  |                  |            |                         |               |                      |          |                     |       |             |
|       |       |                          |                                |  |                  |                  |            |                         |               |                      |          |                     |       |             |
|       |       |                          |                                |  |                  |                  |            |                         |               |                      |          |                     |       |             |
|       |       |                          |                                |  |                  |                  |            |                         |               |                      |          |                     |       |             |
|       |       |                          |                                |  |                  |                  |            |                         |               |                      |          |                     |       |             |
|       |       |                          |                                |  |                  |                  |            |                         |               |                      |          |                     |       |             |
|       |       |                          |                                |  |                  |                  |            |                         |               |                      |          |                     |       |             |
|       |       |                          |                                |  |                  |                  |            |                         |               |                      |          |                     |       |             |
|       |       |                          |                                |  |                  |                  |            |                         |               |                      |          |                     |       |             |
|       |       |                          |                                |  |                  |                  |            |                         |               |                      |          |                     |       |             |
|       |       |                          |                                |  |                  |                  |            |                         |               |                      |          |                     |       |             |
|       |       |                          |                                |  |                  |                  |            |                         |               |                      |          |                     |       |             |

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

Schedule A (Form 990 or 990-EZ) 2009

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| Pa  | art II Support Schedule for C   |                     |                       |                           |                           | nd 170(b)(1)( <i>A</i> | A)(vi)     |
|-----|---|---------------------|-----------------------|---------------------------|---------------------------|------------------------|------------|
|     | (Complete only if you ch  | ecked the bo        | x on line 5, 7,       | or 8 of Part I.)          | )                         |                        |            |
|     | tion A. Public Support  |                     |                       |                           |                           |                        |            |
| Ca  | lendar year (or fiscal year beginning in) ▶   | (a) 2005            | <b>(b)</b> 2006       | (c) 2007                  | (d) 2008                  | (e) 2009               | (f) Total  |
| 1   | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  |                     | 458,356               | 1,814,310                 | 6,280,463                 | 8,684,493              | 17,237,622 |
| 2   | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |                     |                       |                           |                           |                        |            |
| 3   | The value of services or facilities furnished by a governmental unit to the organization without charge   |                     |                       |                           |                           |                        |            |
| 4   | Total. Add lines 1 through 3  |                     | 458,356               | 1,814,310                 | 6,280,463                 | 8,684,493              | 17,237,622 |
| 5   | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |                     |                       |                           |                           |                        | 1,904,202  |
| 6   | Public support. Subtract line 5 from line 4   |                     |                       |                           |                           |                        | 15,333,420 |
|     | tion B. Total Support   |                     |                       | <u> </u>                  |                           |                        | , ,        |
| Ca  | lendar year (or fiscal year beginning in) ▶   | (a) 2005            | <b>(b)</b> 2006       | (c) 2007                  | (d) 2008                  | (e) 2009               | (f) Total  |
| 7   | Amounts from line 4   | , ,                 | 458,356               | 1,814,310                 | 6,280,463                 | 8,684,493              | 17,237,622 |
| 8   | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  | 3,042               | 26,233                |                           |                           |                        |            |
| 9   | Net income from unrelated business activities, whether or not the business is regularly carried on  |                     |                       |                           |                           | 0                      |            |
| 10  | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)   |                     |                       |                           |                           | 22,869                 | 22,869     |
| 11  | <b>Total support.</b> Add lines 7 through 10  |                     |                       |                           |                           |                        | 17,286,724 |
| 12  | Gross receipts from related activities, etc.  | . (see instruction  | s)                    |                           |                           | 12                     | 309,783    |
| 13  | First five years. If the Form 990 is for the  | •                   | rst, second, third, f | ourth, or fifth tax       | year as a section         | 501(c)(3)              |            |
| _   | organization, check this box and stop he  |                     | <u></u>               |                           |                           |                        | ▶ X        |
| Sec | tion C. Computation of Public S   |                     | •                     |                           |                           |                        |            |
| 14  | Public support percentage for 2009 (line  | 6, column (f) divid | ded by line 11, colu  | ımn (f))                  |                           | 14                     | %_         |
| 15  | Public support percentage from 2008 Sc  |                     |                       |                           |                           | 15                     | %          |
| 16a | 33 1/3 % support test—2009. If the orga   | nization did not c  | heck the box on lin   | e 13, and line 14         | is 33 1/3 % or me         | ore, check this box    | (          |
|     | and <b>stop here</b> . The organization qualifies   |                     |                       |                           |                           |                        | ▶ ∐        |
| b   | 33 1/3 % support test—2008. If the orga   | nization did not c  | heck a box on line    | 13 or 16a, and lin        | ne 15 is 33 1/3 %         | or more, check the     | is         |
|     | box and <b>stop here</b> . The organization qua   | ·                   |                       |                           |                           |                        | ▶ ∐        |
| 17a | 10%-facts-and-circumstances test—20   | 09. If the organiz  | ation 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-circum    | stances" test, checl  | k this box and <b>sto</b> | <b>op here.</b> Explain i | n Part IV how the      |            |
|     | organization meets the "facts-and-circum  | istances" test. Th  | e organization qual   | lifies as a publicly      | supported organ           | ization                | ▶ ∐        |
| b   | 10%-facts-and-circumstances test—20   | 08. If the organiz  | ation 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-circum    | stances" test, checl  | k this box and <b>sto</b> | <b>op here.</b> Explain i | n Part IV how the      |            |
|     | organization meets the "facts-and-circum  |                     |                       |                           |                           |                        | ▶ □        |
| 18  | Private foundation. If the organization d   | id not check a bo   | x on line 13, 16a, 1  | 6b, 17a, or 17b, o        | check this box an         | d see instructions     | ▶ □        |

Schedule A (Form 990 or 990-EZ) 2009

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Schedule A (Form 990 or 990-EZ) 2009 Charity Global Inc.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

| Sec     | tion A. Public Support   |                    |                       |                   |                   |             |                   |  |  |  |  |  |  |
|---------|--|--------------------|-----------------------|-------------------|-------------------|-------------|-------------------|--|--|--|--|--|--|
|         | lendar year (or fiscal year beginning in) ▶  | (a) 2005           | <b>(b)</b> 2006       | (c) 2007          | (d) 2008          | (e) 2009    | (f) Total         |  |  |  |  |  |  |
| 1       | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | .,                 |                       |                   | . ,               |             | .,                |  |  |  |  |  |  |
| 2       | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |                    |                       |                   |                   |             |                   |  |  |  |  |  |  |
| 3       | Gross receipts from activities that are not an unrelated trade or business under section 513   |                    |                       |                   |                   |             |                   |  |  |  |  |  |  |
| 4       | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                    |                       |                   |                   |             |                   |  |  |  |  |  |  |
| 5       | The value of services or facilities furnished by a governmental unit to the organization without charge  |                    |                       |                   |                   |             |                   |  |  |  |  |  |  |
| 6<br>7a | Total. Add lines 1 through 5   |                    |                       |                   |                   |             |                   |  |  |  |  |  |  |
| b       | received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that  |                    |                       |                   |                   |             |                   |  |  |  |  |  |  |
|         | exceed the greater of \$5,000 or 1% of the amount on line 13 for the year  |                    |                       |                   |                   |             |                   |  |  |  |  |  |  |
| С       | Add lines 7a and 7b  |                    |                       |                   |                   |             |                   |  |  |  |  |  |  |
| 8       | Public support (Subtract line 7c from line 6.)   |                    |                       |                   |                   |             |                   |  |  |  |  |  |  |
|         | Section B. Total Support   |                    |                       |                   |                   |             |                   |  |  |  |  |  |  |
| Ca      | lendar year (or fiscal year beginning in) ▶  | (a) 2005           | <b>(b)</b> 2006       | (c) 2007          | (d) 2008          | (e) 2009    | (f) Total         |  |  |  |  |  |  |
| 9       | Amounts from line 6  |                    |                       |                   |                   |             |                   |  |  |  |  |  |  |
| 10a     | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |                    |                       |                   |                   |             |                   |  |  |  |  |  |  |
| b       | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  | 3                  |                       |                   |                   |             |                   |  |  |  |  |  |  |
| С       | Add lines 10a and 10b  |                    |                       |                   |                   |             |                   |  |  |  |  |  |  |
| 11      | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |                    |                       |                   |                   |             |                   |  |  |  |  |  |  |
| 12      | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  |                    |                       |                   |                   |             |                   |  |  |  |  |  |  |
| 13      | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)  |                    |                       |                   |                   |             |                   |  |  |  |  |  |  |
| 14      | First five years. If the Form 990 is for thorganization, check this box and stop he  | •                  |                       |                   | •                 | n 501(c)(3) |                   |  |  |  |  |  |  |
| Sec     | tion C. Computation of Public S  | Support Perc       | entage                |                   |                   |             |                   |  |  |  |  |  |  |
| 15      | Public support percentage for 2009 (line   | 8, column (f) div  | ided by line 13, co   | olumn (f))        |                   | 15          | %                 |  |  |  |  |  |  |
| 16      | Public support percentage from 2008 Sc   | hedule A, Part II  | I, line 15            |                   |                   | 16          | %                 |  |  |  |  |  |  |
| Sec     | tion D. Computation of Investm   | ent Income         | Percentage            |                   |                   |             |                   |  |  |  |  |  |  |
| 17      | Investment income percentage for 2009  | (line 10c, columi  | n (f) divided by line | e 13, column (f)) |                   | 17          | %                 |  |  |  |  |  |  |
| 18      |  |                    |                       |                   |                   |             |                   |  |  |  |  |  |  |
| 19a     | 33 1/3 % support tests—2009. If the org  | anization did no   |                       |                   |                   |             |                   |  |  |  |  |  |  |
| b       | 17 is not more than 33 1/3 %, check this 33 1/3 % support tests—2008. If the org   |                    | _                     |                   |                   |             | ▶ □<br>and        |  |  |  |  |  |  |
|         | line 18 is not more than 33 1/3 %, check   |                    |                       |                   |                   |             |                   |  |  |  |  |  |  |
| 20      | Private foundation If the organization of  | lid not check a hi | ox on line 14 10a     | or 19h check thi  | s hov and see ins | structions  | · · · · · · · · · |  |  |  |  |  |  |

| Schedule A ( | Form 990 or 990-EZ) 2009 <b>Cl</b> | harity Global         | Inc.                     | 22-3936753  | Page 4           |
|--------------|------------------------------------|-----------------------|--------------------------|---|------------------|
| Part IV      | Supplemental Inform                | ation. Complete this  | s part to provide the    | 22-3936753<br>e explanations required by Part II, liner additional information. See instruc | ne 10;           |
|              | Tartii, iiile Tra Oi Tri           | o, and rait iii, line | 12. I TOVIDE ally office | er additional information. See institut   | <i>I</i> (()(13. |
|              |                                    |                       |                          |   |                  |
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#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Employer identification number Name of the organization Charity Global Inc. 22-3936753 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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 impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of 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 Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, 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" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, 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: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 \_\_\_\_\_\_ **b** Assets included in Form 990, Part X

| Part III Organizations Maintaining  | Collections of Art                                       | Historical Trea                                | asures, or Ot                   | her Simila         | Assets (continued)                    |
|---|--|--|---------------------------------|--------------------|---------------------------------------|
| 3 Using the organization's acquisition, accessi collection items (check all that apply):                | on, and other records, ch                                | eck any of the follow                          | wing that are a sig             | gnificant use c    | fits                                  |
| a Public exhibition   |  | exchange program                               |                                 |                    |                                       |
| <b>b</b> Scholarly research   | e Other  |  |                                 |                    |                                       |
| c Preservation for future generations   |  |  |                                 |                    | _                                     |
| 4 Provide a description of the organization's concentration.  | ollections and explain how                               | v they further the org                         | ganization's exen               | npt purpose in     |                                       |
| 5 During the year, did the organization solicit or assets to be sold to raise funds rather than t       | or receive donations of art<br>o be maintained as part o | , historical treasures<br>f the organization's | s, or other similar collection? |                    | Yes No                                |
| Part IV Escrow and Custodial Arr  |  |  |                                 | red "Yes"          | o Form 990, Part                      |
| IV, line 9, or reported an a  |  |  |                                 |                    | ,                                     |
| 1a Is the organization an agent, trustee, custod  |  | •  |                                 |                    |                                       |
| included on Form 990, Part X?   |  |  |                                 |                    | Yes No                                |
| <b>b</b> If "Yes," explain the arrangement in Part XIV  | and complete the followi                                 | ng table:                                      |                                 |                    | 🗆 🗀                                   |
|   | •  | ·  |                                 |                    | Amount                                |
| c Beginning balance   |  |  |                                 | 1c                 |                                       |
| d Additions during the year   |  |  |                                 |                    |                                       |
| e Distributions during the year   |  |  |                                 | 1e                 |                                       |
| f Ending balance  |  |  |                                 | 1f                 |                                       |
| 2a Did the organization include an amount on F  | orm 990. Part X. line 21?                                |  |                                 |                    | Yes No                                |
| <b>b</b> If "Yes," explain the arrangement in Part XIV  |  |  |                                 |                    | 🗀 100 🗀 110                           |
| Part V Endowment Funds. Comp  |  | answered "Yes"                                 | " to Form 990                   | , Part IV, li      | ne 10.                                |
|   | (a) Current year   |  |                                 |                    | s back (e) Four years back            |
| 1a Beginning of year balance  |  |  |                                 |                    |                                       |
| <b>b</b> Contributions  |  |  |                                 |                    |                                       |
| c Net investment earnings, gains,   |  |  |                                 |                    |                                       |
| and losses  |  |  |                                 |                    |                                       |
| d Grants or scholarships  |  |  |                                 |                    |                                       |
| e Other expenditures for facilities   |  |  |                                 |                    |                                       |
| and programs  |  |  |                                 |                    |                                       |
| f Administrative expenses   |  |  |                                 |                    |                                       |
| g End of year balance   |  |  |                                 |                    |                                       |
| 2 Provide the estimated percentage of the year  | r and halance held as:                                   |  |                                 |                    |                                       |
| a Board designated or quasi-endowment ▶   |  |  |                                 |                    |                                       |
| b Permanent endowment \( \bullet \) %   | ^  |  |                                 |                    |                                       |
| c Term endowment \%   |  |  |                                 |                    |                                       |
| 3a Are there endowment funds not in the posse   | secion of the organization                               | that are held and ac                           | dministered for th              |                    |                                       |
| organization by:  | ssion of the organization                                | triat are rielu ariu at                        | ammistered for th               | C                  | Yes No                                |
|   |  |  |                                 |                    | 3a(i)                                 |
| (i) unrelated organizations   |  |  |                                 |                    | · · · · · · · · · · · · · · · · · · · |
| <ul><li>(ii) related organizations</li><li>b If "Yes" to 3a(ii), are the related organization</li></ul> | e listed as required on Sc                               | hadula P2                                      |                                 |                    | 3b                                    |
| 4 Describe in Part XIV the intended uses of the   |  |  |                                 |                    |                                       |
| Part VI Investments—Land, Build   |  |  | 9∩ Part X lin                   | e 10               |                                       |
| Description of investment   | (a) Cost or other basis                                  | (b) Cost or other                              |                                 | cumulated          | (d) Book value                        |
| besorption of investment  | (investment)   | basis (other)                                  | , ,                             | eciation           | (a) Book value                        |
| 1a Land   | ,                  |  | _ 56.                           | -                  |                                       |
| 1a Land   |  |  |                                 |                    |                                       |
| <ul><li>b Buildings</li><li>c Leasehold improvements</li></ul>  |  |  |                                 |                    |                                       |
|   |  | 143,0  | 063                             | 43,343             | 99,720                                |
| d Equipment   |  | 143,0  |                                 | <del>1</del> 0,010 | 99,120                                |
| e Other   | egual Form 990. Part X o                                 | column (B), line 10(c                          |                                 | <b>•</b>           | 99,720                                |

Schedule D (Form 990) 2009

| Part VII       | Investments—Other Securities. See Form 9                             | 990, Part X, line 12. |   |
|----------------|--|-----------------------|---|
|                | (a) Description of security or category (including name of security) | (b) Book value        | (c) Method of valuation: Cost or end-of-year market value |
| Financial deri | vatives  |                       |   |
| Closely-held   | equity interests   |                       |   |
| Other          |  |                       |   |
|                |  |                       |   |
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| Total (Colum   | in (b) must equal Form 990, Part X, col. (B) line 12.)               |                       |   |
| Part VIII      | Investments—Program Related. See Form                                | 990 Part X line 13    |   |
| · are viii     | (a) Description of investment type                                   | (b) Book value        | (c) Method of valuation:                                  |
|                |  |                       | Cost or end-of-year market value                          |
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|                |  |                       |   |
|                | in (b) must equal Form 990, Part X, col. (B) line 13.)               |                       |   |
| Part IX        | Other Assets. See Form 990, Part X, line 15                          | ).                    |   |
|                | (a) Description  |                       | (b) Book value  |
|                |  |                       |   |
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|                |  |                       |   |
|                | in (b) must equal Form 990, Part X, col. (B) line 15.)               |                       | <b>&gt;</b>   |
| Part X         | Other Liabilities. See Form 990, Part X, line                        |                       |   |
| 1.             | (a) Description of liability   | (b) Amount            |   |
| Federal incon  | ne taxes   |                       |   |
|                |  |                       |   |
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|                |  |                       |   |
| Total. (Colum  | in (b) must equal Form 990, Part X, col. (B) line 25.)               |                       |   |

**2.** FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

| Sche   | edule D (Form 990) 2009 Charity Global Inc.   | 22-39367                         | 53 Page <b>4</b> |
|--------|---|----------------------------------|------------------|
|        | rt XI Reconciliation of Change in Net Assets from Form 990                                      | to Audited Financial S           | tatements        |
| 1      | Total revenue (Form 990, Part VIII, column (A), line 12)  |                                  | 1                |
| 2      | Total expenses (Form 990, Part IX, column (A), line 25)   |                                  | 2                |
| 3      | Excess or (deficit) for the year. Subtract line 2 from line 1                                   |                                  |                  |
| 4      | Net unrealized gains (losses) on investments  |                                  | 4                |
| 5      | Donated services and use of facilities  |                                  | 5                |
| 6      | Investment expenses   |                                  |                  |
| 7      | Prior period adjustments  |                                  |                  |
| 8      | Other (Describe in Part XIV.)   |                                  | 8                |
| 9      | Total adjustments (net). Add lines 4 through 8  |                                  | 9                |
| 10     | Excess or (deficit) for the year per audited financial statements. Combine lines 3 a            | and 9                            | 10               |
|        | rt XII Reconciliation of Revenue per Audited Financial State                                    |                                  | er Return        |
| 1      | Total revenue, gains, and other support per audited financial statements                        |                                  |                  |
| 2      | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                             |                                  |                  |
| a      | Net unrealized gains on investments   | 2a                               |                  |
|        | Donated services and use of facilities  |                                  |                  |
| c      | Recoveries of prior year grants   | 2c                               |                  |
| d      | Other (Describe in Part XIV.)   | 2d                               |                  |
|        | Add lines 2a through 2d   |                                  | 2e               |
| 3      | Subtract line 2e from line 1  |                                  | 3                |
| 4      | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                            | .11                              |                  |
| -      | Investment expenses not included on Form 990, Part VIII, line 7b                                | 4a                               |                  |
|        | Other (Describe in Part XIV.)   |                                  |                  |
|        | A 11P A 14P   |                                  | 4c               |
|        | Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)   |                                  | 5                |
|        | rrt XIII Reconciliation of Expenses per Audited Financial Stat                                  | ements With Expenses             |                  |
| 1      | T. 1. 12 12 15 11 11 11 11 11 11 11 11 11 11 11 11  |                                  | 1                |
| 2      | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |                                  |                  |
| -<br>а |   | 2a                               |                  |
|        | Prior year adjustments  |                                  |                  |
| c      | Other desires   | 0-                               |                  |
| d      |   |                                  |                  |
|        | Add lines 2a through 2d   |                                  | 2e               |
| 3      | Subtract line 2e from line 1  |                                  | 3                |
| 4      | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              | .11                              |                  |
| а      | Investment expenses not included on Form 990, Part VIII, line 7b                                | 4a                               |                  |
|        | Other (Describe in Part XIV.)   | 4b                               |                  |
|        | Add lines 4a and 4h   |                                  | 4c               |
|        | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) |                                  | 5                |
|        | art XIV Supplemental Information  |                                  |                  |
|        | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part       | III lines 1a and 4 Part IV lines | s 1h             |
|        | 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part X      |                                  |                  |
|        | part to provide any additional information.   | ,                                |                  |
|        | to provide any additional information.  |                                  |                  |
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| Schedule        | D (Fo | orm 99 | 90) 20 | 109 <b>(</b> | Cha   | rı   | ty   | GΤ   | oba | эŢ   | Ir  | nc. |      |     |   |         | 2 | 2-3 | 393 | 673 | 53 |   |   |     | Page <b>5</b>   |
|-----------------|-------|--------|--------|--------------|-------|------|------|------|-----|------|-----|-----|------|-----|---|---------|---|-----|-----|-----|----|---|---|-----|-----------------|
| Schedule Part X | IV    | Sup    | nlen   | nenta        | al In | forr | nati | on ( | con | tinu | ed) | )   |      |     |   |         |   |     |     |     |    |   |   |     |                 |
|                 |       |        |        |              |       |      |      | (    |     |      | /   |     |      |     |   |         |   |     |     |     |    |   |   |     |                 |
|                 |       |        |        |              |       |      |      |      |     |      |     |     |      |     |   |         |   |     |     |     |    |   |   |     |                 |
|                 | _     |        |        |              |       | _    |      |      |     | _    | _   | _   | <br> |     | _ | <br>    |   |     |     | _   | _  | _ |   |     | <br>            |
|                 |       |        |        |              |       |      |      |      |     |      |     |     |      |     |   |         |   |     |     |     |    |   |   |     |                 |
|                 |       |        |        |              |       |      |      |      |     |      |     |     |      |     |   |         |   |     |     |     |    |   |   |     |                 |
|                 | _     |        | _      |              |       | _    |      |      |     | _    | _   | _   | <br> | _   | _ | <br>    |   |     |     | _   |    | _ | _ |     | <br>            |
|                 |       |        |        |              |       |      |      |      |     |      |     |     |      |     |   |         |   |     |     |     |    |   |   |     |                 |
|                 | _     |        | -      |              |       | _    |      |      |     | _    | _   | _   | <br> | -   | _ | <br>    | _ |     |     | _   | _  | _ | _ |     | <br>            |
|                 |       |        |        |              |       |      |      |      |     |      |     |     |      |     |   |         |   |     |     |     |    |   |   |     |                 |
|                 |       |        |        |              |       | _    |      |      |     | _    | _   | _   | <br> |     |   | <br>    |   |     |     | _   |    |   | _ |     | <br>            |
|                 |       |        |        |              |       |      |      |      |     |      |     |     |      |     |   |         |   |     |     |     |    |   |   |     |                 |
|                 |       |        |        |              |       |      |      |      |     |      |     |     |      |     |   |         |   |     |     |     |    |   |   |     |                 |
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|                 |       |        |        |              |       |      |      |      |     |      |     |     |      |     |   |         |   |     |     |     |    |   |   |     |                 |
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# Schedule F (Form 990)

**Statement of Activities Outside the United States** 

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Charity Global Inc

Employer identification number 22-3936753

|  |   | ation on Activitie<br>90, Part IV, line 1            |   | es. Complete if the organiza  | tion answered                            |
|--|---|--|---|---|--|
| 1 For grant<br>assistand<br>the grants | tmakers. Does the or, e, the grantees' eligibs or assistance? | ganization maintain re<br>oility for the grants or a | ecords to substantiate the amount of assistance, and the selection criteri  | a used to award   | X Yes No                                 |
| 2 For grant<br>United St               |   | Part IV the organization                             | on's procedures for monitoring the  | use of grant funds outside the  |  |
| 3 Activities                           | per Region. (Use Sch  | nedule F-1 (Form 990)                                | ) if additional space is needed.)   |   |  |
| (a) Region                             | (b) Number of offices in the region                           | (c) Number of employees or agents in region          | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)  | (e) If activity listed in (d) is<br>a program service,<br>describe specific type of<br>service(s) in region | <b>(f)</b> Total expenditures for region |
| Sub-Saha                               | ran Africa  |  | G. a. a. b. a. |   | 000 064                                  |
|  |   |  | Grants given  | Water projects  | 200,064                                  |
|  |   |  |   |   |  |
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| Totals •                               |   |  |   |   | 200,064                                  |

DAA

| Part IV, lin             | e 15, for any re                                   | ecipient who r | nizations or Entities Outsi<br>eceived more than \$5,000<br>anal space is needed. | ide the United State . Check this box if r | es. Complete<br>no one recipie        | if the organizati<br>int received mor   | on answered "`<br>re than \$5,000            | Yes" to Form 9   |
|--------------------------|--|----------------|---|--|---------------------------------------|---|--|--|
| (a) Name of organization | (b) IRS code<br>section and EIN<br>(if applicable) | (c) Region     | (d) Purpose of grant  | (e) Amount of cash grant                   | (f) Manner of<br>cash<br>disbursement | (g) Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) |
|                          |  |                | Water Projects  | 200,064                                    | Grants                                |   |  |  |
|                          |  | Sub-Sahar      | an Africa   |  |                                       |   |  |  |
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|                          |  |                |   |  |                                       |   |  |  |
|                          |  |                | at are recognized as charities by t   |  |                                       |   |  | 1  |
| Enter total number of or | ther erganizations                                 |                | l a section 501(c)(3) equivalency l   |  |                                       |   | ···· [ ——                                    | <u>1</u><br>0  |
| Enter total number of o  | iner organizations o                               | n enuues       |   |  |                                       |   |  | <u>0</u><br>F (Form 990) 200                                   |

Schedule F (Form 990) 2009 Charity Global Inc. 22-3936753 Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16 Use Schedule F-1 (Form 990) if additional space is needed. (g) Description (e) Manner of (f) Amount of (h) Method of (d) Amount of (c) Number of (a) Type of grant or assistance (b) Region cash non-cash of non-cash valuation cash grant recipients disbursement assistance assistance (book, FMV, appraisal, other)

| Schedule F ( | (Form 990) 2009 Charity Global Inc.  | 22-3936753                                | Page 4                 |
|--------------|--|---|------------------------|
| Part IV      | Supplemental Information Complete this part to provide the information rec | quired in Part I, line 2, and any other a | dditional information. |
| Part         | I, Line 2 - Procedures for Monit   | coring the Use of Grant F                 | unds                   |
| Grant        | recipients located outside the   | U.S. are carefully vette                  | ed before the          |
| organ        | ization can receive charity: wat   | ter funding. In order to                  | ensure                 |
| organ        | izations meet the highest standa   | ards, charity: water staf                 | f conduct site         |
| visit        | s to the proposed country office   | es, analyze financial via                 | bility,                |
| condu        | ct background checks from the US   | S Terrorist Watchlist and                 | l research the         |
| organ        | ization's previous funders.  |   |                        |
| Part         | IV - Additional Information  |   |                        |
| The p        | ublic has access to a variety of   |   |                        |
|              | te at www.charitywater.org. Ava  |   |                        |
|              | ings, stories and photos from th   |   |                        |
|              | GPS coordinates and photos of co   |   |                        |
| educa        | tional exhibitions and programs  | like Water for Schools,                   | criteria for           |
| susta        | inable project and partner selec   | ction, and all completed                  | audited                |
| finan        | cials. More information is also  | avaialble on www.guides                   | star.org.              |
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#### **SCHEDULE G** (Form 990 or 990-EZ

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to 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. See separate instructions.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| Charity Global In   | c.   |                        |   |                                   | 22-39367   | 53  |  |  |  |  |  |
|---|--|------------------------|---|-----------------------------------|--|---|--|--|--|--|--|
| Part I Fundraising Activities. Complete Form 990-EZ filers are not require  | if the organiz   | zatioi<br>e this       | n an  | swered "Yes" to<br>rt.            | Form 990, Part I   | V, line 17.   |  |  |  |  |  |
| Indicate whether the organization raised funds through  |  |                        | _   |                                   | oly.   |   |  |  |  |  |  |
| a Mail solicitations  | e Solicitation   | n of no                | n-go  | vernment grants                   |  |   |  |  |  |  |  |
| b Internet and email solicitations  |  |                        | _   | ment grants                       |  |   |  |  |  |  |  |
| c Phone solicitations   | g Special fu   | _                      |   | _                                 |  |   |  |  |  |  |  |
| d In-person solicitations   |  |                        |   |                                   |  |   |  |  |  |  |  |
| ·   | r de la companya de l | -1.0                   |   |                                   |  |   |  |  |  |  |  |
| 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No |  |                        |   |                                   |  |   |  |  |  |  |  |
| <b>b</b> If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.   |  |                        |   |                                   |  |   |  |  |  |  |  |
| (i) Name of individual or entity (fundraiser)   | (ii) Activity  | raise<br>custo<br>cont | d fund-<br>r have<br>ody or<br>rol of<br>outions? | (iv) Gross receipts from activity | (v) Amount paid to<br>(or retained by)<br>fundraiser listed in<br>col. (i) | (vi) Amount paid to<br>(or retained by)<br>organization |  |  |  |  |  |
|   |  | Yes                    |   |                                   | (4)  |   |  |  |  |  |  |
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| Total   |  |                        | •   |                                   |  |   |  |  |  |  |  |
| 3 List all states in which the organization is registered of  | or licensed to solid   | cit fun                | ds or   | has been notified it is           | exempt from  |   |  |  |  |  |  |
| registration or licensing.  |  |                        |   |                                   |  |   |  |  |  |  |  |
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Page 2

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported Part II more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (c) Other events (d) Total events Charity Ball:20 Chelsea Market None (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 1,840,682 57,305 1,897,987 Gross receipts 2 Less: Charitable contributions ...... 1,796,205 43,674 1,839,879 3 Gross revenue (line 1 13,631 44,477 58,108 minus line 2) Cash prizes ..... Noncash prizes ..... Direct Expenses Rent/facility costs Food and beverages 8 Entertainment ...... 59,909 4,317 64,226 Other direct expenses Direct expense summary. Add lines 4 through 9 in column (d) 64,226 -6,118Net income summary. Combine line 3, column (d), and line 10 ..... Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (Add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes ..... **Direct Expenses** Noncash prizes ..... Rent/facility costs Other direct expenses Yes Volunteer labor ..... Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 Yes No Enter the state(s) in which the organization operates gaming activities: Is the organization licensed to operate gaming activities in each of these states? If "No," Explain: Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? If "Yes," Explain: Does the organization operate gaming activities with nonmembers? 11 11 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

| Sche | edule G (Form 990 or 990-EZ) 2009  | 22-393675 | 53  | Pa  | age <b>3</b> |
|------|--|-----------|-----|-----|--------------|
|      |  |           |     | Yes | No           |
| 13   | Indicate the percentage of gaming activity operated in:  |           |     |     |              |
| а    | The organization's facility  | 3a %      |     |     |              |
| b    |  | 3b %      |     |     |              |
| 14   | Provide the name and address of the person who prepares the organization's gaming/special events books   |           |     |     |              |
|      | and records:   |           |     |     |              |
|      |  |           |     |     |              |
|      | Name ▶   |           |     |     |              |
|      |  |           |     |     |              |
|      | Address ▶  |           |     |     |              |
|      |  |           |     |     |              |
| 15a  | Does the organization have a contract with a third party from whom the organization receives gaming  |           |     |     |              |
|      | revenue?   |           | 15a |     |              |
| b    | If "Yes," enter the amount of gaming revenue received by the organization ▶ ar   | nd the    |     |     |              |
|      | amount of gaming revenue retained by the third party ▶\$   |           |     |     |              |
| С    | If "Yes," enter name and address of the third party:   |           |     |     |              |
|      |  |           |     |     |              |
|      | Name ▶   |           |     |     |              |
|      |  |           |     |     |              |
|      | Address ►  |           |     |     |              |
| 4.0  | Operation and the state of the  |           |     |     |              |
| 16   | Gaming manager information:  |           |     |     |              |
|      | Nama N   |           |     |     |              |
|      | Name ▶   |           |     |     |              |
|      | Gaming manager compensation ▶\$  |           |     |     |              |
|      | Canning manager compensation • •   |           |     |     |              |
|      | Description of services provided ▶   |           |     |     |              |
|      | 2000 p. 61 001 1000 p. 61 1000 p. |           |     |     |              |
|      | Director/officer Employee Independent contractor   |           |     |     |              |
|      |  |           |     |     |              |
| 17   | Mandatory distributions:   |           |     |     |              |
| а    |  |           |     |     |              |
|      | retain the state gaming license?   |           | 17a |     |              |
| b    |  | t         |     |     |              |
|      | in the organization's own exempt activities during the tax year ▶\$  |           |     |     |              |

Schedule G (Form 990 or 990-EZ) 2009

### SCHEDULE I (Form 990)

## Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047
2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

| Charity Global Inc.   22-3936753   Part I General Information on Grants and Assistance  1 Does the organization maintain records to substantiate the amount of the grants or assistance; the grantees' eligibility for the grants or assistance, and the selection criteria used to average the selection criteria used to substantiate the amount of the grants or assistance.   Yes   No Possible in Part IV the organization or assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, Intel 21, for any recipient that received more than \$5,000. Use Part IV and Schedule 1-1 (form 990) if additional space is needed  1 (a) Name and address of organization or governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, Intel 21, for any recipient that received more than \$5,000. Use Part IV and Schedule 1-1 (form 990) if additional space is needed  1 (a) Name and address of organization or governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, and Schedule 1-1 (form 990) if additional space is needed  1 (a) Name and address of organization answered "Yes" to Form 990, Part IV and Schedule 1-1 (form 990) if additional space is needed  1 (a) Name and address of organization answered "Yes" to Form 990, Part IV and Schedule 1-1 (form 990) if additional space is needed  1 (a) Name and address of organization answered "Yes" to Part IV and Schedule 1-1 (form 990) if additional space is needed  1 (a) Name and address of organization answered "Yes" to Part IV and Schedule 1-1 (form 990) if additional space is needed  1 (b) Eliminate IV (form 990) if additional space is needed  1 (a | Name of the organization   |  |                               |             |                         |                   |   | r identification nu                    | mber                              |
|--|--|--|-------------------------------|-------------|-------------------------|-------------------|---|--|-----------------------------------|
| 1 Does the organization maintain records to substantiate the amount of the grants or assistance. By grant the selection orderies used to award the grants or assistance?  2 Describe in Part IV the organizations procedures for monitoring the use of grant funds in the United States.  2 Describe in Part IV the organizations procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed  1 (a) Name and address of organization organization of Open Schedule II (Form 990) if additional space is needed organization of government organization organization of the part IV and Schedule I-1 (Form 990) if additional space is needed to government organization organ |  |  |                               |             |                         |                   | 22-39   | 936753                                 |                                   |
| the selection criteria used to award the grants or assistance?  2 Describe in Part IV the originalization's procedures for monloring the use of grant funds in the United States. Complete if the originalization answered "Yes" to Form 990, Part IV and Schedule I-1 (Form 990) if additional space is needed  1 (a) Name and address of organization  Concern Worldwide 104 East 40th St.  New York  NY 10016 13-3712030 3 964,494  Liberia  Renya/Honduras/CAR  Houston TX 77235 76-0324875 3 257,102  International Rescue Committee 122 East 42nd Street New York NY 10168 13-5660870 3 299,828  Cote d'Ivoire water  New York NY 10168 13-5660870 3 299,828  Cote d'Ivoire water  Renya/Honduras/CAR  Haiti water project:  Bangladesh/Liberia  Cote d'Ivoire water  Renya/Honduras/CAR  Cote d'Ivoire water  Renya/Honduras/CAR  Cote d'Ivoire water  Bangladesh/Liberia  Renya/Honduras/CAR  Cote d'Ivoire water  Cote d'Ivoire water  Renya/Honduras/CAR  Cote d'Ivoire water  Liberia water project:  Bangladesh/Liberia  Renya/Honduras/CAR  Cote d'Ivoire water  Cote d'Ivoire water  Cote d'Ivoire water  Renya/Honduras/CAR  Cote d'Ivoire water  Cote d'Ivoire water  Cote d'Ivoire water  Renya/Honduras/CAR  Cote d'Ivoire water  Co   | Part I General Informat  | ion on Grants ar                               | nd Assistance                 |             |                         |                   |   |  |                                   |
| Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-I (Form 990) if additional space is needed  1 (a) Name and address of organization or government or g | the selection criteria used to awa Describe in Part IV the organizat | ard the grants or assistion's procedures for r | stance?<br>monitoring the use | of grant fu | unds in the United Sta  | tes.              |   |  |                                   |
| Concern Worldwide   104 East 40th St.   Bangladesh/Liberia   | Form 990, Part IV  | /, line 21, for any                            | recipient that                | receive     | d more than \$5,0       | 000. Check this b | ox if no one r  | ecipient recei                         | ved more than \$5,000. U <u>s</u> |
| 104   East 40th St.   New York   NY 10016   13-3712030   3   964,494   |  |  | (b) EIN                       | section     | (d) Amount of cash gran |                   | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | , , ,                             |
| New York NY 10016 13-3712030 3 964,494  Living Water International PO Box 35496  Houston TX 77235 76-0324875 3 257,102  International Rescue Committee 122 East 42nd Street Cote d'Ivoire water New York NY 10168 13-5660870 3 299,828  A Glimmer of Hope Foundation 3600 N. Capital of Texas Hwy. Austin TX 78746 31-1758218 3 2,387,997  Partners in Health 800 Boylston Street, Boston MA 02199 04-3567502 3 259,970  Boston NC 28752 22-2452414 3 108,299  Water for People 6666 W. Quincy Ave Denver Co 80235 84-1166148 3 128,055  Samaritan's Purse Po Box 3000  Boone NC 28607 58-1437002 3 107,537  International Lifeline Fund 2101 L Street Washington DC 20037 81-0629010 3 139,480  ▶ 9  Eknya/Honduras/CAR Kenya/Honduras/CAR Cote d'Ivoire water Cote d'Ivoire water New York Andrews Allonduras/CAR Cote d'Ivoire water Cote d'Ivoire water New York Andrews Allonduras/CAR Cote d'Ivoire water Cote d'Ivoire water Cote d'Ivoire water New York Andrews Andrews Allonduras/CAR Cote d'Ivoire water Cote d'Ivoire    | Concern Worldwide  |  |                               |             |                         |                   |   |  |                                   |
| Living Water International   PO Box 35496   Kenya/Honduras/CAR   | 104 East 40th St.  |  |                               |             |                         |                   |   |  | Bangladesh/Liberia                |
| ## PO Box 35496 ## Bouston   | New York   | NY 10016                                       | 13-3712030                    | 3           | 964,494                 |                   |   |  |                                   |
| International Rescue Committee   122 East 42nd Street  | PO Box 35496   |  |                               |             |                         |                   |   |  | Kenya/Honduras/CAR                |
| 122 East 42nd Street   New York   NY 10168   13-5660870   3   299,828  |  |  | 76-0324875                    | 3           | 257,102                 |                   |   |  |                                   |
| New York         NY 10168         13-5660870         3         299,828           A Glimmer of Hope Foundation         3600 N. Capital of Texas Hwy.         Ethiopia water           Austin         TX 78746         31-1758218         3         2,387,997           Partners in Health         800 Boylston Street,         Haiti water projects           Boston         MA 02199         04-3567502         3         259,970           Equip Liberia         Liberia water projects           PO Box 1126         Liberia water projects           Marion         NC 28752         22-2452414         3         108,299           Water for People         6666 W. Quincy Ave         Malawi water projects           Denver         CO 80235         84-1166148         3         128,055           Samaritan's Purse         PO Box 3000         Cambodia water           Boone         NC 28607         58-1437002         3         107,537           International Lifeline Fund         Uganda water project           2101 L Street         Washington         DC 20037         81-0629010         3         139,480           2 Enter total number of section 501(c)(3) and government organizations         >9   |  | ommittee                                       |                               |             |                         |                   |   |  |                                   |
| A Glimmer of Hope Foundation 3600 N. Capital of Texas Hwy.  Austin TX 78746 31-1758218 3 2,387,997  Partners in Health 800 Boylston Street, Boston MA 02199 04-3567502 3 259,970  Equip Liberia PO Box 1126  Marion NC 28752 22-2452414 3 108,299  Water for People 6666 W. Quincy Ave Denver CO 80235 84-1166148 3 128,055  Samaritan's Purse PO Box 3000  Boone NC 28607 58-1437002 3 107,537  International Lifeline Fund 2101 L Street Washington DC 20037 81-0629010 3 139,480  2 Entertotal number of section 501(c)(3) and government organizations  Ethiopia water Ethiopia water  Ethiopia water  Ethiopia water  Ethiopia water  Ethiopia water  Ethiopia water  For local street  Haiti water projects  108,299  Malawi water projects  Cambodia water  Uganda water projects  Uganda water projects  Po Box 3000  2 Entertotal number of section 501(c)(3) and government organizations  |  |  |                               | _           |                         |                   |   |  | Cote d'Ivoire water               |
| 3600 N. Capital of Texas Hwy.  Austin TX 78746 31-1758218 3 2,387,997  Partners in Health 800 Boylston Street, Boston MA 02199 04-3567502 3 259,970  Equip Liberia PO Box 1126  Marion NC 28752 22-2452414 3 108,299  Water for People 6666 W. Quincy Ave Denver CO 80235 84-1166148 3 128,055  Samaritan's Purse PO Box 3000  Boone NC 28607 58-1437002 3 107,537  International Lifeline Fund 2101 L Street Washington DC 20037 81-0629010 3 139,480  2 Enter total number of section 501(c)(3) and government organizations  ▶ 9  |  |  | 13-5660870                    | 3           | 299,828                 |                   |   |  |                                   |
| Austin TX 78746 31-1758218 3 2,387,997  Partners in Health 800 Boylston Street, Boston MA 02199 04-3567502 3 259,970  Equip Liberia PO Box 1126 Liberia water project Marion NC 28752 22-2452414 3 108,299  Water for People 6666 W. Quincy Ave Denver CO 80235 84-1166148 3 128,055  Samaritan's Purse PO Box 3000 Bone NC 28607 58-1437002 3 107,537  International Lifeline Fund 2101 L Street Washington DC 20037 81-0629010 3 139,480  2 Enter total number of section 501(c)(3) and government organizations   |  |  |                               |             |                         |                   |   |  |                                   |
| Partners in Health 800 Boylston Street, Boston MA 02199 04-3567502 3 259,970  Equip Liberia PO Box 1126 Marion NC 28752 22-2452414 3 108,299  Water for People 6666 W. Quincy Ave Denver CO 80235 84-1166148 3 128,055  Samaritan's Purse PO Box 3000 Boone NC 28607 58-1437002 3 107,537 International Lifeline Fund 2101 L Street Washington DC 20037 81-0629010 3 139,480  2 Enter total number of section 501(c)(3) and government organizations    Haiti water projects   |  | <del></del>                                    |                               | _           |                         |                   |   |  | Ethiopia water                    |
| 800 Boylston Street,  Boston MA 02199 04-3567502 3 259,970  Equip Liberia PO Box 1126  Marion NC 28752 22-2452414 3 108,299  Water for People 6666 W. Quincy Ave Denver CO 80235 84-1166148 3 128,055  Samaritan's Purse PO Box 3000 Bone NC 28607 58-1437002 3 107,537 International Lifeline Fund 2101 L Street Washington DC 20037 81-0629010 3 139,480  PHaiti water projects  Haiti water projects  Liberia water projects  Malawi water projects  Malawi water projects  108,299  Malawi water projects  Cambodia water  Uganda water projects  Uganda water projects  For a section 501(c)(3) and government organizations  |  | rx 78746                                       | 31-1758218                    | 3           | 2,387,997               |                   |   |  |                                   |
| Boston MA 02199 04-3567502 3 259,970  Equip Liberia  PO Box 1126  Marion NC 28752 22-2452414 3 108,299  Water for People 6666 W. Quincy Ave Denver CO 80235 84-1166148 3 128,055  Samaritan's Purse PO Box 3000 Boone NC 28607 58-1437002 3 107,537  International Lifeline Fund 2101 L Street  Washington DC 20037 81-0629010 3 139,480  Liberia water project  Malawi water project  Cambodia water  Uganda water project  Uganda water project  |  |  |                               |             |                         |                   |   |  |                                   |
| Equip Liberia PO Box 1126  Marion NC 28752 22-2452414 3 108,299  Water for People 6666 W. Quincy Ave Denver CO 80235 84-1166148 3 128,055  Samaritan's Purse PO Box 3000 Boone NC 28607 58-1437002 3 107,537  International Lifeline Fund 2101 L Street Washington DC 20037 81-0629010 3 139,480  2 Enter total number of section 501(c)(3) and government organizations  Liberia water project  Malawi water project  Malawi water project  Uganda water project  |  |  |                               | _           |                         |                   |   |  | Haiti water projects              |
| ### PO Box 1126  |  | MA 02199                                       | 04-3567502                    | 3           | 259,970                 |                   |   |  |                                   |
| Marion         NC 28752         22-2452414         3         108,299           Water for People         6666 W. Quincy Ave         Malawi water project           Denver         CO 80235         84-1166148         3         128,055           Samaritan's Purse         PO Box 3000         Cambodia water           Boone         NC 28607         58-1437002         3         107,537           International Lifeline Fund         Uganda water project           2101 L Street         Uganda water project           Washington         DC 20037         81-0629010         3         139,480           2 Enter total number of section 501(c)(3) and government organizations         ▶ 9  |  |  |                               |             |                         |                   |   |  |                                   |
| Water for People       6666 W. Quincy Ave       Malawi water project         Denver       CO 80235       84-1166148 3       128,055         Samaritan's Purse       PO Box 3000       Cambodia water         Boone       NC 28607       58-1437002 3       107,537         International Lifeline Fund       Uganda water project         2101 L Street       Uganda water project         Washington       DC 20037       81-0629010 3       139,480         2 Enter total number of section 501(c)(3) and government organizations       ▶ 9   |  |  |                               | _           |                         |                   |   |  | Liberia water projec              |
| 6666 W. Quincy Ave       Denver       CO 80235       84-1166148       3       128,055       Malawi water project         Samaritan's Purse       PO Box 3000       Cambodia water         Boone       NC 28607       58-1437002       3       107,537         International Lifeline Fund       2101 L Street       Uganda water project         Washington       DC 20037       81-0629010       3       139,480         2 Enter total number of section 501(c)(3) and government organizations       ▶ 9   |  | NC 28752                                       | 22-2452414                    | 3           | 108,299                 |                   |   |  |                                   |
| Denver         CO 80235         84-1166148         3         128,055           Samaritan's Purse         PO Box 3000         Cambodia water           Boone         NC 28607         58-1437002         3         107,537           International Lifeline Fund         Uganda water project           2101 L Street         Uganda water project           Washington         DC 20037         81-0629010         3         139,480           2 Enter total number of section 501(c)(3) and government organizations         ▶ 9  |  |  |                               |             |                         |                   |   |  |                                   |
| Samaritan's Purse  PO Box 3000  Boone NC 28607 58-1437002 3 107,537  International Lifeline Fund 2101 L Street  Washington DC 20037 81-0629010 3 139,480  2 Enter total number of section 501(c)(3) and government organizations  Cambodia water  Uganda water project   | - • • • • • • • • • • • • • • • • • • •                              |  |                               |             |                         |                   |   |  | Malawi water project              |
| PO Box 3000       Cambodia water         Boone       NC 28607       58-1437002       3       107,537       Cambodia water         International Lifeline Fund       2101 L Street       Uganda water project         Washington       DC 20037       81-0629010       3       139,480         2 Enter total number of section 501(c)(3) and government organizations       ▶ 9   |  | CO 80235                                       | 84-1166148                    | 3           | 128,055                 |                   |   |  |                                   |
| Boone         NC 28607         58-1437002         3         107,537           International Lifeline Fund         2101 L Street         Uganda water project           Washington         DC 20037         81-0629010         3         139,480           2 Enter total number of section 501(c)(3) and government organizations         ▶ 9   |  |  |                               |             |                         |                   |   |  |                                   |
| International Lifeline Fund 2101 L Street Washington DC 20037 81-0629010 3 139,480  2 Enter total number of section 501(c)(3) and government organizations  ▶ 9  |  |  |                               |             |                         |                   |   |  | Cambodia water                    |
| 2101 L Street  Washington  DC 20037  B1-0629010 3  139,480  Uganda water project  The project of the project o    |  |  | 58-1437002                    | 3           | 107,537                 |                   |   |  |                                   |
| Washington         DC 20037         81-0629010         3         139,480           2 Enter total number of section 501(c)(3) and government organizations         ▶ 9  |  | Fund   |                               |             |                         |                   |   |  |                                   |
|  |  | DC 20037                                       | 81-0629010                    | 3           | 139,480                 |                   |   |  | Uganda water project              |
| 3 Enter total number of other organizations  | 2 Enter total number of section 50                                   | 1(c)(3) and governme                           | ent organizations             |             |                         |                   |   |  | ▶ 9                               |
| The total number of other organizations  | 3 Enter total number of other organ                                  | nizations                                      |                               |             |                         |                   |   |  | ▶ 1                               |

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

| Use Part IV and Schedule I-     | 1 (Form 990) if add      | <u>itional space is need</u> | ded.                              |   |  |
|---------------------------------|--------------------------|------------------------------|-----------------------------------|---|--|
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant     | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|                                 |                          |                              |                                   |   |  |
|                                 |                          |                              |                                   |   |  |
|                                 |                          |                              |                                   |   |  |
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

All grants allocated go through a detailed review process. Site visits by

charity: water program staff members ensure the proper vetting, management,

& monitoring of all local implementing partners. Before funds are

disbursed, implementing organizations submit detailed proposals outlining

experience, proposed intervention & desired outputs. Emphasis is placed on

building sustainable and community-driven programs. Partners must also

submit a line item budget and narrative to document how 100% of the funds

will be allocated to building water, sanitation & hygiene interventions.

All grants are approved by charity: water's board. (Continued on Schedule O)

# SCHEDULE I-1 (Form 990)

# **Continuation Sheet for Schedule I (Form 990)**

2009

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

Open to Public Inspection

Name of the organization

Charity Global Inc.

22-3936753

Part I Continue tion of Create and Other Assistance to Congruence and Organizations in the United States (School Inc.)

| Charity Globa                                      |            |                                    |                          |                                   |   |  | <del>-3936753</del>                |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| Part I Continuation of Grants and C                |            |                                    |                          |                                   | <b>Jnited States</b>  | (Schedule I (Form                      |                                    |
| (a) Name and address of organization or government | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Integrated Community Development In                |            |                                    |                          |                                   |   |  |                                    |
| _PO_Box 247  | _          |                                    |                          |                                   |   |  |                                    |
| Winona Lake IN 46590                               | 32-0112278 | 3                                  | 508,122                  |                                   |   |  | CAR water projects                 |
|  |            |                                    |                          |                                   |   |  |                                    |
|  | _          |                                    |                          |                                   |   |  |                                    |
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| Tan Drive av. Act and Danamusuk Dadwatian Act N    |            |                                    |                          | L                                 | 1   |  | 0 - h d - d - d - d - (F 000) 00   |

| (a) Type of grant or assistance |                          |                          |                                   | Form 990), Part III.)                                 | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| (a) Type of grant of assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (1) Description of non-cash assistance |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
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|                                 |                          |                          |                                   |   |  |

### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

**Open To Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990.

Charity Global Inc.

Employer identification number 22-3936753

| Pa  | art I Types of Property               |                               |                                |   |                   |                                      |       |              |            |
|-----|---------------------------------------|-------------------------------|--------------------------------|---|-------------------|--------------------------------------|-------|--------------|------------|
|     |                                       | (a)<br>Check if<br>applicable | (b)<br>Number of Contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | N                 | (d)<br>lethod of determi<br>revenues | ining |              |            |
| 1   | Art—Works of art                      | X                             | 1                              | 800   | Selling           | price a                              | at a  | uct:         | ion        |
| 2   | Art—Historical treasures              |                               |                                |   |                   |                                      |       |              |            |
| 3   | Art—Fractional interests              |                               |                                |   |                   |                                      |       |              |            |
| 4   | Books and publications                | Х                             |                                | 1,569   | Selling           | price a                              | at a  | uct:         | ion        |
| 5   | Clothing and household                |                               |                                | ,   |                   |                                      |       |              |            |
|     | goods                                 | х                             |                                | 69,177  | Selling           | price a                              | at a  | uct:         | ion        |
| 6   | Cars and other vehicles               |                               |                                | ,   |                   |                                      |       |              |            |
| 7   | Boats and planes                      |                               |                                |   |                   |                                      |       |              |            |
| 8   | Intellectual property                 |                               |                                |   |                   |                                      |       |              |            |
| 9   | Securities—Publicly traded            | Х                             | 1                              | 408,107   | MV quote          | on dor                               | nati  | on (         | date       |
| 10  | Securities—Closely held stock         |                               |                                | ,   |                   |                                      |       |              |            |
| 11  | Securities—Partnership, LLC,          |                               |                                |   |                   |                                      |       |              |            |
|     | or trust interests                    |                               |                                |   |                   |                                      |       |              |            |
| 12  | Securities—Miscellaneous              |                               |                                |   |                   |                                      |       |              |            |
| 13  | Qualified conservation                |                               |                                |   |                   |                                      |       |              |            |
|     | contribution—Historic                 |                               |                                |   |                   |                                      |       |              |            |
|     | structures                            |                               |                                |   |                   |                                      |       |              |            |
| 14  | Qualified conservation                |                               |                                |   |                   |                                      |       |              |            |
|     | contribution—Other                    |                               |                                |   |                   |                                      |       |              |            |
| 15  | Real estate—Residential               |                               |                                |   |                   |                                      |       |              |            |
| 16  | Real estate—Commercial                |                               |                                |   |                   |                                      |       |              |            |
| 17  | Real estate—Other                     |                               |                                |   |                   |                                      |       |              |            |
| 18  | Collectibles                          | X                             | 1                              | 3,100   | Selling           | price a                              | at a  | uct          | ion        |
| 19  | Food inventory                        |                               |                                |   |                   |                                      |       |              |            |
| 20  | Drugs and medical supplies            |                               |                                |   |                   |                                      |       |              |            |
| 21  | Taxidermy                             |                               |                                |   |                   |                                      |       |              |            |
| 22  | Historical artifacts                  |                               |                                |   |                   |                                      |       |              |            |
| 23  | Scientific specimens                  |                               |                                |   |                   |                                      |       |              |            |
| 24  | Archeological artifacts               |                               |                                |   |                   |                                      |       |              |            |
| 25  | Other ▶( Gift certifctes              |                               | 3                              | 42,017  | Selling           | price a                              | at a  | ucti         | ion        |
| 26  | Other ▶( Vespa scooter )              | X                             | 1                              | 5,200   | Selling           | price a                              | at a  | ucti         | ion        |
| 27  | Other ▶( Supplies )                   | X                             | 1                              | 15,896  | Selling           | price a                              | at a  | <u>iucti</u> | ion        |
| 28  | Other ►( Miscellaneous )              | X                             | 2                              |   | Selling           | price a                              | at a  | ucti         | <u>ion</u> |
| 29  | Number of Forms 8283 received b       | -                             | _                              |   |                   |                                      |       |              |            |
|     | which the organization completed      | Form 828                      | 3, Part IV, Donee Ackno        | owledgement   | 29 0              |                                      |       |              |            |
|     |                                       |                               |                                |   |                   |                                      |       | Yes          | No         |
| 30a | During the year, did the organization |                               |                                |   |                   |                                      |       |              |            |
|     | it must hold for at least three years |                               |                                | oution, and which is not re                           | quired to be      |                                      |       |              |            |
|     | used for exempt purposes for the      |                               | ing period?                    |   |                   |                                      | 30    | а            | X          |
| b   | If "Yes," describe the arrangement    |                               |                                |   |                   |                                      |       |              |            |
| 31  | Does the organization have a gift a   | acceptanc                     | e policy that requires th      | e review of any non-stand                             | ard               |                                      |       |              |            |
|     |                                       |                               |                                |   |                   |                                      | 3     | 1 X          | <u> </u>   |
| 32a | Does the organization hire or use t   | hird partie                   | es or related organization     | ons to solicit, process, or s                         | ell noncash       |                                      |       |              |            |
|     |                                       |                               |                                |   |                   |                                      | 32    | a X          |            |
| b   | If "Yes," describe in Part II.        |                               |                                |   |                   |                                      |       |              |            |
| 33  | If the organization did not report re | venues in                     | column (c) for a type of       | f property for which colum                            | n (a) is checked, |                                      |       |              |            |
|     | describe in Part II.                  |                               |                                |   |                   |                                      |       |              |            |

| Schedule M (Fo | orm 990) 2009 | Charit     | y Glob     | <u>al Inc</u> | •        |                              |         | 22-3936753           |          | Page <b>2</b> |
|----------------|---------------|------------|------------|---------------|----------|------------------------------|---------|----------------------|----------|---------------|
| Part II        | Supplem       | ental Info | rmation. ( | Complete      | this par | t to provide<br>dditional in | the inf | formation required b | y Part I | , lines 30b,  |
| Part 1         | I, Line       | 32b -      | Third      | Party         | Used     | to Pro                       | cess    | Noncash Cont         | ribut    | ions          |
| When s         | stock i       | s dona     | ted as     | a gif         | t in 1   | kind, i                      | t is    | immediately          | sold     | through a     |
| third          | party 1       | broker     | and co     | onvert        | ed to    | cash a                       | s exp   | peditiously a        | s pos    | sible.        |
|                |               |            |            |               |          |                              |         |                      |          |               |
|                |               |            |            |               |          |                              |         |                      |          |               |
|                |               |            |            |               |          |                              |         |                      |          |               |
|                |               |            |            |               |          |                              |         |                      |          |               |
|                |               |            |            |               |          |                              |         |                      |          |               |
|                |               |            |            |               |          |                              |         |                      |          |               |
|                |               |            |            |               |          |                              |         |                      |          |               |
|                |               |            |            |               |          |                              |         |                      |          |               |
|                |               |            |            |               |          |                              |         |                      |          |               |
|                |               |            |            |               |          |                              |         |                      |          |               |
|                |               |            |            |               |          |                              |         |                      |          |               |
|                |               |            |            |               |          |                              |         |                      |          |               |
|                |               |            |            |               |          |                              |         |                      |          |               |
|                |               |            |            |               |          |                              |         |                      |          |               |
|                |               |            |            |               |          |                              |         |                      |          |               |
|                |               |            |            |               |          |                              |         |                      |          |               |
|                |               |            |            |               |          |                              |         |                      |          |               |
|                |               |            |            |               |          |                              |         |                      |          |               |
|                |               |            |            |               |          |                              |         |                      |          |               |
|                |               |            |            |               |          |                              |         |                      |          |               |
|                |               |            |            |               |          |                              |         |                      |          |               |
|                |               |            |            |               |          |                              |         |                      |          |               |
|                |               |            |            |               |          |                              |         |                      |          |               |
|                |               |            |            |               |          |                              |         |                      |          |               |
|                |               |            |            |               |          |                              |         |                      |          |               |

# SCHEDULE O

# **Supplemental Information to Form 990**

(Form 990)

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

Charity Global Inc.

Employer identification number 22-3936753

| Form 990, Part III, Line 4a - First Achievement  Continued from Page 2 of Form 990: In 2009, charity: water funded a total of \$2,387,997 for the construction of 494 clean water projects in  Ethiopia, including 56 at schools and 5 in health clinics. These water projects will provide 193,442 consumers with clean and safe drinking water. |
|---|
| Form 990, Part III, Line 4d - All Other Achievements  |
| Bangladesh - 147 water projects   |
| Cambodia - 30 water projects  |
| Central African Republic - 21 water projects  |
| Cote d'Ivorire - 58 water projects  |
| Kenya - 8 water projects  |
| Malawi - 142 water projects   |
| Sierra Leone - 15 water projects  |
| Uganda - 60 water projects  |
| Form 990, Part VI, Line 11A - Organization's Process to Review Form 990   |
| The return preparer emails a draft of the Form 990 to management for  |
| internal review. Revisions are input by the return preparer. The final Form   |
| 990 is then sent by the return preparer via email to the President and  |
| Chief Operating Officer and seated Board officers for final review. Once  |
| final approval is obtained from the above-stated 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.  |
|   |

Name of the organization

Charity Global Inc.

Employer identification number
22-3936753

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy charity: water requires its Board Members to conduct business according to the highest ethical standards. Board Members must disclose any possible conflicts to directors and members of committees with governing boards so that the board may assess and prevent potential conflicts of interest from arising. If conflicts of interest are determined to exist, Board Members with such potential or actual conflicts of interest are barred from participating in deliberations and/or voting with regard to affected transactions.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
The process includes the following elements:

- 1. advance approval by the board of directors ("Board") or compensation committee of the Organization;
- 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 independent firms; and (iv) actual written

Name of the organization

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offers from similar organizations competing for the services of the person.

3. Contemporaneous documentation. The Board or compensation committee shall contemporaneously document the basis for its compensation determination, including documenting (i) the agreed-upon terms and date of approval; (ii) the members of the Board or compensation committee who (a)

the compensation arrangement; (iii) the comparability data obtained and relied upon and how such data was obtained; and (iv) any actions taken with

were present during debate on the compensation arrangement and (b) voted on

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.

2008 was the most recent year in which the process was undertaken.

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

This Policy provides a process for determining reasonable compensation of

Directors, Officers / and Key Employees / of Charity Global, Inc. (the

"Organization"), other listed individuals / as well as family members of

the foregoing.

The process includes the following elements:

- 1. advance approval by the board of directors ("Board") or compensation committee of the Organization;
- 2. use of appropriate comparability data; and
- 3. contemporaneous documentation.
- 1. Advance Review. The Board or compensation committee shall review and approve compensation arrangements in advance, provided that persons with a conflict of interest with respect to a given compensation arrangement do not participate in the review or approval of such compensation arrangement.

Name of the organization

Charity Global Inc.

Employer identification number 22-3936753

2. Comparability Data. To determine reasonable compensation, the Board or compensation committee shall obtain and rely on appropriate comparability data, including, but not limited to, (i) compensation levels paid by similarly situated organizations, both taxable and tax-exempt, for functionally comparable positions; (ii) the availability of similar services in the geographic area of the Organization; (iii) current compensation surveys compiled by independent firms; and (iv) actual written offers from similar organizations competing for the services of the person. 3. Contemporaneous documentation. The Board or compensation committee shall contemporaneously document the basis for its compensation determination, including documenting (i) the agreed-upon terms and date of approval; (ii) the members of the Board or compensation committee who (a) were present during debate on the compensation arrangement and (b) voted on the compensation arrangement; (iii) the 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.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
The public has access to a variety of information on the charity: water
website at www.charitywater.org. Available are press and media clippings,
stories and photos from the field projects, a Google Earth layer with GPS
coordinates and photos of completed projects, information about educational
exhibitions and programs like Water for Schools, criteria for sustainable
project and partner selection, and all completed audited financials. More
information is also available on www.guidestar.org.

Name of the organization

Charity Global Inc.

Employer identification number 22-3936753

#### Schedule R - Additional Information

Charity Global, Inc. established Charity Global Limited ("Charity Global Limited UK") in the United Kingdom, an affiliate organization governed by its own Board of Directors, and financially independent from Charity Global, Inc. Charity Global Limited UK received full charitable status from the UK Charities Commission in September of 2007, and is intended to operate in furtherance of Charity Global, Inc.'s mission in Europe. By virtue of the governing documents of Charity Global Limited UK, Charity Global, Inc. owns all the outstanding shares of, and thereby retains a majority voting interest in, Charity Global Limited UK.

#### Schedule O - Additional Information

Form 990, Part I, Line 1- Organization's Mission or Most Significant Activities (Continued):

- 1. education and awareness campaigns: charity: believes widespread education and awareness are essential for global change. charity: campaigns present issues like water and sanitation, hunger, AIDS, and prevetable disease in compelling ways to promote higher understading. Through field research and the use of technology, charity: produces multimedia exhibitions, events, public service announcements and grassroots activities. With a strong web presence, charity: creates and empowers a growing community of compassionate citizens.
- 2. products that give: charity: believes education and awareness are not enough. charity: seeks to spark giving by restoring faith in low level donations. Campaign-related products are developed and sold. 100% of all

| Name of the organization  Charity Global Inc.   | Employer identification number 22-3936753 |  |
|---|---|--|
| proceeds directly fund humanitarian programs. In an ac  | ge of billion-dollar                      |  |
| philanthropy, charity: believes that even small gifts   | can have great impact                     |  |
|   |   |  |
|   |   |  |
| showing results. charity: proves the work done in the   | field by using                            |  |
| internet technology and volunteers with cameras to br   | ing stories of                            |  |
| transformed lives and communities bak home. In real to  | ime, donors are able                      |  |
|   |   |  |
|   |   |  |
| Funds (Continued):  |   |  |
| Partners receive funding in two disbursements: half a   | t the start of the                        |  |
| program and the second half after they have successful  | lly completed half of                     |  |
| the work and submitted an interim report, which is rev  | viewed and signed off                     |  |
| by the water projects department. All program grant ac  | greements stipulate a                     |  |
| one-year time frame to complete the scope of the work   | , barring any approved                    |  |
| Charity Global Inc. 22-3936753  roceeds directly fund humanitarian programs. In an age of billion-dollar nilanthropy, charity: believes that even small gifts can have great impact |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |

## SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

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

OMB No. 1545-0047 **2009** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

► See separate instructions.

| Name of the organization Charity Global Inc.   |                                       |   |                            |  | er identification number      |
|--|---------------------------------------|---|----------------------------|--|-------------------------------|
| Part I Identification of Disregarded Entities (Complete if the   | e organization ans                    | wered "Yes" to Fo                             | rm 990, Part IV, li        | ne 33.)  |                               |
| (a) Name, address, and EIN of disregarded entity   | <b>(b)</b><br>Primary activity        | (c) Legal domicile (state or foreign country) | (d)<br>Total income        | (e)<br>End-of-year assets                        | (f) Direct controlling entity |
|  |                                       |   |                            |  |                               |
|  |                                       |   |                            |  |                               |
|  |                                       |   |                            |  |                               |
|  |                                       |   |                            |  |                               |
|  |                                       |   |                            |  |                               |
| Part II Identification of Related Tax-Exempt Organizations had one or more related tax-exempt organizations du | (Complete if the oring the tax year.) | rganization answe                             | red "Yes" to Form          | 1 990, Part IV, lin                              | e 34 because it               |
| (a) Name, address, and EIN of related organization   | (b)<br>Primary activity               | (c) Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity |
| Charity Global Limited c/o Dab Hand Media, Linton House London UK  | Charitable                            | UK  |                            |  | N/A                           |
|  |                                       |   |                            |  |                               |
|  |                                       |   |                            |  |                               |
|  |                                       |   |                            |  |                               |
|  |                                       |   |                            |  |                               |

| Schedule R (Form 990) 2009 Charity Global Inc                                   | c.                   |  | 22-3936  | 753  |   |                           |                                       |  |                                    | Page 2                                    |
|---|----------------------|--|--|--|---|---------------------------|---------------------------------------|--|------------------------------------|---|
| Part III Identification of Related Organizat because it had one or more related | ions Taxable         | as a l   | Partnership (  | Complete if the  | e organization a                              | inswered "Yes" to         | Form                                  | 990, Par   | t IV, line                         | 34  |
| (a)  Name, address, and EIN of related organization                             | (b) Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d) Direct controlling entity  | Predominant income (related, unrelated, excluded from tax under sections | (f) Share of total incom                      | (g)                       | (h) Disproportionat alloc.?           | (i)<br>Code \<br>te amount in<br>Schedu<br>(Form | )<br>/—UBI<br>box 20 of<br>ule K-1 | (j)<br>General or<br>managing<br>partner? |
|   |                      | ,,,  |  | 512-514)   |   |                           | Yes No                                | )  |                                    | Yes No                                    |
|   |                      |  |  |  |   |                           |                                       |  |                                    |   |
|   |                      |  |  |  |   |                           |                                       |  |                                    |   |
|   |                      |  |  |  |   |                           |                                       |  |                                    |   |
|   |                      |  |  |  |   |                           |                                       |  |                                    |   |
| Part IV Identification of Related Organizat line 34 because it had one or more  | ions Taxable         | as a (   | Corporation on the corporation of the corporation o | or Trust (Compared to a corporation                                      | olete if the orga                             | nization answere          | d "Yes                                | " to Form  | 990, Pa                            | art IV,                                   |
| (a)  Name, address, and EIN of related organization                             | (b) Primary activity | ı  | (c) Legal domicile (state or oreign country)   | (d) Direct controlling entity  | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g)<br>Share of<br>end-of-year assets |  | (h)<br>Percen<br>owners            | tage                                      |
|   |                      |  |  |  |   |                           |                                       |  |                                    |   |
|   |                      |  |  |  |   |                           |                                       |  |                                    |   |
|   |                      |  |  |  |   |                           |                                       |  |                                    |   |
|   |                      |  |  |  |   |                           |                                       |  |                                    |   |

## Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

| No   | te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.   |             |             | Yes   | No |  |  |  |
|--|---|-------------|-------------|-------|----|--|--|--|
|  | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-I |             |             |       |    |  |  |  |
| а  | Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity   |             | 1a          |       | X  |  |  |  |
| b  | Gift, grant, or capital contribution to other organization(s)   |             | 1b          |       | Х  |  |  |  |
| С  | Gift, grant, or capital contribution from other organization(s)   |             | 1c          |       | Х  |  |  |  |
| d  | Loans or loan guarantees to or for other organization(s)  |             | 1d          |       | X  |  |  |  |
| е  | Loans or loan guarantees by other organization(s)   |             | 1e          |       | X  |  |  |  |
|  |   |             |             |       |    |  |  |  |
| f  | Sale of assets to other organization(s)   |             | 1f          |       | X  |  |  |  |
| g  | Purchase of assets from other organization(s)   |             | 1g          |       | Х  |  |  |  |
| h  | Exchange of assets  |             | <u>1h</u> _ |       | Х  |  |  |  |
| i  | Lease of facilities, equipment, or other assets to other organization(s)  |             | 1i          |       | Х  |  |  |  |
|  |   |             |             |       |    |  |  |  |
| j  | Lease of facilities, equipment, or other assets from other organization(s)  |             | 1j          |       | x  |  |  |  |
| k Performance of services or membership or fundraising solicitations for other organization(s) |   |             |             |       |    |  |  |  |
| 1  | Performance of services or membership or fundraising solicitations by other organization(s)   |             | 11          |       | X  |  |  |  |
| m Sharing of facilities, equipment, mailing lists, or other assets                             |   |             |             |       |    |  |  |  |
| n Sharing of paid employees  |   |             |             |       |    |  |  |  |
|  |   |             |             |       |    |  |  |  |
| o  | Reimbursement paid to other organization for expenses   |             | 10          |       | X  |  |  |  |
| p Reimbursement paid by other organization for expenses  |   |             |             |       |    |  |  |  |
| _  |   |             |             |       |    |  |  |  |
| q  | Other transfer of cash or property to other organization(s)   |             | 1q          |       | Х  |  |  |  |
| r  | Other transfer of cash or property from other organization(s)   |             | 1r          |       | Х  |  |  |  |
|  | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships  |             |             |       |    |  |  |  |
|  | (a)   | (b)         | (c)         |       |    |  |  |  |
|  | Name of other organization  | Transaction | Amount in   | olved |    |  |  |  |
|  |   | type (a-r)  |             |       |    |  |  |  |
|  |   |             |             |       |    |  |  |  |
| (1)  |   |             |             |       |    |  |  |  |
|  |   |             |             |       |    |  |  |  |
| (2)  |   |             |             |       |    |  |  |  |
|  |   |             |             |       |    |  |  |  |
| (3)  |   |             |             |       |    |  |  |  |
|  |   |             |             |       |    |  |  |  |
| (4)  |   |             |             |       |    |  |  |  |
|  |   |             |             |       |    |  |  |  |
| (5)  |   |             |             |       |    |  |  |  |
|  |   |             |             |       |    |  |  |  |
| (6)  |   |             |             |       |    |  |  |  |

## Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

| or gross revenue) that was not a related organization. See instructions regarding  (a)  Name, address, and EIN of entity | <b>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | (d) Are all partners section 501(c)(3) organizations? |    | (e)<br>Share of<br>end-of-year<br>assets | alloca | ortionate<br>tions? | (g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene<br>man<br>part | h)<br>eral or<br>naging<br>tner? |
|--|--------------------------------|---|---|----|--|--------|---------------------|---|---------------------|----------------------------------|
|  |                                |   | Yes   | No |  | Yes    | No                  |   | Yes                 | No                               |
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