

Accounting Method: Cash Accrual Other (specify) H Check required to attach Schedule B (Form 990, 990-EZ, or 990-PF). I Website: www.cleanwaterfortheworld.org

Form 990-EZ

Short Form 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) Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury Internal Revenue Service

Open to Public for the 2012 calendar year, or tax year beginning 10-01-2012, and ending 09-30-2013

- Check if applicable: 5 Add or change name 6 Initial return 7 Terminated 8 Amended return

C Name of organization: CLEAN WATER FOR THE WORLD PO Box 20416 Number and street (or P. O. box, if mail is not delivered to street address) room/suite Kalamazoo, MI 49019 City or town, state or country, and ZIP + 4

D Employer identification number: 26-0970401 Application pending E Telephone number: (269) 343-1354 F Group Exemption Number: .

J Tax-exempt status (check only one) 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527 K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (b) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 69,311

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

1 Check if the organization used Schedule O to respond to any question in this Part I

Revenue 1 Contributions, gifts, grants, and similar amounts received 68,950

2 Program service revenue including government fees and contracts 0

3 Membership dues and assessments 0

4 Investment income 361

5a Gross amount from sale of assets other than inventory 0

5b Less: cost or other basis and sales expenses 0

5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 0

6 Gaming and fundraising events

6a Gross income from gaming (attach Schedule G if greater than \$15,000) 0

6b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 0

6c Less: direct expenses from gaming and fundraising events 0

6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 0

7a Gross sales of inventory, less returns and allowances 0

7b Less: cost of goods sold 27,948

7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) -27,948

8 Other revenue (describe in Schedule O) 0

9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 41,363

Expenses 10 Grants and similar amounts paid (list in Schedule O) 0

11 Benefits paid to or for members 0

12 Salaries, other compensation, and employee benefits 0

13 Professional fees and other payments to independent contractors 10,983

14	Occupancy, rent, utilities, and maintenance	14	699
15	Printing, publications, postage, and shipping	15	11,149
16	Other expenses (describe in Schedule O)	16	0
17	Total expenses. Add lines 10 through 16 ▶	17	22,831

Net Assets

18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	18,532
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	82,228
20	Other changes in net assets or fund balances (explain in Schedule O)	20	10,437
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	111,197

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I Form 990-EZ (2012)

Form 990-EZ (2012)

Page 2

Part II

Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II

(A) Beginning of year

(B) End of year

22 Cash, savings, and investments	38,388	22
56,920		
23 Land and buildings	0	23
0 24 Other assets (describe in Schedule O)	43,840	24
54,277		

25 Total assets		82,228	25
111,197	26 Total liabilities (describe in Schedule O).	0	26
	0		

27 Net assets or fund balances (line 27 of column (B) **must** agree with line 21) . . . 82,228 **27**

111,197

Part III Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III. <input type="checkbox"/> Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)
28 Distributed about 30 water purification units to various countries world wide as well as replenishment supplies and replacement parts for approximately 20 existing units already in operation. These systems provide clean water for some 10-20,000 people. (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a 0
29 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV) <input type="checkbox"/> Check if the organization used Schedule O to respond to any question in this Part IV. <input type="checkbox"/>				
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Jerry Bohl Director	20	0	0	0
Paul Flickinger Director	5	0	0	0
Bruce Meles President	10	0	0	0

Form **990-EZ** (2012)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

Yes

No

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

33

No

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

34

No

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

35a

No

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

35b

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

35c

No

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

36

No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶

37a 0

b Did the organization file Form 1120-POL for this year?

37b

No

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were

38a

any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

38a

No

b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

39a

b Gross receipts, included on line 9, for public use of club facilities

39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

40b

No

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

▶ 0

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization

▶ 0

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

40e

No

41 List the states with which a copy of this return is filed. ▶ MI

42a The organization's books are in care of ▶ Anthony Romano Telephone no. ▶ (269) 373-4348

Located at ▶ 1916 Timberlane DrivePortage,MI ZIP + 4 ▶ 49024

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

Yes
No
42b

No 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.**

c At any time during the calendar year, did the organization maintain an office outside the U.S.?

42c	No
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If "Yes," enter the name of the foreign country: ▶

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** Check here and enter the amount of tax-exempt interest received or accrued during the tax year **43**

No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of

Form 990-EZ **44a**

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ **44b**

Did the organization receive any payments for indoor tanning services during the year? **44c** No

d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O **44d**

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45a	No	45b
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Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of

Form 990-EZ (see instructions) **45b** Form **990-EZ** (2012)

Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	Yes	
	No	46
		No

Part VI

Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47-49b and 52, and check if the organization used Schedule O to respond to any question in this Part VI complete the tables for lines 50 and 51

47

Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	No
--	-----	----

48

Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	Yes	No
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49a

Did the organization make any transfers to an exempt non-charitable related organization?	Yes	No
---	-----	----

b

49b

If "Yes," was the related organization a section 527 organization?	Yes	No
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50

Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f

Total number of other employees paid over \$100,000 51

Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d

Total number of other independent contractors each receiving over \$100,000. 52

Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

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

Sign Here

Signature of officer: Anthony Romano, Treasurer

Date: 2013-11-13

Print/Type preparer's name: _____

Preparer's signature: _____

Date: _____

Check if self-employed

PTIN: _____

Firm's name: _____

Firm's EIN: _____

Firm's address: _____

Phone no.: _____

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Form 990-EZ, Special Condition Description:

Special Condition Description

Additional Data

[Return to Form](#)

Software ID: 12000197
Software Version: v1.00

SCHEDULE A (Form 990 or 990EZ)

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.

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

Open to Public Inspection 2012

Name of the organization

CLEAN WATER FOR THE WORLD

Employer identification number

Part I Reason for Public Charity Status

(All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 []

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2 []

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)

3 []

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4 []

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

6 []

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7 [x]

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

9 []

An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

10 []

An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

11 []

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a b c d [] Type I [] Type II [] Type III - Functionally integrated [] Type III - Non-functionally integrated []

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. []

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) [] Yes

No [] and (iii) below, the governing body of the supported organization? [] 11g(i)

(ii) A family member of a person described in (i) above? [] 11g(ii)

(iii) A 35% controlled entity of a person described in (i) or (ii) above? [] 11g(iii)

h

Provide the following information about the supported organization(s).

(i) Name of (ii) EIN (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the organization (vii) Amount of

supported organization	organization (described on lines 1- 9 above or IRC section (see instructions))	in col. (i) listed in your governing document?		organization in col. (i) of your support?		in col. (i) organized in the U.S.?		monetary support
		Yes	No	Yes	No	Yes	No	
Total								

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2012

Part II

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

Section A. Public Support. Check the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails the tests listed below, please complete Part III.

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received. 2 Tax revenues levied for the organization's benefit. 3 The value of services or facilities furnished by a governmental unit. 4 Total. Add lines 1 through 3. 5 The portion of total contributions by each person. 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 7 Amounts from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 9 Net income from unrelated business activities. 10 Other income. 11 Total support. 12 Gross receipts from related activities.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 14: Public support percentage for 2012. Row 15: Public support percentage for 2011.

16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box. 16b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box. 17a 10% facts and circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. 17b 10% facts and circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization.

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

Section A. Public Support. If you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14

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

check this box and stop here. Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 15

16 Public support percentage from 2011 Schedule A, Part III, line 15 16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 17

18 Investment income percentage from 2011 Schedule A, Part III, line 17 18

19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2012

Page **4**

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17/a or 17/b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Schedule A (Form 990 or 990-EZ) 2012

Additional Data

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Software Version: v1.00

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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 or 990-EZ.**

OMB No. 1545-0047

Open to Public
Inspection
2012

Name of the organization
CLEAN WATER FOR THE WORLD

Employer identification number

26-0970401	Identifier	Return Reference	Explanation
	F99Z_P01_S00_L20	Form 990-EZ, Part I, Line 20	Description;Amount^Increase to 21 finished units;5396 Increase in component parts inventory;5041^Total;10437^
	F99Z_P02_S00_L24	Form 990-EZ, Part II, Line 24	Description;EOY Amount^Inventory;54277^Total;54277^

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Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2012

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