TY 2013 Form 990EZ

e	efile Public Visual Render ObjectId: 201501539349200515 - Submission: 2015-06-02						
P.			Short Form			OMB No. 1545-1150	
_	Q	90-EZ	Return of Organization Exempt From Incom	0040			
For M			rivate	2013			
-		/ law, tl	he				
-			Open to Public				
		of the Treasury enue Service	Information about Form 990-EZ and its instructions is at <u>www.irs</u>	<u>.gov/1</u>	<u>orm99</u>	Inspection	
A	For th	he 2013 calenda	r year, or tax year beginning 10-01-2013 , and ending 09-30-201	4			
		if applicable: s change	C Name of organization CLEAN WATER FOR THE WORLD	D	Employ	er identification number	
	Name c	-	CLEAN WATER FOR THE WORLD		26-097	0401	
ō	Initial r	return	Number and street (or D. O. boy, if wail is not delivered to street address) Deem (suite	⁼	Telepho	ne number	
	Termina		Number and street (or P. O. box, if mail is not delivered to street address) Room/suite PO Box 20416			(269) 343-1354	
		ed return tion pending		F		xemption	
	, pprice		City or town, state or province, country, and ZIP or foreign postal code	+	Numbe	r▶	
			Kalamazoo, MI 49019				
	100010	ating Mathadu	Cash Accrual Other (specify)	k 🕨 🔹	_		
G /	ACCOUL					Schedule B	
						Z, or 990-PF).	
IV	Vebsit	te: 🕨 www.cleanwate	erfortheworld.org	III 990,	, 990-L2	2, 01 990-PF).	
JТ	ax-exe	empt status(check on	ly one) - 🔽 501(c)(3) 🧐 📉 501(c)() 📢 insert no.) 📉 4947(a)(1) or 📉 527				
K F	orm of	f organization: 🛛	Corporation Trust Association Other				
LA	dd lin	es 5b, 6c, and 7b	to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if	otal as	sets (Pa	art II, column (B) below)	
_	e \$500 Part I		Form 990 instead of Form 990-EZ				
_	aiti	Check if the	organization used Schedule O to respond to any question in this Part I	••••		· · · · · · · · · 🗸	
	1	Contributions, g	ifts, grants, and similar amounts received	••	1	63,765	
	2	Program service	e revenue including government fees and contracts	•	2	0	
	3	•	es and assessments		3	0	
	4		me	_	4	1,607	
	5a		rom sale of assets other than inventory 5a	0			
	b		her basis and sales expenses	0		0	
	с 6	Gaming and fun	om sale of assets other than inventory (Subtract line 5b from line 5a)	• •	5c	0	
Ð	a	-	om gaming (attach Schedule G if greater than \$15,000) 6a	0			
nue	b		om fundraising events (not including \$ 0 of contributions from				
Revenu		fundraising ever	nts reported on line 1) (attach Schedule G if the sum of such gross income and				
		contributions ex	ceeds \$15,000)	0			
	с	Less: direct exp	enses from gaming and fundraising events 6c	0	- 1		
	d		loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	0	
	7a	Gross sales of ir	nventory, less returns and allowances	0			
	ь	Less: cost of go		0	1		
	с	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0	
	8				8	0	
	9	Total revenue.	Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	•	9	65,372	
	10	Grants and simi	lar amounts paid (list in Schedule O)		10	41,069	
	11	-	or for members	•••	11	0	
65	12	-	compensation, and employee benefits	•••	12	0	
Expenses	13		s and other payments to independent contractors		13	2,333	
dx:	14		t, utilities, and maintenance	• •	14	0	
	15		tions, postage, and shipping	•••	15	2,312	
	16		(describe in Schedule O)	· .	16	14,398	
20	17 18		s. Add lines 10 through 16		17 18	60,112 5,260	
Assets	10		nd balances at beginning of year (from line 27, column (A)) (must agree with	•••	10	3,200	
t A			re reported on prior year's return)		19	111,197	
Net		,	, , ,				

https://pp-990-rendered.s3.amazonaws.com/201501539349200515_IRS990EZ_0.html?X-Amz-Algorithm=AWS4-HMAC-SHA256&X-Amz-Credential=AKIA266M... 1/8

23/5/2020	TY 2013 Form 990EZ		
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20 🕨 🛛	21	116,457
For Pape	erwork Reduction Act Notice, see the separate instructions. Cat. No. 10642I		Form 990-EZ (2013)

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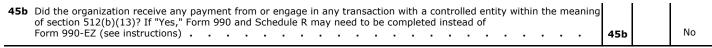
Form 990-EZ (2013)					Page 2
Part II Balance Sheets(see the instruction	ons for Part II)				
Check if the organization used Sched	lule O to respond to any	y question in this Part I	· · · · ·	• •	🗹
		(A) B	eginning of year		(B) End of year
22 Cash, savings, and investments			56,920	22	42,760
23 Land and buildings			0	23	0
24 Other assets (describe in Schedule O)			54,277	24	73,697
25 Total assets			111,197	25	116,457
26 Total liabilities (describe in Schedule O)			0	26	0
27 Net assets or fund balances (line 27 of colu	mn (B) must agree wit	h line 21)	111,197	27	116,457
Part III Statement of Program Servic Check if the organization used Schec	lule O to respond to any		,	(3	Expenses Lequired for section 501(c)) and 501(c)(4) ganizations and section
What is the organization's primary exempt purpos Provide simple, adaptable water purification system		mmunities without acce	ss to potable water.	49	947(a)(1) trusts; optional r others.)
Describe the organization's program service accon measured by expenses. In a clear and concise ma benefited, and other relevant information for each	nner, describe the servi			- 10	i others.)
28 Distributed about 35 water purification units to replacement parts for approximately 30 existing u some 10-20,000 people.					
(Grants \$ 0) If this amo	ount includes foreign gr	ants, check here	▶ 🗹	28a	48,983
29 (Grants \$) If this amo	ount includes foreign gr	ants, check here	►□	298	a
30					
(Grants \$) If this amo	ount includes foreign gr	ants, check here	. ▶ □	30a	a
31 Other program services (describe in Schedule	0)				
(Grants \$) If this amo	ount includes foreign gr	ants, check here	. 🕨 🗆	31a	a
32 Total program service expenses (add lines	28a through 31a)		🕨	32	48,983
Part IV List of Officers, Directors, Truster Check if the organization used Sched	es, and Key Employed lule O to respond to any	es (list each one even if no y question in this Part I'	t compensated see the	instri •	uctions for Part IV)
(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 benefit contributions to employee benefit pla and deferred compensation		(e) Estimated amount of other compensation
Jerry BohlDirector	20	0			
Paul FlickingerDirector	10	0			
Bruce MelesPresident	10	0			

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Ра	rt V Other Information (Note the Schedule A and personal benefit contract statement requirement 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		NO
с	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			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
ь.		504		
	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b	-		
39	Section 501(c)(7) organizations. Enter:	1	ŗ	1
а	Initiation fees and capital contributions included on line 9	-		
b	Gross receipts, included on line 9, for public use of club facilities	-		
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
с	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	<u>כ</u>		
е 41	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 List the states with which a copy of this return is filed.	40e		No
	The organization's books are in care of Anthony Romano Telephone no.	(269) 3	73-4348	3
720		4902		<u> </u>
		4902	<u>. </u>	
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
	If "Yes," enter the name of the foreign country:	42b		No
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
с	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		No
	If "Yes," enter the name of the foreign country: ►			
43 S	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	<u> </u>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		Yes	No
	Form 990-EZ	44a		No
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		No
с	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? <i>If "No," provide an explanation in Schedule O</i>	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No

TY 2013 Form 990EZ



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P	'a	a	ρ	4

Form 9	550 EE	(2010)							Page
								Yes	No
		e organization engage, directly or ind ates for public office? If "Yes," comple			If of or in opposition to	•••	46		No
Part	t VI	Section 501(c)(3) organizat	ions only						
		All section 501(c)(3) organizati Check if the organization used Sche							and
					VI	•••	• •	· · Yes	No
						ĺ			
		e organization engage in lobbying act ," complete Schedule C, Part II	vities or have a section	1 501(h) election in effe	ect during the tax year	?	47		No
48	Is the o	organization a school as described in	section 170(b)(1)(A)(ii)? If "Yes," complete So	chedule E		48		No
49a	Did the	e organization make any transfers to	an exempt non-charital	ble related organization			49a		No
b	If "Yes,	," was the related organization a sect	ion 527 organization?				49b		
50	Comple	ete this table for the organization's five	ve highest compensated	d employees (other tha	n officers, directors, tr	ustees a	nd kev	emplov	ees)
	who ea	ach received more than \$100,000 of c	compensation from the	organization. If there is	s none, enter "None."				
	(a) N	ame and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC)	(d) Health benefit contributions to employee benefit pla and deferred compensation	of		ated am compens	
NONE									
f	Total	number of other employees paid ove	r \$100,000 .				-		
51	Comple	ete this table for the organization's fiv	ve highest compensated		ors who each received	D	 an \$10	10,000 o	f
51	Comple		ve highest compensated e is none, enter "None.	п	ors who each received			0,000 o ensatior	
51	Comple	ete this table for the organization's finns the organization. If there	ve highest compensated e is none, enter "None.	п				-	
51	Comple	ete this table for the organization's finns the organization. If there	ve highest compensated e is none, enter "None.	п				-	
51	Comple	ete this table for the organization's finns the organization. If there	ve highest compensated e is none, enter "None.	п				-	
51	Comple	ete this table for the organization's finns the organization. If there	ve highest compensated e is none, enter "None.	п				-	
51	Comple	ete this table for the organization's finns the organization. If there	ve highest compensated e is none, enter "None.	п				-	
51	Comple	ete this table for the organization's finns the organization. If there	ve highest compensated e is none, enter "None.	п				-	
51	Comple	ete this table for the organization's finns the organization. If there	ve highest compensated e is none, enter "None.	п				-	
51 NONE	Comple	ete this table for the organization's fiven in the organization. If there is a station from the organization of the organizati	ve highest compensated e is none, enter "None. of each independent co	ntractor	(b) Type of service			-	
51	Comple	ete this table for the organization's finns the organization. If there	ve highest compensated e is none, enter "None. of each independent co	ntractor	(b) Type of service			-	
51 NONE	Comple comper Total Did t	ete this table for the organization's fiven nsation from the organization. If ther (a) Name and business address of number of other independent contra	ve highest compensated e is none, enter "None. of each independent co each independent co ctors each receiving over ? NOTE: All Section 50	ntractor er \$100,000	(b) Type of service			-	
51 NONE	Comple competent Total Did t none	ete this table for the organization's fives in the organization. If there is a station from the organization. If there (a) Name and business address is a statistic organization of the organization complete Schedule A statistic organization	ve highest compensated e is none, enter "None. of each independent co each independent co vertices each receiving over rectors each rectors each re	" ntractor er \$100,000. 11(c)(3) organizations a A	(b) Type of service	e (c)) Comp	vensation	
d 52 Jnder	Comple comper Total Did t none	ete this table for the organization's fiven nsation from the organization. If there (a) Name and business address of number of other independent contra the organization complete Schedule A exempt charitable trusts must attach	ve highest compensated e is none, enter "None. of each independent co ctors each receiving over rectors each receiving over a completed Schedule / mined this return, includ	ntractor er \$100,000. 11(c)(3) organizations a A	(b) Type of service	e (c)) Comp	vensation	
d 52 Under and be	Comple comper Total Did t none	ete this table for the organization's fin nsation from the organization. If ther (a) Name and business address number of other independent contra the organization complete Schedule A exempt charitable trusts must attach es of perjury, I declare that I have exa	ve highest compensated e is none, enter "None. of each independent co ctors each receiving ov ? NOTE: All Section 50 a completed Schedule / mined this return, includ ion of preparer (other th	ntractor er \$100,000 D1(c)(3) organizations a A	(b) Type of service	e (c)) Comp	vensation	
d 52 Jinder i and be Sign	Comple comper Total Did t none	ete this table for the organization's fin nsation from the organization. If ther (a) Name and business address number of other independent contra the organization complete Schedule A exempt charitable trusts must attach es of perjury, I declare that I have exa	ve highest compensated e is none, enter "None. of each independent co ctors each receiving ov ? NOTE: All Section 50 a completed Schedule / mined this return, includ ion of preparer (other th Signature of office	ntractor er \$100,000. 01(c)(3) organizations a A	(b) Type of service	e (c)) Comp	vensation	
d 52 Inder nd be	Comple comper Total Did t none	ete this table for the organization's fin nsation from the organization. If ther (a) Name and business address number of other independent contra the organization complete Schedule A exempt charitable trusts must attach es of perjury, I declare that I have exa	ve highest compensated e is none, enter "None. of each independent co ctors each receiving ov ? NOTE: All Section 50 a completed Schedule / mined this return, includ ion of preparer (other th	ntractor er \$100,000 D1(c)(3) organizations a A	(b) Type of service	e (c)) Comp	vensation	
d 52 Junder and be Sign Here	Total Did t none	ete this table for the organization's fin nsation from the organization. If ther (a) Name and business address number of other independent contra the organization complete Schedule A exempt charitable trusts must attach es of perjury, I declare that I have exa	ve highest compensated e is none, enter "None. of each independent co ctors each receiving over rectors each receiving over NOTE: All Section 50 a completed Schedule / mined this return, includ ion of preparer (other the Signature of office Anthony Romano	ntractor er \$100,000. 11(c)(3) organizations a A	(b) Type of service	e (c)) Comp	vensation	
d 52 Jinder Sign Here Paid	Total Did t none penaltic lief, it i	ete this table for the organization's finsation from the organization. If ther (a) Name and business address (b) Name and business address (c) Name and business (c) N	ve highest compensated e is none, enter "None. of each independent co ctors each receiving over ? NOTE: All Section 50 a completed Schedule / mined this return, includ ion of preparer (other the Signature of office <u>Anthony Romano</u> Type or print nam	ntractor er \$100,000. 11(c)(3) organizations a A	(b) Type of service	e (c)) Comp	vensation	
51 NONE d 52 Jinder I Jinder Sign Here Paid Prep	Total Did t none	ete this table for the organization's fination from the organization. If ther (a) Name and business address (b) Name and business address (c) Name address (c	ve highest compensated e is none, enter "None. of each independent co ctors each receiving over ? NOTE: All Section 50 a completed Schedule / mined this return, includ ion of preparer (other the Signature of office <u>Anthony Romano</u> Type or print nam	ntractor er \$100,000. 11(c)(3) organizations a A	(b) Type of service	e (c)) Comp	vensation	
d 52 Under and be Sign Here Paid Prep	Total Did t none penaltic lief, it i	ete this table for the organization's fination from the organization. If ther (a) Name and business address (b) Name and business address (c) Name address (c	ve highest compensated e is none, enter "None. of each independent co ctors each receiving over ? NOTE: All Section 50 a completed Schedule / mined this return, includ ion of preparer (other the Signature of office <u>Anthony Romano</u> Type or print nam	ntractor er \$100,000. 11(c)(3) organizations a A	(b) Type of service	e (c)) Comp	vensation	

Form 990-EZ, Special Condition Description:

Special Condition Description

Additional Data

Return to Form

Software ID: 13000241 Software Version: v1.00

efile Public Visual Render ObjectId: 201501539349200515 - Submission: 201							5-06-02	TI	N: 26-09	70401		
(Forr	m 990 ment of th	OULE A or 990E2	7 \	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. ► Attach to Form 990 or Form 990-EZ. See separate instructions.							201	3
Interna	I Revenu	e Service	► In	formation about So	hedule A (F	orm 990 or	990-EZ) an	d its instru	ctions is at	0	Open to P Inspect	
	www.irs.gov/form990. Inspection Name of the organization Employer identification number											
CLEAN	I WATEI	R FOR THE	WORLD						26-09704	01		
	rt I organiz			ic Charity Status					See instru	ctions.		
1		A church	n, conventior	of churches, or asso	ociation of ch	urches descr	ibed in secti	on 170(b)(1	L)(A)(i).			
2		A school	described ir	section 170(b)(1))(A)(ii). (Att	ach Schedule	e E.)					
3		A hospit	al or a coope	erative hospital servio	ce organizatio	on described	in section 1	70(b)(1)(A)(iii).			
4			al research c ity, and state	rganization operated	l in conjuncti	on with a hos	pital describ	ed in sectior	170(b)(1)	(A)(iii). Ente	er the hosp _	vital's
5				ated for the benefit ((Complete Part II.)	of a college o	r university o	owned or ope	rated by a go	overnmental	unit describe	d in sectio	n
6		A federa	l, state, or lo	ocal government or g	overnmental	unit describe	ed in section	170(b)(1)	(A)(v).			
7	\checkmark			normally receives a (A)(vi). (Complete P		art of its sup	port from a g	overnmental	unit or from	the general	public desc	ribed in
8				escribed in section :	,	A)(vi) . (Com	plete Part II.)				
9		from act investm	ivities relate ent income a	normally receives: (d to its exempt funct nd unrelated busines n 509(a)(2). (Com	ions—subjec ss taxable inc	t to certain e come (less se	xceptions, ar	nd (2) no mo	re than 331/3	% of its supp	ort from g	ross
10				nized and operated e			ic safety. Se	e section 50	9(a)(4).			
11		more pu	blicly suppor	nized and operated e ted organizations de supporting organiza	scribed in se	ction 509(a)(1) or section	509(a)(2). S				
		а 🗆 Ту	/peI b	🗌 Type II 🛛 c 🗌	Type III - F	unctionally in	tegrated	d 🗌 Typ	oe III - Non-f	unctionally ir	ntegrated	
е				, I certify that the or and other than one								
f		If the or	ganization re	eceived a written det	ermination fr	om the IRS t	hat it is a Ty	pe I, Type II,	or Type III s	supporting or	ganization	
g				06, has the organizat	ion accepted	any gift or c	ontribution fi	rom any of th	ie			
			g persons? rson who dir	ectly or indirectly cor	ntrols, either	alone or toge	ether with pe	rsons describ	oed in (ii)		Yes	No
		. ,		overning body of the							g(i)	
			,	r of a person describ d entity of a person	.,						g(ii) J(iii)	
h										119	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>
(i) (ii)EIN (iii) (iv) (iv) Supported organization (described on lines 1- 9 above or IRC section (described on lines) (iv) (iv) Is the organization in col. (i) listed in your governing document? (iv)					Did you i organizatio	v) notify the n in col. (i) support?	Is the orga col. (i) orga	/i) anization in anized in the S.?	(vi Amou monetary	int of		
				(see instructions))	Yes	No	Yes	No	Yes	No		
Tota	I											

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2013

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Schedule A (Form 990 or 990-EZ) 2013

Page **2**

Support Schedule for Organizations Described in Sections $170(b)(1)(A)(iv)$ and $170(b)(1)(A)(vi)$
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization fails to qualify under the tests listed below, please complete Part III.)
Saction A. Dublic Sunnart

5	ection A. Public Support				-		
	lendar year	(a)2009	(b)2010	(c)2011	(d)2012	(e)2013	(f)Total
1	Fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	68,169	86,366	54,131	69,311		343,350
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	68,169	86,366	54,131	69,311	65,373	343,350
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).						
6	Public support. Subtract line 5 from line 4.						343,350
S	ection B. Total Support						
	lendar year	(a)2009	(b) 2010	(c)2011	(d)2012	(e)2013	(f)Total
•	fiscal year beginning in) 🕨	• •					
7	Amounts from line 4.	68,169	86,366	54,131	69,311	65,373	343,350
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, whether or not the business is regularly carried on.						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).						
11	Total support (Add lines 7 through 10).						343,350
12	Gross receipts from related activities, e	etc. (see instructio	ons)			12	
	First five years. If the Form 990 is fo box and stop here					1(c)(3) organizatio	
S	ection C. Computation of Public	Support Perc	entage				
14	Public support percentage for 2013 (lir	ne 6, column (f) di	vided by line 11, o	column (f))		14	100 %
15	Public support percentage for 2012 Scl	hedule A, Part II, l	line 14			15	100 %
16a	33 1/3% support test-2013. If the	organization did n	ot check the box o	on line 13, and line	e 14 is 33 1/3% or	more, check this	box
	and stop here. The organization quali	fies as a publicly s	supported organization	ation			🕨 🗹
b	33 1/3% support test—2012. If the	e organization did	not check a box o	n line 13 or 16a, a	and line 15 is 33 1	3% or more, chec	k this
	box and stop here. The organization						
17a	10%-facts-and-circumstances test is 10% or more, and if the organization in Part IV how the organization meets organization	n meets the "facts the "facts-and-cire	-and-circumstance cumstances" test.	es" test, check thi The organization	s box and stop h qualifies as a publ	ere. Explain licly supported	
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organiz Explain in Part IV how the organizatio supported organization	t—2012. If the or ation meets the "f on meets the "facts	rganization did not facts-and-circumst s-and-circumstanc	t check a box on li ances" test, checl es" test. The orga	ine 13, 16a, 16b, k this box and sto mization qualifies	p here. as a publicly	
18	Private foundation. If the organization						
10	instructions						
							or 990-EZ) 2013

Page 3 ------

Schedule A	Form	990 o	r 990-EZ)	2013

Pa	art III Support Schedule for						
	(Complete only if you on the organization fails to						der Part II. If
50	ction A. Public Support	o quality under	the tests listed	below, please		1.)	
	ndar year				6 D a a 4 a		
	fiscal year beginning in) 🕨	(a)2009	(b) 2010	(c)2011	(d)2012	(e)2013	(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						
-	Cross respires from activities that are				_		
3	Gross receipts from activities that are not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge.						
6	Total. Add lines 1 through 5.						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
-	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line						
	13 for the year.						
С	Add lines 7a and 7b.						
8	Public support (Subtract line 7c from line 6.)						
50	ction B. Total Support						
30							
Cale	ndar year	(a)2009	(b) 2010	(c)2011	(d)2012	(e)2013	(f)Total
Cale (or	ndar year fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c)2011	(d)2012	(e)2013	(f)Total
Cale (or 9	ndar year fiscal year beginning in) Amounts from line 6	(a) 2009	(b)2010	(c)2011	(d)2012	(e)2013	(f)Total
Cale (or	ndar year fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c)2011	(d)2012	(e)2013	(f)Total
Cale (or 9	ndar year fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and	(a) 2009	(b) 2010	(c)2011	(d)2012	(e)2013	(f)Total
Cale (or 9 10a	ndar year fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	(a)2009	(b)2010	(c)2011	(d)2012	(e)2013	(f)Total
Cale (or 9	ndar year fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and	(a)2009	(b)2010	(c)2011	(d)2012	(e)2013	(f)Total
Cale (or 9 10a	Indar year fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,	(a)2009	(b)2010	(c)2011	(d)2012	(e)2013	(f)Total
Cale (or 9 10a b	ndar year fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.	(a)2009	(b)2010	(c)2011	(d)2012	(e)2013	(f)Total
Cale (or 9 10a	ndar year fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business	(a)2009	(b)2010	(c)2011	(d)2012	(e)2013	(f)Total
Cale (or 9 10a b	Indar year Fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b,	(a)2009	(b)2010	(c)2011	(d)2012	(e)2013	(f)Total
Cale (or 9 10a b	ndar year fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is	(a)2009	(b)2010	(c)2011	(d)2012	(e)2013	(f)Total
Cale (or 9 10a b	ndar year fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain	(a)2009	(b)2010	(c)2011	(d)2012	(e)2013	(f)Total
Cale (or 9 10a b	Indar year Fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital	(a)2009	(b)2010	(c)2011	(d)2012	(e)2013	(f)Total
Cale (or 9 10a b	Indar year Fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	(a)2009	(b)2010	(c)2011	(d)2012	(e)2013	(f)Total
Cale (or 9 10a b c 11	 Indar year Fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.). 						
Cale (or 9 10a b c 11	 Indar year Fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for 	r the organization	's first, second,	third, fourth, or fi	fth tax year as a	501(c)(3) organi	zation, check this
Cale (or 9 10a b c 11 12 13 14	 Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for 	r the organization	l's first, second,	third, fourth, or fi	fth tax year as a	501(c)(3) organi	zation, check this
Cale (or ' 9 10a b c 11 12 13 14 Se	 Indar year Fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for box and stop here. 	r the organization	I's first, second,	third, fourth, or fi	fth tax year as a	501(c)(3) organi	zation, check this
Cale (or '9 10a b c 11 12 13 14 <u>Se</u> 15	 Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for box and stop here	r the organization Support Perce	n's first, second, intage ivided by line 13	third, fourth, or fi	fth tax year as a	501(c)(3) organi	zation, check this
Cale (or '9 10a b c 11 12 13 14 <u>Se</u> 15 16	 Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for box and stop here	r the organization Support Perce ne 8, column (f) d Schedule A, Part I	's first, second, entage ivided by line 13 II, line 15	third, fourth, or fi	fth tax year as a	501(c)(3) organi	zation, check this
Cale (or '9 10a b c 11 12 13 14 <u>Se</u> 15 16 <u>Se</u>	 Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for box and stop here	r the organization Support Perce re 8, column (f) d Schedule A, Part I ment Income	I's first, second, 	third, fourth, or fi 	fth tax year as a	501(c)(3) organi 	zation, check this
Cale (or 9 10a b c 11 12 13 14 <u>Se</u> 15 16 <u>Se</u> 17	 Indar year Fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for box and stop here	r the organization Support Perce ne 8, column (f) d Schedule A, Part I ment Income 13 (line 10c, colu	I's first, second, 	third, fourth, or fi 	fth tax year as a	501(c)(3) organi 	zation, check this
Cale (or 9 9 10a b c 11 12 13 14 15 16 15 16 5 e 17 18	 Indar year Fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for box and stop here	r the organization Support Perce ne 8, column (f) d Schedule A, Part I ment Income 13 (line 10c, colu 012 Schedule A,	I's first, second, 	third, fourth, or fi 	fth tax year as a	501(c)(3) organi 15 16 17 18	zation, check this
Cale (or ' 9 10a b c 11 12 13 14 <u>Se</u> 15 16 5 e 17 18 19a	 Indar year Fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for box and stop here	r the organization Support Perce The 8, column (f) d Schedule A, Part I ment Income 13 (line 10c, colu 13 (line 10c, colu 13 (colu colu 14 (colu colu 15 (colu 16 (colu 17	n's first, second, i's first, second, ivided by line 13 II, line 15 Percentage mn (f) divided by Part III, line 17 not check the bo	third, fourth, or fi 	fth tax year as a	501(c)(3) organi 501(c)(3) organi 15 16 17 18 an 331/3%, and 1	zation, check this
Cale (or ' 9 10a b c 11 12 13 14 <u>Se</u> 15 16 5 e 17 18 19a	 Indar year Fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for box and stop here	r the organization Support Perce ne 8, column (f) d Schedule A, Part I ment Income 13 (line 10c, colu 012 Schedule A, organization did top here. The org	I's first, second, 	third, fourth, or fi 	fth tax year as a	501(c)(3) organi 501(c)(3) organi 15 16 17 18 an 331/3%, and l ation	zation, check this

20 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) 2013

Page 4

Schedule A (Form 990 or 990-EZ) 2013

Part IV

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

Facts And Circumstances Test

Return Reference

Explanation

Schedule A (Form 990 or 990-EZ) 2013

Additional Data

Return to Form

Software ID: 13000241 Software Version: v1.00

efile Public Visual Rende	r Objectld: 201501539349200515 - Submission: 2015-06-02		TIN: 26-0970401				
Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ► Attach to Form 990, 990-EZ, or 990-PF. ► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instr <u>www.irs.gov/form990</u> .	 Attach to Form 990, 990-EZ, or 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at 					
Name of the organization CLEAN WATER FOR THE WORLD		Employer id 26-0970401	entification number				
Organization type (check	cone):	•					
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundate	tion					
Form 990-PF	 527 political organization 501(c)(3) exempt private foundation 						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note**.Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Cat. No. 30613X

Part I

(a) No.

RESTRICTED

(a) No.

(a) No.

(a) No.

(a) No.

(a) Nó. Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

RESTRICTED

Name of organization

CLEAN WATER FOR THE WORLD

Page 2 **Employer identification** number 26-0970401 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) Name, address, and ZIP + 4 (d) Type of contribution (c) Total contributions Person Payroll RESTRICTED RESTRICTED RESTRICTED Noncash RESTRICTED, RESTRICTED RESTRICTED (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (c) Total contributions (b) (d) Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (c) Total contributions (b) (d) Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions. (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution Person \Box Payroll Noncash

		(Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		Person
	\$	Payroll Noncash
		(Complete Part II for noncash contributions.)

Page 3

	le B (Form 990, 990-EZ, or 990-PF) (2013)		Page 3
Name of organization CLEAN WATER FOR THE WORLD			Employer identification number
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		26-0970401
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	

Page 4 -----

Schedule	e B (Form 990, 990-EZ, or 990-PF) (2013)		Page 4
Name of organization Er CLEAN WATER FOR THE WORLD		Employer identification number	
CLEAN WAT	IER FOR THE WORLD	26-0970401	
Part III	Exclusively religious, charitable, etc., individua that total more than \$1,000 for the year. Complete For organizations completing Part III, enter the tota contributions of \$1,000 or less for the year. (Enter Use duplicate copies of Part III if additional space	ete columns (a) through (e) and the follo al of exclusively religious, charitable, etc this information once. See instructions	owing line entry. c.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	Transferee's name, address, and ZIP 4	(e) Transfer of gift Relatior	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	Transferee's name, address, and ZIP 4	(e) Transfer of gift Relation	Iship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	Transferee's name, address, and ZIP 4	(e) Transfer of gift Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	=		
	Transferee's name, address, and ZIP 4	(e) Transfer of gift Relatior	ship of transferor to transferee

Additional Data

Return to Form

Software ID: 13000241 **Software Version:** v1.00

efile Public	Visual	Render ObjectId: 201501539349200515 - Submission: 2015-	06-02	TIN: 26-0970401
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. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.		ons on	OMB No. 1545-0047	
Name of the org CLEAN WATER FOR			Employer identif	ication number
Return Reference		Explanation		
Form 990- EZ, Header, Line A	After review with an accountant and to better conform with the 990 and 990EZ definitions, an amended return was deemed necessary.			
Form 990- EZ, Header, Line B	After review with an accountant and to better conform with the 990 and 990EZ definitions, an amended return was deemed necessary.			
Form 990- EZ, Part I, Line 10	The cost of units and supplies that are distributed free of charge to non US recipients. These numbers include material cost, shipping and local contract services.			
Form 990- EZ, Part I, Line 16	Description;Amount^Program office expenses;40 Program travel;4692 Program conference and meetings;861 Program other expenses;2321 Mgmt other fees;40 Mgmt information technology;84 Mgmt other expenses;2977 Fundraising other fees;908 Fundraising advertising and promotion;2475^Total;14398^			
Form 990- EZ, Part II, Line 24	Finishe	d units and parts inventory		
Schedule B, Part I	Ile B, There was only 1, Datmouth College, and it was cash, which was not 1 of the type choices!			

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2013

Additional Data

Return to Form

Software ID: 13000241 **Software Version:** v1.00

efile Public Visual Render ObjectId:	201501539349200515 - Submission: 2015-06-02	TIN: 26-0970401	
TY 2013 IRS 990 e-File Render			
Name	CLEAN WATER FOR THE WORLD		
EIM	I: 26-0970401		
Software II	: 13000241		
Software Version	n: v1.00		
Explanation	After reviewing the books with an account data to coincide with 990 and 990EZ defin was necessary.	, 5	