efile Public Visual Render ObjectId: 201533129349200408 - Submission: 2015-11-08

TIN: 26-0970401

OMB No. 1545-1150

23/5/2020

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

		of the Treasury enue Service	Do not enter social security numbers on thiInformation about Form 990-EZ and its ins		-	-		Open to Public Inspection	
			r year, or tax year beginning 10-01-2014	, and er	nding 09-30-20	15			
		f applicable: (s change	C Name of organization				D Employe	er identification number	
$\overline{}$	Name c		CLEAN WATER FOR THE WORLD				26-0970401		
$\overline{}$	Initial re	_	Number and street (or P. O. box, if mail is not delivered to street	t address)	Room/suite		E Telephon	e number	
$\overline{}$		rn/terminated	PO Box 20416				((269) 343-1354	
ŏ	Amende	ed return	City or town, state or province, country, and ZIP or foreign post	al code		- 	Group Ex	remotion	
	Applicat	cion pending	Kalamazoo, MI 49019				Number	compaign	
ΙV	/ebsit	e: www.cleanwaterf	Cash Accrual Other (specify) \blacktriangleright fortheworld.org y one) - \checkmark 501(c)(3) \checkmark (insert no.) \bigcirc 4947(a)(1)) or 52	re (F			Schedule B Z, or 990-PF).	
K F	orm of	organization: 🔽	Corporation Trust Association Other						
			to line 9 to determine gross receipts. If gross receipts ar Form 990 instead of Form 990-EZ						
	art I		Expenses, and Changes in Net Assets or Fund						
		Check if the o	organization used Schedule O to respond to any question	in this F	Part I				
	1		fts, grants, and similar amounts received				1	45,877	
	2	Program service	revenue including government fees and contracts				2	17,109	
	3	<u> </u>	s and assessments				3	0	
	4	Investment inco	me		_		4	0	
	5a		om sale of assets other than inventory	5a		0	<u> </u>		
	b		er basis and sales expenses	5b		0	-		
	c		om sale of assets other than inventory (Subtract line 5b f	from line	· 5a)		5c	0	
	6	Gaming and fund	, ,						
9	а	_	om gaming (attach Schedule G if greater than \$15,000)	6a	1	0			
ent							1		
Revenue	b	fundraising even	om fundraising events (not including \$ 0 ts reported on line 1) (attach Schedule G if the		ntributions from				
		_	ss income and contributions exceeds \$15,000)	6b		0	- 1		
	С	•	enses from gaming and fundraising events	6c		0	-		
	d		oss) from gaming and fundraising events (add lines 6a a	1	nd subtract line 6		6d	0	
	7a	Gross sales of in	ventory, less returns and allowances	7a		0	-		
	b	Less: cost of goo		7b		0	-		
	С	Gross profit or (I	oss) from sales of inventory (Subtract line 7b from line 7	7a)			7c	0	
	8	•	describe in Schedule O)				8	0	
	9	Total revenue.	Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			. •	9	62,986	
	10	Grants and simil	ar amounts paid (list in Schedule O)				10	57,265	
	11	Benefits paid to	or for members				11	0	
68	12	Salaries, other c	ompensation, and employee benefits				12	0	
Expenses	13	Professional fees	and other payments to independent contractors				13	3,616	
χbε	14	Occupancy, rent	, utilities, and maintenance				14	0	
ш	15	Printing, publicat	tions, postage, and shipping				15	2,532	
	16	Other expenses	(describe in Schedule O)				16	12,028	
	17	Total expenses	Add lines 10 through 16			. ▶	17	75,441	
100	18	Excess or (defici	t) for the year (Subtract line 17 from line 9)				18	-12,455	
set	19	Net assets or fur	nd balances at beginning of year (from line 27, column (A	A)) (mus	t agree with			,	
Net Assets		end-of-year figur	re reported on prior year's return)				19	116,457	
θţ	20	Other changes in	n net assets or fund balances (explain in Schedule O)				20	0	
_	21	Net assets or fur	nd balances at end of year. Combine lines 18 through 20				21	104,002	
Foi	Pape	rwork Reductio	n Act Notice, see the separate instructions.		Cat. No. 10)642I		Form 990-EZ (2014)	

Page 2 ————

Form 990-EZ (2014)					Page 2
Part II Balance Sheets (see the instructions		atian in this Dart II			_
Check if the organization used Schedule	e O to respond to any d				· · · · · · · · · · · · · · · · · · ·
22 Cash, savings, and investments		(A) E	Beginning of year 42,760	22	(B) End of year 46,150
23 Land and buildings			•	23	0
24 Other assets (describe in Schedule O)			73,697	-	57,852
25 Total assets			116,457		104,002
26 Total liabilities (describe in Schedule O)		· · · · · · · · · · · · · · · · · · ·	•	26	0
27 Net assets or fund balances (line 27 of column		line 21)	116,457	27	104,002
Part III Statement of Program Service			•		Expenses
Check if the organization used Schedule	e O to respond to any o	question in this Part III			quired for section 501(c) and 501(c)(4)
What is the organization's primary exempt purpose?					and 301(c)(4) anizations; optional for
Provide simple, adaptable water purification systems Describe the organization's program service accomple				_ othe	ers.)
measured by expenses. In a clear and concise manne benefited, and other relevant information for each pr	er, describe the service				
28 Distributed over 40 water purification units to var					
replacement parts for approximately 35 existing units some 10-20,000 people.	s already in operation.	These systems provide	clean water for		
,	nt includes foreign gran	nts, check here	. 🕨 🔽	28a	64 200
29				204	64,390
(Grants \$) If this amour	nt includes foreign gran	nts, check here	. • □		
30	Te includes for eight gran	no, check here i i		29a	
30					
(Grants \$) If this amour	nt includes foreign gran	its, check here	. • 🗆	30a	
31 Other program services (describe in Schedule O)			_		
		nts, check here		31a	
32 Total program service expenses (add lines 28 Part IV List of Officers, Directors, Trustees,				J	64,390
Check if the organization used Schedule		•	•		•
(a) Name and title	(b) Average	(c)Reportable	(d) Health bene	efits,	(e) Estimated amount
	hours per week	compensation			of other compensation
	devoted to position	(Forms W-2/1099- MISC) (if not paid,	benefit plans and deferred		
		enter -0-)	compensatio		
Anne Bohl	0	0		0	0
President/Board Member					
Bruce Martin	0	0		0	0
Vice President/Board Member					
Anthony Romano	0	0		0	0
,	o l	· ·		U	
Treasurer/Board Member					
Bruce Meles	0	0		0	0
Secretary/Board Member					
Chuck Dombrowski	0	0		0	0
Board Member					
Jerry Bohl	0	0		0	0
•	o a	Ü		Ü	
Key Volunteer					
Judy Bohl	0	0		0	0
Key Volunteer					
Ben Ciuffa	0	0		0	0
Key Volunteer					
Paul Flickinger	0	0		0	0
	Ĭ	· ·		3	
Key Volunteer	-				
Mary Frances Ross	0	0		0	0
Key Volunteer					

(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
Dan Bushouse	0	0	0	0
Key Volunteer				

Form**990-EZ**(2014)

Page 3 —

Form	990-EZ (2014)			Page 3
Pa	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		
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	ĺ	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
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b	-	ĺ	
39	Section 501(c)(7) organizations. Enter:		ĺ	
а	Initiation fees and capital contributions included on line 9	4		
b	Gross receipts, included on line 9, for public use of club facilities	4		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		ĺ	
	section 4911 0; section 4912 0; section 4955 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958	<u>)</u>		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	<u>)</u>		
e 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	40e		No
	The organization's books are in care of Anthony Romano Telephone no.	(269) 3	73-434	3
	Located at 1916 Timberlane DrivePortage, MI ZIP + 4	4902	24	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	ī	· ·	
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114 , Report of Foreign Bank and Financial Accounts (FBAR)			
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	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	Γ		
44-	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		Yes	No
-+d	Form 990-EZ	44a		No
b	Did the organization operate one or more hospital facilities during the year? <i>If "Yes," Form 990 must be completed</i>	770		140
_	instead of Form 990-EZ	44b		No
	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

Form**990-EZ**(2014)

				-					
rm	990-EZ (20	(014)							Page
	330 22 (2							Yes	No
6		rganization engage, directly or ind		aign activities on beha		• •			
	candidate	es for public office? If "Yes," comple	ete Schedule C, Part I.				46		No
Par		Section 501(c)(3) organizat Il section 501(c)(3) organizati	_	estions 47-49h and	52 and c	omplete the ta	ahlas for l	ines 50	and 5
		theck if the organization used Sche						<u></u>	
								Yes	No
7		rganization engage in lobbying act complete Schedule C, Part II	ivities or have a section	` '	ect during t	,	. 47		No
8	Is the org	ganization a school as described in	section 170(b)(1)(A)(ii)	? If "Yes," complete Se	chedule E		. 48		No
9a	Did the or	rganization make any transfers to	an exempt non-charitat	ole related organization	1?		. 49a		No
b	If "Yes," v	was the related organization a sect	ion 527 organization?				. 49b		
0		this table for the organization's five received more than \$100,000 of or					es and key	employ	rees)
	(a) Nam	ne and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC)	cont employe and	ealth benefits, ributions to e benefit plans, d deferred npensation	(e) Estim of other o		
ONE									
									_
f 1	Complete	umber of other employees paid over this table for the organization's five tion from the organization. If the	ve highest compensated e is none, enter "None.	n .	•			•	
	Complete	this table for the organization's fiv	ve highest compensated e is none, enter "None.	n .	•			•	
1	Complete compensa	this table for the organization's fivation from the organization. If ther	ve highest compensated e is none, enter "None.	n .	•			•	
1	Complete compensa	this table for the organization's fivation from the organization. If ther	ve highest compensated e is none, enter "None.	n .	•			•	
1	Complete compensa	this table for the organization's fivation from the organization. If ther	ve highest compensated e is none, enter "None.	n .	•			•	
1	Complete compensa	this table for the organization's fivation from the organization. If ther	ve highest compensated e is none, enter "None.	n .	•			•	
1	Complete compensa	this table for the organization's fivation from the organization. If ther	ve highest compensated e is none, enter "None.	n .	•			•	
1	Complete compensa	this table for the organization's fivation from the organization. If ther	ve highest compensated e is none, enter "None.	n .	•			•	
1	Complete	this table for the organization's fivation from the organization. If ther (a) Name and business address	ve highest compensated e is none, enter "None. of each independent cou	ntractor	•			•	
1 DNE	Complete compensa	this table for the organization's fivation from the organization. If there (a) Name and business address address address address and the organization complete Schedule Astronomy and the organization complete Schedule Astronomy	ve highest compensated e is none, enter "None. of each independent control each independent control each independent control each receiving over the control e	er \$100,000 1(c)(3) organizations a	(b) Ty	pe of service		pensation	<u> </u>
d 2	Total nu Did the nonexe	this table for the organization's fivation from the organization. If there is a second of the contract of the contract organization complete Schedule Ampt charitable trusts must attach	ctors each receiving over the Note: All Section 50 a completed Schedule A	er \$100,000 1(c)(3) organizations a	(b) Ty	pe of service	(c) Comp	ensation Ves	n
d 2	Total nu Did the nonexe	this table for the organization's fivation from the organization. If there (a) Name and business address address address address and the organization complete Schedule Astronomy and the organization complete Schedule Astronomy	ctors each receiving over the completed Schedule Amined this return, include is hone.	er \$100,000 1(c)(3) organizations a	(b) Ty	pe of service	(c) Comp	vensation Ves	n N
d d 2	Total nu Did the nonexe	this table for the organization's fivation from the organization. If there is a company of the independent contract organization complete Schedule Ampt charitable trusts must attach of perjury, I declare that I have example to the independent of perjury, I declare that I have example the independent of perjury, I declare that I have example the independent of perjury, I declare that I have example the independent of perjury, I declare that I have example the independent of perjury, I declare that I have example the independent of perjury, I declare that I have example the independent of perjury is t	ctors each receiving over a completed Schedule A mined this return, includion of preparer (other th	er \$100,000	(b) Ty and 4947(a	pe of service a)(1) tatements, and to ion of which preposes the service of the	(c) Comp	vensation Ves	n N
d 2	Total nu Did the nonexe	this table for the organization's fivation from the organization. If there is a company of the independent contract organization complete Schedule Ampt charitable trusts must attach of perjury, I declare that I have example to the independent of perjury, I declare that I have example the independent of perjury, I declare that I have example the independent of perjury, I declare that I have example the independent of perjury, I declare that I have example the independent of perjury, I declare that I have example the independent of perjury, I declare that I have example the independent of perjury is t	ctors each receiving over NOTE: All Section 50 a completed Schedule Amined this return, includion of preparer (other the Anthony Romano)	er \$100,000	(b) Ty and 4947(a	pe of service	(c) Comp	vensation Ves	n N
d 2	Total nu Did the nonexe	this table for the organization's fivation from the organization. If ther (a) Name and business address amber of other independent contra corganization complete Schedule A empt charitable trusts must attach of perjury, I declare that I have exa rue, correct, and complete. Declarat	ctors each receiving over the compensate of each independent control of each receiving over the control of each receiving	er \$100,000	dules and sall informat	pe of service a)(1) tatements, and to ion of which prepose to the ion of which prepo	(c) Comp	vensation Ves	N.
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d 2 gn ere	Total nu Did the nonexe	this table for the organization's fivation from the organization. If ther (a) Name and business address amber of other independent contra corganization complete Schedule A empt charitable trusts must attach of perjury, I declare that I have exa rue, correct, and complete. Declarat	ctors each receiving over the compensate of each independent control of each receiving over the control of each receiving	er \$100,000	dules and sell informat	pe of service a)(1) tatements, and to ion of which prepose to the control of th	(c) Comp	vensation Ves	N.

23/5/2020 TY 2014 Form 990EZ

Form **990-EZ** (2014)

23/5/2020 TY 2014 Form 990EZ

Additional Data Return to Form

Software ID: 14000267 **Software Version:** v1.00

Form 990-EZ, Special Condition Description:

Special Condition Description

efile Public Visual Render

ObjectId: 201533129349200408 - Submission: 2015-11-08

TIN: 26-0970401

OMB No. 1545-0047

2014

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service 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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

ns is at Open to Public Inspection

		R FOR THE WORLD					Employer identification number			
							26-0970401			
	rt I	Reason for Public ation is not a private for		tus (All organization			See instructions.			
	Ji yai iiz	·		•	J ,	, ,	\/A\/:\			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) .								
2		A school described in s	section 170(b)	(1)(A)(ii). (Attach Sch	nedule E.)					
3		A hospital or a coopera	ative hospital se	rvice organization desc	ribed in sectior	170(b)(1)(A))(iii).			
4		A medical research organie, city, and state:		ted in conjunction with	a hospital desc	ribed in section	170(b)(1)(A)(iii). E	nter the hospital's		
5		An organization operate 170(b)(1)(A)(iv).		fit of a college or unive .)	rsity owned or o	operated by a go	overnmental unit descri	ibed in section		
6		A federal, state, or loc	al government o	or governmental unit de	escribed in sect	ion 170(b)(1)((A)(v).			
7	✓	An organization that n section 170(b)(1)(A		s a substantial part of it se Part II.)	s support from	a governmental	unit or from the gener	al public described in		
8		A community trust des	scribed in sectio	on 170(b)(1)(A)(vi).	(Complete Part	II.)				
9		from activities related	to its exempt fu d unrelated busi	s: (1) more than 33 1/3 inctions—subject to cer ness taxable income (le omplete Part III.)	tain exceptions,	and (2) no moi	re than 33 1/3% of its	support from gross		
10				ed exclusively to test fo	r public safety.	See section 50	9(a)(4).			
11		more publicly supporte	ed organizations	ed exclusively for the be described in section 50 he type of supporting o	09(a)(1) or sect	ion 509(a)(2). S	See section 509(a)(3)			
а			wer to regularly	erated, supervised, or c appoint or elect a majo 3.						
b			ipporting organi	pervised or controlled i zation vested in the sar and C.						
С				supporting organizatio tions). You must com				ated with, its		
d		functionally integrated	l. The organizati	ed. A supporting organ on generally must satis art IV, Sections A and	fy a distribution	requirement ar				
е				ived a written determir y integrated supporting		IRS that it is a	Гуре I, Туре II, Туре II	I functionally		
f	Enter	the number of support	-							
g				t the supported organiz		>	(-)	(-t)		
(i) Name of supported organization		(ii)EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	Is the organiz	v) zation listed in ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No				
Tota	ıl									

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2014 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.)

	If the organization fails t	o quality affact	the tests hated	below, piedse e	ompiete i art III	1/	
	Section A. Public Support						
	lendar year	(a)2010	(b) 2011	(c) 2012	(d)2013	(e) 2014	(f)Total
	r fiscal year beginning in) Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	86,366	54,131	69,311	65,373	62,987	338,168
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 5	Total. Add lines 1 through 3 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	86,366	54,131	69,311	65,373	62,987	338,168
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4.						338,168
5	Section B. Total Support						
	lendar year	(a)2010	(b) 2011	(c) 2012	(d)2013	(e) 2014	(f)Total
-	r fiscal year beginning in) 🕨				` '		
7	Amounts from line 4	86,366	54,131	69,311	65,373	62,987	338,168
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	loss from the sale of capital assets						
11	(Explain in Part VI.) Total support Add lines 7 through 10.						338,168
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	<u> </u>
	First five years. If the Form 990 is fo						
	check this box and stop here	-			•		•
_	Section C. Computation of Public						
	Public support percentage for 2014 (lir			column (f))		144	100.0/
	Public support percentage for 2013 Sci					14	100 %
						15	100 %
162	a 33 1/3% support test—2014. If the and stop here. The organization quali						
b	33 1/3% support test—2013. If the						
	box and stop here. The organization						V
17a	a 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets	n meets the "facts	-and-circumstance	es" test, check thi	s box and stop he	ere. Explain	
	organization						▶ □
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organiz Explain in Part VI how the organizatio	ation meets the "f	acts-and-circumst	tances" test, checl	k this box and sto	p here.	
	supported organization						▶ □
18	Private foundation. If the organization	on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	7b, check this box	c and see	
	instructions						►□

Schedule A (Form 990 or 990-EZ) 2014

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

 Support Schedule for Organizations Described in Section 303(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If
the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
	ndar year	(a)2010	(b) 2011	(c)2012	(d)2013	(e) 2014	(f)Total
(or f	iscal year beginning in) 🕨	(a)2010	(6)2011	(6)2012	(u)2013	(6)2014	(1)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						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5.						
7a	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.)						
Se	ction B. Total Support						
Cale	ndar year	(-) 2010	(h)2011	(-)2012	(4)2012	(-)2014	(f)Takal
	iscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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.						
c	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 VI.)						
13	Total support. (Add lines 9, 10c,						
	11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization	n's first, second, t	third, fourth, or fi	fth tax year as a se	ection 501(c)(3) o	organization,
	check this box and stop here						▶ □
Se	ction C. Computation of Public	Support Perce	entage				
15	Public support percentage for 2014 (lir			, column (f))		15	
16	Public support percentage from 2013 S	Schedule A Part I	II line 15			16	
_						10	
	ction D. Computation of Invest			1: 40 '	(0)		
17	Investment income percentage for 20:	•	, ,	•	. ,,	17	
18	Investment income percentage from 2	013 Schedule A,	Part III, line 17 .			18	
19a	33 1/3% support tests—2014. If the	e organization did	not check the ho	ox on line 14. and	line 15 is more th	an 33 _{1/3} %. and I	ine 17 is not
	more than 33 1/3%, check this box ar	-					
	•	-		•	,		
b	33 1/3% support tests—2013. If the	-			•		
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a pub	licly supported org	anization	▶□
20	Private foundation. If the organization	on did not check a	a box on line 14.	19a, or 19b, chec	k this box and see	instructions	▶□

Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2014

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.			
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was	1		
	described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.			
	Delow.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.			
	GCC//////GCO//	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you	-		
74	checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			<u> </u>
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.			
	the foreign supported organization was used exclusively for section 170(c)(2)(b) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			
	organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	35		
·	Substitutions only. Was the substitution the result of all event beyond the organization's control:	F-		
_	Did the constitution was ide assessed (whether in the forms of assessed as the was initial of assessed as failthing) to assess	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .			
		6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).			
		7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,")		
	provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets	30		
	in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.			
		10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).			
	5	10b		
	Schedule A (Form 990	or 99	0-EZ)	2014

Sch	nedule A (Form 990 or 990-EZ) 2014		F	Page 5
Pa	art IV Supporting Organizations (continued)			
			Yes	No
11	1 Has the organization accepted a gift or contribution from any of the following persons?			
а				
	governing body of a supported organization?	11a		
b	b A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
_ 5	Section B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
9	Section C. Type II Supporting Organizations			T
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
		1		
	Section D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
		3		<u> </u>
9	Section E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	instruc	tions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the			
	supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the			
	organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		_
3	Parent of Supported Organizations. Answer (a) and (b) below.			
_	 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>. 	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

L	Check here if the organization satisfied the Integral Part Test as a qualifying true Type III non-functionally integrated supporting organizations must complete Se			ructions. All other
			(A) Prior Year	(B) Current Year
:	Section A - Adjusted Net Income		(A) FIIOI Teal	(optional)
ı	Net short-term capital gain	1		
ı	Recoveries of prior-year distributions	2		
(Other gross income (see instructions)	3		
/	Add lines 1 through 3	4		
1	Depreciation and depletion	5		
i	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
(Other expenses (see instructions)	7		
4	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
_	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year
	Aggregate fair market value of all non-exempt-use assets (see instructions for short ax year or assets held for part of year):	1		(antional)
a /	Average monthly value of securities	1a		
b /	Average monthly cash balances	1b		
c i	Fair market value of other non-exempt-use assets	1c		
d ·	Total (add lines 1a, 1b, and 1c)	1d		
e I	Discount claimed for blockage or other factors (explain in detail in Part VI):			
,	Acquisition indebtedness applicable to non-exempt use assets	2		
9	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
ı	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
ı	Aultiply line 5 by .035	6		
ı	Recoveries of prior-year distributions	7		
ı	dinimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
,	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
I	Enter 85% of line 1	2		
ı	Inimum asset amount for prior year (from Section B, line 8, Column A)	3		
ı	Enter greater of line 2 or line 3	4		
]	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency emporary reduction (see instructions)	6		
	 Check here if the current year is the organization's first as a non-functionally-in instructions) 	itegrated		ganization (see

Schedule A (Form 990 or 990-EZ) 2014

Se	ection D - Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9	Distributable amount for 2014 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014:			
a From 2009 X			
b From 2010 X			
c From 2011 X			
d From 2012 X			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
Excess distributions carryover to 2015. Add lines 3j and 4c.			
B Breakdown of line 7:			
a From 2010 X			
b From 2011 X			
c From 2012 X			
d From 2013			
e From 2014			

Schedule A (Form 990 or 990-EZ) (2014)

Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this

part for any additional	information. (See instructions).
	Facts And Circumstances Test
Poturn Poforonco	Evolunation

Additional Data Return to Form

> **Software ID:** 14000267 **Software Version:** v1.00

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ObjectId: 201533129349200408 - Submission: 2015-11-08

TIN: 26-0970401

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization CLEAN WATER FOR THE WORLD **Employer identification number** 26-0970401

Return Reference	Explanation
Form 990- EZ, Part I, Line 16	Description; Amount Office Expense; 417 Travel; 3506 Conference; 597 Other Expenses; 2605 Information Technology; 434 Other Expenses; 2082 Other Fees; 1205 Advertising and Promotion; 1156 Mileage; 26 Total; 12028 \cdot
Form 990- EZ, Part II, Line 24	Description;EOY Amount^Inventory;57852^Total;57852^

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

Cat. No. 51056K

Additional Data Return to Form

> **Software ID:** 14000267 **Software Version:** v1.00

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ObjectId: 201533129349200408 - Submission: 2015-11-08

TIN: 26-0970401

OMB No. 1545-0047

2014

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service 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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

ns is at Open to Public Inspection

		R FOR THE WORLD					Employer identific	cation number	
							26-0970401		
	rt I	Reason for Public ation is not a private for		tus (All organization			See instructions.		
	Ji yai iiz	·		•	J ,	, ,	\/A\/:\		
1		,	•	association of churches		ction 170(b)(1	.)(A)(I).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)							
3		A hospital or a coopera	ative hospital se	rvice organization desc	ribed in sectior	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:							
5		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 loc	al government o	or governmental unit de	escribed in sect	ion 170(b)(1)((A)(v).		
7	✓	An organization that n section 170(b)(1)(A		s a substantial part of it se Part II.)	s support from	a governmental	unit or from the gener	al public described in	
8		A community trust des	scribed in sectio	on 170(b)(1)(A)(vi).	(Complete Part	II.)			
9		from activities related	to its exempt fu d unrelated busi	s: (1) more than 33 1/3 inctions—subject to cer ness taxable income (le omplete Part III.)	tain exceptions,	and (2) no moi	re than 33 1/3% of its	support from gross	
10				ed exclusively to test fo	r public safety.	See section 50	9(a)(4).		
11		more publicly supporte	ed organizations	ed exclusively for the be described in section 50 he type of supporting o	09(a)(1) or sect	ion 509(a)(2). S	See section 509(a)(3)		
а			wer to regularly	erated, supervised, or c appoint or elect a majo 3.					
b			ipporting organi	pervised or controlled i zation vested in the sar and C.					
С				supporting organizatio tions). You must com				ated with, its	
d		functionally integrated	l. The organizati	ed. A supporting organ on generally must satis art IV, Sections A and	fy a distribution	requirement ar			
е				ived a written determir y integrated supporting		IRS that it is a	Гуре I, Туре II, Туре II	I functionally	
f	Enter	the number of support	-						
g				t the supported organiz		>	(-)	(-t)	
(i) Name of supported organization		(ii)EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	Is the organiz	v) zation listed in ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No			
Tota	ıl								

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2014

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 t	o qualify under	the tests listed	below, please c	omplete Part III	.)	
	ection A. Public Support						
	lendar year	(a)2010	(b) 2011	(c)2012	(d) 2013	(e) 2014	(f)Total
	fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	86,366	54,131	69,311			338,168
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 5	Total. Add lines 1 through 3 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	86,366	54,131	69,311	65,373	62,987	338,168
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4.						338,168
S	ection B. Total Support						
	lendar year	(a)2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f)Total
(OI	fiscal year beginning in) Amounts from line 4	86,366	54,131	69,311	65,373	62,987	338,168
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and	00,300	34,131	05,511	03,373	02,307	330,100
9	income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on						
10 11	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support Add lines 7 through			3			
	10.						338,168
	Gross receipts from related activities, e					12	
13	First five years. If the Form 990 is fo check this box and stop here	_			•		
_							
	Lection C. Computation of Public Public support percentage for 2014 (lin			column (f))		1	
	Public support percentage for 2013 Sci					14	100 %
						15	100 %
тоа	a 33 1/3% support test—2014. If the and stop here. The organization quality	-		•		•	
D	33 1/3% support test—2013. If the box and stop here. The organization	•		•		•	
. .	•		,				🐷
1/a	is 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets	n meets the "facts	-and-circumstance	es" test, check thi	s box and stop he	ere. Explain	
	organization						▶□
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organiz Explain in Part VI how the organizatio	ation meets the "f n meets the "facts	acts-and-circumst s-and-circumstanc	ances" test, check es" test. The orga	k this box and sto inization qualifies	p here. as a publicly	. .
	supported organization						▶□
18	Private foundation. If the organization		•		•		▶□
	instructions		<u></u>				

Schedule A (Form 990 or 990-EZ) 2014

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

 Support Schedule for Organizations Described in Section 303(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If
the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
	ndar year	(a)2010	(b) 2011	(c)2012	(d)2013	(e) 2014	(f)Total
(or f	iscal year beginning in) 🕨	(a)2010	(6)2011	(6)2012	(u)2013	(6)2014	(1)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						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5.						
7a	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.)						
Se	ction B. Total Support						
Cale	ndar year	(-) 2010	(h)2011	(-)2012	(4)2012	(-)2014	(f)Takal
	iscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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.						
c	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 VI.)						
13	Total support. (Add lines 9, 10c,						
	11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization	n's first, second, t	third, fourth, or fi	fth tax year as a se	ection 501(c)(3) o	organization,
	check this box and stop here						▶ □
Se	ction C. Computation of Public	Support Perce	entage				
15	Public support percentage for 2014 (lir			, column (f))		15	
16	Public support percentage from 2013 S	Schedule A Part I	II line 15			16	
_						10	
	ction D. Computation of Invest			1: 40 '	(0)		
17	Investment income percentage for 20:	•	, ,	•	. ,,	17	
18	Investment income percentage from 2	013 Schedule A,	Part III, line 17 .			18	
19a	33 1/3% support tests—2014. If the	e organization did	not check the ho	ox on line 14. and	line 15 is more th	an 33 _{1/3} %. and I	ine 17 is not
	more than 33 1/3%, check this box ar	-					
	•	-		•	,		
b	33 1/3% support tests—2013. If the	-			•		
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a pub	licly supported org	anization	▶□
20	Private foundation. If the organization	on did not check a	a box on line 14.	19a, or 19b, chec	k this box and see	instructions	▶□

Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2014

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.			
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was	1		
	described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.			
	Delow.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.			
	GCC//////GCO//	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you	-		
74	checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			<u> </u>
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.			
	the foreign supported organization was used exclusively for section 170(c)(2)(b) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			
	organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	35		
·	Substitutions only. Was the substitution the result of all event beyond the organization's control:	F-		
_	Did the constitution was ide assessed (whether in the forms of assessed as the was initial of assessed as failthing) to assess	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .			
		6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).			
		7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,")		
	provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets	30		
	in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.			
		10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).			
	5	10b		
	Schedule A (Form 990	or 99	0-EZ)	2014

Sch	nedule A (Form 990 or 990-EZ) 2014		F	Page 5
Pa	art IV Supporting Organizations (continued)			
			Yes	No
11	1 Has the organization accepted a gift or contribution from any of the following persons?			
а				
	governing body of a supported organization?	11a		
b	b A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
_ 5	Section B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
9	Section C. Type II Supporting Organizations			T
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
		1		
	Section D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
		3		<u> </u>
9	Section E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	instruc	tions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the			
	supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the			
	organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		_
3	Parent of Supported Organizations. Answer (a) and (b) below.			
_	 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>. 	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

L	Check here if the organization satisfied the Integral Part Test as a qualifying tru Type III non-functionally integrated supporting organizations must complete Se			ructions. All other
			(A) Prior Year	(B) Current Year
:	Section A - Adjusted Net Income		(A) FIIOI Teal	(optional)
ı	Net short-term capital gain	1		
ı	Recoveries of prior-year distributions	2		
(Other gross income (see instructions)	3		
/	Add lines 1 through 3	4		
1	Depreciation and depletion	5		
i	Portion of operating expenses paid or incurred for production or collection of gross ncome or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
(Other expenses (see instructions)	7		
4	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
_;	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year
	Aggregate fair market value of all non-exempt-use assets (see instructions for short ax year or assets held for part of year):	1		(antional)
a /	Average monthly value of securities	1a		
b /	Average monthly cash balances	1b		
c i	Fair market value of other non-exempt-use assets	1c		
d ·	Total (add lines 1a, 1b, and 1c)	1d		
e I	Discount claimed for blockage or other factors (explain in detail in Part VI):			
,	Acquisition indebtedness applicable to non-exempt use assets	2		
9	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
ı	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
ı	Multiply line 5 by .035	6		
ı	Recoveries of prior-year distributions	7		
ı	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
,	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
I	Enter 85% of line 1	2		
ı	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
ı	Enter greater of line 2 or line 3	4		
]	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency remporary reduction (see instructions)	6		
	 Check here if the current year is the organization's first as a non-functionally-in instructions) 	itegrated		ganization (see

Schedule A (Form 990 or 990-EZ) 2014

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9	Distributable amount for 2014 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014:			
a From 2009 X			
b From 2010 X			
c From 2011 X			
d From 2012 X			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
Excess distributions carryover to 2015. Add lines 3j and 4c.			
B Breakdown of line 7:			
a From 2010 X			
b From 2011 X			
c From 2012 X			
d From 2013			
e From 2014			

Schedule A (Form 990 or 990-EZ) (2014)

Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this

part for any additional information. (See instructions).		
Facts And Circumstances Test		
Poturn Poforonco	Evolunation	

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TIN: 26-0970401

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization CLEAN WATER FOR THE WORLD **Employer identification number** 26-0970401

Return Reference	Explanation
Form 990- EZ, Part I, Line 16	Description; Amount Office Expense; 417 Travel; 3506 Conference; 597 Other Expenses; 2605 Information Technology; 434 Other Expenses; 2082 Other Fees; 1205 Advertising and Promotion; 1156 Mileage; 26 Total; 12028 \cdot
Form 990- EZ, Part II, Line 24	Description;EOY Amount^Inventory;57852^Total;57852^

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

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