Form	990-EZ	

Short Form

OMB No. 1545-1150

2018

Open to Public

Return of Organization Exempt From Income Tax

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

A For the 2016 calendar year, or tax year beginning 10(1 20161, and ending 9(3) 20 19 B Creat regulate: Numer of comparation CLEAN WATER FOR THE WORLD D Employer identification number Instrumentation CLEAN WATER FOR THE WORLD E Telephone number PO Box 2016 Cuent states (the 20, box, fimal is not (the 20, box, fimal			of the Treasury nue Service	Go to www.irs.gov/Form990EZ for instructions and the lates	st informati	on.	inspection			
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New ethnome Windher and street (or P.O. box, if mail is not delivered to street address) PROm/Nulle E Telephone number Prior Antender Hand POD Box 20116 269-343-1354 269-343-1354 Chy or forus, state or province, country, and ZIP or foreign postal code F Group Exemption 269-343-1354 Anexide Hand Chy or forus, state or province, country, and ZIP or foreign postal code F Group Exemption Number and street (or P.O. box, if mail is not delivered to street address) M Check N E if the organization is not required to attach Schedule B C Accounting Monthal C Camposition C Opportation Trace exempt status (bmck only cms) M Check N E if the organization is not required to attach Schedule B Trace exempt status (bmck only cms) Pol insted of Crem 990-EZ. N E if the organization is not respond to any question in this Part I. S 106,922 Part I, column (B) are S500.000 or more, file Form 990-EZ. N E is the organization used Schedule D to respond to any question in this Part I. S 106,922 Part I, column (B) are S500.000 or more, file Form 990-EZ. 1 22,974 1 Contributions, gifts, grants, and similar amounts received . 1 22,974 2 Program service revenue including government fees and contrats 3 0 <th>_</th> <th></th> <th></th> <th></th> <th>D Employer i</th> <th>dentification number</th>	_				D Employer i	dentification number				
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Amendance mean City or town, state or province, courtry, and ZP or foreign postal code F Group. Exemption Application provides City or town, state or province, courtry, and ZP or foreign postal code F Group. Exemption Vebsite: ► wow.cleanwaterfortheworld.org H Check ► Z if the organization is not required to attach Schedule B If work of organization: C Corporation Trust Association Group Devices Variable: ► wow.cleanwaterfortheworld.org If an exempt Status (heck why one) - Sol(c)() If argos receipts are \$200,000 or more, off total assets Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I I 20,270 1 Contributions, gifts, grants, and similar amounts received I 21,2900 3 3 Gorgan service revenue including government lees and contracts I 21,2900 4 Isolation Sa 0 5 Gross amount from sale of assets other than inventory Sa 0 6 Garning and fundraising events Go contributions Sc 0 6 Gaross income from gamin	Н			2	69-343-1354					
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K Form of organization:	1	Website	www.	.cleanwaterfortheworld.org						
L Add lines 5b. 6c, and 7b To line's to determine gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	JI	Tax-exen	npt status (che	eck only one) - 🗹 501(c)(3) 🗌 501(c) () ◀ (insert no.) 🗌 4947(a)(1) or	527	(Form 990, 99	00-EZ, or 990-PF).			
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16 Other expenses (describe in Schedule O)	en	13								
16 Other expenses (describe in Schedule O)	2XD	14								
17 Total expenses. Add lines 10 through 16 16 17 128,824 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -19,902 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 97,065 20 Other changes in net assets or fund balances (explain in Schedule O) 20 0 0 21 Net assets or fund balances at end of year. Combine lines 18 through 20 1 20 0	ш	1.0								
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -19,902 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 97,065 20 Other changes in net assets or fund balances (explain in Schedule O) 20 20 0 21 Net assets or fund balances at end of year. Combine lines 18 through 20 10 21 77,163						· · 10				
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 97,065 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 10 21		_								
21 Net assets or fund balances at end of year. Combine lines 18 through 20	∋ts						-19,902			
21 Net assets or fund balances at end of year. Combine lines 18 through 20	SS				•		07.0/5			
21 Net assets or fund balances at end of year. Combine lines 18 through 20	Ϋ́	20				-				
	Re									
	Fo			· · · · · · · · · · · · · · · · · · ·		21	Form 990-EZ (2018)			

	990-EZ (2018)					Page 2
Pa		-				_
	Check if the organization used Schedule	e O to respond to ar				
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			55,649		48,101
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)		<u> </u>	41,416		29,062
25	Total assets			97,065		77,163
26	Total liabilities (describe in Schedule O)				26	0
27	Net assets or fund balances (line 27 of column		,	97,065	27	77,163
Par	-	•		·		Expoposo
	Check if the organization used Schedule		• •	Part III 🗌	(Rec	Expenses juired for section
What	is the organization's primary exempt purpose?	See Schedule O, Sta	itement 1			c)(3) and 501(c)(4)
as m	ribe the organization's program service accompli- leasured by expenses. In a clear and concise mons benefited, and other relevant information for each	nanner, describe the			orga othe	nizations; optional for rs.)
28	Distributed over 30 water purification units to variou					
	and replacement parts for approximately 25 existing	units already in oper	ation. These systems	s provide		
	clean water for some 10-20,000 people.					
	(Grants \$ 0) If this amount	includes foreign gra	ints, check here .	🕨 🗌	28a	91,642
29					•••	
30	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ L	29a	
31	(Grants \$) If this amount Other program services (describe in Schedule O)	includes foreign gra			30a	
	(Grants \$ 0) If this amount	includes foreign gra	ints, check here .	🕨 🗌	31a	0
32	Total program service expenses (add lines 28a	through 31a)		🕨	32	91,642
Par	List of Officers, Directors, Trustees, and Key	y Employees (list each	n one even if not comp	pensated-see the in	struc	ctions for Part IV)
	Check if the organization used Schedule	O to respond to ar	ny question in this I			
	(a) Name and title	(h-) A		Partiv		🗋
Anne		(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 employe	Ċ	Estimated amount of other compensation
Pres	Bohl	hours per week	Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	Ċ	
		hours per week devoted to position	Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	Ċ	other compensation
Chu	Bohl	hours per week devoted to position	Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	Ċ	other compensation
	e Bohl ident/Board Member	hours per week devoted to position 3.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	0	other compensation
Vice	e Bohl ident/Board Member ck Dombrowski	hours per week devoted to position 3.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	0	other compensation
Vice Susa	Bohl ident/Board Member :k Dombrowski President/Board Member	hours per week devoted to position 	Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 3	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	0 3	0 3
Vice Susa Trea	Bohl ident/Board Member :k Dombrowski President/Board Member in Krehbiel	hours per week devoted to position 	Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 3	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	0 3	0 3
Vice Susa Trea Lucy	e Bohl ident/Board Member ck Dombrowski President/Board Member in Krehbiel surer/Board Member	hours per week devoted to position 3.00 3.00 5.00	Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 3	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	0 3 0	0 3 0
Vice Susa Trea Lucy Secr	e Bohl ident/Board Member ck Dombrowski President/Board Member in Krehbiel surer/Board Member Dupes	hours per week devoted to position 3.00 3.00 5.00	Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 3	(d) Health benefits, contributions to employe benefit plans, and deferred compensation (0 3 0	0 3 0
Vice Susa Trea Lucy Secr Krist	e Bohl ident/Board Member ck Dombrowski President/Board Member in Krehbiel surer/Board Member Dupes etary/Board Member	hours per week devoted to position 	Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 3 0	(d) Health benefits, contributions to employe benefit plans, and deferred compensation (0 3 0	0 3 0 0 0
Vice Susa Trea Lucy Secr Krist Exec	e Bohl ident/Board Member :k Dombrowski President/Board Member in Krehbiel surer/Board Member Dupes etary/Board Member a Dover	hours per week devoted to position 	Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 3 0	(d) Health benefits, contributions to employe benefit plans, and deferred compensation (0 3 0	0 3 0 0 0
Vice Susa Trea Lucy Secr Krist Exec Bruc	Bohl ident/Board Member k Dombrowski President/Board Member n Krehbiel surer/Board Member Dupes etary/Board Member a Dover utive Director	hours per week devoted to position 3.00 5.00 3.00 25.00	Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 3 3 0 0 24,800	(d) Health benefits, contributions to employe benefit plans, and deferred compensation (0 3 0 0	0 3 0 0 0 0
Vice Susa Trea Lucy Secr Krist Exec Bruc Boar	e Bohl ident/Board Member ck Dombrowski President/Board Member in Krehbiel surer/Board Member Dupes etary/Board Member a Dover utive Director e Meles	hours per week devoted to position 3.00 5.00 3.00 25.00	Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 3 3 0 0 24,800	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	0 3 0 0	0 3 0 0 0 0
Vice Susa Trea Lucy Secr Krist Exec Bruc Boar Chris	e Bohl ident/Board Member ck Dombrowski President/Board Member in Krehbiel surer/Board Member Dupes etary/Board Member a Dover utive Director e Meles d Member	hours per week devoted to position 3.00 3.00 5.00 3.00 25.00 3.00	Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 3 3 0 0 24,800 0	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	0 33 00 00 00	other compensation 0 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Vice Susa Trea Lucy Secr Krist Exec Bruc Boar Chris Boar	e Bohl ident/Board Member ck Dombrowski President/Board Member in Krehbiel surer/Board Member Dupes etary/Board Member a Dover utive Director e Meles d Member stopher Dover	hours per week devoted to position 3.00 3.00 5.00 3.00 25.00 3.00	Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 3 3 0 0 24,800 0	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	0 33 00 00 00	other compensation 0 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Vice Susa Trea Lucy Secr Krist Exec Bruc Boar Chris Boar Marla	e Bohl ident/Board Member ck Dombrowski President/Board Member in Krehbiel surer/Board Member ^c Dupes etary/Board Member a Dover utive Director e Meles d Member stopher Dover d Member	hours per week devoted to position 3.00 3.00 5.00 3.00 25.00 3.00 3.00	Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 3 0 0 24,800 0 0	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	0 33 00 00 00 00 00 00	0 0 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Vice Susa Trea Lucy Secr Krist Exec Bruc Boar Chris Boar Marla Boar	e Bohl ident/Board Member ck Dombrowski President/Board Member in Krehbiel surer/Board Member Dupes etary/Board Member a Dover utive Director e Meles d Member stopher Dover d Member a Matt	hours per week devoted to position 3.00 3.00 5.00 3.00 25.00 3.00 3.00	Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 3 0 0 24,800 0 0	(d) Health benefits, contributions to employe benefit plans, and deferred compensation (((((((((((((((((((0 33 00 00 00 00 00 00	0 0 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Vice Susa Trea Lucy Secr Krist Exec Bruc Boar Chris Boar Marl Boar Kels Boar	e Bohl ident/Board Member ck Dombrowski President/Board Member in Krehbiel surer/Board Member Dupes etary/Board Member a Dover utive Director e Meles d Member stopher Dover d Member a Matt d Member ey O'Brien d Member	hours per week devoted to position 3.00 3.00 5.00 3.00 25.00 3.00 3.00 3.00	Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 3 3 0 0 24,800 0 24,800 0 0 0 0	(d) Health benefits, contributions to employe benefit plans, and deferred compensation (((((((((((((((((((0 0 3 0
Vice Susa Trea Lucy Secr Krist Exec Bruc Boar Chris Boar Marl Boar Kels Boar	e Bohl ident/Board Member ck Dombrowski President/Board Member in Krehbiel surer/Board Member Dupes etary/Board Member a Dover utive Director e Meles d Member stopher Dover d Member a Matt d Member ey O'Brien	hours per week devoted to position 3.00 3.00 5.00 3.00 25.00 3.00 3.00 3.00	Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 3 3 0 0 24,800 0 0 0 0 0 0	(d) Health benefits, contributions to employe benefit plans, and deferred compensation		0 0 3 0
Vice Susa Trea Lucy Secr Krist Exec Bruc Boar Chris Boar Marla Boar Kels Boar	e Bohl ident/Board Member ck Dombrowski President/Board Member in Krehbiel surer/Board Member Dupes etary/Board Member a Dover utive Director e Meles d Member stopher Dover d Member a Matt d Member ey O'Brien d Member	hours per week devoted to position 3.00 3.00 5.00 3.00 25.00 3.00 3.00 3.00 3.00	Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 3 3 0 0 24,800 0 24,800 0 0 0 0	(d) Health benefits, contributions to employe benefit plans, and deferred compensation		0 0 3 0
Vice Susa Trea Lucy Secr Krist Exec Boar Chris Boar Marla Boar Marla Boar Darc Boar	e Bohl ident/Board Member ck Dombrowski President/Board Member in Krehbiel surer/Board Member Dupes etary/Board Member a Dover utive Director e Meles d Member stopher Dover d Member a Matt d Member ey O'Brien d Member y O'Callaghan	hours per week devoted to position 3.00 3.00 5.00 3.00 25.00 3.00 3.00 3.00 3.00	Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 3 3 0 0 24,800 0 24,800 0 0 0 0	(d) Health benefits, contributions to employe benefit plans, and deferred compensation		0 0 3 0
Vice Susa Trea Lucy Secr Krist Exec Bruc Boar Chris Boar Marla Boar Kels Boar Kels Boar Andr	e Bohl ident/Board Member ck Dombrowski President/Board Member in Krehbiel surer/Board Member Dupes etary/Board Member a Dover utive Director e Meles d Member stopher Dover d Member a Matt d Member ey O'Brien d Member y O'Callaghan d Member	hours per week devoted to position 3.00 3.00 5.00 3.00 25.00 3.00 3.00 3.00 3.00 3.00 3.00	Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 3 0 0 24,800 0 0 0 0 0 0 0 0 0 0 0	(d) Health benefits, contributions to employe benefit plans, and deferred compensation		0 0 3 0
Vice Susa Trea Lucy Secr Krist Exec Bruc Boar Chris Boar Marl Boar Kels Boar Car Boar Andr Boar	e Bohl ident/Board Member ck Dombrowski President/Board Member in Krehbiel surer/Board Member · Dupes etary/Board Member a Dover utive Director e Meles d Member stopher Dover d Member a Matt d Member ey O'Brien d Member ey O'Brien d Member ey O'Callaghan d Member ew Schneider	hours per week devoted to position 3.00 3.00 5.00 3.00 25.00 3.00 3.00 3.00 3.00 3.00 3.00	Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 3 0 0 24,800 0 0 0 0 0 0 0 0 0 0 0	(d) Health benefits, contributions to employe benefit plans, and deferred compensation		0 0 3 0

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Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this		ν.	
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	Yes	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		~
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		~
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		~
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		~
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0 Did the organization file Form 1120-POL for this year?	37b		~
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		~
b 39 a b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: 39a Initiation fees and capital contributions included on line 9 39a Gross receipts, included on line 9, for public use of club facilities 39b Section 501(c)(7) organizations. Enter: 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 \triangleright			
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		~
c d	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 sections 4912, 4955, and 4958			
е	40c reimbursed by the organization	10-		
41	List the states with which a copy of this return is filed \blacktriangleright MI	40e		V
42a		269-50	1-011	3
h	Located at ► 6475 Sturbridge Dr, Kalamazoo, MI 49004 ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	490		
D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country >	42b	Yes	NO V
	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 United States? . If "Yes," enter the name of the foreign country	42c		~
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	• •	.	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No V
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		~
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		~
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		~

Form 99	90-EZ (2018)					F	age 4
						Yes	No
46	Did the organization engage, directly or in				ר 📗		
	to candidates for public office? If "Yes," of	complete Schedule C	Part I		46		~
Part	VI Section 501(c)(3) Organizations	s Only					
	All section 501(c)(3) organization	s must answer que	stions 47–49b and {	52, and complete the t	ables f	or lin	es
	50 and 51.						
	Check if the organization used Scl	hedule O to respond	to any question in th	nis Part VI			. [
	-	· · ·	- · ·			Yes	No
47	Did the organization engage in lobbying	activities or have a s	section 501(h) election	n in effect during the tax	< 🗌		
	year? If "Yes," complete Schedule C, Par	tll			47		~
48	Is the organization a school as described ir	n section 170(b)(1)(A)(i)? If "Yes," complete S	Schedule E	48		~
49a	Did the organization make any transfers to	o an exempt non-cha	ritable related organiz	ation?	49a		~
b	If "Yes," was the related organization a se	ection 527 organizatio	n?		49b		
50	Complete this table for the organization's	five highest compens	sated employees (othe	er than officers, directors	, truste	es, an	d ke
	employees) who each received more than	1\$100,000 of comper	nsation from the organ	nization. If there is none, e	enter "N	lone.'	,
		(b) Average	(c) Reportable	(d) Health benefits,			
	(a) Name and title of each employee	hours per week	compensation) Estimate other con		

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

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

Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." 51

	(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		_	
		-	
		-	
		-	
		-	
d	Total number of other independent contractors each receiving	over \$100,000 ►	
52	Did the organization complete Schedule A? Note: All se completed Schedule A		
	penalties of perjury, I declare that I have examined this return, including accompan rrect, and complete. Declaration of preparer (other than officer) is based on all info		

Sign Here	Signature of officer Robin Jung, Bookkeeper			Date		
	Type or print name and title					
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN
Use Only	Firm's name			Firm's	s EIN 🕨	
	Firm's address ►			Phone	e no.	
May the IRS	discuss this return with the pre	parer shown above? See instructions			🕨 [Yes 🗌 No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

26-0970401

. .		
CLEAN WATER FOR THE WORLD		

Part I	Reason for Public Charity Status (All organizations must complete this p	art.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 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 local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - **a Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in your governing document?		listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No				
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

	ule A (Form 990 or 990-EZ) 2018	tions Deseri	ihad in Caati	ana 170/h)/1)	(A)(iu) and 1	70/6//4//8//	Page 2
Par	(Complete only if you checked th						
	Part III. If the organization fails to						
Sect	ion A. Public Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	62,987	60,812	84,834	87,036	92,974	388,643
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	62,987	60,812	84,834	87,036	92,974	388,643
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						388,643
	ion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	62,987	60,812	84,834	87,036	92,974	388,643
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		3,049	3,049	4,621	3,048	13,767
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 VI.)						
11	Total support. Add lines 7 through 10						402,410
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	•			-		
Sect	ion C. Computation of Public Suppor			· · · · ·	<u>· · · · ·</u>		
14	Public support percentage for 2018 (line 6	¥		1 column (f))		14	96.58 %
15 16a	Public support percentage from 2017 Sch 33 ¹ / ₃ % support test—2018. If the organi	nedule A, Part I	II, line 14			15	97.12 %
	box and stop here. The organization qua		• • • •	•			
b	33 ¹ / ₃ % support test — 2017. If the organi this box and stop here. The organization						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts-	-and-circumsta	ances" test, ch	eck this box a	and stop here.	Explain in
b	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organization n Explain in Part VI how the organization n	ation meets the	e "facts-and-c	ircumstances"	test, check t	his box and s	top here.

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

(Complete only if you checked the box on line 10 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
5	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						
74	received from disqualified persons .						
b							
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	•						
	Add lines 7a and 7b						_
8	Public support. (Subtract line 7c from						
Saati	line 6.)						
		(a) 2014	(b) 0015	(a) 0016	(4) 0017	(a) 0010	(f) Total
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
	•						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	·					
14	First five years. If the Form 990 is for the	-			· ·		
<u></u>	organization, check this box and stop he						🕨
	on C. Computation of Public Suppor	•		10 1 (0)			0/
15	Public support percentage for 2018 (line			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		15	%
<u>16</u>	Public support percentage from 2017 Scl					16	%
-	on D. Computation of Investment In		-		(6)	47	
17	Investment income percentage for 2018 (-		17	%
18	Investment income percentage from 201					18	%
19a	$33^{1}/_{3}\%$ support tests - 2018. If the organ						
	17 is not more than $33^{1}/_{3}$ %, check this box	-	-	-		-	
b	331 /3% support tests -2017. If the organiz						
•••	line 18 is not more than 33 ¹ / ₃ %, check this	_	-	-			
_20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see ins	tructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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 described in section 509(a)(1) or (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.
- **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.
- **c** 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** 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.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 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 I of Schedule L (Form 990 or 990-EZ).*
- **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**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **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.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

Section C. Type II Supporting Organizations

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).

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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.

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 instructions).
- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. *Answer (a) and (b) below.*
- 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.
- 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.
- 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? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2018

Yes No

1

3

2a

2b

3a

3b

Yes No

....

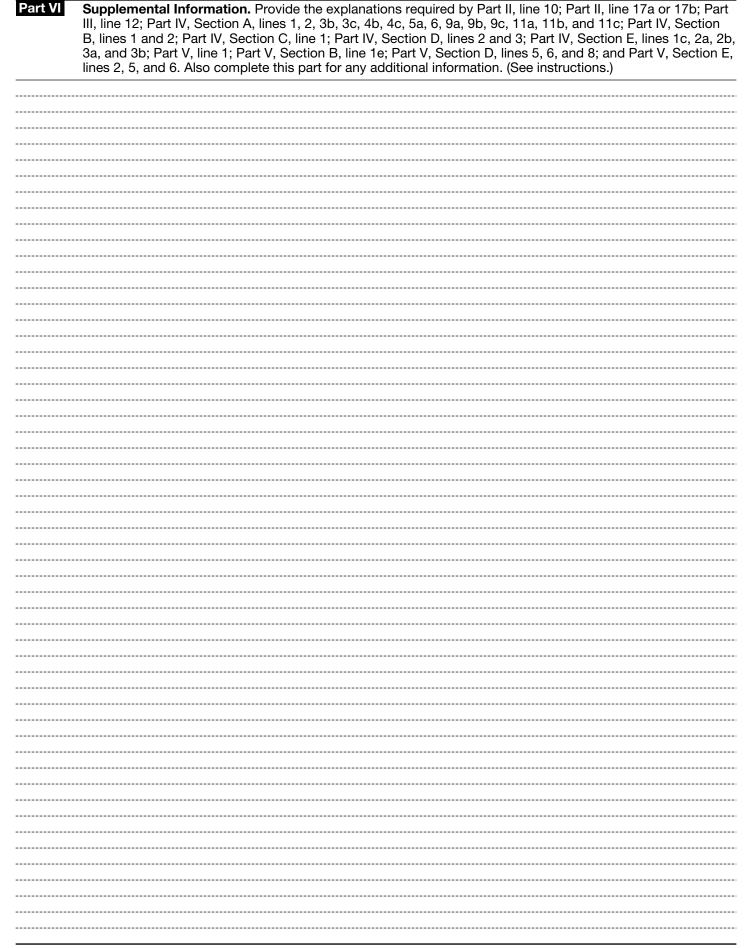
Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V

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

Section A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 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		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

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

Part	 A (Form 990 or 990-EZ) 2018 Type III Non-Functionally Integrated 509(a)(3) 	3) Supporting Organi	zations (continued)	Page				
	on D-Distributions	/		Current Year				
- 1	Amounto paid to supported organizations to appemblish	avampt purpaga						
1	Amounts paid to supported organizations to accomplish							
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity							
3								
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 whic	h the organization is res	ponsive					
•	(provide details in Part VI). See instructions.							
9	Distributable amount for 2018 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018				
1	Distributable amount for 2018 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2018							
а	From 2013							
b	From 2014							
С	From 2015							
d	From 2016							
е	From 2017							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2018 distributable amount							
i	Carryover from 2013 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2018 from Section D, line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2018 distributable amount							
С	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.							
7	Excess distributions carryover to 2019. Add lines 3j and 4c.							
8	Breakdown of line 7:							
а	Excess from 2014							
b	Excess from 2015							
с	Excess from 2016							
d	Excess from 2017							
е	Excess from 2018							



SCHE	DUL	E ()
(Form	990	or	990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.



Department of the Treasury Internal Revenue Service
Name of the execution

Name of the organization	Employer identification number
CLEAN WATER FOR THE WORLD	26-0970401
Form 990-EZ, Part I, Line 10 - Material costs, in country contract services, US contracted services	
Form 990-EZ, Part I, Line 16 - Office supplies, travel, conferences, mileage and small tools	
X	
Form 990-EZ, Part II, Line 24 - Inventory	

Form: Form 990-EZ (2018)

Page: 2

CLEAN WATER FOR THE WORLD

EIN: 26-0970401

Part III

Primary Exempt Purpose

Primary Exempt Purpose

Provide simple, adaptable water purification systems, at no charge, to communities without access to potable water.

Schedule O, Statement 2

EIN: 26-0970401

Part IV

Page: 2

Officers, Directors, Trustees and Key Employees Compensation

		Hours	Compensation	Benefits	Expense
Name	Dan Bushouse	3.00	0	0	0
Title	Key Volunteer				
Name	Jerry Bohl	15.00	0	0	0
Title	Key Volunteer				
Name	Judy Bohl	3.00	0	0	0
Title	Key Volunteer				