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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

Department of the Treasury

Open to Public

| | | Tide Service | | The organization may | | | | | | | | ecuo | |
|--------------------------------|--------------|---------------------------|---|-----------------------------------|---------------------------|--------------------|---|--|--------------|-----------------|---|--------------|--|
| <u>A</u> | For th | ne 2008 cal | | year, or tax year be | | 1, 2008 | , 2008, a | nd ending | DEC: | <u>31, 2008</u> | | | |
| В | heck if | applicable | Please use IRS | C Name of organization | CLEAN WATE | R FUND | | _ | | D Empl | oyer identific | ation n | umber |
| \square | Address | | label or | Doing Business As | | | | | | 52 | | <u>04344</u> | 4 |
| | lame c | hange | print or type. | Number and street (or P. | .O box if mail is not del | rvered to street a | ddress) | Room/suite | | E Telep | hone number | • | |
| | nitial re | turn | See | 1010 VERMONT | AVENUE | | | 40 | 00 | (586 |) 78 | 3-327 | 7 |
| | ermina | | Specific Instruc- | City or town, state or | r country, and ZIP + | 4 | | <u> </u> | | | | | |
| | | ed return | tions. | WASHINGTON, D | C 2005 | | | | | G Gross | receipts \$ | 1.19 | 1,269 |
| _ | | on pending | F Nam | ne and address of princi | pal officer KATH | LEEN E. A | TERNO | - | 11/-3 1- 15 | | | | |
| | фрисан | | 23885 | DENTON STREET | | | | : | | | rn for affiliatesرا ا | _ | ✓ No |
| _ | Tayaey | empt status | | 01(c) (3) ◄ (insert no | | | 70030 | <u>, </u> | 1 | | s included? L | | ∐No |
| _ | | | | EANWATERFUND | | | | | 1 | | a list (see in: | structio | ns) |
| | | | | | | | 1. ٧ | -t t | | exemption n | | | |
| | | | | ration Trust Associ | ation ☐ Other ► | | L Year | of formation | 1974 | M State | of legal domi | cile D(| <u>; </u> |
| Pa | rt i | Summa | | | | - | | | | | | | |
| | 1 | Briefly de: | scribe | the organization's | mission or most | significant | activities | | | | ROMOTES | | |
| Ф | | | | FORDABLE WATE | | | | | | | | | |
| Governance | | CHANGE | S THA | AT IMPROVE THEI | R LIVES, FOCU | SED ON HE | ALTH, E | NVIRONN | IENTAL / | AND CO | MMUNITY | PRO | 3LEM: |
| Ĕ | ١. | | | | | | | | | | | | |
| Ş. | 2 | Check this | hox ▶ [| f the organization | discontinued its on | erations or dis | sposed of | more than 2 | % of its a | ssets. | | | |
| Ö | l . | | | ng members of the | · · | | | | | 3 | 1 | | 5 |
| Activities & | l . | | | pendent voting me | | • | | | | 4 | | | 5 |
| į | l . | | | _ | _ | - | | • | | . 5 | | | <u>_</u> 0 |
| ફ | i . | | | employees (Part V | • | | | | | | | | |
| ĕ | | | | volunteers (estima | | | | | | . 6 | | | 5 |
| | | | | elated business rev | | | | (C) | | . <u>7a</u> | | | |
| | D | Net unreia | ated bu | usiness taxable inc | | | 34 | · · · · · | <u> </u> | . 7b | | | 0 |
| | | | | | RECEIV | 2D | | ļ | Prior Y | ear | Curre | ent Yea | <u>r</u> |
| • | 8 | Contributi | ions ar | nd grants (Part VI II, | -line-1h) | S. S. | | ⊨ | 5, | <u>,812,334</u> | | 1,19 | <u>0,958</u> |
| Š | 9 | Program s | service | e revenue (Par VI)I, | , line 2g) | | | ∟ | | | | | |
| Revenue | 10 | Investmen | nt inco | me (Part VIII, cotun | nn (AM lines (3. 4 | Caffu 7di | | | | 55,357 | | | 311 |
| Œ | 11 | Other reve | enue (f | Part VIII, column (A | 1). lines 5, 6d, 8d | . 9c. 1062 | nd 11e) | | | 5,953 | | | |
| | 12 | Total rever | nue—a | dd lines 8 through | 1 (must equal-Pa | rt VIII, colun | n (A), line | e 12) | 5. | 873,644 | | 1.19 | 1,269 |
| | | | | lar amounts paid (f | AMILIA | 1 1 6 | • | | | 114,868 | | • | 4,892 |
| | | | | | | | 3) | · · · | | 114,000 | | | 4,00 2 |
| S | | - | | or for members (P | | | | · · · - | 2 | ,079,466 | | | 0,309 |
| Expenses | | | es, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | | | | | | | | 93 | 0,309 |
| ğ | 4 | | | draising fees (Part I) | | • | | 552 | | 757 | | | |
| Ш | | | _ | expenses (Part IX, o | | • | 83,5 | 100 | · | | | | |
| | | | | (Part IX, column (A | • • | | | | | ,490,993 | | | <u>3,965</u> |
| | | | | Add lines 13-17 (r | | | (A), line 2 | 25) 🖵 | 5 | <u>,686,084</u> | | | 4,274 |
| | | Revenue I | ess exp | penses. Subtract line | <u>e 18 from line 12</u> | | <u> </u> | | _ | 187,560 | | | 3,005 |
| Net Assets or Fund Balances | | | | | | | | | Beginning | of Year | End | of Yea | r |
| sets | 20 | Total asse | ets (Pa | ırt X, line 16) | | | | | 2 | ,612,516 | i | 2,51 | 3,903 |
| Asa | 21 | | - | Part X, line 26) | | | | ` ` ' [| | 219,318 | | 20 | 2,251 |
| žž | 22 | | | ind balances. Subt | ract line 21 from | line 20 | | | 2 | ,393,198 | | | 1,652 |
| | rt II | Signa | ature | Block | | | | | | | <u> </u> | , , , | |
| _ | | | | perjury, I declare that I I | nave examined this re | tum, including | accompany | vina schedule | s and stater | nents, and | to the best of | f mv kno | wledge |
| | | and belief | , it is tru | e, correct, and complete | e Declaration of prep | parer (other tha | n officer) is | based on all | ınformatıon | of which | preparer has | any kno | wledge |
| Sig | | 1 | ¥ | Sutle. | (Monne | | | | 1 | 11-2 | 4-10 |) | |
| | | Signa | atura of c | officer C | <u> </u> | | | · | Da | 11-2 | <u>-1 1 </u> | | |
| He | I C | , oigni | ilZ | albloom | 8. Ater | 00 | | | Da | (C | | | |
| | | - | <u> </u> | arnieen i | C. MICH | | | | | | | | |
| | | y Type | or print | name and title | | | 1 | 12: | 14 | Т | | | |
| | | Preparer's | | | | | Date | Chec self- | K II | | s identifying nu | ımber | |
| Paid | 1 | signature | 7 | | | | | | oyed 🕨 🗌 | (see instru | actions) | | |
| | , parer's | . | | | | | | | | | | | |
| | | Firm's nar | | ours | _ | | | | EIN | • | : | | |
| use | Only | if self-emp address, a | | + 4 | | _ | | | Phone r | | _ | _ | |
| Ma | v the | | | s return with the pr | enarer shown at | nove? /soc | netructio | ne\ | I none i | - · | | Ves [| No |
| ivia | y 1110 | ii io diacu | 100 H H | , return with the bi | cparer allowit at | vore: lace i | 11311 00110 | 113/ | <u> </u> | <u> </u> | <u> </u> | Yes L | |

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Total program service expenses ▶\$

1,010,245. (Must equal Part IX, Line 25, column (B).)

| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | Yes | No |
|---|---|-----|-------------|------------|
| • | If "Yes," complete Schedule A | 1 | х | |
| | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | _ |
| | public office? If "Yes," complete Schedule C, Part I | 3 | ļ | x |
| | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | | X |
| | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and | | | |
| • | reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | |
| 3 | Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice | | | |
| | on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | 1 | 7 |
| 3 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| , | Schedule D, Part III | 8 | | X |
| • | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide | | | |
| , | | | | Σ |
| | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | _ <u>{</u> |
|) | Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10_ | | 4 |
| | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? | | X | |
| | If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable | 11 | Λ | _ |
| ! | Did the organization receive an audited financial statement for the year for which it is completing this return that was | 40 | | , , |
| | prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | | |
| | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | T: |
| a | Did the organization maintain an office, employees, or agents outside of the U.S.? | 14a | | Ľ |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I | 14b | | Ľ |
| | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity | | | ١, |
| | located outside the United States? If "Yes," complete Schedule F, Part II | 15 | | نــا |
| i | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | | | |
| | located outside the United States? If "Yes," complete Schedule F, Part III | 16 | | _ |
| | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | 17_ | | L |
| | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | _ |
| | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19_ | | L |
| | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | L |
| | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21_ | X | <u> </u> |
| | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22_ | | L |
| | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J | 23 | X | - |
| а | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. | | | |
| | If "No", go to question 25 | 24a | | L |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | L |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | } |) | |
| | any tax-exempt bonds? | 24c | | L |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | L |
| a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | | | ١ |
| | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | L |
| b | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a | [| | |
| | prior year? If "Yes," complete Schedule L, Part I | 25b | ļ. <u>.</u> | L |
| ; | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified | | | |
| | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | <u> </u> | L |
| 7 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial | | } | - |
| | contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | 1 | L |

Form 990 (2008) CLEAN WATER FUND
Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|----|--|-----|-----|----|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee: | | | |
| а | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an | | | |
| | indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other | | İ | |
| | person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | Have a family member who had a direct or indirect business relationship with the organization? | } | | ļ |
| | If "Yes," complete Schedule L, Part IV | 28b | | X |
| c | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional | | | l |
| | corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | _X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | Ì | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | 1 | | ĺ |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | ĺ |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? | | | 1 |
| | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | X | L |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 35 | | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |

Form **990** (2008)

Form 990 (2008) CLEAN WATER FUND

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | _ | Yes | No |
|----------|--|----------------|-----|--------------|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | | 163 | 140 |
| | U.S. Information Returns. Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1 | 1 | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | ļ | |
| | (gambling) winnings to prize winners? | 10 | | X |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 0 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a_ | | X |
| ь | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b_ | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | ļ | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a_ | | _X_ |
| b | If "Yes," enter the name of the foreign country: ▶ | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and | | | |
| | Financial Accounts. | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a_ | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b_ | | X |
| С | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited | | | |
| | Tax Shelter Transaction? | 5c_ | | |
| | Did the organization solicit any contributions that were not tax deductible? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | <u>6b_</u> | | — |
| 7 | Organizations that may receive deductible contributions under section 170(c). | _ | | 7.7 |
| a | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b_ | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7- | | x |
| 4 | If "Yes," indicate the number of Forms 8282 filed during the year | 7 <u>c</u> | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal | | | ļ |
| - | benefit contract? | 7e | | Х_ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 1 | | X |
| g. | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | X |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | | Х |
| 8 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) | | | |
| | supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have | i | | |
| | excess business holdings at any time during the year? | 8 | | |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the organization make any taxable distributions under section 49667 | 9a_ | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b_ | | |
| 10 | Section 501(c)(7) organizations. Enter: N/A | | | ł |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| þ | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | [|
| 11 | Section 501(c)(12) organizations. Enter: N/A | | | ļ |
| а | Gross income from members or shareholders | | | 1 |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | ı | | 1 |
| 40 | amounts due or received from them.) | 46 | | ļ |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| <u>D</u> | If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b | Form | 990 | (2008) |
| | | 7 171 411 | 221 | COMP |

Form 990 (2008)

CLEAN WATER FUND

Solution 52-1043444

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

| Sec | tion A. Governing Body and Management | | | |
|-----|--|------------|-------------|------------|
| | | | Yes | No_ |
| | For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, | | l | |
| | processes, or changes in Schedule O. See instructions. | | | |
| 1a | Enter the number of voting members of the governing body 1a 5 | ļ | l | |
| b | Enter the number of voting members that are independent 5 | 1 | } | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | <u>X</u> |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | ļ | | |
| | of officers, directors or trustees, or key employees to a management company or other person? | 3 | | <u>X</u> |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | <u>X</u> |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | <u>X</u> |
| 6 | Does the organization have members or stockholders? | 6 | | <u>X</u> |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the | l | | |
| | governing body? | <u>7</u> a | | <u>X</u> _ |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | <u>7</u> b | | <u>X</u> _ |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | |
| | by the following: | | | |
| а | The governing body? | _8a | <u> </u> | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | <u>_X</u> _ | |
| 9a | Does the organization have local chapters, branches, or affiliates? | <u>9</u> a | X | |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with those of the organization? | 9b | _X_ | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must | | | |
| | describe in Schedule O the process, if any, the organization uses to review the Form 990 | 10 | <u>X</u> _ | |
| 11 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 11 | | <u>X</u> |
| Sec | tion B. Policies | | | |
| | | | Yes | No |
| 12a | | 12a | <u>X</u> _ | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise | | | |
| | to conflicts? | 12b | X | |
| C | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | ın Schedule O how this is done | 12c | | X |
| 13 | Does the organization have a written whistleblower policy? | 13 | X | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision: | | | |
| а | The organization's CEO, Executive Director, or top management official? | 15a | X | |
| b | Other officers or key employees of the organization? | 15b | | X |
| | Describe the process in Schedule O. (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | X |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's | | | } |
| | exempt status with respect to such arrangements? | 16b | | <u> </u> |
| Sec | ction C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed CA, CT, DC, FL, ME, MA, MN, NH, NJ | , NM | , NY | , NC |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available | for | | |
| | public inspection. Indicate how you make these available. Check all that apply. | | | |
| | Own website Another's website X Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, as | nd fina | ncial | |
| | statements available to the public. | | | |
| | Statements available to the public. | | | |
| 20 | · | tion: | - | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organiza | tion: | | |
| 20 | · | tion: | - | |

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| (A) | (B) | y officer, director, truste | | | | | | (D) | (E) | (F) |
|----------------------------|--|---|-----------------------|----------|--------------|--|------|---------------------|----------------------------------|--------------------------|
| Name and Title | Average | | Position | | | ı | | Reportable | Reportable | Estimated |
| | hours | (c | (check | | k all that | | ly) | compensation | compensation | amount of |
| | per | 흕 | | | $\top \top$ | | | from | from related | other |
| | week | a B | | | l | <u> </u> | l | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | | Stee | ruste | | | bensa | | (W-2/1099-MISC) | (** 23 1003 141100) | organization |
| | | 멸 | onal | | ag a | t com | | | | and related |
| | | individual trustee or director | institutional trustee | Officer | (ey em | Highest compensated employee | orme | | | organizations |
| PETER LOCKWOOD | | - | | - | - | | | | | |
| PRESIDENT | 3.00 | x | 1 | X | | | i | 0. | 0. | 0. |
| POLLY HOPPIN | | | T | | | | | | | |
| DIRECTOR | 2.00 | x | ĺ | | | | | 0. | 0. | 0. |
| KATE KOEZE | | | | | | | | | | |
| DIRECTOR | 2.00 | x | | | | | | 0. | 0. | 0. |
| WILLIAM FONTENOT | | | _ | | | | | | | |
| DIRECTOR | 2.00 | X | _ | _ | | <u> </u> | | 0. | 0. | 0. |
| YVETTE MARTINEZ BRACAMON | | | | | | | | | | |
| DIRECTOR | 2.00 | X | | <u> </u> | | <u> </u> | | 0. | 0. | 0. |
| JOHN DECOCK | | | İ | | | | | | | |
| EXECUTIVE V.P. | 20.00 | - | - | X | <u> </u> | _ | | 64,927. | 58,434. | 4,582. |
| KATHY ATERNO | 0000 | Į | ĺ | | ļ | | | 50.055 | 24 040 | |
| ASST. SECRETARY | 20.00 | ┝ | ├ | X | - | - | | 57,965. | 31,212. | 4,116. |
| DIANNE AKABLI SECRETARY | 30.00 | | 1 | x | | | | 49,243. | 5,472. | 0. |
| DAVID ZWICK | 30.00 | | \vdash | ^ | - | - | | 47,443. | 3,414. | |
| EXECUTIVE V.P. | | | - | ļ | | | X | 20,596. | 5,492. | 1,097. |
| | | \vdash | \vdash | T | <u> </u> | | - | 20,3301 | 3/2/20 | |
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| | (A) Name and title | (B) Average hours | (c | | Pos | | ı t app | | (D) Reportable compensation | (E) Reportable compensation | | Esti | (F) mate | |
|-------|---|-------------------------|--------------------------------|-----------------------|-------|--------------|------------------------------|------|--|--|-----------|--------------------------|---|-----------------------|
| | | per week | Individual trustee or director | Institutional trustee | | Key employee | Highest compensated employee | | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MIS | , | o comp fro orga | ther ensat m the nizati relate | tion e on ed |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| 41 | | | | | | | | | 192,731. | 100,61 | | | 1 7 | 95. |
| 2 | Total Total number of individuals (including those compensation from the organization | e in 1a) who re | ceiv | ed r | nore | tha | an \$1 | 00, | | 100,61 | .U .i | 3 | <u>, , , , , , , , , , , , , , , , , , , </u> | <u></u> 0 |
| | Did the organization list any former officer, | director or tru | ste | e, ke | y en | nplo | γee, | or I | nighest compensated e | mployee on | | | Yes | No |
| 4 | line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the st | um of reportab | le c | | | | n an | | her compensation from | | | 3 | Х | |
| 5 | and related organizations greater than \$15 Did any person listed on line 1a receive or | accrue compe | nsa | tion | fron | | | | | rices rendered to | - | 4 | | <u> </u> |
| Secti | the organization? If "Yes," complete Schedion B. Independent Contractors | | | | | | <u>-</u> | | | | | 5 | | <u>X</u> |
| | Complete this table for your five highest contact the organization. NONE (A) | mpensated in | aep | ena: | ent o | cont | iracti | ors | | \$100,000 of com | pensa | | | |
| | Name and business | address | | | _ | | | _ | (B) Description of | services | Co | (C) mpen | satio | n |
| | | | | | | | | | | | | | | |
| | | | | | _ | | | | | | <u>-</u> | | | |
| | | | | | - | | | _ | | | | | | |
| | | | | | | | | | | | | | | |
| | Total number of independent contractors (from the organization ▶ | including thos | e in | 1) w | ho r | ece | ived | mo | re than \$100,000 in con | npensation | | | | |
| | | | | | | | | | | | | C | 10N / | ാവവമ് |

| rom 9 | | | | | | | Fage 3 |
|--|----------------------------|--|----------------------|----------------------|--|---|---|
| Part | VIII | Statement of Revenue | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| Contributions, gifts, grants and other similar amounts | b c d e f | 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ,190,958 ► | 1,190,958 | | | |
| Program Service Revenue | b c d e f g | All other program service revenue . Total. Add lines 2a–2f | | | | | |
| | 4 5 | - · · · · · · · · · · · · · · · · · · · | ▶ | 311 | | | 311 |
| | b c d | Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory | ► (ii) Other | | | | |
| | | Less: cost or other basis and sales expenses . | | | | | |
| ne | d | Gain or (loss) | • | · - | | | |
| Other Revenue | | events (not including \$ | s > | | · · · · · · · · · · · · · · · · · · · | | |
| | 1 | Gross income from gaming activities. See Part IV, line 19 a Less: direct expenses b | i | | | | |
| | 0 10a b | Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances | | | | | |
| | е | | | | | | |
| | - | 9c, 10c, and 11e | | 1,191,269 | 0 | O | 311 |

Part IX Statement of Functional Expenses

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

| | All other organizations must complete colunct include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|----------|---|-----------------------|------------------------------|-------------------------------------|--------------------------------|
| 1 | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 54,892 | 54,892 | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 44,195 | 29,651 | 13,598 | 946 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 680,746 | 620,030 | 27,495 | 33,221 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 170,476 | 152,246 | 10,190 | 8,040 |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | | 40.400 | | |
| | Legal | 50,518 | 46,496 | | 4,022 |
| | Accounting | | | | |
| | Lobbying | | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| | Investment management fees | | | | |
| | Other | 416 | 257 | 145 | 14 |
| 12 13 | Advertising and promotion | 70,281 | 27,235 | 15,880 | 27,166 |
| 14 | Information technology | 11,833 | 11,074 | 86 | 673 |
| 15 | Royalties | | | | |
| 16 | Occupancy | 74,246 | 21,586 | 50,024 | 2,636 |
| 17 | Travel | 31,431 | 29,268 | 617 | 1,546 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings . | 6,153 | 2,950 | | 3,203 |
| 20 | Interest | 606 | 259 | 295 | 52 |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization. | | | | |
| 23 | Insurance | 2,453 | 693 | 1,724 | 36 |
| 24 | Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| а | PAYROLL SERVICES | 13,283 | | 13,283 | |
| b | CANVASS EXPENSES | 10,450 | 7,961 | 789 | 1,700 |
| c | EQUIPMENT RENTAL & MAIN | 6,018 | 3,599 | 2,230 | 189 |
| d | MEMBERSHIP DUES | 3,670 | 2,024 | 1,539 | 107 |
| е | BANK FEES | 1,790 | | 1,790 | |
| | All other expenses | 817 | 24 | 791 | 2 |
| 25 | Total functional expenses. Add lines 1 through 24f | 1,234,274 | 1,010,245 | 140,476 | 83,553 |
| 26 | Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

| га | n X | Balance Sheet | | | | | |
|--------------------|----------|--|--------------------------|----------|-------------|--------------|----------|
| | | | (A) Beginning of year | | (E End o | B) f year | |
| | 1 | Cash—non-interest-bearing | 1,341,070 | 1 | | 889 | ,336 |
| | 2 | Savings and temporary cash investments | | 2 | | | |
| | 3 | Pledges and grants receivable, net | 974,522 | 3 | | 850 | ,018 |
| | 4 | Accounts receivable, net | | 4 | | | |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L . | | 5 | | | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete | | | | | |
| _s | _ | Part II of Schedule L | | 7 | _ | | |
| Assets | 7 8 | Notes and loans receivable, net | | 8 | | | |
| As | 9 | Inventories for sale or use | | 9 | | | |
| | 10a | Land, buildings, and equipment: cost basis 10a 115,403 | | | | | |
| ļ | | Less: accumulated depreciation. Complete | | | | | |
| l | - | Part VI of Schedule D | 18,726 | 10c | | 18 | ,726 |
| ļ | 11 | Investments—publicly traded securities | 233,638 | 11 | | 227 | ,677 |
| | 12 | Investments—other securities. See Part IV, line 11 | | 12 | | | |
| | 13 | Investments—program-related. See Part IV, line 11 | | 13 | | | |
| ŀ | 14 | Intangible assets | 44.500 | 14 | | | |
| | 15 16 | Other assets. See Part IV, line 11 | 44,560 2,612,516 | 15 16 | | 2,513 | ,146 |
| \dashv | 17 | | 155,774 | 17 | | | ,745 |
| | 17 18 | Accounts payable and accrued expenses | 155,774 | 18 | | | ,140 |
| | 19 | Deferred revenue | 63,544 | 19 | | 63 | 3,544 |
| | 20 | Tax-exempt bond liabilities | | 20 | | | , |
| es | 21 | Escrow account liability. Complete Part IV of Schedule D | | 21 | | | |
| Liabilities | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | | | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | | | |
| | 24 | Unsecured notes and loans payable | | 24 | | | |
| | 25 | Other liabilities. Complete Part X of Schedule D | 0 | 25 | | 66 | 6,962 |
| \perp | 26 | Total liabilities. Add lines 17 through 25 | 219,318 | 26 | | 202 | 2,251 |
| Balances | | Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34. | | | | | |
| <u>a</u> | 27 | Unrestricted net assets | 154,452 | - | | | ,428 |
| | 28 | Temporarily restricted net assets | 2,238,746 | | | 2,413 | ,080 |
| 핕 | 29 | Permanently restricted net assets | | 29 | | | |
| Net Assets or Fund | | Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. | | | | | |
| ets | 30 | Capital stock or trust principal, or current funds | | 30 | | | |
| Ass | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 32 | | | |
| et / | 32 33 | Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances | 2,393,198 | 33 | | 2,311 | 652 |
| Z | 34 | Total liabilities and net assets/fund balances | 2,612,516 | | | 2,513 | |
| Pa | rt XI | | _,, | | | | |
| | | • | | | , | Yes | No |
| 1 | Acc | ounting method used to prepare the Form 990: 🛚 Cash 🛮 🗹 Accrual | ☐ Other | | | | |
| 2a | | e the organization's financial statements compiled or reviewed by an ind | • | ? . | | | √ |
| | | e the organization's financial statements audited by an independent according | | | . <u>2b</u> | | ✓ |
| C | | 'es" to lines 2a or 2b, does the organization have a committee that assumes | | | | | ĺ |
| 3 a | Asa | audit, review, or compilation of its financial statements and selection of an in- a result of a federal award, was the organization required to undergo and | audit or audits as set | forth | in | | , |
| h | | Single Audit Act and OMB Circular A-133? | | | . 3a | <u> </u> | ✓ |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

2008

Open to Public Inspection

Employer identification number

Name of the organization

CLEAN WATER FUND 52 1043444 Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) Я ☐ An organization that normally receives: (1) more than 33⅓ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33% % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I **b** Type II **c** Type III–Functionally integrated d Type III-Other e D By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (III) below, the governing body of the supported organization? |11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports h (i) Name of supported (ii) EIN (III) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support (i) organized in the above or IRC section governing document? col (i) of your (see instructions)) support? US? **Total**

Part II 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.) Section A. Public Support (e) 2008 Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 4,291,944 5,678,584 4,954,136 5,812,334 1,190,958 21,927,956 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 4,291,944 5,678,584 4,954,136 5,812,334 1,190,958 21,927,956 Total. Add lines 1-3 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 5.438.359 shown on line 11, column (f) Public support. Subtract line 5 from line 4. 16,489,597 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (f) Total (e) 2008 4,291,944 5,678,584 4,954,136 5,812,334 1,190,958 21,927,956 Amounts from line 4 . . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 15,378 41,261 65,149 55,728 311 177,827 sources . 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 30 30 (Explain in Part IV) 22.105.783 Total support. Add lines 7 through 10 . Gross receipts from related activities, etc (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 75 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 % 74 15 16a 331/3 % support test - 2008. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box b 33\% support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33\% or more, check this 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support

| Sec | tion A. Public Support | | | | | | |
|----------|--|------------------|------------------|-------------------|-----------------|--|------------------|
| | lendar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include | | ., | | | | |
| 2 | any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | - | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1-5 | | | | | | |
| | Amounts included on lines 1, 2, and 3 received from disqualified persons . | | | | | | |
| | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | | | | | | |
| C | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from line 6.) | | | | | | |
| | tion B. Total Support | | | | | | |
| Ca | lendar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 9 10a | Amounts from line 6 | | | | | | |
| 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 IV.) | | | | _ | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | | | - | | | |
| 14 | First five years. If the Form 990 is for organization, check this box and stop | | on's first, seco | | | | |
| Sec | tion C. Computation of Public Su | | | | | <u> </u> | |
| 15 | Public support percentage for 2008 (lin | | | ne 13. column | (fl) | 15 | % |
| 16 | Public support percentage from 2007 stion D. Computation of Investmen | Schedule A, P | art IV-A, line 2 | | | 16 | %_ |
| | <u></u> | | | | (D) | 17 | % |
| 17 18 | Investment income percentage for 200 Investment income percentage from 20 | - | * * * | • | olumn (t)) | 18 | %% |
| 19a | 331/2 % support tests - 2008. If the org | | | | | | |
| b | | nization did not | check a box or | n line 14 or line | 19a, and line 1 | 6 is more th | nan 331/3 %, and |
| 20 | | | _ | • | | | • |

| Schedule A (Fo | rm 990 or 990-EZ) 2008 | Page 4 |
|----------------|--|---|
| Part IV | Supplemental Information. Part II, line 17a or 17b; or P. | Complete this part to provide the explanation required by Part II, line 10; Part III, line 12. Provide any other additional information. (see instructions) |
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

20**U8**Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

8, 9, 10, 11, or 12. Inspection

Employer identification number

| | AN WATER FUND | ; | 52 | 1043444 |
|-----|---|--------------------------|----------------|---|
| Par | Organizations Maintaining Donor Advised Funds or Other Similar the organization answered "Yes" to Form 990, Part IV, line 6. | r Funds | or | Accounts. Complete if |
| | (a) Donor advised funds | | (b) F | unds and other accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate contributions to (during year) | Ì | | |
| 3 | Aggregate grants from (during year) . | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets funds are the organization's property, subject to the organization's exclusive legal | | | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that used only for charitable purposes and not for the benefit of the donor or donor advimpermissible private benefit? | grant fu | nds r | may be |
| Par | | | | |
| 1 | Purpose(s) of conservation easements held by the organization (check all that appl | | | |
| 2 | □ Preservation of land for public use (e.g., recreation or pleasure) □ Protection of natural habitat □ Preservation of open space Complete lines 2a–2d if the organization held a qualified conservation contribution in the contribution | tion of ar ation of c | ertifie | orically important land area ed historic structure onservation easement |
| | on the last day of the tax year. | | | |
| | | | H | Held at the End of the Year |
| а | Total number of conservation easements | | . – | <u> </u> |
| b | Total acreage restricted by conservation easements | | · 🗁 | 2b |
| С | Number of conservation easements on a certified historic structure included in (a) | | | 2c |
| d | Number of conservation easements included in (c) acquired after 8/17/06 | | | 2d |
| 3 | Number of conservation easements modified, transferred, released, extinguished, of the taxable year ▶ | or termin | ated | by the organization during |
| 4 | Number of states where property subject to conservation easement is located ▶ | | | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspenforcement of the conservation easements it holds? | | | ∐ Yes ∐ No |
| 6 | Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easemen | its during | g the | year ▶ |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enforcing easements of | during th | e yea | ar▶ \$ |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirem 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | | sectio | on 🗌 Yes 🗌 No |
| 9 | In Part XIV, describe how the organization reports conservation easements in its rebalance sheet, and include, if applicable, the text of the footnote to the organization the organization's accounting for conservation easements. | evenue a on's finar | nd ex ncial | xpense statement, and statements that describes |
| Pai | Organizations Maintaining Collections of Art, Historical Treasures, Complete if the organization answered "Yes" to Form 990, Part IV, line | | er Sir | nilar Assets. |
| 1a | If the organization elected, as permitted under SFAS 116, not to report in its reven art, historical treasures, or other similar assets held for public exhibition, education, or provide, in Part XIV, the text of the footnote to its financial statements that describe | or researc | ch in t | furtherance of public service, |
| b | If the organization elected, as permitted under SFAS 116, to report in its revenue s historical treasures, or other similar assets held for public exhibition, education, or provide the following amounts relating to these items: | research | n in f | urtherance of public service |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | | |
| | (ii) Assets included in Form 990, Part X | | | |
| 2 | If the organization received or held works of art, historical treasures, or other simfollowing amounts required to be reported under SFAS 116 relating to these items | s: | | |
| а | Revenues included in Form 990, Part VIII, line 1 | | | > \$ |
| b | Assets included in Form 990, Part X | | | > \$ |

| Sched | dule D (Form 990) 2008 | | | | | | | Page 2 |
|---------|---|--|----------------------------|----------------------|---|---------------------|---|----------------------|
| Par | t III Organizations Maintain | ing Collections | of Art, Hi | storic | al Treasure: | s, or C | ther Similar As | |
| 3 | Using the organization's accession items (check all that apply): | and other record | s, check a | any of | the following | that a | re a significant u | se of its collection |
| а | Public exhibition | | d | | Loan or exch | ange p | rograms | |
| b | Scholarly research | | е | | | | | •••• |
| С | Preservation for future genera | tions | | | | | | |
| 4 | Provide a description of the organize Part XIV. | zation's collection | s and expl | lain ho | w they furthe | r the o | rganization's exe | mpt purpose in |
| 5 | During the year, did the organization assets to be sold to raise funds rather | solicit or receive der than to be mainta | onations of ained as pa | fart, hi art of t | storical treasu ne organization | res, or n's coll | other sımılar ection? | ☐ Yes ☐ No |
| Par | Trust, Escrow and Cust Part IV, line 9, or reported | | | | | on ans | wered "Yes" to | Form 990, |
| | Is the organization an agent, truste included on Form 990, Part X? | | | | | ions or | other assets no | t Yes No |
| b | If "Yes," explain the arrangement in | Part XIV and cor | nplete the | follow | ring table: | | 1 | |
| | | | | | | - | | nount |
| | Beginning balance | | | | | . 1c | - · · · · · · · · · · · · · · · · · · · | - |
| | Additions during the year | | | | | | 1 | |
| e | Distributions during the year | | | | | 1 | | <u> </u> |
| f O- | Ending balance | | | | | . <u> 1f</u> | | |
| 2a h | Did the organization include an am If "Yes," explain the arrangement in | ount on Form 990 Deart XIV |), Part X, II | ine 21 | | • • • | | ∐ Yes ∐ No |
| | t V Endowment Funds. Co | | zation an | SWere | d "Yes" to I | Form (| 990 Part IV lin | a 10 |
| _ | | (a) Current year | (b) Pnor | | (c) Two years | | (d) Three years back | |
| 1a | Beginning of year balance | | (4) | , | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | (-, | (4) |
| b | Contributions | | - | | | | | - |
| | | | | | - | | | |
| | Investment earnings or losses . Grants or scholarships | | | | - | | | |
| | • | | | | | | | |
| e | Other expenditures for facilities and programs | | | | | | | |
| f g | Administrative expenses End of year balance | , | | | | | | |
| 2 | Provide the estimated percentage of | of the year end ba | lance held | l as: | | | | |
| а | Board designated or quasi-endown | nent ▶ | % | | | | | |
| b | Permanent endowment ▶ | % | | | | | | |
| C | Term endowment ▶9 | 6 | | | | | | |
| 3a | Are there endowment funds not in the | e possession of the | ne organiza | ation th | nat are held ai | nd adm | unistered for the | |
| | organization by | | | | | | | Yes No |
| | (i) unrelated organizations | | | | | | | 3a(i) |
| | (ii) related organizations | | | | | | | 3a(ii) |
| 4 | If "Yes" to 3a(ii), are the related org | anizations listed a | as required | on S | chedule R? | | | 3b |
| | Describe in Part XIV the intended u | | | | | V | 1 40 | |
| Far | t VI Investments – Land, Bu | | | | | aπ x, | line 10. | |
| | Description of investment | (a) Cost or of (investment) | | | ost or other sis (other) | (c) I | Depreciation | (d) Book value |
| 1a | Land | | | | _ | | | |
| b | Buildings | | | | | | | |
| С | Leasehold improvements | | | | | | | |
| d | Equipment | | | 1 | 15,403 | | 96,677 | 18,726 |
| | Other | | | | | | | |
| Tota | 1. Add lines 1a-1e. (Column (d) should of | equal Form 990, Pa | rt X, colum | ın (B), I | ıne 10(c).) . | | • | 18,726 |

| Schedule D (Form 990) 2006 | 0 5 000 5 17 1 | | Page 3 |
|---|-------------------------|---|---------------------|
| Part VII Investments - Other Securities | | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valua Cost or end-of-year ma | ation rket value |
| Financial derivatives and other financial products | | | |
| Closely-held equity interests | | | |
| Other | | | |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | | | |
| Part VIII Investments—Program Relate | d Soo Form 900 Part V I | lino 12 | |
| | | | |
| (a) Description of investment type | (b) Book value | (c) Method of valu Cost or end-of-year ma | |
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| Total. (Column (b) should equal Form 990, Part X, col. (B) line 13) | | | |
| Part IX Other Assets. See Form 990, Pa | rt X, line 15. | | |
| | (a) Description | | (b) Book value |
| DEPOSITS | | | 125 |
| DUE FROM AFFILIATE | | | 528,021 |
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| Total. (Column (b) should equal Form 990, Part X, co | I. (B) line 15) | | 528,146 |
| Part X Other Liabilities. See Form 990, | | | 020,110 |
| (a) Description of liability | (b) Amount | | |
| Federal income taxes | (5) 7 21.02.11 | 1 | |
| PASS THROUGH FUNDS LIABILITY | 66.063 | | |
| PASS THROUGH FUNDS EIABILITY | 66,962 | _ | |
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| | | _ | |
| Total. (Column (b) should equal Form 990, Part X, col. (B) line 25) ▶ | | | |
| | | | |

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

| cried | ule D (FOITI 990) 2000 | 1 age 1 |
|----------|---|-------------------|
| Par | t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement | ts |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 _ |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 |
| 4 | Net unrealized gains (losses) on investments | 4 |
| 5 | Donated services and use of facilities | 5 |
| 6 | Investment expenses | 6 |
| 7 | Prior period adjustments | 7 |
| 8 | Other (Describe in Part XIV) | 8 |
| 9 | Total adjustments (net). Add lines 4–8 | 9 |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | 10 |
| Par | t XII Reconciliation of Revenue per Audited Financial Statements With Revenue | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | |
| а | Net unrealized gains on investments | - |
| b | Dollated Services and use of facilities | - |
| C | Theodyches of prior year grains | - |
| d | Chick (Describe in Factory) | |
| e | Add lines 2a through 2d | 3 |
| 3 | Subtract line 2e from line 1 | • |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | |
| а • | investment expenses not included our form 550, fait vin, line 75 | ┪ ┃ |
| p | Other (Describe in Part XIV) | - 4c |
| 5 | Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 |
| | t XIII Reconciliation of Expenses per Audited Financial Statements With Expense | |
| | Total expenses and losses per audited financial statements | 11 |
| 1 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | |
| a | Donated services and use of facilities | |
| b | Prior year adjustments | 7 |
| C | Losses reported on Form 990, Part IX, line 25 | 7 1 |
| d | Other (Describe in Part XIV) | 7 |
| e | Add lines 2a through 2d | 2e |
| 3 | Subtract line 2e from line 1 | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . 4a | |
| b | Other (Describe in Part XIV) | |
| С | Add lines 4a and 4b | |
| 5 | Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) | 5 |
| Pai | t XIV Supplemental Information | |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a | |
| and | 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. | |
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| SCHEDULE I | | | | Sectionary Of constains & section & the section of | oroiteriaces O | | | 1900-646L ON BIND | Ì |
|--|---|---------------|--|---|-----------------------------------|---|---|---|----------|
| (Form 990) | | | Grants and Governm | ants and Outer Assistance to organization Governments, and Individuals in the U.S. | used in the U.S. | | | 5008 | |
| Department of the Treasury | _ | ▼ Comple | ► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. | n answered "Yes," on F | on Form 990, Pa | rt IV, lines 21 or 22. | | Open to Public Inspection | ; |
| zation | ים ממשאש ואגם דמ | TAT TO | | | | | | Employer identification number 52-104344 | ber 4 |
| Part 1 General Informat | 19 | stance | | | | | | | |
| 1 Does the organization in | Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection | antiate the | amount of the grants | or assistance, the | grantees' eligibility | for the grants or assi | stance, and the selecti | ; | ; |
| criteria used to award th | criteria used to award the grants or assistance? | : | | | | : | : | . X Yes | 2 Z |
| ည် | Describe in Part IV the organization's procedures for monitoring the use | for monito | ring the use of grant | of grant funds in the United States | States | | | | - |
| Part II Grants and Other | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any | nents and | Organizations in the | United States. Co | omplete if the orga | nization answered "Y | es" on Form 990, Part | IV, line 21, for any | Γ |
| recipient that rece | recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) it additional space is needed | Sheck this | pox if no one recipien | t received more that | an \$5,000. Use Pa | t IV and Schedule I-1 | (Form 990) if additiona | space is needed | 1 |
| 1 (a) Name and address of organization or government | of organization (b) | (a) | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
| | | | | | | | | | |
| CONNECTICOSA 683 N MOUNTAIN ROAD NEWINGTON, CT 06111 | 22-25 | 22-2509533 I | IRC CODE 501(C)(3 | 10,000. | 0 | | | CONTRIBUTION | |
| CT COALITION FOR ENVIRONMENTAL | ONMENTAL | | | | | | | | |
| JUSTICE - PO BOX 2022 CT 06145 | В, | 06-1511861 | IRC CODE 501(C)(3) | 3) 10,000. | 0. | | | CONTRIBUTION | |
| CT NURSES FOUNDATION | | | | | | | | | |
| 377 RESEARCH PKWY #2D MERIDEN CT 06450 | 0-90 | 06-0302545 I | IRC CODE 501(C)(3) | 10,000. | 0 | | | CONTRIBUTION | |
| 9 | EARCH EDUCA | | | | | | | | |
| FOUNDATION - 263 FARMI | ш | | | | • | | | MOTHINGTHER | |
| MC2928 - FARMINGTON, C | CT 06030 06-11 | 06-1128581 | IRC CODE 501(C)(3) | 10 000 | 0 | | | CONTRIBUTION | |
| MASS INTERFAITH POWER & LIGHT | к гіснт | | | | | | | | |
| BROOKLINE MA 02445 | 32-00 | 32-0022524 | IRC CODE 501(C)(3) | 8,877. | 0 | | | CONTRIBUTION | |
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| COMPONENTIAL FOOMERS | | | | | | | | | |
| 186 HAMPSHIRE ST | | ב משבעשני כני | (1)(U)(U) | 5 0 15 | C | | | CONTRIBUTION | |
| CAMBRIDGE MA UZL39 | Cotes total mimber of section 501(c)(3) and government organizations | mment ord | 1 | 7 | | | | A | 9 |
| | ther organizations | | | : | : : | | | • | 0 |
| 1 | For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. | t Notice, | see the Instructions | for Form 990. | | | | Schedule I (Form 990) 2008 | 3008 |

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. ORGANIZATIONS THAT RECEIVE CONTRIBUTIONS FROM CLEAN WATER FUND AND REPORTS Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. MAY BE REQUESTED OF THESE ORGANIZATIONS ASSOCIATED WITH THE AGREEMENTS. SCHEDULE I, PART I, LINE 2: THERE ARE WRITTEN AGREEMENTS WITH THE (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients CLEAN WATER FUND (a) Type of grant or assistance Schedule I (Form 990) 2008 Part III

Schedule I (Form 990) 2008

25

832102 12-18-08

Page 2

52-1043444

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2008

Employer identification number

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

| | CLEAN WATER FUND | 52-104 | 344 | 4 | |
|----|--|---|--|-----|------------|
| Pa | rt I Questions Regarding Compensation | | | | |
| | | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 9 | 990. | | | |
| - | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | |] | |
| | First-class or charter travel Housing allowance or residence for persor | nal use | | 1 | |
| | Travel for companions Payments for business use of personal res | | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | 1 | |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, cl | | | | |
| | | , | | | |
| h | If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision | \n | | l | |
| | of all of the expenses described above? If "No," complete Part III to explain | | 1b | - 1 | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, dire | | | | |
| _ | trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | · | 2 | 1 | |
| | tradiced, and the ocorescentive birector, regarding the terms encoured in line to: | | - | | |
| 3 | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's | | | | 1 |
| 3 | CEO/Executive Director. Check all that apply. | | | | |
| | X Compensation committee X Written employment contract | | | | |
| | Independent compensation consultant X Compensation survey or study | į | | | |
| | X Form 990 of other organizations X Approval by the board or compensation or | ommittee | | | |
| | Point 990 of other organizations | Jillinittee | | | ļ |
| | | | | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a: | | | | |
| a | Receive a severance payment or change of control payment? | ļ | 4a | x | • |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | | 4b | | Х |
| | Participate in, or receive payment from, an equity-based compensation arrangement? | • | 4c | | Х |
| · | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | |
| | , , , , , , , , , , , , , , , , , , , | | | | |
| | Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. | | | | 1 |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | n | | | |
| - | contingent on the revenues of: | |] ! | } |] |
| а | The organization? | | 5a | | Х |
| | Any related organization? | | 5b | | X |
| _ | If "Yes," to line 5a or 5b, describe in Part III. | | | | |
| 6 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | n | | | |
| - | contingent on the net earnings of: | | | | |
| a | The organization? | | 6a | | Х |
| | Any related organization? | | 6b | | X |
| | If "Yes" to line 6a or 6b, describe in Part III. | | | | Ţ <u>-</u> |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments | • | | | |
| • | not described in lines 5 and 6? If "Yes," describe in Part III | | 7 | x | ļ |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | | <u> </u> |
| | Troid with without to portion in a first of the paid of doorded paraditive a contract that that subject to the | | 1 | 1 | 1 |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

ınitial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

Schedule J (Form 990) 2008

52-1043444

Page'2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. Schedule J (Form 990) 2008

CLEAN WATER FUND

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

| (ii) Base (ii) Bonus & (iii) Other compensation compensation compensation compensation compensation compensation compensation 0. 0. 5,492, 0. 5,492, 0. 6,49 | | | (B) Breakdown of | (B) Breakdown of W-2 and/or 1099-MISC compensation | SC compensation | (0) | (0) | (E) | (F) |
|--|----------|----------|--------------------------|--|-----------------------------|--------------|----------|-----------|---|
| (i) (ii) (ii) (iii) (A) Name | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other compensation | compensation | benefits | (B)(i)(D) | reported in prior Form 990 or Form 990-EZ |
| | | € € | | | 20 | | 866. | 21,462. | 21,462. |
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Schedule J (Form 990) 2008

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Employer identification number 52-1043444

CLEAN WATER FUND

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WORK TOGETHER FOR CHANGES THAT IMPROVE THEIR LIVES, FOCUSED ON HEALTH,

ENVIRONMENTAL AND COMMUNITY PROBLEMS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS IMPROVED HEALTH, SAFETY AND SECURITY PROTECTIONS IN LOCAL COMMUNITIES BY ENCOURAGING "INHERENT RISK REDUCTION" AT FACILITIES USING OR STORING EXTREMELY HAZARDOUS MATERIALS; THIS APPROACH, INCLUDING THE COLLABORATIVE SAFE HOMETOWNS INITIATIVE, EMPHASIZES INTEGRATION OF POLLUTION AND CATASTROPHE PREVENTION WITH ONGOING SECURITY REVIEWS AND UPGRADES. HEALTHIER URBAN COMMUNITIES WITH A SPECIAL EMPHASIS ON REDUCING CHILDREN'S EXPOSURE TO TOXIC DIESEL EMISSIONS. EXPAND THE SCOPE OF INNOVATIVE NEW POLICY DEVELOPMENT AND CITIZEN EDUCATION PROJECTS TO REFORM CHEMICALS POLICY AND PROMOTE SAFER "GREEN CHEMISTRY" ALTERNATIVES. THE GOAL IS TO PROTECT PUBLIC HEALTH FROM ENVIRONMENTAL HARM THROUGH PREVENTIVE, PARTICIPATORY APPROACHES SUCH AS THOSE EMBODIED IN THE PRECAUTIONARY PRINCIPLE, AND TO EDUCATE PARENTS AND THE PUBLIC ABOUT PREVENTING TOXIC EXPOSURE THAT MAY CONTRIBUTE TO LEARNING AND DEVELOPMENTAL DISABILITIES AND OTHER HEALTH HARM TO CHILDREN. CLEAN WATER FUND'S ALLIANCE FOR A HEALTHY TOMORROW COALITION PROJECT IN MASSACHUSETTS, CALIFORNIA, CONNECTICUT, MICHIGAN, MINNESOTA.

INNOVATIVE STATE LEVEL ACTION.

AND NEW JERSEY. CLEAN WATER FUND HELPS TO LEAD THE NATIONAL SAFER

COLLABORATIVE PROMOTING CHEMICAL POLICY REFORM AND SUPPORTING

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

CLEAN WATER FUND

Employer identification number 52-1043444

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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2008
Open to Public Inspection

Name of the organization

CLEAN WATER FUND

Employer identification number 52-1043444

RESOURCE CONSERVATION AND SAFE DRINKING WATER. CLEAN WATER FUND

SPONSORS THE CAMPAIGN FOR SAFE AND AFFORDABLE DRINKING WATER, A

COALITION WHICH ADVOCATES FOR STRONGER STANDARDS LIMITING TOXIC AND

CANCER CAUSING ARSENIC IN DRINKING WATER. "WATERSHED TO WATER TAP"

PROGRAMS INTEGRATING THE ABOVE STRATEGIES ARE BEING CONDUCTED IN

CALIFORNIA, NEW ENGLAND, NEW JERSEY, PENNSYLVANIA AND OTHER STATES. IN

ADDITION, CLEAN WATER FUND LED SUCCESSFUL STATE-BASED EDUCATION

CAMPAIGNS TO HALT PROPOSED REGULATORY CHANGES THAT WOULD HAVE WEAKENED

REGULATIONS ON SEWAGE DUMPING IN WATERWAYS AND DRINKING WATER SOURCES

NATIONWIDE. CLEAN WATER FUND IS ORGANIZING COMMUNITY RESIDENTS TO

PROTECT LOCAL WATERWAYS AND REDUCE RUNOFF POLLUTION.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS

URBAN AREAS AND SMALL TOWNS AND COMBAT COSTLY AND DESTRUCTIVE SPRAWL,

WHICH EXACERBATE GLOBAL WARMING AND OTHER POLLUTION PROBLEMS. CLEAN

WATER FUND HELPS TO LEAD STATE-BASED AND REGIONAL COALITIONS IN NEW

ENGLAND AND THE UPPER MIDWEST WHICH PROMOTE CLEAN ENERGY SOLUTIONS THAT

HELP REDUCE GLOBAL WARMING POLLUTION. CLEAN WATER FUND ALSO ASSISTS

COMMUNITY GROUPS AND CONSERVATIONISTS IN EXPOSING "FALSE SOLUTIONS" TO

GLOBAL WARMING, SUCH AS "CLEAN COAL" OR "COAL-TO-LIQUID" DEVELOPMENT,

CORN-BASED BIOFUELS, AND NUCLEAR ENERGY WHICH CAN HAVE DEVASTATING

ENVIRONMENTAL IMPACTS, FAIL TO PROVIDE SIGNIFICANT BENEFITS TO SOLVING

THE GLOBAL WARMING CRISIS AND DIVERT FINANCIAL RESOURCES WHICH COULD

OTHERWISE BE INVESTED IN CLEANER, RENEWABLE ENERGY SOLUTIONS,

EFFICIENCY AND CONSERVATION.

(Form 990)

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public

Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** CLEAN WATER FUND 52-1043444 FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: RESEARCH, TRAINING, OUTREACH AND EDUCATION. PROGRAMS CONDUCTED BY LOCALLY BASED STAFF AROUND THE COUNTRY TO IMPROVE THE CAPACITY AND CAPABILITY OF CITIZENS TO PARTICIPATE EFFECTIVELY IN ACTIVITIES PROTECTING THEIR OVERALL HEALTH AND WELFARE AGAINST ENVIRONMENTAL RISK AND DAMAGE. THESE PROGRAMS INCLUDE A SPECIAL EMPHASIS ON COOPERATIVE ASSISTANCE AND SUPPORT FOR COMMUNITIES FACING DISPROPORTIONATE RISK FROM ENVIRONMENTAL HAZARDS, WHICH IS OFTEN RELATED TO ECONOMIC AND RACIAL/ETHNIC DISCRIMINATION, SUCH SUPPORT AIMED AT HELPING PEOPLE IN THESE SITUATIONS DEVELOP THE SKILLS, INFORMATION BASE AND ORGANIZATIONAL DEVELOPMENT TO BECOME EFFECTIVE ENVIRONMENTAL HEALTH AND SAFETY ADVOCATES EXPENSES \$ 202049. INCLUDING GRANTS OF \$ 54892. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 10: THE AUDIT AND FINANCE COMMITTEE REVIEW THE FORM 990 RETURN PRIOR TO FILING WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 15: CLEAN WATER ACTION, A RELATED PARTY ORGANIZATION, CONTRACTED WITH A BENEFITS SPECIALIST TO REVIEW THE PROPOSED KATHY ATERNO, NATIONAL MANAGING COMPENSATION PACKAGE FOR CLEAN WATER FUND. DIRECTOR, PERFORMED A SURVEY OF 12 OTHER NONPROFIT ORGANIZATIONS OF SIMILAR SIZE LOOKING AT THE CEO'S BENEFIT PACKAGE AND LEGAL COUNSEL REVIEWED THE DOCUMENTATION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

832211 12-18-08

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

| Name of the organization CLEAN WATER FUND | Employer identification number 52-1043444 |
|--|---|
| | |
| FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMEN | ITS ARE PLACED ON |
| THE INTRANET AND ALL OTHER CORPORATE DOCUMENTS ARE PROVID | ED UPON REQUEST. |
| FORM 990, PART XI, LINE 2 | |
| FINANCIAL STATEMENTS | |
| FINANCIAL STATEMENTS FOR THE SHORT PERIOD (9/30/08 TO 12/ | 31/08) RETURN |
| HAVE NOT BEEN AUDITED DUE TO CHANGE OF YEAR END FROM 9/30 | TO 12/31. AN |
| AUDIT WILL BE PERFORMED COVERING THE 15 MONTH PERIOD FROM | 1 9/30/08 TO |
| 12/31/09. | |
| Changes were made to total revenues and expresulted in changes on pages 1, 9, 10, 11 of 1 of Schedule A, and page 3 of Schedule D. | Penses which 4e 990, page 2 |
| OF SCHEAUSE 1) JUNE PAGE S OF SCHEAUSE D. | |
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Department of the Treasury Internal Revenue Service SCHEDULER (Form 990)

Related Organizations and Unrelated Partnerships

2008 Open to Public Inspection

Employer identification number 52-1043444 OMB No 1545-0047 Direct controlling entity Direct controlling End-of-year assets status (if section 501(c)(3)) ► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. Public charity 冏 Ē Exempt Code section Total income 9 9 501(C)(4) ENVIRONMENTAL ORGANIZATION DISTRICT OF COLUMBIA Legal domicile (state or Legal domicile (state or foreign country) foreign country) ▼ See separate instructions. Primary activity Primary activity 9 Identification of Related Tax-Exempt Organizations CLEAN WATER FUND Identification of Disregarded Entities Name, address, and EIN Name, address, and EIN of related organization CLEAN WATER ACTION - 23-7128611 of disregarded entity CLINTON TOWNSHIP, MI 48036 Name of the organization 23885 DENTON STREET Part Part

Schedule R (Form 990) 2008

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2

Part III Identification of Related Organizations Taxable as a Partnership

| Mame, address, and EIN | • | | | | |
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| Country Coun | (J) neral or anaging artner? | | | | |
| Primary activity Legal domucile Controlling Predominant income Share of total Share of total Country | | | | | |
| Primary activity Legal domucile Controlling Predominant income Share of total Share of total Country | V-UBI | į | | , | |
| Primary activity Legal domucile Controlling Predominant income Share of total Share of total Country | Code Mount of Sor | | | | i |
| Primary activity Legal domucile Controlling Predominant income Share of total Share of total Country | - 2 0 0 · · · · · · · · · · · · · · · · · | | <u> </u> | | |
| Primary activity Legal domucile Controlling Predominant income Share of total Share of total Country | (H) proportic ullocation | | | | |
| Primary activity Legal dominal mone (F) Primary activity Legal dominal mone (related) (related innestment, unrelated) Country) Country) Country Dusy ate a | | | | |
| Primary activity Legal domicile Direct controlling (related, investment, country) country (related, investment, unrelated) | (G) Share of end-of-year assets | | | | |
| Primary activity Legal domicile Direct controlling (related, investment, country) country (related, investment, unrelated) | | | | | |
| Primary activity Legal domicile Direct controlling (related, investment, country) country (related, investment, unrelated) | (F) re of to | | į | | |
| Primary activity Legal domicile (State or foreign country) country) | Sha | | | | |
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| Name, address, and ElN of related organization | ıı. | | | | |
| Name, address, and EIN of related organization | | | | | |
| Name, address, and E of related organizatio | <u>Z</u> c | | | | |
| Name, address, of related organ | and E | | | | |
| Name, add of related | (A) dress, orgar | | | | |
| of t | ю, adc elated | | | | |
| | Nam of r | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust

| (A) | (B) | 0 | (<u>a</u>) | (E) | (F) | | £ |
|---|------------------|---|--|---|----------------|-----------------------------------|-------------------------|
| Name, address, and EIN of related organization | Primary activity | ō | Direct controlling Type of entity S eorp, (C corp, S corp, or trust) | Type of entity (C corp, S corp, or trust) | Share of total | Share of end-of-year assets | Percentage ownership |
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Schedule R (Form 990) 2008 CLEAN WATER FUND

| Part V Transactions With Related Organizations | | |
|--|---|----------------------------|
| Make Complete line of from outstern in line and outside line of the | Ves |
| Note: Complete line the any entiry is listed in the complete by the following transactions with one or more related organizations listed in Parts II-IV? | | ╄ |
| | ; | Ta X |
| Gift grant or capital contribution to other organization(s) | | 1b X |
| Gift. grant. or capital contribution from other organization(s) | | _ |
| Loans or loan quarantees to or for other organization(s) | : | 1d X |
| l oans or loan quarantees by other organization(s) | : | |
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| y ruicitade di abbeto licito di idi di idi di idi di idi idi idi id | : | |
| | : | † |
| i Lease of facilities, equipment, or other assets to other organization(s) | | 11 2 |
| | | + |
| Lease of facilities, equipment, or other assets from other organization(s | : | |
| k Performance of services or membership or fundraising solicitations for other organization(s) | : | 1k |
| l Performance of services or membership or fundraising solicitations by other organization(s) | : | X |
| m Sharing of facilities, equipment, mailing lists, or other assets | : | # X |
| | : | t X |
| | | |
| • Reimbursement paid to other organization for expenses | : | 10 X |
| : | : | 1p X |
| | | |
| q Other transfer of cash or property to other organization(s) | : | 1a X |
| (5) | 1 | ıt X |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | action thresholds | |
| | į | (|
| (A) Name of other organization(s) | (B) Transaction type (a-r) | (C) Amount involved |
| (1) CLEAN WATER ACTION | × | 119,312. |
| i | | ł |
| (2) CLEAN WATER ACTION | Z | 833,586. |
| (3) CLEAN WATER ACTION | 0 | 1,580,000. |
| (4) | | |
| (5) | | |
| (9) | | |
| 832163 12-23-08 | Sch | Schedule R (Form 990) 2008 |

Page 4

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| that was not a related organization. See instructions regarding exclusion for certain investment partnerships. | ision for certain investment partners | nips. | | | | | |
|--|---------------------------------------|----------------|---------------------------------------|------------------|-----------------------|--------------------------------|------------------------|
| (A) | (8) | <u>(</u>) | <u>ê</u> | (E) | Ē | 9 | |
| Name, address, and EIN | Primary activity | Legal domicile | Are all partners section 501(c)(3) | Share of end-of- | Dispropor- tionate | Code V-UBI amount in box 20 | General or managing |
| or entity | | | Yes No | | Yes No | of Schedule K-1 (Form 1065) | 1 1 |
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Schedule R (Form 990) 2008