Form 990

Return of Organization Exempt From Income Tax

2018

Department of	the Treasury
Internal Rever	NIA SAMO

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

► Do not enter social security numbers on this form as it may be made public.

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

Open to Public

a iton	C. 7101011	20 Odi 1106	- GO 10 11	WW. O.g. C.	1000001101	ma are rateer in		<u>. </u>	
A	For the	2018 calend	lar year, or tax year begin	ning	05-0	1 , 2018, and	ending	0	4-30 ,2019
В	Check if a	applicable	C Name of organization Clea	n Virginia					D Employer identification no
	Address o	change	Doing business as						82-5454983
	Name cha	ange	Number and street (or P O box	x if mail is not delivered to street add	lress)		Room/sui	te	E Telephone number
X	Initial retu	ım	407 Monticello	Rd			F		(434)973-5311
	Final retu	m/terminated	G Gross receipts						
	Amended	i retum	Charlottesville	e, VA 22902					s 800,000
	Applicatio	on pending	F Name and address of principal	officer			H(a) is	this a group return	for subordinates? Yes X No
				<u></u>			/ H(b) A	re all subordinat	es included? Tes No
i _	Tax-exem	npt status	501(c)(3) X 501(c) (4) ◀ (Insert no)	(1) or 5	27	1	ff "No," attach	a list (see instructions)
J	Website	► www	v.cleanvirginia.or	g			H(c)	Group exemptio	n number 🕨
ĸ	Form of o	organization 🛣	Corporation Trust Ass	ociation Other ►	l L	. Year of formation	2018	M State of lec	gal domicite VA
Pa	rt I	Summar	У		!				
	1	Briefly descr	the the organization's missi	on or most significant activit	ies Prom	ote social	welfar	e includ	ing, but not
4		limited_	to, engaging in a	dvocacy to promote	good go	vernance an	d clear	n energy	. Through civic
2		educatio	n, the Corporatio	n works to ensure	that Vi	rginians un	dersta	nd the c	osts of utility
圣		monopoly	influence.						
₹,	2	Check this b	ox ▶ ☐ if the organization	discontinued its operations	or disposed of	of more than 25%	of its net	assets	
- ₫	3	Number of v	oting members of the gove	rning body (Part VI, line 1a)				3	2
-Ķ	4	Number of in	ndependent voting members	s of the governing body (Pa	rt VI, line 1b)			4	2
3₹	5	Total numbe	r of individuals employed in	calendar year 2018 (Part V	', line 2a)			5	5
280	6	Total numbe	r of volunteers (estimate if r	necessary)				6	12
Ŏ.	7a	Total unrelat	ed business revenue from l	Part VIII, column (C), line 12				7a	0
	þ	Net unrelate	d business taxable income	from Form 990-T, line 38	• • • • • •	· · · · · <u>· · · · · · · · · · · · · · </u>	• • • •	7t	0
Z							Pri	or Year	Current Year
Ø.	8		• •	1h)					800,000
Revenue ANNEDAMMES 18	9	Program ser	vice revenue (Part VIII, line	e 2g)					0
Ş.	10	Investment in	ncome (Part VIII, column (A	(i), lines 3, 4, and 7d)	• • • • •				0
æ	11	Other revenu	ue (Part VIII, ∞lumn (A), lin	es 5, 6d, 8c, 9c, 10c, and 11	e)	• • • • • • •			0
	12	Total revenu	e - add lines 8 through 11 (i	must equal Part VIII, column	(A), line 12)	• • • • • • •			800,000
	13			X, column (A), lines 1-3)					
	14	•	,	(, column (A), line 4)					0
တ	15	•		benefits (Part IX, column (/					378,348
8	- 1		- ,	column (A), line 11e)	• • • • •				0
Expenses	b		ising expenses (Part IX, col			<u> </u>			
Ш	17	Other expens	ses (Part IX, column (A), lin	nes 11a-11d, 11f-24e)	-DECE	IV/CD	3		249,578
	18	Total expens	es. Add lines 13-17 (must	equal Part IX, column (A), li	ne 26) にして	11.V.E. L.).			627,926
	19	Revenue les	s expenses. Subtract line			••••••			172,074
Net Assets or		T-4-1	(Ded V. line 40)	D02	MAR 1	7 2020 일		of Current Year	
88et	20		(Part X, line 16)	• • • • • • • • • • • •	• • • • •		ļ		172,074
<u>₹</u>	21		es (Part X, line 26)		OGDE		<u> </u>	· · · · · ·	172 074
	: <u>22</u> rt		re Block	ine 21 nom ine 20			J		172,074
				m, including accompanying schedule	s and statements	and to the best of my	knowledge a	nd belief, it is	
				cer) is based on all information of wh					
		A Bron	nan Gilmore						
Sig	n		re of officer			 		Da	te
Hei	j	Bren	nan Gilmore, Exec	Director					
•			print name and title			 			
	l	Print/Type pre		Preparer's signature		Date	C	heck I if	PTIN
Pai	d	1 "	· ·	Devyani D Goradia		03-16-2020		elf-employed	P00534210
	- parer			ng Solutions PLLC		(Digitally signed			
	e Only			rington Place	Devyani	by Devyani D	Phone no	•	
	,	,		esville VA 22901		. ∫ Goradia [1	434-	973-5311
Mav	the IRS	S discuss this		own above? (see instruction		12:46 23 -04'00'			💢 Yes 🗌 No

Form 990 (2018)

For Paperwork Reduction Act Notice, see the separate instructions.

Form	1990 (2018) Clean Virginia	82-5454983	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		<u></u>
1	Briefly describe the organization's mission		
	Promote social welfare including, but not limited to, engaging in advocacy to	promote g	bod
	governance and clean energy. Through civic education, the Corporation works	to ensure	that
	Virginians understand the costs of utility monopoly influence.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	🗌 Yes	X No
	If "Yes," describe these new services on Schedule O	_	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
_	services?	∏ Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	l bv	
•	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	the total expenses, and revenue, if any, for each program service reported	,	
	The total onportors, and to total program of the opportor		
4a	(Code) (Expenses \$ 357,916 including grants of \$ -) (Revenue	\$)
	Policy Advocacy: Clean Virginia engaged in grassroots organizing, advocacy an	·	
	lobbying of government officials to promote clean energy policy and campaign		form.
	Tobbying of government efficiency to promote cream energy porter and compary.	IIIIIIII I	
	10010101010101010101010101010101010101	***************************************	
		······································	
			
4b	(Code) (Expenses \$ 238,612 including grants of \$) (Revenue	\$	
-100	Public Education: Clean Virginia conducted public information campaigns to in	*	/
	about relevant energy and governance policy in support of its legislative goa	·	

40	(Code) (Expenses \$ including grants of \$) (Revenue	\$	······································
4c	(Code) (Expenses \$) (Nevenue	Ψ	,
			
		*	
4d	Other program services (Describe in Schedule O)	,	
	(Expenses \$ including grants of \$) (Revenue \$		
4e	Total program service expenses ► 596,528		

Checklist of Required Schedules | Part IV | Yes

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			i
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		<u>X</u>
7	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		<u> X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	,		х
40	, ,	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	-10		
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D. Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule £	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		j	
	fundraising, business, investment, and program service activities outside the United States, or aggregate	4.4%		v
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	-13		
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	.,,		
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?... Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 20b

21

	1990 (2018) Clean Virginia 62-5454:	703	<u></u>	aye
Ра	rt IV Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			<u> </u>
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	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 lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			v
	to defease any tax-exempt bonds?	24c		l
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	[
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b	ļ	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	1		
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	1	1	
	was an officer, director, trustee, or direct or indirect owner? 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		1	
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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,"	İ		
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	ĺ		
	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? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	ļ	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
Ь	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		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		<u> </u>
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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		l	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	L
Par				_
	Check if Schedule O contains a response or note to any line in this Part V	•••	 V	1
		•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	7		
b	Enter the number of Form 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	1c	$\overline{\mathbf{x}}$	- :
	reportable gaming (gambling) winnings to prize winners?	116	1 A	<u> </u>

Form	990 (2018) Clean Virginia 82-54549	83	F	age		
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
_			Yes	No		
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					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			~-		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
Ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X		
b	b If "Yes," enter the name of the foreign country. ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
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		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or					
	gifts were not tax deductible?	6b	X			
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			 .		
	and services provided to the payor?	7a				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?	7c				
đ	If "Yes," indicate the number of Forms 8282 filed during the year					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				
g h		7g 7h				
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	_/ <u>/</u>				
Ū	sponsoring organizations maintaining donor advised ratios. Bid a donor advised ratio maintained by the	8				
9	Sponsoring organizations maintaining donor advised funds.	-				
а	Did the sponsoring organization make any taxable distributions under section 4966?	 9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	i				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note. See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans		l			
C	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u> _		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b				
15	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		İ	.,		
	excess parachute payment(s) during the year	15		<u>X</u>		
10	If "Yes," see instructions and file Form 4720, Schedule N	-				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u> </u>		
	If "Yes," complete Form 4720, Schedule O.	1				

	Check if Schedule O contains a response or note to any line in this Part VI			. 🛛
Sec	tion A. Governing Body and Management			
	1.		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	-		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	 		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			v
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			v
_	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		^
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	 _		v
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		x
_	stockholders, or persons other than the governing body?	7b		^
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1		
_	the year by the following:		$\overline{\mathbf{x}}$	
a	The governing body?	8a 8b	X	
Ъ		60	Λ	<u> </u>
9	Is there any officer, director, 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 Q	9		x
Sac	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
<u> </u>	tion b. I oncies (This Section & requests information about policies not required by the internal revenue cooc.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
Ü	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
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		Х
	If "Yes" to line 15a or 15b, 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," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		_	
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Virginia			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Brennan Gilmore (434)973-5311, 407 Monticello Rd, Charlottesville, VA 22902			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

										_	
Form 990 (20°	18) Clean Virginia									82-54549	983 Page 7
Part VII	Compensation of Officers, Direct Independent Contractors	·		•					. •	pensated Em	ployees, and
	Check if Schedule O contains a response or				_					 	<u></u>
Section A.	Officers, Directors, Trustees, Key Employ				•					Al	
organization's	this table for all persons required to be listed tax year	нероп сотр	ensatio	on to	rtne	ca	endar	year	enaing with or with	nin the	
	of the organization's current officers, directors Enter -0- in columns (D), (E), and (F) if no co	,			ndua	als o	r orgar	ıızat	ions), regardless o	f amount of	
 List all o 	of the organization's current key employees, if	any See ins	truction	ns fo	r de	fınıt	on of "	key	employee "		
who received	organization's five current highest compensati reportable compensation (Box 5 of Form W-2 nd any related organizations										
	of the organization's former officers, key emplo eportable compensation from the organization						d empk	yee	s who received mo	ore than	
	of the organization's former directors or trus t nore than \$10,000 of reportable compensation									tee of the	
List persons in	the following order individual trustees or dire	ctors, instituti	onal tr	uste	es, e	offic	ers, ke	y er	nployees, highest		
compensated	employees, and former such persons										
Check this	box if neither the organization nor any related	d organizatio	n com	oens	atec	d an	y curre	nt of	ficer, director, or tr	ustee	
						(C)					
	(A)	(B)	,,,,			sition			(D)	(E)	(F)
	Name and Title	Average	, ,				than one is both a	า	Reportable	Reportable	Estimated
		hours per	offic	er and	d a di	recto	r/trustee)	compensation from	compensation from related	amount of other
		week (list any hours for							the	organizations	compensation
		related	or di	Instii	Officer	3	를 를 기타하는 기타하는 기타하는 기타하는 기타하는 기타하는 기타하는 기타하는	Forme	organization	(W-2/1099-MISC)	from the
		organizations below dotted	Individual trustee or director	ution	<u> </u>	voj alibiojo	oyea	Je	(W-2/1099-MISC)		organization and related
		line)	~ g	nal tn	ł	9	g in				organizations
			8	Institutional trustee			Highest compensated employee				
				•			8				
							-				
(1) Brennar	n Gilmore	40.00					-				
Treasur					X				120,000	0	0
(2) Michael	Bills	5.00									
		ı	i i	1	v	1	1				

	week (list any							trom	relateo	compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Brennan Gilmore	40.00									
Treasurer				X				120,000	0	0
(2) Michael Bills President	5.00			x				a	0	o
(3) Veronica Coleman									_	_
Secretary	1			Х				0	0	0_
(4)										
(5)										
(6)										
(7)							•			
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)	ļ									

82-5454983

Part	VII Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	Hig	hes	t Com	pen	sated Employees	(continued)			
(A) Name and title		(B) Average hours per week (list any hours for	verage box, unless perso officer and a direct killist any					Former	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimate amount o other compensa		f on
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	101	organization (W-2/1099-MISC)	(W-2/1099-MISC)	or	from the ganization nd relate ganization	on id
<u>(15)</u>													
(16)											†		
<u>(17)</u>													
<u>(18)</u>													
(19)													
(20)													
<u>(21)</u>													
(22)													*******
(23)													
(24)													
(25)													
1b	Sub-total				• •	• •	• • • •	•		-	-		
d	Total (add lines 1b and 1c)				• •	• •	,		120,000	0	1		0
2	Total number of individuals (including but not limited												
	reportable compensation from the organization									1		Yes	No
3	Did the organization list any former officer, director		-									100	
_	employee on line 1a? If "Yes," complete Schedule									• • • • • • •	3	 	X
4	For any individual listed on line 1a, is the sum of reportant and related organizations greater than										ł		
	individual				• •	• •	• • • •				4		X
5	Did any person listed on line 1a receive or accrue co	ompensation											
Coati	for services rendered to the organization? If "Yes," on B. Independent Contractors	complete So	chedul	e J t	or s	ucn į	person	•	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	5	<u> </u>	X
1	Complete this table for your five highest compensated compensation from the organization. Report compensation are compensation from the organization.												•
	year (A)	_							(B)			(C)	
	Name and business address								Description of s	services	Com	pensatio	n
													
2	Total number of independent contractors (including t				liste	d ab	ove) w	ho					

82-5454983

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Total expenses Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Compensation of current officers, directors, 120,000 114,000 6,000 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 202,235 192,123 10,112 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 28,951 27,503 1,448 25,804 1,358 Payroll taxes 27,162 10 11 Fees for services (non-employees) 14,213 13,502 711 ь Legal...... 798 15,968 15,170 ¢ Accounting ď Lobbying Professional fundraising services. See Part IV, line 17 . Other (If line 11g amount exceeds 10% of line 25, column 102,040 5,371 (A) amount, list line 11g expenses on Schedule O) ... 107,411 38,835 2,044 12 Advertising and promotion 40,879 Office expenses 1,783 1,694 89 13 1,775 93 14 Information technology 1,868 15 16 Occupancy 21,715 20,629 1,086 13,492 12,817 675 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest 21 22 Depreciation, depletion, and amortization 639 607 32 23 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 110 2,191 2,081 Branded Material 1,013 962 51 Internet and Telephone 31 Dues 622 591 70 66 4 Bank Fees 26,329 1,385 All other expenses 27,714 31,398 Total functional expenses. Add lines 1 through 24e . 0 627,926 596,528 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here 🕨 📙 if following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 1 169,986 Cash - non-interest-bearing 2 2 3 3 Pledges and grants receivable, net Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 9 Prepaid expenses and deferred charges Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D | 10a b Less accumulated depreciation 10b 10c 11 Investments - publicly traded secunties 11 investments - other securities See Part IV, line 11 12 12 13 13 14 2,088 14 15 15 16 172,074 16 Total assets. Add lines 1 through 15 (must equal line 34) 0 17 17 18 18 19 19 Deferred revenue 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 0 26 Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 172,074 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕒 🔲 and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32

Total liabilities and net assets/fund balances

172,074

0

0 34

33

33

Form	990 (2018) Clean Virginia 82	-545498	3	Pa	age 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		<u>. 🗆</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8	800, G	000
2	Total expenses (must equal Part IX, column (A), line 25)	2	(527,9	926
3	Revenue less expenses Subtract line 2 from line 1	3		172,0	074
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7		,	
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		172,0	074
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				\Box
				Yes	No
1	Accounting method used to prepare the Form 990. 🔀 Cash 🔲 Accrual 📗 Other				ì
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				نـــا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				1
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				1
	separate basis, consolidated basis, or both:		1		
	Separate basis Consolidated basis Both consolidated and separate basis				}
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				j
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.		\		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Corn	000 /	2010)

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SCHEDULE O (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.

Open to Public Inspection

Employer Identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

82-5454983 Clean Virginia 01. Form 990 governing body review (Part VI, line 11) Emailed return to the board for review 02. Conflict of interest policy compliance (Part VI, line 12c) The Board of Directors adopted a Conflict of Interest policy, which is reviewed annually, requiring Directors and Officers to disclose any potential conflicts and to have the non-conflicted directors investigate and address conflicts appropriately. 03. CEO, executive director, top management comp (Part VI, line 15a) The Board of Directors sets compensation after conducting a performance review and considering comparison of leaders at similarly situated organizations. 04. Governing documents, etc, available to public (Part VI, line 19) Form 990 is presented upon request. 05. List of other fees for services expenses (Part IX, line 11g) Other Fees: Communication \$10,161 \$ 3,075 Graphic Design Media Production \$49,342 Polling \$44,660 Event Fees 172 TOTAL \$107,410

Name of the organization		Employer identification number
Clean Virginia		82-5454983
Clean Vilginia		02 010100
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