Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

Tax-compristation: X SOT(c)(X) SOT	A For th	ie 201	<u>r calendar year, or tax year begin</u>	nning	<u>, 2017,</u> a	na enaing			, 20		
Doug Basiness As 26 - 4212487	B Check if an	pplicable:	•	ATION, INC.			D Employer id	lentificati	on number		
Number and street (or P.O. box if mails in ord delivered to street address) Room/suble E Tolophone number 2544 E LANDSTREET RD STE 600 (407) 574-8353				- ,			26-421	2487			
2544		-		not delivered to street address)) Ro	oom/suite					
Corporation		-					(407) 57	4-835	53		
Part Summary							, , ,		-	—	
F Name and address of principal effects SANUEL STEPLEINS Tax-cournet status X Strick(3) Stri	Amer	nded	ORLANDO, FL 32824				G Gross recei	ots \$	5,581,1	72.	
2544 E LANDSTREET RD STE 600 ORLANDO, FL 32824 High substrations Yes Taxxexempt status: X So1(x)3 So1(x) V (insert no.) 4947(x)1 or 527 High status E vice returnices Yes The	Applie	cation		SAMUEL STEPHE	NS		H(a) Is this a gro	oup return fo		_	
Tax-excempt status:	pendi	ing	2544 E LANDSTREET RD :			4			\vdash	No	
WWW. CLEANTEWORLD. ORG	I Tax-ex	empt st									
Form of organization) (moort no.)	10 17 (4)(1) 01	1 1027	H(c) Group exen	nption numb	per ▶		
Part Summary				Association Other		L Year of form		<u> </u>		FL	
Birefly describe the organization's mission or most significant activities. TO_COLLECT_HYGIENE_PRODUCTS_TO_BE_RECYCLED_AND_DISTRIBUTED_FOR_HUMANITARIAN_ATD. 2 Check this box									g	—	
BE RECYCLED AND DISTRIBUTED FOR HUMANITARIAN AID.		Briefly	/ describe the organization's mission o	r most significant activities:	TO COLL	ECT HYGIE	ENE PRODUCT	S TO			
4 Number of independent voting members of the governing body (Part VI, line 1b)	I										
4 Number of independent voting members of the governing body (Part VI, line 1b)	and										
4 Number of independent voting members of the governing body (Part VI, line 1b)	된 현 2	Check	this box if the organization d	iscontinued its operations	or disposed o	of more than 25	5% of its net asse	 ts.			
4 Number of independent voting members of the governing body (Part VI, line 1b)	စ် 3			•				1 1	1	L1.	
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8 Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 2g). 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). 13 Grants and similar amounts paid (Part IX, column (A), line 4). 14 Benefits paid to or for members (Part IX, column (A), line 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 16 Professional fundraising expenses (Part IX, column (A), line 11e). 17 Other expenses (Part IX, column (A), line 11e). 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12. 20 Total assets (Part X, line 26). 21 Total liabilities (Part X, line 26). 22 Net assets or fund balances. Subtract line 21 from line 20. 23 Net assets or fund balances. Subtract line 21 from line 20. 24 Total liabilities (Part X, line 26). 25 Signature Block 25 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it rune, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 26 Preparer 27 Firm's name WITHUM SMITH + BROWN PC 37 SABA 386, 552. 579, 31 38, 638, 541. 3, 638, 541. 3, 638, 751. 1, 10, 93, 719, 719. 1, 10, 93, 719. 31, 71										0.	
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Beginning of Current Year End of Year											
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 11/15/2018				THOM IN ELECTION			, ,		,,	—	
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Print/Type preparer's name Paid Preparer BDate Check if PTIN PTIN 11/15/2018 self-employed Proparer Self-employed Prim's name WITHUM SMITH + BROWN PC Firm's name WITHUM SMITH + BROWN PC Firm's name Preparer's signature 11/15/2018 self-employed Proparer's name Print/Type preparer's name Print/T	Here		SAMUEL STEPHENS		EXECUTI	VE DIRECT	ror				
Paid EDWARD A HOFMA CPA 11/15/2018 Edec 11/15/2018 P00735723 Preparer Use Only Firm's name WITHUM SMITH + BROWN PC Firm's EIN 22-2027092			Type or print name and title								
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Preparer Use Only Firm's name ■ WITHUM SMITH + BROWN PC Firm's EIN ■ 22-2027092	Paid	1				11 /1 = /00		۱ ا	00705700		
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For Paperwork Reduction Act Notice, see the separate instructions.	Preparer Use Only	Firm's	s name WITHUM SMITH + B address 200 S. ORANGE AV	E ORLANDO, FL 32				22-20)27092 349-1569	No	

Form 990 (2017) Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: SEE STATEMENT IN SCHEDULE O 2 Did the organization undertake any significant program services during the year which were not listed on the 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?.... 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 by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 4,941,315. including grants of \$ 3,880,204.)(Revenue\$ COLLECTION AND RECYCLING OF SOAP, SHAMPOO AND OTHER HYGIENE PRODUCTS DISCARDED BY THE HOSPITALITY INDUSTRY. THESE PRODUCTS ARE SANITIZED AND REDISTRIBUTED TO IMPOVERISHED PEOPLE. CLEAN THE WORLD WAS ABLE TO RECYCLE 1,310,870 POUNDS OF HYGIENE PRODUCTS DURING 2017. PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S MISSION STATEMENT.) (Revenue \$ **4b** (Code: including grants of \$) (Expenses \$ including grants of \$) (Revenue \$ **4c** (Code: 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ **4e** Total program service expenses ▶ 4,941,315.

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Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ 1 Χ Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?....... 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Χ 5 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 Χ 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ 8 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 9 Χ 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted Χ endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Χ complete Schedule D, Part VI 11a b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Χ 11d 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ 12a **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Χ b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 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 Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Χ assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Χ

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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	21	Х	
22	Did the organization report more than $$5,000$ of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		Х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		21
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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
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		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
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 contributions? If "Yes," complete Schedule M	30		Х
31	$ \ \text{Did the organization liquidate, terminate, or dissolve and cease operations?} \textit{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,"			Х
	complete Schedule N, Part II	32		Λ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33	Х	
2.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Λ	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	34	Х	
35a	or IV, and Part V, line 1	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a		
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	200		
00	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R</i> ,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
			~~~	

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Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	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	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).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Λ
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	60		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
7	gifts were not tax deductible?	0.5		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		Х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Χ
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	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:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
12-	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?  If "Yes " enter the amount of tax-exempt interest received or accrued during the year   12b	140		
о 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . . . 14b

14a

Χ

CLEAN THE WORLD FOUNDATION, INC. 26-4212487 Page 6 Form 990 (2017) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No 11 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. Enter the number of voting members included in line 1a, above, who are independent . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct Χ 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . Χ 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Χ 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Χ a The governing body?..... Χ 8b Each committee with authority to act on behalf of the governing body?............... Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at Χ the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes Χ 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 13 X 14 14 Did the organization have a written document retention and destruction policy?............ 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? 

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 

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?

Sect	tion	C. D	isc	losure

17	List the states with which a copy of this Form 990 is required to be filed $\triangleright$
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 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 X Upon request Other (explain in Schedule O)

- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records: 20

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15a

15b

16a

Χ

Χ

Χ

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- 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.

L Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
		(C)									
		D '''	l		l						

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or dir	unles	Pos neck ss pe	rson	e than cois both tor/trust employee	an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)LAURA SCHWARTZ	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(2)NANCY BOCK	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(3)SHAWN SEIPLER	40.00									
CHAIRMAN/DIRECTOR	0.	Х		Χ				0.	0.	0.
(4)RONALD STEVEN REESE	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(5)NICOLE MONGEAU RUDD	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(6)GARTH PETERSON	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(7)THOMAS HENRY ROBERTS III	1.00									
DIRECTOR	0.	X						0.	0.	0.
(8) PAUL TRIARCHOS XENIS	1.00									
DIRECTOR	0.	X						0.	0.	0.
(9)ROBERT CANDELINO	1.00									
DIRECTOR	0.	X						0.	0.	0.
(10) SAMUEL STEPHENS	40.00									
EXECUTIVE DIRECTOR	0.	X						108,862.	0.	0.
(11)CHRISTIAN STUART	1.00							_	_	_
DIRECTOR	0.	Х						0.	0.	0.
<u>(12)</u>										
(13)										
(14)	+									

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Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	ıplo	ye	es,	and F	ligl	hest Compensat	ed Employees (co	ontinued	)	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations	box,	unles er and	Pos heck ss pe	rson lirect	than o is both or/trusto emplo	an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization		
		below dotted line)	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	er	(W-2/1099-MISC)		and r	elated zations	
1b	Sub-total							<b>&gt;</b>	108,862.	0.			0.
С	Total from continuation sheets to Part VII, S	ection A							0.	0.			0.
	Total (add lines 1b and 1c)	limited to t	hose	liste				re	108,862.	- 1			
	reportable compensation from the organization		_	L								'es	No
3	Did the organization list any <b>former</b> offic employee on line 1a? If "Yes," complete Schedu										3		X
4	For any individual listed on line 1a, is the sorganization and related organizations gre	sum of rep	ortab	le c	com	pen	satior	n ar	nd other compens	sation from the			
	individual										4		Χ
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Yesting B. Indonesia and Contractors."										5		Χ
	ction B. Independent Contractors		1		•				L - 4 5 1	th 0400 000	-		
1	Complete this table for your five highest com compensation from the organization. Report c year.												
_													

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 1

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Pai	rt VII	Statement of Revenue Check if Schedule O contains a response or no	ote to any line in this Part V	/		
		,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f		17,109. 67,114.			
Program Service Revenue	2a b c	HOSPITALITY PARTNERSHIP 56200 HYGIENE KITS 56200	os Code 0 161,245.	161,245. 418,072.		
Program	e f g	All other program service revenue	▶ 579,317. erest,			
	4 5 6a	and other similar amounts).  Income from investment of tax-exempt bond proceeds Royalties	s . ► 0. 24,877.			24,877.
	b c d 7a	Less: rental expenses	▶ 0. bther			
	b c d	Less: cost or other basis and sales expenses  Gain or (loss)  Net gain or (loss)	▶ 0.			
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				
0	b c 9a	Net income or (loss) from fundraising events  Gross income from gaming activities.  See Part IV, line 19	▶ 0.			
	ь с 10а	Less: direct expenses	▶ 0.			
	b c	Less: cost of goods sold				
	11a b c	CANCELLATION OF DEBT OTHER REVENUE	1,150,649.			1,150,649. 9,220.
	d e 12	Total. Add lines 11a-11d		579,317.		1,184,746.

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# 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 respond not include amounts reported on lines 6b, 7b,	onse or note to any line  (A)  Total expenses	in this Part IX  (B)  Program service	(C) Management and	(D) Fundraising
8b,	9b, and 10b of Part VIII.	. otal	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	0.010.051	0.010.051		
	and domestic governments. See Part IV, line 21	3,818,051.	3,818,051.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	62,153.	62,153.		
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	108,862.	97,976.	10,886.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	0.			
8	Pension plan accruals and contributions (include	0			
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	0.			
	Fees for services (non-employees):	0			
	Management	0.		CO F10	
	Legal	60,512.		60,512.	
	Accounting	42,500.		42,500.	
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	0.			
f	Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column	426,291.	205,582.	81,838.	138,871.
	(A) amount, list line 11g expenses on Schedule O.)	41,036.	41,036.	01,030.	130,071.
	Advertising and promotion	0.	41,030.		
13	Office expenses	0.			
14	Information technology	0.			
15	Royalties	168,080.	152,080.	8,000.	8,000.
	Occupancy	90,478.	53,901.	29,980.	6,597.
	Travel	30,170.	33,301.	25/300.	0,001.
10	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
40		0.			
	Conferences, conventions, and meetings	0.			
	Payments to affiliates	0.			
	Depreciation, depletion, and amortization	2,781.	2,781.		
	Insurance	2,362.	,	2,362.	
	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.)				
а	LOGISTICS	117,942.	117,942.		
	MATERIALS/SUPPLIES	240,665.	230,856.	7,349.	2,460.
	REMANUFACTURING FEE	141,579.	141,579.	·	
_	BANK FEES	23,211.		23,211.	
_	All other expenses	39,212.	17,378.	10,480.	11,354.
	Total functional expenses. Add lines 1 through 24e	5,385,715.	4,941,315.	277,118.	167,282.
	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 following SOP 98-2 (ASC 958-720)	0.			

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# Part X Balance Sheet

	ILA	Check if Schedule O contains a response or note	to any line in this Da	art X		
		Check is Schedule O contains a response of note	to any line in this Fa			
				<b>(A)</b> Beginning of year		( <b>B)</b> End of year
	1	Cash - non-interest-bearing		5,333.	1	898.
	2	Savings and temporary cash investments		0.	2	0.
	3	Pledges and grants receivable, net	0.	3	0.	
	4	Accounts receivable, net		0.	4	135,023.
	5	Loans and other receivables from current and former				
		trustees, key employees, and highest compen				
				0.	5	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as				
		4958(f)(1)), persons described in section 4958(c)(3)(B), and c and sponsoring organizations of section 501(c)(9) voluntary e				
		organizations (see instructions). Complete Part II of Schedule L	imployees beneficially	0.	6	0.
ets	7	Notes and loans receivable, net		0.	7	0.
Assets	8	Inventories for sale or use		2,856,502.	8	2,154,036.
_	9	Prepaid expenses and deferred charges		0.	9	0.
	10 a	Land, buildings, and equipment: cost or				
		other basis. Complete Part VI of Schedule D 10a	15,991.			
	b	Less: accumulated depreciation 10b	9,980.	8,792.	10c	6,011.
	11			0.	11	0.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.	
	13	Investments - program-related. See Part IV, line 11	0.		0.	
	14	Intangible assets		0.	1.7	0.
	15	Other assets. See Part IV, line 11		4,260.	15	28,180.
	16	Total assets. Add lines 1 through 15 (must equal line 34		2,874,887.	16	2,324,148.
	17	Accounts payable and accrued expenses		588,481.	17	190,454.
	18	Grants payable	0.		0.	
	19	Deferred revenue		0.		0.
	20	Tax-exempt bond liabilities		0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of		0.	21	0.
Liabilities	22	Loans and other payables to current and former				
ij		trustees, key employees, highest compensated		0		0
ja;		disqualified persons. Complete Part II of Schedule L		0.		0.
_	23	Secured mortgages and notes payable to unrelated third		399,739.	_	0.
	24	Unsecured notes and loans payable to unrelated third pa		0.	24	0.
	25	Other liabilities (including federal income tax, payable to the liabilities (including federal income tax, payable tax)				
		parties, and other liabilities not included on lines 17-24		818,188.		869,758.
	00	of Schedule D		1,806,408.	25	1,060,212.
	26	Total liabilities. Add lines 17 through 25		1,000,400.	26	1,000,212.
S		Organizations that follow SFAS 117 (ASC 958), check complete lines 27 through 29, and lines 33 and 34.	here ► X and			
Fund Balances	27	Unrestricted net assets		1,068,479.	27	1,263,936.
ala	28	Temporarily restricted net assets		0.	28	0.
Ā	29	Permanently restricted net assets		0.	29	0.
Ē		Organizations that do not follow SFAS 117 (ASC 958), check				
٥		complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipmen		31		
Ř	32	Retained earnings, endowment, accumulated income, of	or other funds		32	
Ne	33	Total net assets or fund balances		1,068,479.	33	1,263,936.
	34	Total liabilities and net assets/fund balances	<u> </u>	2,874,887.	34	2,324,148.
			•			Eorm 990 (2017

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			81,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2				15.
3	Revenue less expenses. Subtract line 2 from line 1	3				157.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,0	68,4	179.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
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		1,2	63,9	36.
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
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 cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	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 audit	ted or	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X 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	oversi	ght			
	of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the s			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, $\epsilon$	explain	n in			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ı in	_		3.7
	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 und		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b		

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#### **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

26-4212487

Department of the Treasury Internal Revenue Service Name of the organization

CLEAN THE WORLD FOUNDATION, INC.

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

Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must c	omplet	e this pa	art.) See instructions		
Гһе	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)		
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).		
2		A school described in <b>secti</b>	n 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative	hospital service o	nospital service organization described in section 170(b)(1)(A)(iii).					
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the	
		hospital's name, city, and st							
5		An organization operated t	for the benefit of	a college or universit	y owned	d or ope	erated by a governme	ntal unit described in	
	_	section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local go	•				, , , , , , ,		
7		An organization that norma	-	•	pport fro	om a go	vernmental unit or fro	om the general public	
		described in section 170(b)							
8		A community trust describe							
9		An agricultural research org	=			-	=		
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the	name, city, and state of	the college or	
	3.7	university:				•			
10	X	An organization that norma receipts from activities rela support from gross investm acquired by the organizatio	ted to its exempt frent income and un	unctions - subject to on nrelated business tax	certain e able inco	xception me (les	is, and (2) no more tha s section 511 tax) from	n 331/3 % of its	
1		An organization organized	and operated exclu	usively to test for publi	c safety.	See sec	tion 509(a)(4).		
12		An organization organized	and operated exclu	usively for the benefit	of, to pe	erform th	ne functions of, or to o	carry out the purposes	
		of one or more publicly su	pported organizati	ons described in sect	ion 509	<b>(a)(1)</b> or	section <b>509(a)(2)</b> . S	ee section 509(a)(3)	
	_	_Check the box in lines 12a t	hrough 12d that de	escribes the type of s	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g	
а		<b>Type I</b> . A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving	
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	f the directors or truste	es of the	
	_	supporting organization. <b>\</b>	•						
b	L	<b>Type II</b> . A supporting org	•						
		control or management of	• • •	=	the sam	e persor	ns that control or man	age the supported	
		organization(s). You must							
С	L	Type III functionally integ						ly integrated with,	
		its supported organization		•					
d	L	Type III non-functionally			-				
		that is not functionally inte	-		_		•	an attentiveness	
_	Г	requirement (see instruct	•	•				I Type III	
е		Check this box if the orga functionally integrated, or						і, туре ііі	
f	Fn	iter the number of supported				nyanizai			
q		ovide the following information							
		lame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of	
				(described on lines 1-10 above (see instructions))	,	ur governing ment?	support (see instructions)	other support (see instructions)	
				above (see ilistructions))	Yes	No	instructions)	mstructions)	
<b>A</b> )									
<u></u>									
B)									
C)									
D)									
E)									
Γota	al								

Page 2 Schedule A (Form 990 or 990-EZ) 2017

	,						
Par	Support Schedule for Orga (Complete only if you checked Part III. If the organization fail	d the box on	line 5, 7, or 8	of Part I or iḟ tĺ	ne organizatio	n failed to qua	
Sec	tion A. Public Support	1 7		,,	•	,	
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and	(4)	(2)	(1)	(4)	(2)	
•	membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	,				12	
13	<b>First five years.</b> If the Form 990 is f organization, check this box and <b>stop here</b>						
Sec	tion C. Computation of Public Sup		_				
14	Public support percentage for 2017 (li						<u>%</u>
15	Public support percentage from 2016						<u>%</u>
16a	33 1/3 % support test - 2017. If the org	-		•		•	
	box and <b>stop here</b> . The organization q			-			
b	331/3% support test - 2016. If the org	•					
47-	this box and stop here. The organization	•		•			
1/a	10%-facts-and-circumstances test - 2	•					
	10% or more, and if the organization Part VI how the organization meets t					•	•
	organization			_	-		
h	10%-facts-and-circumstances test - 2						
J			-				
	Is is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly						

Schedule A (Form 990 or 990-EZ) 2017

18

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Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see  Schedule A (Form 990 or 990-EZ) 2017 Page 3

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			·•	·		
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	5,970,367.	6,053,569.	4,706,506.	3,937,133.	3,826,329.	24,493,904.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	2,842,124.	3,746,210.	4,212,026.	586,652.	579,317.	11,966,329.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0.
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0.
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0.
6	Total. Add lines 1 through 5	8,812,491.	9,799,779.	8,918,532.	4,523,785.	4,405,646.	36,460,233.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons		20,471.	5,000.			25,471.
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		315,611.	155,137.	213,633.	197,565.	881,946.
С	Add lines 7a and 7b		336,082.	160,137.	213,633.	197,565.	907,417.
8	Public support. (Subtract line 7c from						
	line 6.)						35,552,816.
Sec	tion B. Total Support		<u>'</u>	•		•	
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	8,812,491.	9,799,779.	8,918,532.	4,523,785.	4,405,646.	36,460,233.
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources	201,909.	104,074.	205,000.	41,654.	24,877.	577,514.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
С	Add lines 10a and 10b	201,909.	104,074.	205,000.	41,654.	24,877.	577,514.
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.) ATCH 1				1,002,947.	1,150,649.	2,153,596.
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	9,014,400.	9,903,853.	9,123,532.	5,568,386.	5,581,172.	39,191,343.
14	First five years. If the Form 990 is for	or the organizat	ion's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here .						▶ 🔃
Sec	tion C. Computation of Public Supp	ort Percenta	ge				
15	Public support percentage for 2017 (line 8,	column (f) divide	d by line 13, colum	n (f))		15	90.72 <b>%</b>
16	Public support percentage from 2016 Sche	dule A, Part III, lin	e 15			16	94.44%
Sec	tion D. Computation of Investment	Income Perc	entage				
17	Investment income percentage for 2017 (lin	ne 10c, column (1	f) divided by line 13	3, column (f))		17	1.47%
18	Investment income percentage from 2016	Schedule A, Part	III, line 17			18	1.40%
19 a	331/3% support tests - 2017. If the org				-	than 331/3 %, a	nd line
	17 is not more than 331/3 %, check thi	s box and <b>stop</b>	here. The organ	nization qualifies	as a publicly s	supported organiz	ation . ▶ X
b	331/3% support tests - 2016. If the orga	nization did not	check a box on li	ne 14 or line 19	a, and line 16 is	more than 331/3	%, and
	line 18 is not more than 331/3 %, check	this box and st	op here. The orga	anization qualifie	s as a publicly	supported organiz	ation ►
20	Private foundation. If the organization of	did not check a	a box on line 14	4, 19a, or 19b,	check this box	x and see instru	ctions ►

Schedule A (Form 990 or 990-EZ) 2017

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Yes No

Schedule A (Form 990 or 990-EZ) 2017

#### Part IV Supporting Organizations

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

Section A. All	Supporting	<b>Organizations</b>
----------------	------------	----------------------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
  Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1 2 3a 3b 3с 4a 4b 4c 5a 5b 6 7 8 9a 9b 9с 10a 10b Schedule A (Form 990 or 990-EZ) 2017 Page **5** 

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.			
		3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc		
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
_	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI identify</b></i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	21-		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organize	•		•
	•	(B) Current Year	
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year
Section B - William Asset Amount		(A) FIIOI Teal	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	y integra	ated Type III supporting	g organization (see
instructions).	_		- ·

Schedule A (Form 990 or 990-EZ) 2017

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Page 7 Schedule A (Form 990 or 990-EZ) 2017

<b>Part</b>	V Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	tions (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	npt purposes of support	ted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	oonsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)

;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

	·	<u> </u>		AT	TACHMENT 1			
SCHEDULE A, PART III - OTHER INCOME								
DESCRIPTION	2013	2014	2015	2016	2017	TOTAL		
CANCELLATION OF DEBT				1,002,947.	1,150,649.	2,153,596.		
TOTALS				1,002,947.	1,150,649.	2,153,596.		

Schedule A (Form 990 or 990-EZ) 2017

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#### Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2017

**Employer identification number** 

CLEAN THE WORLD FOUNDATION, INC. 26-4212487 Organization type (check one): Filers of: Section: X 501(c)(3 Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Employer identification number 26-4212487

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$\$	Person   X		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Employer identification number 26-4212487

Part I	Contributors (see instructions). Use duplicate copies of	f Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$50,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Employer identification number 26-4212487

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
14		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
15		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 26-4212487

Part II	<b>Noncash Property</b>	(see instructions)	). Use duplicate co	pies of Part II if additiona	space is needed.
---------	-------------------------	--------------------	---------------------	------------------------------	------------------

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
15	SOAP AND HYGIENE PRODUCTS		
		\$\$	12/31/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 _ _ _ \$	

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Employer identification number

Name of organization CLEAN THE WORLD FOUNDATION, INC.

				26-4212487			
Part III	(10) that total more than \$1,000 for the following line entry. For organizat contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	the year from any one of ions completing Part III, e e year. (Enter this inform	<b>contributor</b> . Conntributor of e	nplete columns (a) through (e) and exclusively religious, charitable, etc.			
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
Part I	(a) t aspect or <b>g</b>			(2)			
		(e) Transfer of g	jift				
	Transferee's name, address, a	nd ZIP + 4	Relationsh	ip of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	Tunnafana la nama addusa a	(e) Transfer of g					
	Transferee's name, address, a	IU ZIP + 4	Relationsii	p of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		(e) Transfer of g	jift				
	Transferee's name, address, a	nd ZIP + 4	Relationsh	ip of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
raiti							
		_					
	Transferee's name, address, a	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relati					

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#### **SCHEDULE D** (Form 990)

# Supplemental Financial Statements ▶ Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

CLE	AN THE WORLD FOUNDATION, INC.	26-4212487
	organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of 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 held in	n donor advised
•	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fur	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		f a historically important land area
		f a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а		2a
b		2b
С		2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
		2d
3	Number of conservation easements modified, transferred, released, extinguished, or termina	ated by the organization during the
	tax year 🕨	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	on, handling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conse	ervation easements during the year
	<b>&gt;</b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	nservation easements during the year
	<b>&gt;</b> \$	
8	$Does\ each\ conservation\ easement\ reported\ on\ line\ 2(d)\ above\ satisfy\ the\ requirements\ of\ section and the properties of\ section\ section$	
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe now the organization reports conservation easements in its revenue and	expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	I statements that describes the
	organization's accounting for conservation easements.	0
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Similar Assets.
	· · · · · · · · · · · · · · · · · · ·	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, education public service, provide, in Part XIII, the text of the footnote to its financial statements that described in the control of the con	evenue statement and balance sheet
	public service, provide, in Part XIII, the text of the footnote to its financial statements that desc	ribes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its rev	venue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education and the second art of the second are second as t	ation, or research in furtherance of
	public service, provide the following amounts relating to these items:	<b>&gt;</b> •
	(i) Revenue included on 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 similar as	<b>.</b>
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a b	Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$

Page 2 Schedule D (Form 990) 2017

Par	t III Organizations Maintaini	ng Collect	ions of	Art, His	orical T	reasur	es, e	or Oth	ner Similar Ass	ets (conti	nue	d)
3	Using the organization's acquisition	on, accessio	on, and	other reco	ds, checl	k any o	f the	follow	ring that are a si	gnificant us	e of	its
	collection items (check all that app	ly):			_							
а	Public exhibition			d	_	or excha						
b	b Scholarly research e Other											
С	Preservation for future gene	rations										
4	Provide a description of the organ	nization's co	ollections	s and expl	ain how t	hey fur	ther	the or	ganization's exem	pt purpose	in F	⊃art
	XIII.											
5	During the year, did the organization											
	assets to be sold to raise funds rath			ained as pa	rt of the	organiza	ation'	s collec	ction?	Yes		No
Par	Escrow and Custodial Ar Complete if the organizate 990, Part X, line 21.			s" on Forr	n 990, Pa	art IV, I	ine 9	), or re	ported an amou	nt on Form	า	
1 a	Is the organization an agent, truste	ee, custodia	n or oth	er intermed	liary for c	ontribut	tions	or othe	r assets not			
	included on Form 990, Part X?									Yes		No
b	If "Yes," explain the arrangement i	n Part XIII a	and comp	plete the fo	llowing tab	ole:						
									Amount			
С	Beginning balance						1c					
d	Additions during the year						1d					
е	Distributions during the year						1e					
f	Ending balance						1f					
	Did the organization include an am								•	Yes	Щ	No
	If "Yes," explain the arrangement i	n Part XIII.	Check h	ere if the e	xplanation	has be	en pr	ovided	on Part XIII			
Par			1 43 7		000 B			•				
	Complete if the organizat								T	T		
		(a) Curre	nt year	(b) Prid	or year	(c) Two	o year	s back	(d) Three years back	(e) Four ye	ears b	ack ——
1 a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2 a	Provide the estimated percentage Board designated or quasi-endown				e (line 1g,	column	(a))	held as	:			
b	Permanent endowment ▶	%										
С	Temporarily restricted endowment		%									
	The percentages on lines 2a, 2b, a											
3 a	Are there endowment funds not in	the posses	sion of the	he organiza	tion that	are held	d and	d admir	nistered for the			
	organization by:										es	No
	(i) unrelated organizations									3a(i)	_	
	(ii) related organizations									3a(ii)	_	
	If "Yes" on line 3a(ii), are the relate	•		•			?			3b		
4	Describe in Part XIII the intended u											
Par	t VI Land, Buildings, and Equ Complete if the organiza	<b>ipment.</b> ition answe	ered "Ye	s" on For	n 990. P	art IV.	line	11a. S	ee Form 990. Pa	art X. line 1	10.	
	Description of property		(a) Cost or	other basis	(b) Cost of	or other ba		(c) Acc	cumulated	(d) Book value		
1.	Land		(inves	stment)	(0	ther)		depr	eciation			
1a	Land						-					
b	Buildings						-					
۲ C	Leasehold improvements Equipment					15,99	1		9,980.		6,01	1 1
d	0					10,95	/ <u> </u>		9,900.		J, U.	тт.
Tota	Other  I. Add lines 1a through 1e. (Column	(d) must =	aud Fa	n 000 Dar	V 00/:	n (P) !:	10.10	<u> </u>			6 <b>,</b> 01	1 1
rota	i. Aud lines Ta through Te. (Column	ı (u) must e	quai Fort	ıı 990, Part	A, COIUMI	וו (ם), iin	I <del>U</del> 100	<i>i.)</i>	▶	(	∪ <b>,</b> ∪.	тт•

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Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990	), Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	al derivatives		
	-held equity interests		
(3) Other_			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
<u>(H)</u>			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related. Complete if the organization answered	Yes" on Form 990	), Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.		
-	Complete if the organization answered	I "Yes" on Form 990	), Part IV, line 11d. See Form 990, Part X, line 15.
	(a) De	scription	(b) Book value
(1)			
_(2)			
_(3)			
_(4)			
(5)			
(6)			
_(7)			
(8)			
(9)			
Part X	oumn (b) must equal Form 990, Part X, col. (B) In Other Liabilities.  Complete if the organization answered line 25.		), Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	ie
	ral income taxes		
	TO CLEAN THE WORLD GLOBAL, LLC	869,	758.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 869,	758.

2. Liability for uncertain tax positions. In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

JSA 7E1270 1.000

Scriedu	e D (Form 990) 2017		Page 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	٦.	
1	Total revenue, gains, and other support per audited financial statements	1	5,581,172.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	5,581,172.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,581,172.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	rn.	
1	Total expenses and losses per audited financial statements	1	5,385,715.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	5,385,715.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,385,715.
	Supplemental Information.		4.5. ()/ "
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
		iation.	•
SEL	PAGE 5		

Schedule D (Form 990) 2017

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#### Part XIII Supplemental Information (continued)

PART X, LINE 2:

THE FOUNDATION IS A NONPROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC"). ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA PRESCRIBE REQUIREMENTS FOR THE RECOGNITION OF INCOME TAXES IN FINANCIAL STATEMENTS, AND THE AMOUNTS RECOGNIZED ARE AFFECTED BY INCOME TAX POSITIONS TAKEN BY THE FOUNDATION IN ITS TAX RETURNS. THE FOUNDATION'S STATUS AS AN EXEMPT ORGANIZATION AND ITS POSITION THAT NONE OF ITS REVENUE IS SUBJECT TO THE UNRELATED BUSINESS INCOME TAX ARE DEFINED AS INCOME TAX POSITIONS UNDER THESE REQUIREMENTS. WHILE MANAGEMENT BELIEVES IT HAS COMPLIED WITH THE IRC, THE SUSTAINABILITY OF SOME INCOME TAX POSITIONS TAKEN BY THE FOUNDATION IN ITS TAX RETURNS MAY BE UNCERTAIN. THERE ARE MINIMUM THRESHOLDS OF LIKELIHOOD THAT UNCERTAIN TAX POSITIONS ARE REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. MANAGEMENT DOES NOT BELIEVE THAT THE FOUNDATION HAS ANY MATERIAL UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2017.

IN THE EVENT INTEREST AND PENALTIES WERE DUE RELATING TO AN UNSUSTAINABLE TAX POSITION, THEY WOULD BE TREATED AS A COMPONENT OF INCOME TAX EXPENSE.

THE FOUNDATION'S FEDERAL INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE.

Schedule D (Form 990) 2017

#### **SCHEDULE I** (Form 990)

Department of the Treasury Internal Revenue Service

#### **Grants and Other Assistance to Organizations,** Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

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

2017 Open to Public Inspection

OMB No. 1545-0047

Name of the organization	Employer identification number
CLEAN THE WORLD FOUNDATION, INC.	26-4212487
Part I General Information on Grants and Assistance	

Does the organization maintain records to s     the selection criteria used to award the grant			•				X Yes No
2 Describe in Part IV the organization's proced	dures for mor	nitoring the use	of grant funds in the	e United States.			
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Con	nplete if the organiz	zation answered "Y	es" on Form
990, Part IV, line 21, for any recip	ient that rec	eived more the	an \$5,000. Part II	l can be duplica	ted if additional spa	ice is needed.	
1 (a) Name and address of organization or government	(b) EIN	(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 noncash assistance	(h) Purpose of grant or assistance
(1) AMBASSADOR TO THE NATION							
4020 FREEDOM DRIVE CHARLOTTE, NC 28208	59-1371063	501(C)(3)		7,453.	FMV	RECYCLED SOAP	FOR HYGIENE EDUCATIO
(2) BURUNDI CHRISTIAN MINISTRIES							
232 S DILLARD ST WINTER GARDEN, FL 34787	46-5318564	501(C)(3)		43,507.	FMV	RECYCLED SOAP	FOR HYGIENE EDUCATION
(3) WORLD VISION							
PO BOX 9716 FEDERAL WAY, WA 98063	95-3202116	501(C)(3)		184,133.	FMV	RECYCLED SOAP	FOR HYGIENE EDUCATIO
(4) OPERATION CHRISTMAS CHILD							
PO BOX 3000 BOONE, NC 28607	58-1888256	501(C)(3)		203,184.	FMV	RECYCLED SOAP	FOR HYGIENE EDUCATION
(5) HARVEST TIME INTERNATIONAL							
225 KENNEL ROAD SANFORD, FL 32771	54-1698630	501(C)(3)		39,518.	FMV	RECYCLED SOAP	FOR HYGIENE EDUCATION
(6) CHILDREN INTERNATIONAL							
2000 E. RED BRIDGE RD KANSAS CITY, MO 64121	44-6005794	501(C)(3)		875,794.	FMV	RECYCLED SOAP	FOR HYGIENE EDUCATION
(7) FLOATING DOCTORS INC.							
20964 WAVEVIEW DRIVE TOPANGA, CA 90290	30-0492985	501(C)(3)		6,215.	FMV	RECYCLED SOAP	FOR HYGIENE EDUCATION
(8) ADVANCING THE GOSPEL IN ANGOLA							
3524 52ND AVE HUDSONVILLE, MI 49426	20-2772132	501(C)(3)		6,129.	FMV	RECYCLED SOAP	FOR HYGIENE EDUCATION
(9) AFRICAN MISSIONS FOR CHRIST							
1260 INDIAN ROCK CT DELTONA, FL 32725	26-2616031	501(C)(3)		27,969.	FMV	RECYCLED SOAP	FOR HYGIENE EDUCATION
(10) DIVINE GRACE MEDICAL MISSIONARIES							
11115 ORIOLE CRREK LN RICHMOND, TX 77406	27-4000666	501(C)(3)		6,343.	FMV	RECYCLED SOAP	FOR HYGIENE EDUCATION
(11) HELPING HAND FOR RELIEF AND DEVELOPMENT							
21199 HILLTOP ST SOUTHFIELD, MI 48033	31-1628040	501(C)(3)		312,360.	FMV	RECYCLED SOAP	FOR HYGIENE EDUCATION
(12) HOPE BEYOND BRIDGES							
4008 LOUETTA RD BOX 145 SPRING, TX 77388	26-3195720	501(C)(3)		6,014.	FMV	RECYCLED SOAP	FOR HYGIENE EDUCATION
2 Enter total number of section 501(c)(3) and							
3 Enter total number of other organizations lis	ted in the line	1 table				<u> </u>	

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

Schedule I (Form 990) (2017)

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#### **SCHEDULE I** (Form 990)

Department of the Treasury Internal Revenue Service

## **Grants and Other Assistance to Organizations,** Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047 2017 Open to Public Inspection

CLEAN THE WORLD FOUNDATION, INC.  Part I General Information on Grants an  1 Does the organization maintain records to s the selection criteria used to award the grant  2 Describe in Part IV the organization's proced  Part II Grants and Other Assistance to D  990, Part IV, line 21, for any recip	ubstantiate the sor assistant dures for moreonestic Or	ne amount of the ce?  nitoring the use ganizations ar	of grant funds in the	e United States.	nplete if the organiz	ation answered "Y	87
1 (a) Name and address of organization or government	(b) EIN	(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 noncash assistance	(h) Purpose of grant or assistance
(1) HOPE N LITERACY INTERNATIONAL FOUNDATION 4 STONE GATE N LONGWOOD, FL 32779	81-0624264	501(C)(3)		80,799.	FMV	RECYCLED SOAP	FOR HYGIENE EDUCATIO
(2) INTERFAITH HUMANITARIAN SERVICES, INC 1310 W. COLONIAL DR. STE 10 ORLANDO, FL	59-3709634	501(C)(3)		40,399.	FMV	RECYCLED SOAP	FOR HYGIENE EDUCATIO
(3) PLANTATION OF GOD OF ORPHANAGE 140 BIG BLACK DR KISSIMMEE, FL 34759	61-1580419	501(C)(3)		6,215.	FMV	RECYCLED SOAP	FOR HYGIENE EDUCATIO
4) RISE AGAINST HUNGER 3733 NATIONAL DR. STE 200 RALEIGH, NC 27612	16-1541024	501(C)(3)		126,892.	FMV	RECYCLED SOAP	FOR HYGIENE EDUCATIO
(5) UNITED WAY OF MIAMI-DADE, INC 3250 SW 3RD AVE MIAMI, FL 33129	59-0830840	501(C)(3)		18,646.	FMV	RECYCLED SOAP	FOR HYGIENE EDUCATIO
(6) INTERNATIONAL CHILDREN RESCUE MINISTRIES 7127 GRAY SHADOW ST ORLANDO, FL 32818 (7)	27-1069022	501(C)(3)		258,582.	FMV	RECYCLED SOAP	FOR HYGIENE EDUCATIO
(8)							+
(9)							+
(10)							
(11)							+
(12)							
2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations lis For Paperwork Reduction Act Notice, see the Instruct	ted in the line	1 table				<u> </u>	hedule I (Form 990) (2017)

JSA 7E1288 1.000 3602LU 765J 9049491 PAGE 35 CLEAN THE WORLD FOUNDATION, INC. 26-4212487

Schedule I (Form 990) (2017) Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

- art in oan so aapnoatoa ii aaantonan opo	1		ı		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
_					
5					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2:

DONATIONS ARE MONITORED BY THE ORGANIZATION'S PERSONNEL THROUGH THE

UTILIZATION OF COST CENTERS AND OTHER INFORMATION; INCLUDING WRITTEN

DOCUMENTATION AND RECEIPTS.

Schedule I (Form 990) (2017)

JSA

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#### SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

►Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open To Public Inspection

Employer identification number Name of the organization CLEAN THE WORLD FOUNDATION, INC. 26-4212487 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1)(2)(3)(4)(5)(6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship (f) Balance due (g) In default? (h) Approved (i) Written (c) Purpose of (d) Loan to or (e) Original with organization Ioan from the principal amount by board or agreement? organization? committee? From Yes No Yes No Yes No (1) (2) (3)(4)(5)(6) (7)(8)(9)(10)Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1)(2)(3)(4)(5) (6) (7) (8) (9)

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

Schedule L (Form 990 or 990-EZ) 2017

(10)

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Schedule L (Form 990 or 990-EZ) 2017

## Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
				Yes	No
(1) CLEAN THE WORLD GLOBAL, LLC	BOARD MEMBER	353,849.	MANAGEMENT		Х
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

#### Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

- (A) NAME OF PERSON: CLEAN THE WORLD GLOBAL, LLC
- (D) DESCRIPTION OF TRANSACTION: MANAGEMENT AND PERSONNEL SERVICES

SCHEDULE L, PART IV

SHAWN SEIPLER AND MICHAEL O'QUINN ARE MEMBERS OF CLEAN THE WORLD GLOBAL,

LLC AND VOTING MEMBERS OF THE BOARD OF TRUSTEES OF THIS ORGANIZATION.

THIS ORGANIZATION PAID CLEAN THE WORLD GLOBAL, LLC A TOTAL OF \$353,849

FOR MANAGEMENT AND PERSONNEL SERVICES DURING 2017. SERVICES WERE RENDERED

AT FAIR MARKET VALUE RATES PURSUANT TO ARM'S LENGTH NEGOTIATIONS.

#### **SCHEDULE M** (Form 990)

# **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Name of the organization

CLEAN THE WORLD FOUNDATION, INC.

Employer identification number 26-4212487

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art			, , ,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
•	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
. •	contribution - Historic							
	structures							
14	Qualified conservation						-	
	contribution - Other							
15	Real estate - Residential						-	
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►( ATCH 1 )		12,000.	3,167,114.				
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received	by the org	anization during the tax ye	ear for contributions for				
	which the organization completed F	Form 8283,	Part IV, Donee Acknowledg	ement	29			1.
							Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through			
	28, that it must hold for at least the	hree years f	rom the date of the initial	contribution, and which is	sn't required			
	to be used for exempt purposes for	the entire h	olding period?			30a		Х
b	If "Yes," describe the arrangement i	n Part II.						
31	Does the organization have a	gift accept	tance policy that require	es the review of any	nonstandard			
	contributions?					31	igsquare	Х
32a	Does the organization hire or use	e third parti	es or related organization	s to solicit, process, or s	sell noncash			
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	column (c) for a type of pro	perty for which column (a)	) is checked,			
	describe in Part II.							

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

Schedule M (Form 990) (2017)

Schedule M (Form 990) (2017) Page **2** 

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
RECYCLED SOAP AND HYGI	ENE X	12000.	3,167,114.	FMV
TOTALS	=	12,000.	3,167,114.	

Schedule M (Form 990) (2017)

## 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.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

gov/form990. Inspection
Employer identification number

26-4212487

CLEAN THE WORLD FOUNDATION, INC.

PART III, LINE 1:

COLLECT AND RECYCLE SOAP AND HYGIENE PRODUCTS DISCARDED EVERY DAY BY THE HOSPITALITY INDUSTRY AND OTHER SECTORS THAT GENERATE ENVIRONMENTAL WASTE. THROUGH THE DISTRIBUTION OF THESE AND OTHER DONATED PRODUCTS TO IMPOVERISHED PEOPLE, THE ORGANIZATION PREVENTS MILLIONS OF HYGIENE-RELATED DEATHS EACH YEAR, REDUCING THE MORBIDITY RATE FOR HYGIENE-RELATED ILLNESSES, AND ENCOURAGING VIGOROUS CHILDHOOD DEVELOPMENT.

FORM 990, PART VI, SECTION A, LINE 2:

SHAWN SEIPLER AND MICHAEL O'QUINN HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 3:

CLEAN THE WORLD FOUNDATION, INC. RETAINS THE SERVICES OF CLEAN THE WORLD GLOBAL, LLC. THE EMPLOYEES OF CLEAN THE WORLD GLOBAL, LLC. ARE RESPONSIBLE FOR THE MANAGEMENT AND DAY TO DAY ACTIVITIES OF CLEAN THE WORLD FOUNDATION, INC.

FORM 990, PART VI, SECTION B, LINE 11:

THE BOARD OF DIRECTORS ASSUMED THE RESPONSIBILITY TO OVERSEE AND COORDINATE THE FEDERAL FORM 990 PREPARATION AND FILING PROCESS, BUT DID NOT PERFORM AN ACTUAL REVIEW OF FEDERAL FORM 990.

AS PART OF THE TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A

PROFESSIONAL CERTIFIED PUBLIC ACCOUNTING ("CPA") FIRM WITH EXPERIENCE AND EXPERTISE IN NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990. THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL, INCLUDING, BUT NOT LIMITED TO, THE CHIEF FINANCIAL OFFICER ("INTERNAL WORKING GROUP"), TO OBTAIN INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S INTERNAL WORKING GROUP FOR REVIEW. THE ORGANIZATION'S INTERNAL WORKING GROUP REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM. REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S INTERNAL WORKING GROUP FOR FINAL REVIEW AND APPROVAL PRIOR TO PRESENTATION TO THE MEMBERS OF THE BOARD OF DIRECTORS AND FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

CLEAN THE WORLD FOUNDATION, INC.'S DIRECTORS, OFFICERS AND ADVISORS ARE REQUIRED TO DISCLOSE BY WRITTEN STATEMENT ANY AND ALL POTENTIAL CONFLICTS OF INTEREST THAT THEY MAY HAVE. ALL DISCLOSURES ARE THEN MONITORED AND REVIEWED BY THE BOARD AND THE EXECUTIVE DIRECTOR. IF ANY CONFLICTS ARE DETERMINED TO EXIST, IMMEDIATE ACTION IS TAKEN TO ELIMINATE THEM. THESE ACTIONS MAY INCLUDE, BUT ARE NOT LIMITED TO, DISASSOCIATION BY EITHER CLEAN THE WORLD FOUNDATION, INC. OR THE RESIGNATION OF AN OFFICER, DIRECTOR OR ADVISOR IF THE CONFLICT CANNOT BE RESOLVED. THE WORLD FOUNDATION, INC. OR THE RESIGNATION OF AN OFFICER, DIRECTOR OR ADVISOR IF

3602LU 765J 9049491 PAGE 42

Name of the organization

CLEAN THE WORLD FOUNDATION, INC.

Employer identification number
26-4212487

THE CONFLICT CANNOT BE RESOLVED.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS OF CLEAN THE WORLD FOUNDATION, INC. REVIEWS AND APPROVES THE EXECUTIVE COMPENSATION. THE EXECUTIVE COMPENSATION COMMITTEE IS ACTIVE WITHIN THE BOARD OF DIRECTORS AND TAKES INTO CONSIDERATION INDUSTRY COMPENSATION STANDARDS AND OTHER DATA NECESSARY TO RECOMMEND AND APPROVE EXECUTIVE COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

CLEAN THE WORLD FOUNDATION, INC. MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

ATTACHMENT 1

353,849.

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

MANAGEMENT

CLEAN THE WORLD GLOBAL, LLC 400A PITTMAN STREET ORLANDO, FL 32801

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26-4212487

SCHEDULE R (Form 990)

Part I

### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization CLEAN THE WORLD FOUNDATION, INC. 26-4212487

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) MISSION TRANSITION SUPPORT, LLC 26-4212487					
2544 EAST LANDSTREET ROAD ORLANDO, FL 32824	GLOBAL SOAP	FL	0.	0.	CLN THE WRLD
(2)					
(3)					
(4)					
(5)					
(6)					

CITC CI IIIOIC I CIALCA LAX	-cxcmpt organizations during t	no tax your.						
(a) Name, address, and EIN of	f related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
							Yes	No
(1) GLOBAL SOAP PROJECT, INC.	27-0621849							
28 WEST CENTRAL BLVD	ORLANDO, FL 32801	HYGIENE PRDCT	FL	501(C)(3)	LINE 7	CLN THE WRLD	X	
(2)								
		1						
(3)								
		1						
(4)								
		1						
(5)								
_(0)		1						
(6)								
_1~/		1						
(7)								
_(')		-						

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

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Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34,

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	j) eral or aging ner?	(k) Percentage ownership
		,		,			Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

line 34, because it had one or more related organizar	lions treated as a	a corporau	on or trust dun	ng me tax year.				
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	
								Yes No
(1)								
(2)								
<b>(3)</b>								
<b>(4)</b>								
(5)								
(6)								
(7)								

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Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Schedule R (Form 990) 2017 Page 3 Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.  b Gift, grant, or capital contribution to related organization(s).  c Gift, grant, or capital contribution from related organization(s).  d Loans or loan guarantees to or for related organization(s).  e Loans or loan guarantees by related organization(s).  f Dividends from related organization(s).  g Sale of assets to related organization(s).  h Purchase of assets from related organization(s).  i Exchange of assets with related organization(s).  j Lease of facilities, equipment, or other assets to related organization(s).  k Lease of facilities, equipment, or other assets from related organization(s).  l Performance of services or membership or fundraising solicitations for related organization(s).  n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).  p Reimbursement paid to related organization(s) for expenses.				•••	X
b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s)  f Dividends from related organization(s), g Sale of assets to related organization(s). h Purchase of assets from related organization(s), i Exchange of assets with related organization(s), j Lease of facilities, equipment, or other assets to related organization(s).  k Lease of facilities, equipment, or other assets from related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s). Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).  p Reimbursement paid to related organization(s) for expenses.				1c 1d 1e 1f 1g 1h 1i 1j 1k 1l 1m 1n	X
c Gift, grant, or capital contribution from related organization(s). d Loans or loan guarantees to or for related organization(s). e Loans or loan guarantees by related organization(s).  f Dividends from related organization(s). g Sale of assets to related organization(s). h Purchase of assets from related organization(s). i Exchange of assets with related organization(s). j Lease of facilities, equipment, or other assets to related organization(s). k Lease of facilities, equipment, or other assets from related organization(s). l Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s). Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). o Sharing of paid employees with related organization(s).				1d 1e 1f 1g 1h 1i 1j 1k 1l 1m	X
d Loans or loan guarantees to or for related organization(s)				1f 1g 1h 1i 1j 1k 1l 1m	X
be Loans or loan guarantees by related organization(s)      by Sale of assets to related organization(s).     by Purchase of assets from related organization(s).     i Exchange of assets with related organization(s).     j Lease of facilities, equipment, or other assets to related organization(s).  k Lease of facilities, equipment, or other assets from related organization(s).  l Performance of services or membership or fundraising solicitations for related organization(s).  m Performance of services or membership or fundraising solicitations by related organization(s).  sharing of facilities, equipment, mailing lists, or other assets with related organization(s).  p Reimbursement paid to related organization(s) for expenses.				1f 1g 1h 1i 1j 1k 1l 1m	X
f Dividends from related organization(s). g Sale of assets to related organization(s). h Purchase of assets from related organization(s). i Exchange of assets with related organization(s). j Lease of facilities, equipment, or other assets to related organization(s).  k Lease of facilities, equipment, or other assets from related organization(s).  l Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s). n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). o Sharing of paid employees with related organization(s).				1f 1g 1h 1i 1j 1k 1l 1m	X X X X X
g Sale of assets to related organization(s). h Purchase of assets from related organization(s). i Exchange of assets with related organization(s). j Lease of facilities, equipment, or other assets to related organization(s). k Lease of facilities, equipment, or other assets from related organization(s). l Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s). n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). o Sharing of paid employees with related organization(s).				1g 1h 1i 1j 1k 1l 1m 1n	X X X X X
g Sale of assets to related organization(s). h Purchase of assets from related organization(s). i Exchange of assets with related organization(s). j Lease of facilities, equipment, or other assets to related organization(s). k Lease of facilities, equipment, or other assets from related organization(s). l Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s). n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). o Sharing of paid employees with related organization(s).				1g 1h 1i 1j 1k 1l 1m 1n	X X X X X
h Purchase of assets from related organization(s).  i Exchange of assets with related organization(s).  j Lease of facilities, equipment, or other assets to related organization(s).  k Lease of facilities, equipment, or other assets from related organization(s).  l Performance of services or membership or fundraising solicitations for related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s).  sharing of facilities, equipment, mailing lists, or other assets with related organization(s).  o Sharing of paid employees with related organization(s).				1h 1i 1j 1k 1l 1m 1n	X X X X X
i Exchange of assets with related organization(s).  j Lease of facilities, equipment, or other assets to related organization(s).  k Lease of facilities, equipment, or other assets from related organization(s).  l Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s).  sharing of facilities, equipment, mailing lists, or other assets with related organization(s).  sharing of paid employees with related organization(s).				1i 1j 1k 1l 1m 1n	X X X X
j Lease of facilities, equipment, or other assets to related organization(s)				1j 1k 1l 1m 1n	X X X
<ul> <li>k Lease of facilities, equipment, or other assets from related organization(s)</li> <li>l Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s).</li> <li>n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)</li></ul>				1k 1l 1m 1n	X X X
I Performance of services or membership or fundraising solicitations for related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s).  n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).  o Sharing of paid employees with related organization(s).  p Reimbursement paid to related organization(s) for expenses.				1I 1m 1n	X
I Performance of services or membership or fundraising solicitations for related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s).  n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).  o Sharing of paid employees with related organization(s).  p Reimbursement paid to related organization(s) for expenses.				1I 1m 1n	X
<ul> <li>m Performance of services or membership or fundraising solicitations by related organization(s).</li> <li>n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)</li> <li>o Sharing of paid employees with related organization(s)</li> <li>p Reimbursement paid to related organization(s) for expenses</li> </ul>				1m 1n	Х
<ul> <li>n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)</li> <li>o Sharing of paid employees with related organization(s)</li> <li>p Reimbursement paid to related organization(s) for expenses</li></ul>				1n	
<ul> <li>n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)</li> <li>o Sharing of paid employees with related organization(s)</li> <li>p Reimbursement paid to related organization(s) for expenses</li></ul>				•••	37
Sharing of paid employees with related organization(s)      P Reimbursement paid to related organization(s) for expenses					X
p Reimbursement paid to related organization(s) for expenses				1o	X
p Reimbursement paid to related organization(s) for expenses					
p Remodisement paid to related organization(s) for expenses.				1р	X
q Reimbursement paid by related organization(s) for expenses				1q	X
4 Reillibuisement paid by related organization(s) for expenses				.4	
				1r	Х
r Other transfer of cash or property to related organization(s)				1s	X
s Other transfer of cash or property from related organization(s).  If the answer to any of the above is "Yes," see the instructions for information on who must of					
		· ·			
(a) Name of related organization	(b) Transaction	(c) mount involved	Method o	(d) f deterr	ninina
v	type (a-s)		amour	nt involv	ed
(1)					
(2)					
(3)					
(4)					
(4)					
<u>(4)</u> <u>(5)</u>					

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#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

(a) Name, address, and ElN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec	e) partners	(f)	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	(j) eral or aging tner?	(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
<b>(7)</b>													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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# Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.