# Form **990**

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax** 

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

benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements.

2008
Open to Public Inspection

ΑI	For the	e 2008 calendar year, or tax year beginning and endi	ing		
B	Check if applicable	e: Please use IRS C Name of organization		D Employer identific	cation number
X	Addres	label or print or THE CLEAR FUND			
	□Name □change □Initial				625442
	returnTermination		m/suite	E Telephone numbe 646 –	r 217–4256
	Ameno			G Gross receipts \$	768,572.
	Applic	DROOKHIN, NI IIZIJ		H(a) Is this a group re	eturn
	pendir	F Name and address of principal officer: HOLDEN KARNOFSKY		for affiliates?	Yes X No
		320 7TH AVENUE #232, BROOKLYN, NY 11215		H(b) Are all affiliates inc	luded? Yes No
		empt status: $X = 501(c) (3)$ (insert no.) 4947(a)(1) or 527			list. (see instructions)
		e: ► WWW.GIVEWELL.NET		H(c) Group exemptio	
			<b>L</b> Year c	of formation: $2007$ N	<b>1</b> State of legal domicile: ${f NY}$
Pa	art I	Summary			
ě		Briefly describe the organization's mission or most significant activities: THE CLI			
Activities & Governance		PUBLISHES PUBLIC RESEARCH AND RECOMMENDATION			
Æ		Check this box if the organization discontinued its operations or disposed of		1 1	
ĝ		Number of voting members of the governing body (Part VI, line 1a)			7
∞ ∞	1	Number of independent voting members of the governing body (Part VI, line 1b)			
ţį		Total number of employees (Part V, line 2a)			<u>3</u>
Ξį	6 7a	Total number of volunteers (estimate if necessary)			0.
Ă		Net unrelated business taxable income from Form 990-T, line 34			0.
_	<u> </u>	Net difficiated business taxable filediffe from 550 1, file 64	<u> </u>	Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		396,928.	768,517.
	1	Program service revenue (Part VIII, line 2g)		,	,
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			55.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		396,928.	768,572.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		140,000.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		64,973.	155,108.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
ă	b	Total fundraising expenses (Part IX, column (D), line 25)			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		38,167.	31,003.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		243,140.	186,111.
	19	Revenue less expenses. Subtract line 18 from line 12		153,788.	582,461.
Net Assets or Fund Balances		T (D V. II 40)	<u>                                   </u>	Beginning of Year	End of Year
Sse	20	Total assets (Part X, line 16)		237,802. 84,014.	751,876. 15,627.
Vet /	21	Total liabilities (Part X, line 26)		153,788.	736,249.
P	22 art II	Net assets or fund balances. Subtract line 21 from line 20		133,700.	750,249.
	ai t ii	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state	ements, a	nd to the best of my knowled	ge and belief, it is true, correct,
		and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any kn	owledge.		
Sig	n				
Her		Signature of officer		Date	
		► HOLDEN KARNOFSKY, EXECUTIVE DIRECTOR			
		Type or print name and title			
Dall	d	Preparer's Date			er's identifying number structions)
Paid		signature	self emp	oloyed >	
	parer's Only	Firm's name (or yours if FRUCHTER ROSEN & COMPANY, P.C.		EIN ►	
USE	Unity	self-employed), 156 WEST 56TH STREET, SUITE 1804			
		ZIP + 4 NEW YORK, NY 10019		Phone no. ► (	212) 957-3600
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Par	t III   Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: THE CLEAR FUND (AKA GIVEWELL) FINDS OUTSTANDING CHARITIES AND
	PUBLISHES THE FULL DETAILS OF OUR ANALYSIS TO HELP DONORS DECIDE WHERE
	TO GIVE.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes", describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes", describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 126, 225. including grants of \$ ) (Revenue \$
	COMPLETED PUBLICATION OF FIRST-YEAR RESEARCH AND RECOMMENDATIONS (BEGUN
	IN MID-2007) ON U.S. EQUALITY OF OPPORTUNITY AND INTERNATIONAL AID.
	BEGAN MORE IN-DEPTH INVESTIGATION OF INTERNATIONAL AID (COMPLETED IN
	2009). SECURED \$444,831.00 TO BE REGRANTED TO TOP CHARITIES IN 2009.
	FULL DETAILS OF RESEARCH AND RECOMMENDATIONS ARE AVAILABLE AT
	WWW.GIVEWELL.NET
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
<b>1</b> d	Other program convices (Describe in Schedule O.)
4d	Other program services. (Describe in Schedule O.)
40	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ \$ 126, 225 • (Must equal Part IX, Line 25, column (B).)
4e	Total program service expenses F \$\frac{\pi}{2} \frac{\pi}{2} \frac{\pi}

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# Part IV Checklist of Required Schedules

re organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  res, "complete Schedule A  re organization required to complete Schedule B, Schedule of Contributors?  the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for lic office? If "Yes," complete Schedule C, Part I  tion 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  tion 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and porting requirement and proxy tax? If "Yes," complete Schedule C, Part III  the organization maintain any donor advised funds or any accounts where donors have the right to provide advice the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  the organization receive or hold a conservation easement, including easements to preserve open space, environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete edule D, Part III  the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide dit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	1 2 3 4 5 6	X	X
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environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete edule D, Part III the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			Х
the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	8		Х
dit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV			
	9		Х
the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
'es," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	x	
the organization receive an audited financial statement for the year for which it is completing this return that was			
pared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	x	
ne organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		Х
the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
ted outside the United States? If "Yes," complete Schedule F, Part II	15		Х
the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
ted outside the United States? If "Yes," complete Schedule F, Part III	16		Х
the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1		
day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.	1		
lo", go to question 25	24a		Х
the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
and digametation involverly proceduced than exempt being beyond a temperary period exception:			
	24c		
the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24d		
the organization maintain an escrow account other than a refunding escrow at any time during the year to defease tax-exempt bonds?	2-tu		
the organization maintain an escrow account other than a refunding escrow at any time during the year to defease tax-exempt bonds? the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	252		х
the organization maintain an escrow account other than a refunding escrow at any time during the year to defease tax-exempt bonds?  the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  tion 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	ZJa		<u> </u>
the organization maintain an escrow account other than a refunding escrow at any time during the year to defease tax-exempt bonds?  the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  tion 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a qualified person during the year? If "Yes," complete Schedule L, Part I	1		x
the organization maintain an escrow account other than a refunding escrow at any time during the year to defease tax-exempt bonds?  the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  tion 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a qualified person during the year? If "Yes," complete Schedule L, Part I  the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	OEL		<u> </u>
the organization maintain an escrow account other than a refunding escrow at any time during the year to defease tax-exempt bonds?  the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  tion 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a qualified person during the year? If "Yes," complete Schedule L, Part I  the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a r year? If "Yes," complete Schedule L, Part I	25b	<sub>y</sub>	l
the organization maintain an escrow account other than a refunding escrow at any time during the year to defease tax-exempt bonds?  the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  tion 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a qualified person during the year? If "Yes," complete Schedule L, Part I  the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a r year? If "Yes," complete Schedule L, Part I  s a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		<u> </u>	Ь—
the organization maintain an escrow account other than a refunding escrow at any time during the year to defease tax-exempt bonds?  the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  tion 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a qualified person during the year? If "Yes," complete Schedule L, Part I  the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a r year? If "Yes," complete Schedule L, Part I	25b 26	, ,	
the tax the	lified person during the year? If "Yes," complete Schedule L, Part I	lified person during the year? If "Yes," complete Schedule L, Part I e organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a ear? If "Yes," complete Schedule L, Part I loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  25a  25b  25b	lified person during the year? If "Yes," complete Schedule L, Part I  e organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a ear? If "Yes," complete Schedule L, Part I  loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified

# Part IV Checklist of Required Schedules (continued)

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

# Part V Statements Regarding Other IRS Filings and Tax Compliance

						Yes	No		
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			Γ					
	U.S. Information Returns. Enter -0- if not applicable	1a		0					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0					
	Did the organization comply with backup withholding rules for reportable payments to vendors and r	reporta	able 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,			Ī					
	filed for the calendar year ending with or within the year covered by this return	2a		3					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?			2b	X			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	instru	ctions)	Ī					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by t	this return?	[	За		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			L	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?	L	4a		X		
b	If "Yes," enter the name of the foreign country: ►			_					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and								
	Financial Accounts.								
5а	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 transa				5b		Х		
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	/ Rega	rding Prohibited						
	Tax Shelter Transaction?				5c		37		
	Did the organization solicit any contributions that were not tax deductible?			··	6a		Х		
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	or gifts						
_	were not tax deductible?				6b				
7	Organizations that may receive deductible contributions under section 170(c).		Φ <b>7</b> Ε0	H	7a		Х		
	a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?								
	<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w to file Form 8282?				7c		х		
٨	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	7d	 I	··	70		21		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a		l nal	$\dashv$					
·	benefit contract?	persor	iai	F	7e		Х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		··	7f		X		
q	For all contributions of qualified intellectual property, did the organization file Form 8899 as required				7g		Х		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-			⊢	7h		Х		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec								
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring o	rganiza	ation, have						
	excess business holdings at any time during the year?			[	8	X			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.								
а	Did the organization make any taxable distributions under section 4966?			L	9a		X		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			L	9b		Х		
10	Section 501(c)(7) organizations. Enter: N/A	1	ı						
	Initiation fees and capital contributions included on Part VIII, line 12	10a		4					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		$\dashv$					
11	Section 501(c)(12) organizations. Enter: N/A	يد ا	ı						
	Gross income from members or shareholders	11a		$\dashv$					
b	Gross income from other sources (Do not net amounts due or paid to other sources against	44.							
10-	amounts due or received from them.)	11b	<u> </u>	$\dashv$	100				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\dots N/A$	1 1041 12b	' 	-	12a				
U	in rest, enter the amount of tax-exempt interest received of accrued duffing the year	1 120	ı						

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

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Х
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	Х	
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	X Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:	•	
	HOLDEN KARNOFSKY - 646-217-4256	-		
	320 7TH AVENUE #232, BROOKLYN, NY 11215			
83200				

20-8625442 Page **7** 

Form 990 (2008)

#### THE CLEAR FUND

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not of		y of	ficer			or, tr	uste				
(A)	(B)			-	C)	-		(D)	(E)	(F)	
Name and Title	Average	١,		Posi				Reportable	Reportable	Estimated	
	hours	⊢ ·	heck	( all ·	that	app	ly)	compensation from	compensation from related	amount of other	
	per week	ector						the	organizations	compensation	
	Wook	or dir	يو			ated		organization	(W-2/1099-MISC)	from the	
		ustee	truste		9	suadi		(W-2/1099-MISC)	,	organization	
		ual tr	ional		ploye	t con				and related	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	orme			organizations	
HOLDEN KARNOFSKY		_	-		<u> </u>	Τ 0	_				
BOARD SECRETARY	60.00	х		x				60,000.	0.	3,345.	
TOM RUTLEDGE	00.00							00,000.	•	3,343.	
BOARD CHAIR	0.30	х		x				0.	0.	0.	
LINDY MILLER								-	-		
BOARD VICE-PRESIDENT	1.00	Х		х				0.	0.	0.	
ARI HERMAN											
BOARD TREASURER	0.30	Х		Х				0.	0.	0.	
GREG JENSEN	0 20	3,7							0	_	
BOARD MEMBER TIM OGDEN	0.30	Х						0.	0.	0.	
BOARD MEMBER	0.30	x						0.	0.	0.	
JON BEHAR	0.30							0.	0.	0.	
BOARD MEMBER	0.30	Х						0.	0.	0.	
ELIE HASSENFELD											
PROGRAM OFFICER	60.00				Х			60,000.	0.	3,344.	

Part VII   Section A. Officers, Directors, Tru	stees, Key Eı	mplo	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
(A)	(B)		(C)					(D)	(E)			(F)	
Name and title	Average	١,,		Posi				Reportable	Reportable			timate	
	hours per	_	neci	( all '	tnat	app	iy)	compensation from	compensation from related		l an	nount o other	ΣŤ
	week	irector						the	organization		com	pensa	tion
		e or d	stee			ısated		organization	(W-2/1099-MI	SC)			
		Individual trustee or director	Institutional trustee		oyee	Highest compensated employee		(W-2/1099-MISC)				anizati d relate	
		ividua	titution	Officer	Key employee	hest c	mer					anizatio	
		Pul	sul	#0	Ke	Hig	For						
1b Total						<b></b>	_	120,000.		0.		6,6	89.
2 Total number of individuals (including those						ın \$1	00,	000 in reportable					
compensation from the organization										<u> </u>		Yes	No
3 Did the organization list any former officer,	director or tru	stee	e. ke	v en	olan	vee.	or l	highest compensated er	mplovee on	ľ			-110
line 1a? If "Yes," complete Schedule J for su								g			3		Х
4 For any individual listed on line 1a, is the su	m of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization				
and related organizations greater than \$150											4		Х
5 Did any person listed on line 1a receive or a											_		37
the organization? If "Yes," complete Schedu Section B. Independent Contractors	ule J for such	pers	on .								5		X
Complete this table for your five highest core	mpensated in	depe	ende	ent c	cont	racto	ors 1	that received more than	\$100.000 of cor	npens	ation	from	
the organization. NONE	•												
(A)								(B)			((		
Name and business	address							Description of s	services		ompe	nsatior	1
O Tableson College	11' ''		4\ .	I				W- 4 0100 000 '					
2 Total number of independent contractors (in from the organization ►	ncluding those  0	e in '	1) Wl	no re	ecei	ved	moı	re tnan \$100,000 in com	pensation				
											Form	990 (2	2008

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Pa	rt VI	Statement of Rever	nue					
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts tr	1 a	Federated campaigns	1a					
gra	b	Membership dues	1b					
Contributions, gifts, grants and other similar amounts	С	Fundraising events	1c					
<u>a</u> gi	d	Related organizations	1d					
n. ini	е	Government grants (contribut	ions) <b>1e</b>					
rtio	f	All other contributions, gifts, gran		_				
듗휲		similar amounts not included abo	ve 1f 7	68,517.				
E G		Noncash contributions included in lines						
a C	h	Total. Add lines 1a-1f			768,517.			
				Business Code				
Program Service Revenue	2 a							
er v	b	· .						
n S	С	·						
Re	d							
ğ	е							
_	f	, ,						
$\dashv$	<u>9</u> 3	Total. Add lines 2a-2f						
	3	other similar amounts)			55.			55.
	4	Income from investment of ta			33•			33.
	5	Royalties						
	Ū	rioyanico	(i) Real	(ii) Personal				
	6 a	Gross Rents	(7 1 1 5 5 1	(,				
	b							
	C							
		Net rental income or (loss)		<b></b>				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	· ·					
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)		<b></b>				
Other Revenue	8 a	Gross income from fundraisin including \$						
ě		contributions reported on line						
P		Part IV, line 18	а					
듄		Less: direct expenses						
		Net income or (loss) from fund	•	<b>&gt;</b>				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		<b></b>				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
ł	С	Net income or (loss) from sale  Miscellaneous Revenu						
ŀ	11 a			Business Code				
	ıı a b							
	C	•						
	d							
	e							
	12	Total Revenue. Add lines 1h, 2g, 3,			768,572.	0.	0.	55.

### Part IX | Statement of Functional Expenses

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and		·		·
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	100 000	00 040	20.000	E 0.04
	trustees, and key employees	120,000.	83,840.	30,289.	5,871
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	15 502	15 502		
7	Other salaries and wages	15,583.	15,583.		
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	7 750	4 OOE	2 564	200
9	Other employee benefits	7,759.	4,905. 8,628.	2,564.	290 509
10	Payroll taxes	11,700.	0,040.	4,049.	509
11	Fees for services (non-employees):				
a	Management	290.		290.	
b	Legal	11,500.		11,500.	
	Accounting	11,300.		11,300.	
	Lobbying Professional fundamining convices. See Part IV line 17				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	7,289.	6,560.		729
g 12	OtherAdvertising and promotion	2,000.	1,920.		80.
12 13	Office expenses	4,338.	152.	3,915.	271
13 14	Information technology	4,550.	152.	3,513.	271
15	Royalties				
16	Occupancy				
17	Travel	1,857.	1,671.		186
'' 18	Payments of travel or entertainment expenses	1,0370	170711		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
 22	Depreciation, depletion, and amortization				
23	Insurance	117.	61.	50.	6
24	Other expenses. Itemize expenses not covered				
-	above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	PUBLIC WEBSITE	2,089.	2,005.		84.
b	MISCELLANEOUS	1,000.	900.		100
c	DUES AND SUBSCRIPTIONS	250.		250.	
d	SOFTWARE	198.		198.	
е	REGISTRATION FEES	75.		75.	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	186,111.	126,225.	51,760.	8,126
26	Joint Costs. Check here if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
_	educational campaign and fundraising solicitation				
33201	0 12-18-08		1.0	•	Form <b>990</b> (20

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Par	tΧ	Balance Sheet									
			<b>(A)</b> Beginning of year		( <b>B</b> ) End of						
	1	Cash - non-interest-bearing	237,802.	1	33	8,7	85				
	2	Savings and temporary cash investments		2	38	7,0	55				
	3	Pledges and grants receivable, net		3							
	4	Accounts receivable, net		4							
	5	Receivables from current and former officers, directors, trustees, key									
		employees, or other related parties. Complete Part II of Schedule L		5							
	6	Receivables from other disqualified persons (as defined under section									
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete									
		Part II of Schedule L		6							
şţs	7	Notes and loans receivable, net		7							
Assets	8	Inventories for sale or use		8							
⋖	9	Prepaid expenses and deferred charges		9		1,0	36				
	10a	Land, buildings, and equipment: cost basis 10a									
	b	Less: accumulated depreciation. Complete									
		Part VI of Schedule D 10b		10c							
	11	Investments - publicly traded securities		11	2	5,0	00				
	12	Investments - other securities. See Part IV, line 11		12							
	13	Investments - program-related. See Part IV, line 11		13							
	14	Intangible assets		14							
	15	Other assets. See Part IV, line 11	227 222	15		4 0					
	16	Total assets. Add lines 1 through 15 (must equal line 34)	237,802.	16		1,8					
	17	Accounts payable and accrued expenses	8,724.	17	1	1,4	46				
	18	Grants payable	65,000.	18							
	19	Deferred revenue		19							
	20	Tax-exempt bond liabilities		20							
ies	21	Escrow account liability. Complete Part IV of Schedule D		21							
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,									
Lial		highest compensated employees, and disqualified persons. Complete Part II	10 200			1 1	01				
		of Schedule L	10,290.	22		4,1	. о т				
	23	Secured mortgages and notes payable to unrelated third parties		23							
	24	Unsecured notes and loans payable		24							
	25 26										
	20	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here ▶ X and complete	04,014.	20		5,6	4 /				
<b>(</b> 0		lines 27 through 29, and lines 33 and 34.									
ce	27	Unrestricted net assets	149,957.	27	36	8,2	39				
lan	28	Temporarily restricted net assets	3,831.	28		$\frac{0,2}{8,0}$					
Fund Balances	29	<b></b>	3,031.	29		0,0					
un l	23	Permanently restricted net assets  Organizations that do not follow SFAS 117, check here   and		2.5							
r F		complete lines 30 through 34.									
ts c	30	Capital stock or trust principal, or current funds		30							
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31							
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32							
Š	33	Total net assets or fund balances	153,788.	33	73	6,2	49				
	34	Total liabilities and net assets/fund balances	237,802.	34		1,8					
Pai	t XI	Financial Statements and Reporting	,	<b>-</b>							
		1 3				Yes	No				
1	Acco	unting method used to prepare the Form 990:  Cash X Accrual	Other								
2a		the organization's financial statements compiled or reviewed by an independent	accountant?		2a		Х				
		the organization's financial statements audited by an independent accountant?				Х					
		es" to lines 2a or 2b, does the organization have a committee that assumes respon									
		w, or compilation of its financial statements and selection of an independent accor			. 2c	X					
За	As a	result of a federal award, was the organization required to undergo an audit or auc	dits as set forth in the Sing	le Audit							
	Act a	Act and OMB Circular A-133?									
b	If "Ve	es." did the organization undergo the required audit or audits?			3b		1				

9007\_\_\_\_1

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Sed	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				394,928.	768,517.	1163445.
2	Tax revenues levied for the organ-						
	ization'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 - 3				394,928.	768,517.	1163445.
	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)						642,697.
6	Public Support. Subtract line 5 from line 4.						520,748.
	ction B. Total Support			•	•		
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4				394,928.	768,517.	1163445.
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 IV.)						
11	<b>Total support.</b> Add lines 7 through 10						1163445.
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	rd, fourth, or fifth	tax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					<u> </u>
	ction C. Computation of Publ						
	Public support percentage for 2008 (					14	%
15	Public support percentage from 2007	' Schedule A, Part	IV-A, line 26f			15	%
16a	33 1/3% support test - 2008. If the o	•		•		•	
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly supp	oorted organizatior	າ			▶□
b	33 1/3% support test - 2007. If the o	•		•		•	
	and stop here. The organization qual	lifies as a publicly	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization		▶□
b	10% -facts-and-circumstances tes	t - <b>2007.</b> If the org	janization did not d	check a box on lin	ne 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the		•				
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a pub	licly supported orga	anization	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	ınd see instruction	s ▶
		<del></del>			Sche	dule A (Form 990	or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I. Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (d) 2007 (e) 2008 (f) Total (c) 20061 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") ..... Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge ... 6 Total. Add lines 1 - 5 ..... 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 ...... c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.) **Section B. Total Support** (a) 2004 (d) 2007 Calendar year (or fiscal year beginning in) **(b)** 2005 (c) 2006(e) 2008 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b ..... 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) **13** Total support (Add lines 9, 10c, 11, and 12.) 14 Fir ch Section **15** Pu **16** Pu Section **17** Inv 18 Inv

14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section	n 501(c)(3)	organization,
	check this box and stop here		
Se	ction C. Computation of Public Support Percentage		
15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%
Se	ction D. Computation of Investment Income Percentage		
17	Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19	a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 3	3 1/3%, ar	id line 17 is not
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	ation	▶□
ŀ	33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is mo	re than 33	1/3%, and
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly support	orted organ	ization
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see ins	structions .	<u></u>
	Sch	edule A (F	orm 990 or 990-EZ) 2008
8320	23 12-17-08		

# Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that

OMB No. 1545-0047 **Inspection** 

**Employer identification number** 

Name of the organization

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

	THE CLEAR FUND		20-8625442
Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1	
2	Aggregate contributions to (during year)	25,000.	
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	25,000.	
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	
	are the organization's property, subject to the organization's	exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds may be u	
	for charitable purposes and not for the benefit of the donor of	or donor advisor or other impermissible priv	ate benefit? X Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or p	pleasure) Preservation of an histo	orically important land area
	Protection of natural habitat	Preservation of certified	d historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a conse	ervation easement on the last day
	of the tax year.		
			Held at the End of the Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the taxable
	year ▶		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		
_	enforcement of the conservation easements it holds?		
6	Staff or volunteer hours devoted to monitoring, inspecting, a		·
7	Amount of expenses incurred in monitoring, inspecting, and		) ( 1) (D) (I)
8	Does each conservation easement reported on line 2(d) above		
^	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservationally desired and include if applicable, the text of the features to the averaging		
	include, if applicable, the text of the footnote to the organization conservation easements.	tion's illiancial statements that describes ti	le organization's accounting for
Pai	t III Organizations Maintaining Collections o	f Art Historical Treasures or Ot	her Similar Assets
	Complete if the organization answered "Yes" to Form		1101 Girimai 71000101
		, ,	
1a	If the organization elected, as permitted under SFAS 116, no	at to report in its revenue statement and bal	lance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	•	•
	the footnote to its financial statements that describes these	·	
b	If the organization elected, as permitted under SFAS 116, to		e sheet works of art, historical treasures.
-	or other similar assets held for public exhibition, education, c		
	these items:		provide the reneming amounte relating to
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
			<b>k A</b>
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under SFAS 1		J 71
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X		
	,		············· - · · · · · · · · · · · ·

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

Par	t III Organizations Maintaining Co	llections of A	rt, Hist	orical Tr	easures, c	or Other	Simil	ar Asse	e <b>ts</b> (con	tinuea	<u>)</u>
3	Using the organization's accession and other re	ecords, check any	y of the fo	llowing tha	at are a signifi	cant use o	f its co	llection ite	ems (che	ck all	
	that apply):										
а	Public exhibition	c	ı 🗌 L	oan or exc	hange progra	ams					
b	Scholarly research	e	• 🗌	Other							
С	Preservation for future generations										
4	Provide a description of the organization's colle	ections and explai	in how the	ey further t	he organization	on's exemp	ot purp	ose in Pa	rt XIV.		
5	During the year, did the organization solicit or r	eceive donations	of art, his	torical trea	sures, or othe	er similar a	ssets				
	to be sold to raise funds rather than to be main	tained as part of	the organ	ization's co	ollection?			$\square$	Yes		☐ No
Par	Trust, Escrow and Custodial A reported an amount on Form 990, Part 3		. Comple	ete if organ	ization answe	ered "Yes"	to Forn	n 990, Pa	rt IV, line	9, or	
	Is the organization an agent, trustee, custodian	or other intermed	diary for c	contribution	ns or other as	sets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIV an										
-	The root, or praint the arrangement are rail as	.a. 55p.1515 11.15 11							Amour	nt	
С	Beginning balance						1c		7		
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on Forr								Yes		No
	If "Yes," explain the arrangement in Part XIV.	., ., ., ., ., ., ., ., ., ., ., ., ., .									
Par		rganization answe	ered "Yes	" to Form 9	990. Part IV. li	ine 10.					
		a) Current year		ior year	(c) Two year		Three v	ears back	<b>(e)</b> Fou	ır vears	back
1a	Beginning of year balance	a, cament year	(-, -	.c. y ca.	(5) 1110 year	5 5 u.s.r.   (u.)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	(5) : 50	,	- Duoit
	Contributions										
	Investment earnings or losses										
	Grants or scholarships										
	Other expenditures for facilities										
·	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the year e	nd halance held :	ac.								
	Board designated or quasi-endowment	na balance nela a	% %								
	Permanent endowment	%									
	Term endowment > %										
	Are there endowment funds not in the possess	ion of the organiz	ration that	t are hold a	and administa	rad for tha	organi	zation			
Sa		ion of the organiz	alion ma	t are rielu a	ina administe	red for the	organi	Zation		Yes	No
	by:								20(i)	163	NO
	(i) unrelated organizations										
h	(ii) related organizations  If "Yes" to 3a(ii), are the related organizations li										
_	Describe in Part XIV the intended uses of the o								.   30		
Par	t VI Investments - Land, Buildings				Part Y line	10					
rai		T					raciatio	<u> </u>	(d) Boo	ماد برماد	
	Description of investment	(a) Cost or obasis (investr			or other (other)	(c) Dep	reciatio	УП	( <b>a</b> ) 600	ok valu	<u> </u>
	Land										
	Buildings										
	Leasehold improvements										
d	Equipment										
	Other										
Total	. Add lines 1a-1e. (Column (d) should equal Form	n 990, Part X, colu	umn (B), li	ine 10(c).)							0.

Part VII Investments - Other Securities. Se	e Form 990, Part X, line	12.		
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valua ost or end-of-year mar	
Financial derivatives and other financial products				
Closely-held equity interests				
Other				
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)	5 000 D 1 V II	10		
Part VIII Investments - Program Related. Se		e 13.	(c) Method of valua	tion:
(a) Description of investment type	(b) Book value	Co	ost or end-of-year mar	
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	15.			
(a)	Description			(b) Book value
Total (Oaksee (b) about a such Farms 000 Part V and (D) ii	15\			
Total. (Column (b) should equal Form 990, Part X, col (B) lii  Part X Other Liabilities. See Form 990, Part X,			<b>&gt;</b>	
(a) Description of liability	11110 20.	(b) Amount		
Federal income taxes			_	
rederal moonie taxes				
			_	
-				
			_	
Total. (Column (b) should equal Form 990, Part X, col (B) lin	ne 25.)			

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

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Pa	rt XI Reconciliation of Change in Net Assets from Form 9	90 to Financial	Statements		3
1	Total revenue (Form 990, Part VIII, column (A), line 12)				768,572.
2	Total expenses (Form 990, Part IX, column (A), line 25)				186,111.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				582,461.
4	Net unrealized gains (losses) on investments				•
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments				
8	Other (Describe in Part XIV)				
9	Total adjustments (net). Add lines 4-8		9		0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and				582,461.
Pai	t XII   Reconciliation of Revenue per Audited Financial Sta	tements With I	Revenue per l	Return	
1	Total revenue, gains, and other support per audited financial statements			1	770,947.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	2,375	.]	
С	Recoveries of prior year grants				
d					
е	Add lines 2a through 2d			2e	2,375.
3	Subtract line 2e from line 1			3	768,572.
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 XIV)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 1			5	768,572.
Pa	rt XIII Reconciliation of Expenses per Audited Financial St			r Return	
1	Total expenses and losses per audited financial statements			1	188,486.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
	Donated services and use of facilities		2,375	<u>-</u>	
b	Prior year adjustments	2b			
	Losses reported on Form 990, Part IX, line 25				
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	2,375.
3	Subtract line 2e from line 1			3	186,111.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV)	4b			•
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line	18.)		5	186,111.
	rt XIV Supplemental Information	B			D 11/1 / D 1
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9;	Part III, lines 1a an	d 4; Part IV, lines	1b and 2b	; Part V, line 4; Part
X; Pa	art XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.				

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Transactions with Interested Persons** 

► Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38a or 40b.

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number

THE	CLEAR	FUN	D					2	20-86	2544	2	
Part I Excess Benefit		•		•		-	• •					
To be completed by	organization	s that ar	swered "Yes	s" on Form 990	0, Part IV, li	ne 25a or 2	25b, or F	orm 99	0-EZ, Pa	rt V, line		
(a) Name of disc	qualified per	son			<b>(b)</b> De	escription o	of transa	ction			(c) Corr	
											Yes	No
2 Enter the amount of tax impo	sod on the	organizat	ion managor	e or disqualific	nd pareage	during the	Voor un	dor				
section 4958									<b>&gt;</b> \$			
3 Enter the amount of tax, if ar												
Part II Loans to and/or	r From Int	ereste	d Persons	S.								
To be completed by	+ ·											
(a) Name of interested person and purpose	(b) Loan the orga			nal principal mount	(d) Balar	nce due		) In ault?	by bo	oroved ard or	(g) W agreer	
F 2. 2 2	То	From					Yes	No	Yes	nittee?	Yes	No
ELIE HASSENFELD -	X	11011	·	0.	3	3,112.	103	X	103	X	103	X
HOLDEN KARNOFSKY	Х			0.		,069.		Х		Х		Х
Tatal						.181.						
Total						E, 101.						
To be completed by			-			ne 27.						
(a) Name of interested p				ionship betwe	en interest		and				ant or ty	pe
				the org	ganization				0	f assista	ınce	
Part IV Business Trans	actions Ir	volvin	g Interest	ed Person	S.							
To be completed by					· ·						l (a) Cha	vina of
(a) Name of interested p	person	(		ip between in Id the organiza		(c) Amo transa			Descript transact		òrganiz	aring of zation's
			•	J							reven Yes	No
											1.00	1.0
LHA For Privacy Act and Paper	work Reduc	tion Act	Notice. see	the Instructi	ons for Fo	rm 990.	9	Schedu	le L (For	m 990 c	r 990-E2	Z) 2008

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

832131 12-17-08

#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

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

2008
Open to Public Inspection

Name of the organization

THE CLEAR FUND

Employer identification number 20-8625442

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

AIM OF HELPING INDIVIDUALS TO ACCOMPLISH AS MUCH GOOD AS POSSIBLE WITH

THEIR DONATIONS. WE POOL INDIVIDUAL DONATIONS AND OFFER GRANTS; THROUGH

OUR GRANT APPLICATION PROCESS, WE COLLECT THOROUGH INFORMATION ON

CHARITIES'ACTIVITIES AND EVIDENCE OF EFFECTIVENESS, WHICH WE THEN

EVALUATE AND PUBLISH ON OUR PUBLIC WEBSITE (WWW.GIVEWELL.NET).

FORM 990, PART VI, SECTION A, LINE 2: TWO MEMBERS OF THE BOARD OF

DIRECTORS (GREG JENSEN AND JON BEHAR) ARE COWORKERS AT AN INVESTMENT FIRM.

THERE IS NO RELATIONSHIP BETWEEN THE INVESTMENT FIRM AND THE CLEAR FUND

(AKA GIVEWELL).

FORM 990, PART VI, SECTION A, LINE 4: THE CLEAR FUND HAS CHANGED ITS

ADDRESS, EFFECTIVE 7/1/2009; IT IS NOW LOCATED AT 320 7 AVENUE #232,

BROOKLYN, NY 11215. THE CLEAR FUND HAS ALSO AMENDED ITS BYLAWS, EFFECTIVE

7/27/2009.

THE AMENDMENT MODIFIES THE REQUIREMENTS FOR YEARLY MEETINGS. IT READS:

AMENDMENT 2 - REGULAR MEETINGS

ARTICLE 3, SECTION 8 IS AMENDED TO READ AS FOLLOWS.

REGULAR MEETINGS OF DIRECTORS SHALL BE HELD AT THE BOARD'S DISCRETION. THE FREQUENCY OF THE MEETINGS OF DIRECTORS MAY BE NO LESS THAN 3 MEETINGS

ANNUALLY.

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

#### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

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2008
Open to Public Inspection

Name of the organization

THE CLEAR FUND

Employer identification number 20-8625442

A MAJORITY OF THE GOVERNING BODY MEMBERS (AT LEAST 50%, ON AVERAGE) SHOULD
BE IN ATTENDANCE. A CONFERENCE CALL OF THE FULL BOARD CAN SUBSTITUTE FOR
ONE OF THE THREE MEETINGS OF THE GOVERNING BODY. PROXY ATTENDANCE IS NOT
COUNTED FOR PURPOSES OF DETERMINING IF THE CHARITY MEETS THE ABOVE
ATTENDANCE REQUIREMENT. FOR ALL MEETINGS, ALTERNATIVE MODES OF
PARTICIPATION ARE ACCEPTABLE FOR THOSE WITH PHYSICAL DISABILITIES.

THIS CORPORATION MAKES NO PROVISION FOR MEMBERS, THEN, AT THE REGULAR MEETING OF DIRECTORS HELD IN JUNE, DIRECTORS SHALL BE ELECTED BY THE BOARD DIRECTORS. THE TIME OF THE ELECTION OF THE DIRECTORS MAY BE CHANGED BY AN ACT OF THE BOARD. BUT MUST HAVE A SPECIFIED TIME FOR ELECTION OF DIRECTORS AT ONE SCHEDULED BOARD MEETING ANNUALLY. VOTING FOR THE ELECTION OF DIRECTORS SHALL BE BY WRITTEN BALLOT. EACH DIRECTOR SHALL CAST ONE VOTE AND MAY VOTE FOR AS MANY CANDIDATES AS THE NUMBER OF PER CANDIDATE, CANDIDATES TO BE ELECTED TO THE BOARD. THE CANDIDATES RECEIVING THE HIGHEST NUMBER OF VOTES UP TO THE NUMBER OF DIRECTORS TO BE ELECTED SHALL BE ELECTED TO SERVE ON THE BOARD. BOARD MEMBERS NOT ATTENDING MAY VOTE ELECTRONICALLY BY EMAILING THEIR VOTE TO THE CHAIRPERSON OF THE BOARD.

A FULL COPY OF THE CLEAR FUND'S BYLAWS, WITH THE AMENDMENT INCLUDED, ARE AVAILABLE AT HTTP://WWW.GIVEWELL.NET/ABOUT/OFFICIAL-RECORDS.

FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 IS DISTRIBUTED TO THE BOARD OF DIRECTORS, ELECTRONICALLY, PRIOR TO FILING

#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

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

2008
Open to Public Inspection

Name of the organization

THE CLEAR FUND

Employer identification number 20-8625442

FORM 990, PART VI, SECTION B, LINE 12C: AS STATED IN ARTICLE 9, SECTION 6
OF OUR BYLAWS:

EACH DIRECTOR, PRINCIPAL OFFICER, AND MEMBER OF A COMMITTEE WITH GOVERNING

BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH

PERSON:

- A. HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY,
- B. HAS READ AND UNDERSTANDS THE POLICY,
- C. HAS AGREED TO COMPLY WITH THE POLICY, AND
- D. UNDERSTANDS THE CORPORATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS

  FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH

  ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

THE BOARD SECRETARY IS RESPONSIBLE FOR ENFORCING COMPLIANCE. SIGNED ANNUAL STATEMENTS ARE CURRENTLY ON FILE FOR ALL BOARD MEMBERS FROM WITHIN THE LAST 12 MONTHS.

FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR COMPENSATION REVIEW

IS OUTLINED IN ARTICLE 9, SECTION 5 OF OUR BYLAWS, AVAILABLE AT

HTTP://WWW.GIVEWELL.NET/ABOUT/OFFICIAL-RECORDS. THIS PROCESS WAS FOLLOWED

IN FULL TO SET THE CURRENT LEVEL OF COMPENSATION FOR BOTH KEY EMPLOYEES

(CO-EXECUTIVE DIRECTORS) OF THE ORGANIZATION. THE RELEVANT SECTION OF THE BYLAWS READS AS FOLLOWS:

A VOTING MEMBER OF THE GOVERNING BOARD WHO RECEIVES COMPENSATION, DIRECTLY

OR INDIRECTLY, FROM THE CORPORATION FOR SERVICES IS PRECLUDED FROM VOTING

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

Schedule O (Form 990) 2008

#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

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

2008
Open to Public Inspection

Name of the organization

THE CLEAR FUND

Employer identification number 20-8625442

ON MATTERS PERTAINING TO THAT MEMBER'S COMPENSATION.

A VOTING MEMBER OF ANY COMMITTEE WHOSE JURISDICTION INCLUDES COMPENSATION

MATTERS AND WHO RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM THE

CORPORATION FOR SERVICES IS PRECLUDED FROM VOTING ON MATTERS PERTAINING TO

THAT MEMBER'S COMPENSATION.

NO VOTING MEMBER OF THE GOVERNING BOARD OR ANY COMMITTEE WHOSE JURISDICTION

INCLUDES COMPENSATION MATTERS AND WHO RECEIVES COMPENSATION, DIRECTLY OR

INDIRECTLY, FROM THE CORPORATION, EITHER INDIVIDUALLY OR COLLECTIVELY, IS

PROHIBITED FROM PROVIDING INFORMATION TO ANY COMMITTEE REGARDING

COMPENSATION.

WHEN APPROVING COMPENSATION FOR DIRECTORS, OFFICERS AND EMPLOYEES,

CONTRACTORS, AND ANY OTHER COMPENSATION CONTRACT OR ARRANGEMENT, IN

ADDITION TO COMPLYING WITH THE CONFLICT OF INTEREST REQUIREMENTS AND

POLICIES CONTAINED IN THE PRECEDING AND FOLLOWING SECTIONS OF THIS ARTICLE

AS WELL AS THE PRECEDING PARAGRAPHS OF THIS SECTION OF THIS ARTICLE, THE

BOARD OR A DULY CONSTITUTED COMPENSATION COMMITTEE OF THE BOARD SHALL ALSO

COMPLY WITH THE FOLLOWING ADDITIONAL REQUIREMENTS AND PROCEDURES:

A. THE TERMS OF COMPENSATION SHALL BE APPROVED BY THE BOARD OR COMPENSATION COMMITTEE PRIOR TO THE FIRST PAYMENT OF COMPENSATION,

COMPENSATION ARRANGEMENTS MUST NOT HAVE A CONFLICT OF INTEREST WITH RESPECT

B. ALL MEMBERS OF THE BOARD OR COMPENSATION COMMITTEE WHO APPROVE

TO THE COMPENSATION ARRANGEMENT AS SPECIFIED IN IRS REGULATION SECTION

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

Schedule O (Form 990) 2008

#### **SCHEDULE 0**

(Form 990)

# **Supplemental Information to Form 990**

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

2008
Open to Public Inspection

Department of the Treasury Internal Revenue Service    Department of the Treasury Internal Revenue Service   Form 990 or to provide any additional information.	Open to Public Inspection
Name of the organization  THE CLEAR FUND	Employer identification number 20-8625442
53.4958-6(C)(III), WHICH GENERALLY REQUIRES THAT EACH BOA	
COMMITTEE MEMBER APPROVING A COMPENSATION ARRANGEMENT BET	WEEN THIS
ORGANIZATION AND A "DISQUALIFIED PERSON" (AS DEFINED IN S	ECTION 4958(F)(1)
OF THE INTERNAL REVENUE CODE AND AS AMPLIFIED BY SECTION	53.4958-3 OF THE
IRS REGULATIONS):	
1. IS NOT THE PERSON WHO IS THE SUBJECT OF THE COMPENSATI	ON ARRANGEMENT, O
A FAMILY MEMBER OF SUCH PERSON;	·
2 TO NOW THE AN EMPLOYMENT DELAMINATION OF THE PART OF	DECETON OF CONTERO
2. IS NOT IN AN EMPLOYMENT RELATIONSHIP SUBJECT TO THE DI	
OF THE PERSON WHO IS THE SUBJECT OF THE COMPENSATION ARRA	NGEMENT;
3. DOES NOT RECEIVE COMPENSATION OR OTHER PAYMENTS SUBJEC	T TO APPROVAL BY
THE PERSON WHO IS THE SUBJECT OF THE COMPENSATION ARRANGE	MENT;
4. HAS NO MATERIAL FINANCIAL INTEREST AFFECTED BY THE COM	PENSATION
ARRANGEMENT; AND	
F. DOUG NOW ADDROUG A MDANGAGETON DROUTDING DGONONIG DENE	
5. DOES NOT APPROVE A TRANSACTION PROVIDING ECONOMIC BENE	FITS TO THE PERSON
WHO IS THE SUBJECT OF THE COMPENSATION ARRANGEMENT, WHO I	N TURN HAS
APPROVED OR WILL APPROVE A TRANSACTION PROVIDING BENEFITS	TO THE BOARD OR
COMMITTEE MEMBER.	
C. THE BOARD OR COMPENSATION COMMITTEE SHALL OBTAIN AND R	ELY UPON
APPROPRIATE DATA AS TO COMPARABILITY PRIOR TO APPROVING T	HE TERMS OF

COMPENSATION. APPROPRIATE DATA MAY INCLUDE THE FOLLOWING: LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

#### **SCHEDULE 0**

(Form 990)

# **Supplemental Information to Form 990**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	Form 990 or to provide any additional information.	Inspection
Name of the organization	THE CLEAR FUND	Employer identification numbe 20-8625442
1. COMPENSATI	ON LEVELS PAID BY SIMILARLY SITUATED ORGANIZA	ATIONS, BOTH
TAXABLE AND T	AX-EXEMPT, FOR FUNCTIONALLY COMPARABLE POSIT	IONS. "SIMILARLY
SITUATED" ORG	GANIZATIONS ARE THOSE OF A SIMILAR SIZE, PURPORT	OSE, AND WITH
SIMILAR RESOU	JRCES.	
2. THE AVAILA	ABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC	AREA OF THIS
ORGANIZATION.		
3. CURRENT CO	MPENSATION SURVEYS COMPILED BY INDEPENDENT F	IRMS.
4. ACTUAL WRI	TTEN OFFERS FROM SIMILAR INSTITUTIONS COMPET	ING FOR THE
SERVICES OF T	THE PERSON WHO IS THE SUBJECT OF THE COMPENSA	TION ARRANGEMENT.
AS ALLOWED BY	IRS REGULATION 4958-6, IF THIS ORGANIZATION	HAS AVERAGE
ANNUAL GROSS	RECEIPTS (INCLUDING CONTRIBUTIONS) FOR ITS T	HREE PRIOR TAX
YEARS OF LESS	THAN \$1 MILLION, THE BOARD OR COMPENSATION	COMMITTEE WILL
HAVE OBTAINED	AND RELIED UPON APPROPRIATE DATA AS TO COMP	ARABILITY IF IT
OBTAINS AND F	RELIES UPON DATA ON COMPENSATION PAID BY THRE	E COMPARABLE
ORGANIZATIONS	S IN THE SAME OR SIMILAR COMMUNITIES FOR SIMI	LAR SERVICES.
D. THE TERMS	OF COMPENSATION AND THE BASIS FOR APPROVING	THEM SHALL BE
RECORDED IN W	RITTEN MINUTES OF THE MEETING OF THE BOARD OF	R COMPENSATION

COMMITTEE THAT APPROVED THE COMPENSATION. SUCH DOCUMENTATION SHALL INCLUDE:

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

<sup>1.</sup> THE TERMS OF THE COMPENSATION ARRANGEMENT AND THE DATE IT WAS APPROVED.

#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. 2008
Open to Public Inspection

Name of the organization THE CLEAR FUND

Employer identification number 20-8625442

- 2. THE MEMBERS OF THE BOARD OR COMPENSATION COMMITTEE WHO WERE PRESENT

  DURING DEBATE ON THE TRANSACTION, THOSE WHO VOTED ON IT, AND THE VOTES CAST

  BY EACH BOARD OR COMMITTEE MEMBER.
- 3. THE COMPARABILITY DATA OBTAINED AND RELIED UPON AND HOW THE DATA WAS OBTAINED.
- 4. IF THE BOARD OR COMPENSATION COMMITTEE DETERMINES THAT REASONABLE

  COMPENSATION FOR A SPECIFIC POSITION IN THIS ORGANIZATION OR FOR PROVIDING

  SERVICES UNDER ANY OTHER COMPENSATION ARRANGEMENT WITH THIS ORGANIZATION IS

  HIGHER OR LOWER THAN THE RANGE OF COMPARABILITY DATA OBTAINED, THE BOARD OR

  COMMITTEE SHALL RECORD IN THE MINUTES OF THE MEETING THE BASIS FOR ITS

  DETERMINATION.
- 5. IF THE BOARD OR COMMITTEE MAKES ADJUSTMENTS TO COMPARABILITY DATA DUE TO GEOGRAPHIC AREA OR OTHER SPECIFIC CONDITIONS, THESE ADJUSTMENTS AND THE REASONS FOR THEM SHALL BE RECORDED IN THE MINUTES OF THE BOARD OR COMMITTEE MEETING.
- 6. ANY ACTIONS TAKEN WITH RESPECT TO DETERMINING IF A BOARD OR COMMITTEE

  MEMBER HAD A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION

  ARRANGEMENT, AND IF SO, ACTIONS TAKEN TO MAKE SURE THE MEMBER WITH THE

  CONFLICT OF INTEREST DID NOT AFFECT OR PARTICIPATE IN THE APPROVAL OF THE

  TRANSACTION (FOR EXAMPLE, A NOTATION IN THE RECORDS THAT AFTER A FINDING OF

  CONFLICT OF INTEREST BY A MEMBER, THE MEMBER WITH THE CONFLICT OF INTEREST

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

832211 12-18-08

#### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990

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

OMB No. 1545-0047 Open to Public Inspection

Form 990 or to provide any additional information. Name of the organization

THE CLEAR FUND

**Employer identification number** 20-8625442

WAS ASKED TO, AND DID, LEAVE THE MEETING PRIOR TO A DISCUSSION OF THE COMPENSATION ARRANGEMENT AND A TAKING OF THE VOTES TO APPROVE THE ARRANGEMENT).

7. THE MINUTES OF BOARD OR COMMITTEE MEETINGS AT WHICH COMPENSATION ARRANGEMENTS ARE APPROVED MUST BE PREPARED BEFORE THE LATER OF THE DATE OF THE NEXT BOARD OR COMMITTEE MEETING OR 60 DAYS AFTER THE FINAL ACTIONS OF THE BOARD OR COMMITTEE ARE TAKEN WITH RESPECT TO THE APPROVAL OF THE COMPENSATION ARRANGEMENTS. THE MINUTES MUST BE REVIEWED AND APPROVED BY THE BOARD AND COMMITTEE AS REASONABLE, ACCURATE, AND COMPLETE WITHIN A REASONABLE PERIOD THEREAFTER, NORMALLY PRIOR TO OR AT THE NEXT BOARD OR COMMITTEE MEETING FOLLOWING FINAL ACTION ON THE ARRANGEMENT BY THE BOARD OR COMMITTEE.

SECTION C, LINE 19: RELEVANT RECORDS ARE AVAILABLE TO FORM 990, PART VI, THE PUBLIC FOR DOWNLOAD FROM OUR PUBLIC WEBSITE,

HTTP://WWW.GIVEWELL.NET/ABOUT/OFFICIAL-RECORDS. SUCH RECORDS INCLUDE:

- ALL AVAILABLE FINANCIAL STATEMENTS
- WHICH INCLUDE OUR CONFLICT OF INTEREST POLICY OUR BYLAWS,
- OUR ARTICLES OF INCORPORATION

FORM 990, PART XI, LINE 2C

OVERSIGHT OF THE AUDIT HAS NOT CHANGED FROM LAST YEAR

PART II, LOANS TO AND FROM INTERESTED PERSONS:

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

#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

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



Name o	the organizati	on ——	THE	E CLE	EAR	FUND								0 – 8 6 2 !	5442
(A)	NAME OF	PEF	RSON	: EL]	IE H	ASSE	NFEL	D							
(A)	PURPOSE	OF	LOAN	1: RI	EIMB	URSE	MENT	FOR	MED	ICAL	AND	TRAVE	L		
(A)	NAME OF	PEF	RSON	: НОІ	LDEN	KARI	NOFS	KY							
(A)	PURPOSE	OF	LOAN	1:											
REIM	IBURSEMEI	NT E	OR T	ravi	EL,	INTE	RNET	& M	ISCE	LLAN:	EOUS	ADMIN	ISTR	ATIVE	EXPENSES

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

# Form CHAR500

#### **Annual Filing for Charitable Organizations**

New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section

2008

This form used for			120 Broadway	Open to Public			
Article 7-A, EPTL and dual filers (replaces forms CHAR 497,	5		Inspection				
CHAR 010 and CHAR 006)							
1. General Information	' (mana /alal/	01 /01 /0	1000	10/21/	2000		
a. For the fiscal year beginn			008 and ending (mm/dd/yy	yyy) 12/31/:	_		
b. Check if applicable for NYS:  X Address change		of organization  LEAR FUND		employer ID no. (EIN) -8625442			
Name change Initial filing					e. NY S 40-5	tate registration no. 6 – 5 2	
Final filing			f mail not delivered to street addi	ress) Room/suite	e f. Telep	hone number	
Amended filing  NY registration pending		TH AVE #232 town, state or country			g. Email	217-4256	
WY region and it pointing			215			EN@CLEARFUND.OR	
	_						
2. Certification - Two Sigr							
			port, including all attachment e State of New York applicab		of our know	ledge and belief, they are	
a. President or Authorized Offi	icer		HOLDEN KAR	NOFSKY		ECTOR	
		Signature	Printed Name		Title	Date	
b. Chief Financial Officer or Tr	eas.	Signature	Printed Name		Title	Date	
3. Annual Report Exempti	on Informa	tion					
a. Article 7-A annual repo	rt exemptio	n (Article 7-A registrar	nts and dual registrants)				
	•		uding residents, foundations,	, corporations, gov	ernment age	encies, etc.) did not exceed	
		organization did not er ng this fiscal year.	ngage a professional fund rais	ser (PFR) or fund ra	aising couns	el (FRC) to solicit	
			xemption if no PFR or FRC w	vas used <b>and</b> eithe	r: 1) it receiv	red an allocation from a	
federa	ted fund, U	nited Way or incorpora	ated community appeal and	contributions from	other source	es did not exceed	
		ceived all or substanti lar to that required by	ally all of its contributions fro Article 7-A.	m one government	agency to	which it submitted an	
b. <b>EPTL</b> annual report exe	mption (EP	TL registrants and dua	al registrants)				
		•	D <u>and</u> assets (market value) d	lid not exceed \$25	,000 at any	time during this fiscal year.	
For EPTL or Article 7-A registra	ants claiming	the annual report exemp	tion under the one law under wh	ich they are registere	d and for dua	I registrants claiming the annual	
			eral Information), part 2 (Certifica				
<u>D0 1101.</u>	Submit a ree	e, <u>uo not</u> compiete trie i	following schedules and don	any attack	riments to tr	iis iorri.	
4. Article 7-A Schedules							
If you did <b>not</b> check the Art	icle 7-A ann	ual report exemption a	above, complete the following	g for this fiscal year	r:		
<ul><li>a. Did the organization use a  </li><li>* If "Yes", complete Scheen</li></ul>		fund raiser, fund raising o	counsel or commercial co-ventur	er for fund raising ac	tivity in NY St	ate? Yes* X No	
b. Did the organization receive * If "Yes", complete Sche		t contributions (grants)?				Yes* X No	
ii res , complete oche	uuie 4b.						
5. Fee Submitted: See last							
Indicate the filing fee(s) you		• •		3E	)b.ma 't 1	no abook on account to the	
			\$			ne check or money order for the able to "NYS Department of Law"	
			\$ <b>\$</b>	'	olai icc, payi	ADIO TO MITO DEPARTIMENT OF LAW	
			······································				

6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments 🖈 📦

868451 05-12-09 1019 CHAR500 - 2008

#### THE CLEAR FUND

#### 5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

# Organization's Registration Type Article 7-A Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0. EPTL Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is \$0. Dual Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee.

#### a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

#### b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

#### 6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers	
Filing Fee  X Single check or money order payable to "NYS Department of Law"	
Copies of Internal Revenue Service Forms	I
X IRS Form 990 X All required schedules (including Schedule B)  IRS Form 990-EZ All required schedules (including Schedule B)	IRS Form 990-PF  All required schedules (including Schedule B)
☐ IRS Form 990-T	IRS Form 990-T
Additional Article 7-A Document Attachment Requirement	
Independent Accountant's Report	
X Audit Report (total support & revenue more than \$250,000)	
Review Report (total support & revenue \$100,001 to \$250,000)  No Accountant's Report Required (total support & revenue not more than \$100,000)	

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4 868481 05-12-09 **CHAR500 - 2008**