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<b>-</b>	Ч	Ч	
Form	-	$\mathbf{v}$	J

# \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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



Department of the Treasury Internal Revenue Service

Α	For th	e 2016 calendar year, or tax year beginning and	ending		
В	Check if applicab	e: C Name of organization		D Employer identifie	cation number
Г	Addre	THE CLEAR FUND			
	Name			20-8	625442
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number	r	
	Final returr	182 HOWARD STREET		689-5803	
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	19,368,032.
	Amer	SAN FRANCISCO, CA 94105		H(a) Is this a group re	
	Appli tion pendi	F Name and address of principal officer.		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: $X 501(c)(3) 501(c) () \neq (insert no.) 4947(a)(1)$	or 527		list. (see instructions)
		te: ► WWW.GIVEWELL.ORG forganization: X Corporation Trust Association Other ►	L Veer	H(c) Group exemption	
_	art I	Summary	L Year		1 State of legal domicile: NY
	1	Briefly describe the organization's mission or most significant activities: GIVE	<u>WELL T</u>	S DEDICATED	TO FINDING
Governance	1.	OUTSTANDING GIVING OPPORTUNITIES AND PUB	LISHIN	G THE FULL	DETAILS OF
rnaı	2	Check this box			
ovel	3	Number of voting members of the governing body (Part VI, line 1a)			11
	4	Number of independent voting members of the governing body (Part VI, line 1b)			9
80	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			56
itie	6	Total number of volunteers (estimate if necessary)			9
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
◄		Net unrelated business taxable income from Form 990-T, line 34			0.
		· · ·		Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		17,633,010.	18,091,963.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,849.	-3,937.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,059.	278,908.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		17,635,918.	18,366,934.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		12,287,897.	13,567,456.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,198,470.	3,653,248.
ŝns	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	08.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		872,196.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		15,358,563.	18,607,090.
	19	Revenue less expenses. Subtract line 18 from line 12		2,277,355.	-240,156.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		12,449,684.	13,708,185.
et A:	21	Total liabilities (Part X, line 26)		6,455,962.	7,960,696.
Ž	22	Net assets or fund balances. Subtract line 21 from line 20		5,993,722.	5,747,489.
	art II	Signature Block			
Unc	ler pen	alties of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the best of m	y knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <b>ELIE HASSENFELD, EXECU</b> Type or print name and title	TIVE DIRECTOR	Date	
Paid	Print/Type preparer's name MAGA E. KISRIEV	Preparer's signature	Date Check TRN If self-employed P0100891	
Preparer	Firm's name HOOD & STRONG LL		Firm's EIN ▶ 94-125475	56
Use Only	Firm's address 275 BATTERY ST,	STE 900		
	SAN FRANCISCO, C.	A 94111	Phone no. 415.781.0793	3
May the I	RS discuss this return with the preparer shown abc	ove? (see instructions)	X Yes	No
632001 11-1	11-16 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.	Form <b>990</b>	(2016)
S	EE SCHEDULE O FOR ORGANIZ	ATION MISSION STATEM	ENT CONTINUATION	

	990 (2016) THE CLEAR FUND 20-8625	442	Pag
Par	rt III Statement of Program Service Accomplishments		-
	Check if Schedule O contains a response or note to any line in this Part III		<u> </u>
1	Briefly describe the organization's mission:		•
	THE CLEAR FUND (AKA GIVEWELL) FINDS OUTSTANDING GIVING OPPORTUN AND PUBLISHES THE FULL DETAILS OF OUR ANALYSIS TO HELP DONORS D		
	WHERE TO GIVE.	ECIDE	-
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	Х
	If "Yes," describe these new services on Schedule O.		
3		Yes	Χ
	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 ex	-	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp revenue, if any, for each program service reported.	enses, a	nd
42		278,9	08
та	PUBLISHED UPDATES ON ALL FOUR EXISTING TOP CHARITIES AND NEW RE		
	THREE ADDITIONAL TOP CHARITIES. PUBLISHED UPDATES ON FOUR EXIST		
	STANDOUT CHARITIES AND NEW REVIEWS OF TWO ADDITIONAL STANDOUT		
	CHARITIES. ESTIMATED OVER \$90 MILLION IN DONATIONS TO RECOMMEND		
	CHARITIES MADE AS A RESULT OF OUR RESEARCH. RECOMMENDED OVER \$1		
	MILLION IN GIVEWELL INCUBATION GRANTS TO SUPPORT THE DEVELOPMEN	r of	
	FUTURE GIVEWELL TOP CHARITIES. THE OPEN PHILANTHROPY PROJECT		
	RECOMMENDED OVER \$100 MILLION IN GRANTS.		
1h	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$ )		
4e	Total program service expenses 17, 332, 959.		
		Form <b>99</b>	0(2
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_ <	2		• -
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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		17	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	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, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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 foreign investments valued at \$100,000		37	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		v	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			x
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G. Part III	19		x

Form **990** (2016)

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THE CLEAR FUND

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
_0	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	0.1		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete	31		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•••	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
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
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	

Form **990** (2016)

632004 11-11-16

Form	990 (2016) THE CLEAR FUND 20-8625	442	F	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 47			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
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 56			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7-		x
<b>ا</b> م	to file Form 8282?	7c		
d	, , , , , , , , , , , , , , , , , , , ,	7e		x
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g b	If the organization received a contribution of qualified intellectual property, did the organization life rorm 3039 as required ?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
0		8		
9	Sponsoring organization have excess business holdings at any time during the year?	0		
a	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:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		(0010)

Form <b>990</b> (	2016)
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Form 990 (	2016)
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Check if Schedule O contains a response or note to any line in this Part VI

X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

			11	Yes	No
Та	Enter the number of voting members of the governing body at the end of the tax year	- 1a	<u> </u>		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated bread authority to an avagutive committee or similar committee, evolution in Schedule O				
h	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	16	9		
2	Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	-		
2			2		X
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the		🔼		- 23
3	of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9				X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				X
6	Did the organization have members or stockholders?				X
	Did the organization have members, stockholders, or other persons who had the power to elect or ap				
74	more members of the governing body?		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				
~	persons other than the governing body?		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
	The governing body?		8a	x	
	Each committee with authority to act on behalf of the governing body?			X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re				
		,		Yes	N
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, 0			
			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye				
	in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?			Х	
15	Did the process for determining compensation of the following persons include a review and approva				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
	Other officers or key employees of the organization			X	
	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 arranger	ment with a			
	taxable entity during the year?		. 16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization'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 $\blacktriangleright\mathrm{NY}$ , CA				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section 501(c)(3)s on	y) availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.          X       Own website       Another's website       X       Upon request       Other (explain)	in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	,	and finar	ncial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records.			
-0	NATALIE STONE CRISPIN - 415-689-5803				
3200	182 HOWARD STREET, NO. 208, SAN FRANCISCO, CA 941	CO	Form	n <b>990</b>	(20
	6				,0
51	114 759146 29550 2016.05000 THE CLEAR FUND		29	5501	1

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

Check if Schedule O contains a response or note to any line in this Part VI

THE CLEAR FUND

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.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer ar	ndad I	irecto	or/trus	itee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for	or di	e			ated		organization	(W-2/1099-MISC)	from the
	related	istee	truste		e	bensi		(W-2/1099-MISC)		organization
	organizations below	ual tri	onal		ploye	t com				and related
	line)	divid	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) TOM RUTLEDGE	1.00	=	=	8	l ₹	포망	윤			
BOARD CHAIR		x		x				0.	0.	0.
(2) TIM OGDEN	1.00									
BOARD VICE-CHAIR		x		x				0.	0.	0.
(3) CARI TUNA	0.50									
BOARD TREASURER		X		X				0.	0.	0.
(4) ELIE HASSENFELD	60.00									
EXECUTIVE DIRECTOR		Х		Х				172,378.	0.	262.
(5) HOLDEN KARNOFSKY	60.00									
CO-EXECUTIVE DIRECTOR & SECRETARY		Х		Х				161,484.	0.	5,706.
(6) GREG JENSEN	0.50									
BOARD MEMBER		Х						0.	0.	0.
(7) ROB REICH	0.50							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(8) BRIGID SLIPKA	0.50									
BOARD MEMBER		х						0.	0.	0.
(9) JULIA WISE	0.50									•
BOARD MEMBER		X						0.	0.	0.
(10) JAKE GIBSON	0.50									
BOARD MEMBER		Х						0.	0.	0.
(11) PHIL STEINMEYER	0.50									_
BOARD MEMBER		Х						0.	0.	0.
(12) CHLOE F COCKBURN	40.00									
PROGRAM OFFICER						Х		165,000.	0.	18,342.
(13) ALEXANDER L BERGER	40.00									_
PROGRAM OFFICER						Х		104,288.	0.	0.
(14) CHRISTOPHER R SOMERVILLE	40.00									
PROGRAM OFFICER						Х		194,730.	0.	0.
(15) JAIME M YASSIF	40.00							112 102		•
PROGRAM OFFICER	40.00					X		113,123.	0.	0.
(16) DAVID M. ROODMAN	40.00							100 240	~	<u>^</u>
SENIOR ADVISOR	<u> </u>					X		198,348.	0.	0.

632007 11-11-16

Form 990 (2016)

	990 (2016) THE CLEAR	R FUND								20-8	625	442	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C		es (continued)				
	(A) (B) Name and title Average hours per week					rson i	than s botl r/trus	h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatio from related	tion an		(F) Estimated amount of other	
	(list any hours for related organizations below hine) below hours for line) below hours the hour							organization (W-2/1099-MI		fr org and	pensa om th anizat d relat anizati	e ion ed		
									1,109,351.		0.	2	13	10.
с	Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							1,109,351. 0. 1,109,351.		0.		4,3 4,3	0.
2	Total number of individuals (including but n compensation from the organization							no re		0,000 of reportab	-		_ / -	7
3	Did the organization list any <b>former</b> officer,			e, ke	ey en	nplo	yee,	or	highest compensated e	mployee on	[		Yes	No
4	line 1a? <i>If "Yes," complete Schedule J for su</i> For any individual listed on line 1a, is the su	m of reportab	le co	omp	ensa	ation	anc	d otl		the organization		3	X	X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>	accrue comper	nsat	ion f	rom	any	unr	elat	ed organization or indiv		;	4 5		x
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest con the organization. Report compensation for t										npens			
	(A) Name and business	address	NC	ONE	3				<b>(B)</b> Description of s	ervices	С	(C omper		n
2	Total number of independent contractors (ii \$100,000 of compensation from the organiz	•	ot lii	nite	d to	tho: (	se lis )	stec	above) who received n	nore than				
												Form	<b>990</b> (2	2016)

		Check if Schedule O cont	ains a respons	e or note to any lir	e in this Part VIII	/D) '		
					( <b>A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a					
no		Membership dues						
Å.		Fundraising events						
ar		Related organizations						
ц.		Government grants (contribut						
S		All other contributions, gifts, gran	· · · · · · · · · · · · · · · · · · ·					
the		similar amounts not included abo	ve 1f	18,091,963.				
9	g	Noncash contributions included in lines		1,265,266.				
and Other Similar Amounts	h	Total. Add lines 1a-1f		▶	18,091,963.			
				Business Code				
	2 a							
Revenue	b							
nu	с							
eve	d							
5	е							
:	f	All other program service reve	nue					
		Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)			5,298.			5,298
	4	Income from investment of tax						
	5	Royalties						
		-	(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)						
		Gross amount from sales of	(i) Securities					
		assets other than inventory	991,86	3.				
	b	Less: cost or other basis						
		and sales expenses	1,001,09	з.				
	с	Gain or (loss)	-9,23	5.				
	d	Net gain or (loss)			-9,235.			-9,235
e	8 a	Gross income from fundraising	g events (not					
Bnu		including \$	of					
even even		contributions reported on line	1c). See					
Uther Kevenu		Part IV, line 18		a				
Ĕ	b	Less: direct expenses		b				
-	с	Net income or (loss) from func	Iraising events	<b>&gt;</b>				
	9 a	Gross income from gaming ac						
		Part IV, line 19		a				
		Less: direct expenses		b				
		Net income or (loss) from gam		··· <u>·</u>				
	10 a	Gross sales of inventory, less						
		and allowances		a				
		Less: cost of goods sold		b				
Ļ	С	Net income or (loss) from sale						
Ļ		Miscellaneous Revenu	е	Business Code				
	11 a			900099	278,839.	278,839.		
	b	OTHER INCOME		900099	69.	69.		
	С			.				
	d							
	е				278,908.			_
	12	Total revenue. See instructions.		🕨	18,366,934.	278,908.	Ο.	-3,937,

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Form 990 (2016) THE CLE THE CLEAR FUND THE CLEAR FUND

Sect	ion 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. All oti	her organizations must co	omplete column (A).	
	Check if Schedule O contains a respo	/ /			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	12,337,865.	12,337,865.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	1 000 501	1 000 501		
	individuals. See Part IV, lines 15 and 16	1,229,591.	1,229,591.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	220 020		00 104	F 701
	trustees, and key employees	339,829.	253,854.	80,194.	5,781
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
_	persons described in section 4958(c)(3)(B)	2,895,000.		602 172	10 252
7	Other salaries and wages	2,095,000.	2,162,575.	683,173.	49,252
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	170 650	134,200.	42,395.	2 0 5 7
9	Other employee benefits	179,652.	178,360.		3,057 4,062
10	Payroll taxes	238,767.	1/0,300.	56,345.	4,002
11	Fees for services (non-employees):				
	Management	122,552.	12,255.	110,297.	
	0	66,376.	6,638.	59,738.	
	Accounting	00,570.	0,030.		
	, .				
	Professional fundraising services. See Part IV, line 17				
f	Investment management feesOther. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch O.)	462,627.	449,571.	10,027.	3,029
12	Advertising and promotion	16,516.			1,652
13	Office expenses	92,066.		21,726.	1,566
14	Information technology	113,716.	87,662.	22,429.	3,625
15	Royalties				-,
16	Occupancy	12,798.	9,560.	3,020.	218
17	Travel	161,818.	120,878.	38,187.	2,753
 18	Payments of travel or entertainment expenses	,		,	•
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	31,597.	23,603.	7,456.	538
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	76,264.	64,824.	7,626.	3,814
23	Insurance	20,193.		20,193.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	BANK AND PROCESSING FEE	131,360.	118,224.	13,136.	
b	STAFF RECRUITMENT	37,670.	28,140.	8,889.	641
с	PUBLIC WEBSITE	9,882.	8,400.	988.	494
d					
е	All other expenses	30,951.	23,121.	7,304.	526
25	Total functional expenses. Add lines 1 through 24e	18,607,090.	17,332,959.	1,193,123.	81,008
26	$\ensuremath{\textbf{Joint costs.}}$ Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
		1			

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Check here

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if following SOP 98-2 (ASC 958-720)

10 2016.05000 THE CLEAR FUND

nd balances

Form 990 (2016) THE CLEAR FUND
Part X Balance Sheet

Pa	πΧ	Balance Sneet					
		Check if Schedule O contains a response or not	te to any	line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			7,485,538.	1	4,988,876.
	2	Savings and temporary cash investments			4,691,663.	2	8,195,443.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for	ormer of	icers, directors,			
		trustees, key employees, and highest compensation					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali	fied pers	sons (as defined under			
		section 4958(f)(1)), persons described in section	n 4958(c	(3)(B), and contributing			
		employers and sponsoring organizations of sect	c)(9) voluntary				
ets		employees' beneficiary organizations (see instr).		F		6	
Assets	7	Notes and loans receivable, net				7	
4	8	Inventories for sale or use			10 110	8	00.000
	9	Prepaid expenses and deferred charges			18,110.	9	22,968.
	10a	Land, buildings, and equipment: cost or other		10 074			
		basis. Complete Part VI of Schedule D		12,874.	0		11 (10
		Less: accumulated depreciation		1,264.	0.	10c	11,610.
	11	Investments - publicly traded securities			79,373.	11	389,288.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line			175,000.	13	100 000
	14	Intangible assets			1/5,000.	14	100,000.
	15	Other assets. See Part IV, line 11			12 440 694	15	12 700 105
	16	Total assets. Add lines 1 through 15 (must equa			12,449,684.	16	13,708,185.
	17	Accounts payable and accrued expenses			71,317. 6,384,645.	17	151,586. 7,809,110.
	18	Grants payable			0,304,043.	18	7,009,110.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
Liabilities	22	Loans and other payables to current and former					
bili		key employees, highest compensated employee		· ·		00	
Lia	00	Complete Part II of Schedule L				22 23	
	23 24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated		F		<u>23</u> 24	
	24 25	Other liabilities (including federal income tax, pa		Γ		24	
	25	parties, and other liabilities not included on lines	•				
		Schedule D	-			25	
	26				6,455,962.	26	7,960,696.
		Organizations that follow SFAS 117 (ASC 958					, ,
ŝ		complete lines 27 through 29, and lines 33 an					
nce	27	Unrestricted net assets			5,493,722.	27	4,661,878.
Fund Balances	28	Temporarily restricted net assets			500,000.	28	1,085,611.
dВ	29	<b>D</b>				29	
'n		Organizations that do not follow SFAS 117 (A					
ъ Г		and complete lines 30 through 34.	-				
ets	30	Capital stock or trust principal, or current funds				30	
<b>A</b> SSE	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets	32	Retained earnings, endowment, accumulated in				32	
Ž	33	Total net assets or fund balances		F	5,993,722.	33	5,747,489.
	34	Total liabilities and net assets/fund balances			12,449,684.	34	13,708,185.

Form **990** (2016)

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Form	1990 (2016) THE CLEAR FUND	20-86	525442	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			10 26		~ 4
1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,36		
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,60		
3	Revenue less expenses. Subtract line 2 from line 1	3	-24		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,99		
5	Net unrealized gains (losses) on investments	5	-	5,0	77.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	5,74	/,4	89.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			·····	X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-	Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		<b>2</b> b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			37
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			000 /	

Form **990** (2016)

632012 11-11-16

SCHEDULE A
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(Form	990	or	990-	·ΕΖ
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# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

49

4947(a)(1) nonexempt charitable trust.	
Attach to Form 990 or Form 990-EZ.	

2016
Open to Public

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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Internal F	Revenu	ue Service	Informati	on about Schedule A	(Form 990 or 990-EZ) and	its instruct	ions is at W	ww.irs.gov/fo	rm990.	Inspe	ection
Name	of th	ne organizati							Employer	identificati	
				CLEAR FUND						<u>0-8625</u>	442
Part	: 1	Reason	for Public (	Charity Status (	All organizations must co	omplete th	iis part.) S	ee instruction	S.		
The or	-				(For lines 1 through 12, o						
1 L	<u> </u>	A church, cor	nvention of ch	urches, or association	on of churches describe	d in <b>sectio</b>	on 170(b)(	1)(A)(i).			
2	<u> </u>	A school des	cribed in <b>sect</b> i	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 9	90-EZ).)				
3 _	<u> </u>	A hospital or	a cooperative	hospital service org	anization described in <b>s</b>	ection 170	)(b)(1)(A)(i	ii).			
4 🗆		A medical res	earch organiz	ation operated in co	njunction with a hospita	describe	d in <b>sectio</b>	on 170(b)(1)(A	.)(iii). Enter	the hospital	's name,
_		city, and state	-								
5 🗆		An organizati	on operated fo	or the benefit of a co	ollege or university owne	d or opera	ted by a g	overnmental	unit descrik	oed in	
				Complete Part II.)							
6 L					mental unit described in						
7 [.					antial part of its support	rom a gov	rernmenta	l unit or from t	the general	public desc	ribed in
Г				omplete Part II.)							
8 [					(1)(A)(vi). (Complete Par						
9 🗆		-	-	-	l in section 170(b)(1)(A)(		-		-	-	
			or a non-land-g	grant college of agric	culture (see instructions)	Enter the	name, cit	y, and state o	f the colleg	e or	
<b>40</b> [		university:									
<b>10</b> L					e than 33 1/3% of its sup						
					ct to certain exceptions,					-	
					e (less section 511 tax) fr	om busine	esses acqu	lired by the o	rganization	after June 3	30, 1975.
11				mplete Part III.)	ively to test for public or	foty Soo	contion Fl	$\Omega(\alpha)(A)$			
12		-	-	-	ively to test for public satively for the benefit of, to	•			arry out the		of one or
12 _		-	-	-	ed in section 509(a)(1) o				-		
					of supporting organization						27 111
а			•	• •	supervised, or controlled		-		-	aivina	
u					gularly appoint or elect	•					
			-	complete Part IV, Se	• • • •	amajonty				apporting	
b		-		-	d or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	vina	
				-	anization vested in the s			-		-	
				t complete Part IV,		•					
с		-			g organization operated	in connec	tion with,	and functiona	Illy integrate	ed with,	
			-		s). You must complete				, ,		
d			•		porting organization oper				rted organi	zation(s)	
		that is not f	unctionally int	egrated. The organized	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness	
		requiremen	t (see instruct	ions). You must cor	nplete Part IV, Section	A and D	, and Part	<b>V</b> .			
е		Check this	box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	e II, Type III		
		functionally	integrated, or	r Type III non-functio	nally integrated support	ing organi	zation.				
f	Enter	the number of	of supported o	organizations							
g	Provi	de the followi	ng informatior	about the supporte	ed organization(s).						
	(i)	Name of suppo		(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your govern	nization listed ing document?	(v) Amount o			nt of other
		organization			above (see instructions))	Yes	No	support (see ii	istructions)	support (see	instructions)
Total											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 13

### Schedule A (Form 990 or 990-EZ) 2016 THE CLEAR FUND

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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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")       2496559.6585634.11081136.17633010.18091963.558         2 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf       2496559.6585634.11081136.17633010.18091963.558         3 The value of services or facilities furnished by a governmental unit to the organization without charge       2496559.6585634.11081136.17633010.18091963.558         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)       2496559.6585634.11081136.17633010.18091963.558	(f) Total
membership fees received. (Do not include any "unusual grants.")       2496559.       6585634.       11081136.       17633010.       18091963.       558         2       Tax revenues levied for the organization's benefit and either paid to or expended on its behalf       2496559.       6585634.       11081136.       17633010.       18091963.       558         3       The value of services or facilities furnished by a governmental unit to the organization without charge       2496559.       6585634.       11081136.       17633010.       18091963.       558         4       Total. Add lines 1 through 3       2496559.       6585634.       11081136.       17633010.       18091963.       558         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)       2496559.       6585634.       1081136.       17633010.       18091963.       558         6       Public support. Subtract line 6 from line 4.       5322       532	<b>(1)</b> 101ai
include any "unusual grants.")       2496559.6585634.11081136.17633010.18091963.558         2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf       1         3 The value of services or facilities furnished by a governmental unit to the organization without charge       2496559.6585634.11081136.17633010.18091963.558         4 Total. Add lines 1 through 3       2496559.6585634.11081136.17633010.18091963.558         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)       2496559.6585634.11081136.17633010.18091963.558         6 Public support. Subtract line 5 from line 4.       5       26	
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf       Image: Construct of the organization is behalf         3 The value of services or facilities furnished by a governmental unit to the organization without charge       Image: Construct of the organization without charge         4 Total. Add lines 1 through 3       2496559.6585634.11081136.17633010.18091963.558         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)       Image: Construct time 5 from line 4.         6 Public support. Subtract line 5 from line 4.       Image: Construct line 5 from line 4.       Image: Construct line 5 from line 4.	
ization's benefit and either paid to or expended on its behalf	388302.
or expended on its behalf       Image: Construct of the services or facilities furnished by a governmental unit to the organization without charge       Image: Construct of the organization without charge         4       Total. Add lines 1 through 3       Image: Construct of the organization 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)       Image: Construct of the organization of t	
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.	
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.	
the organization without charge       2496559.6585634.11081136.17633010.18091963.558         4 Total. Add lines 1 through 3       2496559.6585634.11081136.17633010.18091963.558         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)       2496559.2658634.11081136.17633010.18091963.558         6 Public support. Subtract line 5 from line 4.       2496559.6585634.11081136.17633010.18091963.558	
the organization without charge       2496559.6585634.11081136.17633010.18091963.558         4 Total. Add lines 1 through 3       2496559.6585634.11081136.17633010.18091963.558         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)       2496559.2658634.11081136.17633010.18091963.558         6 Public support. Subtract line 5 from line 4.       2496559.6585634.11081136.17633010.18091963.558	
4 Total. Add lines 1 through 3       2496559.6585634.11081136.17633010.18091963.558         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)       2496559.6585634.11081136.17633010.18091963.558         6 Public support. Subtract line 5 from line 4.       2496559.6585634.11081136.17633010.18091963.558	
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)       26         6       Public support. Subtract line 5 from line 4.       532	388302.
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) 26 <b>Public support.</b> Subtract line 5 from line 4.	
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.	
supported organization) included       on line 1 that exceeds 2% of the         amount shown on line 11,       26         6 Public support. Subtract line 5 from line 4.       532	
on line 1 that exceeds 2% of the amount shown on line 11, column (f)       26         6 Public support. Subtract line 5 from line 4.       532	
amount shown on line 11,     26       column (f)     26       6 Public support. Subtract line 5 from line 4.     532	
column (f)     26       6 Public support. Subtract line 5 from line 4.     532	
6 Public support. Subtract line 5 from line 4. 532	575625.
	212677.
	312077.
	(f) Total
	566502.
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties	
and income from similar sources 1,970. 1,987. 4,355. 4,331. 5,298. 1	L7,941.
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.)	
	906243.
	33,773.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and <b>stop here</b>	
Section C. Computation of Public Support Percentage	····· • —
	5.18 %
	2.31 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	,,,
stop here. The organization qualifies as a publicly supported organization	
<b>b 33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this bo	
	″́ ⊾□
and stop here. The organization qualifies as a publicly supported organization	<b>P</b>
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 supported organization	
<b>b 10%</b> -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10%	or
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	. —
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	

Schedule A (Form 990 or 990-EZ) 2016

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### Schedule A (Form 990 or 990-EZ) 2016 THE CLEAR FUND

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

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(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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 201	6 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization'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 $\dots$						
6	Total. Add lines 1 through 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 \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 201	6 (f) Total
	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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	's first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3)	organization,
	check this box and stop here	<u></u>				<u></u>	
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2016 (	ine 8, column (f) c	divided by line 13,	column (f))		15	%
	Public support percentage from 2015					16	%
Sec	ction D. Computation of Inves	stment Incom	ne Percentage				
	Investment income percentage for 20		- · · · · · · · · · · · ·			17 18	%
	Investment income percentage from 2			on line 14 and lin			d line 17 is not
199	<b>33 1/3% support tests - 2016.</b> If the	-					
Ŀ	more than 33 1/3%, check this box a						
C)	<b>33 1/3% support tests - 2015.</b> If the						
20	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organizatio	n diu not check a		a, or rab, check			rm 990 or 990-EZ) 2016
03202	20 00-21-10			15	30	IGUUIE A (FO	11 330 01 330-EZ 2010

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

Yes No

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

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10a

	Cupperting organizatione (continuea)			
			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		
	A family member of a person described in (a) above?	11b		
-	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		Ĺ
Sec	tion B. Type I Supporting Organizations		Y.	
	Did the divertees twentees as merely while of one or more supported executed eventies have the nerver to		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	4		
•	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,			
<u> </u>	supervised, or controlled the supporting organization.	2		L
Sec	tion 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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		L
Sec	tion D. All Type III Supporting Organizations		Y.	
	Did the eventication provide to each of its supported eventications, but the last day of the fifth month of the		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 <b>Part VI</b> 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			
<u> </u>	supported organizations played in this regard.	3		L
	tion 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 yea(see instructions).			
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		,	
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	Í	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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 <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	0		
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а		0		
	trustees of each of the supported organizations? <i>Provide details in <b>Part VI</b>.</i>	3a		
b	5	0		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
632025	5 09-21-16 Schedule A (Form S	220 or 9	ло-EZ)	2016

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### Schedule A (Form 990 or 990-EZ) 2016 THE CLEAR FUND

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

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

Section A	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net	short-term capital gain	1		
<b>2</b> Rec	coveries of prior-year distributions	2		
3 Oth	er gross income (see instructions)	3		
4 Add	d lines 1 through 3	4		
5 Dep	preciation and depletion	5		
6 Por	tion of operating expenses paid or incurred for production or			
colle	ection of gross income or for management, conservation, or			
mai	intenance of property held for production of income (see instructions)	6		
7 Oth	er expenses (see instructions)	7		
8 Adj	justed Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section E	3 - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Agg	gregate fair market value of all non-exempt-use assets (see			
inst	ructions for short tax year or assets held for part of year):			
a Ave	erage monthly value of securities	1a		
<b>b</b> Ave	erage monthly cash balances	1b		
<b>c</b> Fair	r market value of other non-exempt-use assets	1c		
d Tota	al (add lines 1a, 1b, and 1c)	1d		
e Dis	count claimed for blockage or other			
fact	tors (explain in detail in <b>Part VI</b> ):			
2 Acq	quisition indebtedness applicable to non-exempt-use assets	2		
3 Sub	otract line 2 from line 1d	3		
4 Cas	sh 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 Mul	Itiply line 5 by .035	6		
7 Rec	coveries of prior-year distributions	7		
8 Min	nimum Asset Amount (add line 7 to line 6)	8		
Section C	C - Distributable Amount			Current Year
1 Adju	usted net income for prior year (from Section A, line 8, Column A)	1		
2 Ente	er 85% of line 1	2		
3 Min	imum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Ente	er greater of line 2 or line 3	4		
5 Inco	ome tax imposed in prior year	5		
6 Dist	tributable Amount. Subtract line 5 from line 4, unless subject to			
eme	ergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v integra	ted Type III supporting or	anization (see

7 Check here if the current year is the organization's first as a non-functionally integration instructions).

Schedule A (Form 990 or 990-EZ) 2016

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
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	he organization is responsive	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Socti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
Secti	on E - Distribution Anocations (see instructions)		FIE-2010	
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
-	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
<u>a</u>				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
e	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

632027 09-21-16

(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. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



	nent of the Treasury Revenue Service		Attach to Form 990. m 990) and its instructions is at <i>www.irs.</i> g	ov/form990.	Inspection
	of the organizati	ion		Employer	identification number
		THE CLEAR FUND			0-8625442
Par			d Funds or Other Similar Funds o	or Accounts.	Complete if the
	organizatio	on answered "Yes" on Form 990, Part IV, lin			
			(a) Donor advised funds	(b) Funds and	d other accounts
		nd of year			
		of contributions to (during year)			
		of grants from (during year)			
		at end of year			
	•		writing that the assets held in donor advised		
	are the organization	on's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	sed only	
	for charitable purp	poses and not for the benefit of the donor o	r donor advisor, or for any other purpose co	onferring	
	impermissible priv				Yes No
Par	t II Conserv	ation Easements. Complete if the org	anization answered "Yes" on Form 990, Pa	rt IV, line 7.	
1	Purpose(s) of con	servation easements held by the organization	on (check all that apply).		
	Preservation	n of land for public use (e.g., recreation or e	ducation)	cally important la	ind area
	Protection of	of natural habitat	Preservation of a certifie	ed historic struct	ure
	Preservation	n of open space			
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the form of	a conservation e	asement on the last
	day of the tax yea	r.		Held	at the End of the Tax Yea
а	Total number of c	onservation easements		2a	
b	Total acreage rest	ricted by conservation easements		2b	
с	Number of conser	vation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conser	vation easements included in (c) acquired a	after 8/17/06, and not on a historic structure	e 🛛	
	listed in the Nation	nal Register		2d	
			eased, extinguished, or terminated by the c		g the tax
	year 🕨				
4	Number of states	where property subject to conservation eas	sement is located		
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and en	forcement of the conservation easements it	holds?		Yes No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation easement	ts during the year
7	Amount of expense	ses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on easements du	ring the year
	► \$				
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)	)(4)(B)(i)	
					Yes No
			on easements in its revenue and expense s		lance sheet, and
	include, if applical	ble, the text of the footnote to the organizat	ion's financial statements that describes th	e organization's a	accounting for
	conservation ease	ements.			
Par	t III   Organiza	ations Maintaining Collections of	f Art, Historical Treasures, or Oth	ner Similar As	ssets.
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization	elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stateme	nt and balance s	heet works of art,
			nibition, education, or research in furtherance		
		tnote to its financial statements that descri			· _ · ,
			C 958), to report in its revenue statement a	nd balance shee	t works of art, historica
			ducation, or research in furtherance of publi		
	relating to these it	•	, <u> </u>	, ,	
	-			▶ \$	
				· ·	
	.,		asures, or other similar assets for financial g	······ · · · · · · · · · · · · · · · ·	
	-	unts required to be reported under SFAS 1		,, provido	
	-	I on Form 990, Part VIII, line 1		►\$	
-				<b>F</b> Y	

a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

LHA	For Paperwork I	Reduction A	ct Notice,	see the l	Instructions 1	for Form 990	•
632051	08-29-16						

Schedule D (Form 990) 2016

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	dule D (Form 990) 2016 THE CLE.	AR FUND					2	20-86	2544	2 <sub>Pa</sub>	age <b>2</b>
Par	rt III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, o	or Othe	er Simila	r Asse	<b>ts</b> (contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	at are a s	ignificant u	se of its	collectio	n item	iS
	(check all that apply):										
а	Public exhibition	c	<u>ا ا</u>	Loan or exc	hange progra	ams					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.											
5	During the year, did the organization solicit o	r receive donations	of art, h	istorical trea	asures, or oth	er simila	r assets		-		-
	to be sold to raise funds rather than to be ma		<u> </u>						Yes		No
Par	<b><u>t IV</u></b> Escrow and Custodial Arran		ete if the	e organizatio	on answered	"Yes" on	Form 990	, Part IV,	line 9, o	r	
<u> </u>	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi								٦.,		٦
	on Form 990, Part X?							L	Yes		<b>No</b> ∣
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:					•		
									Amoun	t	
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance Did the organization include an amount on Fe								Yes		No
	If "Yes," explain the arrangement in Part XIII.										]
	rt V Endowment Funds. Complete i										
		(a) Current year		Prior year	(c) Two yea		(d) Three ye	ars back	(e) Fou	r vears	back
1a	Beginning of year balance	(-,	(-7)				()		(-)	<u> </u>	
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	lg, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	and administe	ered for t	he organiza	ation			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza				,				3b		·
	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm	0	owment	funds.							
Fai			0 Dort l	V lina 11a (	Soo Earm 000		lino 10				
	Complete if the organization answere						ccumulated		(d) Poo	kvolu	
	Description of property	(a) Cost or c basis (investr			t or other (other)	.,	preciation		( <b>d)</b> Boo	r valu	5
19	Land	· · ·				40					
	Land										
	Buildings Leasehold improvements										
	Equipment			1	2,874.		1,26	54.	1	1,6	10.
	Other				, •		, = •			, -	
	. Add lines 1a through 1e. (Column (d) must e		X. colu	mn (B). line :	10c.)				1	1,6	10.
			., 50.01	,				<u> </u>			

Schedule D (Form 990) 2016

Part VII Investments - Other Securities.		ing 11h, Cas Faura 000, David V, ling 10	
Complete if the organization answered "Yes" (a) Description of security or Category (including name of security)	on Form 990, Part IV, I (b) Book value	(c) Method of valuation: Cost or el	nd-of-vear market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)	·		
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		-	
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.		ine 11d Cas Farm 000 David V line 15	
Complete if the organization answered "Yes"	Description	ine 11d. See Form 990, Part X, line 15.	(b) Book value
<u>(1)</u>			
(2)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			•
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, I	ine 11e or 11f. See Form 990, Part X, line 2	25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	∋ 25.)►		
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnot	e to the organization's financial statements	s 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 🚺

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Schedule D (Form 990) 2016

Sche	edule D (Form 990) 2016 THE CLEAR FUND			20-	8625442 Page 4
Pa	rt XI   Reconciliation of Revenue per Audited Financial Statem	ents Wi	ith Revenue per l		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	19,779,280.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	-6,077		
b	Donated services and use of facilities	2b	1,418,423	•	
с	Recoveries of prior year grants	. 2c			
d					
е	Add lines 2a through 2d			2e	1,412,346.
3	Subtract line 2e from line 1			3	18,366,934.
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.)	. 4b			_
с	Add lines <b>4a</b> and <b>4b</b>	4c	0.		
			1 1 0 2 7 7 0 2 1		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				18,366,934.
-	rt XII Reconciliation of Expenses per Audited Financial Staten	nents W		-	
-	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	n <b>ents W</b> a.	/ith Expenses pe	r Retu	irn.
-	Reconciliation of Expenses per Audited Financial Staten           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements	n <b>ents W</b> a.	/ith Expenses pe	-	
Pa	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents W	/ith Expenses pe	r Retu	irn.
<b>P</b> a 1	Reconciliation of Expenses per Audited Financial Staten           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements	nents W	/ith Expenses pe	r Retu	irn.
Pa 1 2	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	nents W a. 	/ith Expenses pe	r Retu	irn.
Pa 1 2 a	Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	nents W a. 2a 2b 2c	/ith Expenses pe	r Retu	irn.
Pa 1 2 a b	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           2b           2c           2d	/ith Expenses pe 1,418,423		ırn. 20,025,513.
Pa 1 2 a b c	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	/ith Expenses pe	r Retu	irn. 20,025,513. 1,418,423.
Pa 1 2 a b c d	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a 2b 2c 2d	/ith Expenses pe		ırn. 20,025,513.
Pa 1 2 a b c d e	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	/ith Expenses pe	r Retu	irn. 20,025,513. 1,418,423.
Pa 1 2 b c d 3	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a       2b       2c       2d	/ith Expenses pe	r Retu	irn. 20,025,513. 1,418,423.
Pa 1 2 3 4	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a       2b       2c       2d	/ith Expenses pe	r Retu	ırn. 20,025,513. 1,418,423. 18,607,090.
Pa 1 2 a b c d e 3 4 a	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b	2a           2b           2c           2d           4a           4b	/ith Expenses pe	r Retu 1 2e 3 4c	urn. 20,025,513. 1,418,423. 18,607,090. 0.
Pa 1 2 4 6 3 4 8 5	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d           4a           4b	/ith Expenses pe	r Retu 1 2e 3	ırn. 20,025,513. 1,418,423. 18,607,090.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### PART X, LINE 2:

GIVEWE	LL I	SA	NON	-PRC	FIT	ORG	ANIZ	ATI	ON	EXEI	<b>T</b> TM	FROM	[ FE	DERA	LI	ICOM	Е ТА	ע א	NDER
SECTIO	N 50	1(C	)(3)	OF	THE	INTE	ERNA	LF	REVI	ENUE	COD	E AN	id A	SIM	IILAF	R PRO	ovis	ION	FOR
STATE '	TAXI	NG	AUTH	ORIT	IES.	IN	ADD	ITI	ON	, GIV	VEWE	LL H	IAS	BEEN	I DEJ	rerm:	INEC	ву	THE
INTERN	AL F	EVE	NUE S	SERV	/ICE	NOT	то	BE	AI	PRIV	ATE	FOUN	IDAT	ION	WITH	HIN 1	THE	MEAI	NING
OF SEC	TION	50	9(A)	OF	THE	INTE	ERNA	LF	REVI	ENUE	COD	)E.							

### GIVEWELL'S ACCOUNTING POLICY PROVIDES THAT A TAX EXPENSE OR BENEFIT FROM

AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE LIKELY THAN

NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION. MANAGEMENT HAS

DETERMINED THAT GIVEWELL HAS TAKEN NO UNCERTAIN TAX POSITION THAT WOULD

REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS.

632054 08-29-16

(101111330)	•	Complete in	ine organizatio		<b>v</b> , inte 140, 1	5, 01 10.	<b>ZU IU</b>
Department of the Treasury Internal Revenue Service		nformation abo	out Schedule F	► Attach to Form 990. (Form 990) and its instructions is at <sup>w</sup>	/ww.irs.gov/fc	orm990.	Open to Public Inspection
Name of the organizat							entification number
THE CLEAR F						20-8625	442
		mation on A	ctivities Ou	tside the United States. Complet	e if the organ		
Form 990					0		
-		-		ds to substantiate the amount of its grai			<b></b>
the grantees' elig	gibility fo	r the grants or a	assistance, and	the selection criteria used to award the	grants or assi	istance?	X Yes No
2 For grantmaker	r <b>s</b> Descri	ihe in Part V the	organization's	procedures for monitoring the use of its	arants and o	ther assistance	outside the
United States.			organization o		grante and e		
3 Activities per Re	gion. (Th	e following Part	I, line 3 table c	an be duplicated if additional space is no	eeded.)		
(a) Region		(b) Number of	(c) Number of employees.	(d) Activities conducted in the region	• •	vity listed in (d)	(f) Total expenditures
		offices in the region	employees, agents, and independent	(by type) (such as, fundraising, pro- gram services, investments, grants to	• •	gram service, e specific type	for and
			contractors in the region	recipients located in the region)		(s) in the region	investments in the region
EUROPE (INCLUDING		_					
ICELAND & GREENLA	AND)	0	0	GRANTMAKING			642,194.
NORTH AMERICA		0	0	GRANTMAKING			587,397.
2 a Cub tatal		0	0				1,229,591.
<b>3 a</b> Sub-total <b>b</b> Total from contir	F	0	0				1,225,391.
sheets to Part I		0	0				0.
c Totals (add lines							

Statement of Activities Outside the United States

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

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Schedule F (Form 990) 2016

632071 09-21-16

and 3b)

SCHEDULE F

1,229,591.

OMB No. 1545-0047

2016

THE CLEAR FUND

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	OPERATING SUPPORT	356,239.	CASH	0.		N/A
		EUROPE (INCLUDING ICELAND &	OPERATING SUPPORT	37,930.		0.		N/A
		EUROPE (INCLUDING ICELAND & GREENLAND)	OPERATING SUPPORT	248,025.		0.		N/A
		NORTH AMERICA	OPERATING SUPPORT	587,397.		0.		N/A
the IRS, or for which t	he grantee or counse	el has provided a sectior	recognized as charities by the n 501(c)(3) equivalency letter		-			<u>4</u> 0

	ND			20-8625442		Pa
tance to Individuals Outs d if additional space is need		ates. Complete if th	ne organization answered "Ye	s" on Form 990, Part	IV, line 16.	
(b) Region		(d) Amount of cash grant	(e) Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	(g) Description of noncash assistance	(h) Method o valuation (book, FMV, appraisal, othe
		(c) Number of	(L) D (c) Number of (d) Amount of	(c) Number of (d) Amount of (e) Manner of	(b) Region (c) Number of (d) Amount of (e) Manner of (f) Amount of recipients cash grant cash disbursement noncash	(b) Region (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of noncash assistance

Schedule F (Form 990) 2016

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	No No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)</i>	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2016

# Schedule F (Form 990) 2016 Page 5 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 2: FOR INTERNATIONAL GRANTS, THE CLEAR FUND EXECUTES A SIGNED AGREEMENT LETTER REGARDING THE USE OF GRANT FUNDS PRIOR TO DISBURSEMENT. THE CLEAR FUND ALSO PERFORMS A POST-GRANT FOLLOW-UP AFTER THE PERIOD IN WHICH FUNDS WERE TO BE USED, INCLUDING REVIEW OF A GRANTEE REPORT FORM REGARDING THE USE OF GRANT FUNDS.

632075 09-21-16

SCHEDULE I (Form 990) Department of the Treasury	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.											
Internal Revenue Service	Information about Schedule I (Form 990) and its instructions is at www.irs.gov/rorm990.											
Name of the organization	THE CLEAR	FUND						Employer identification number $20-8625442$				
Part I General Inform	nation on Grants a											
1 Does the organizatio	n maintain records	to substantiate th	e amount of the grant	s or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selec	tion				
criteria used to awar	d the grants or assi	stance?	-					X Yes No				
			toring the use of gran									
Part II Grants and Of	ther Assistance to	Domestic Organ	izations and Domest	i <b>c Governments.</b> C	omplete if the org	anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any				
recipient that r	eceived more than	\$5,000. Part II car	n be duplicated if addi	tional space is need	led.							
<b>1 (a)</b> Name and addres or govern	•	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
AGAINST MALARIA FOUN 310 WEST 20TH STREET KANSAS CITY, MO 6410	, SUITE 300	20-3069841	501(C)(3)	7,541,333.	0.			OPERATING SUPPORT				
THE END FUND												
41 EAST 11TH STREET,	11TH FLOOR											
NEW YORK, NY 10003		27-3941186	501(C)(3)	151,228.	0.			OPERATING SUPPORT				
EVIDENCE ACTION 641 STREET NW WASHINGTON, DC 20001		90-0874591	501(C)(3)	1,193,789.	0.			OPERATING SUPPORT				
NATIONAL FOUNDATION												
CENTERS FOR DISEASE PREVENTION INC - 55								FOOD FORTIFICATION				
NO. 400 - ATLANTA, G	A 30303	58-2106707	501(C)(3)	362,137.	0.			INITIATIVE				
GIVE DIRECTLY, INC. 171 AVENUE A, SUITE	6B											
NEW YORK, NY 10009		27-1661997	501(C)(3)	1,337,393.	0.			OPERATING SUPPORT				
LIVING GOODS 220 HALLECK STREET, SAN FRANCISCO, CA 94		20-5010527	501(C)(3)	60,112.	0.			OPERATING SUPPORT				
		nd government o	rganizations listed in t	he line 1 table			•	▶ 10.				
3 Enter total number o		0	•	······	<u></u>		<u></u>	0.				
LHA For Paperwork Re	duction Act Notice	, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2016)				

# Schedule I (Form 990) THE CLEAR FUND Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Scho	edule I (Form 990), Pa I	rt II.) I	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT HEALTHY CHILDREN							
125 CAMBRIDGE PARK DRIVE, NO. 301							
CAMBRIDGE, MA 02140	83-0396815	501(C)(3)	116,725.	0.			OPERATING SUPPORT
GLOBAL ALLIANCE FOR IMPROVED	00 000010	501(0/(0/	110,720.				
NUTRITION (GAIN) - 729 15TH							
STREET NW, 8TH FLOOR - WASHINGTON,							
DC 20005	98-0404435	501(C)(3)	105,317.	0.			OPERATING SUPPORT
IMPERIAL COLLEGE FOUNDATION							
P.O. BOX 80526	58-1813092	F01(C)(2)	1,334,509.	0.			OPERATING SUPPORT
ATLANTA, GA 30366	56-1613092	501(C)(3)	1,334,309.	0.			OPERATING SUPPORT
SIGHTSAVERS							
CHAPEL & YORK 1000 N WEST ST #1200							
WILMINGTON, DE 19801		501(C)(3)	135,322.	0.			OPERATING SUPPORT
· · · · · · · · · · · · · · · · · · ·							

Schedule I (Form 990)

Schedule I (Form 990) (2016)

THE CLEAR FUND

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.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information	tion required in Part I, lin	ne 2; Part III, colum	n (b); and any other a	dditional information.	
PART I, LINE 2:					

THE CLEAR FUND PERFORMS AN ANNUAL REVIEW OF EACH MAJOR GRANTEE, INVOLVING

EXTENSIVE DUE DILIGENCE ON ITS MISSION, FINANCIALS AND PERFORMANCE, AND

USES THIS INFORMATION TO UPDATE ITS PUBLIC REVIEWS OF THE ORGANIZATIONS IN

QUESTION, ALL OF WHICH ARE AVAILABLE VIA WWW.GIVEWELL.ORG. WHENEVER A GRANT

WAS DESIGNATED FOR A SPECIFIC PURPOSE, THE CLEAR FUND REQUIRES CONFIRMATION

THAT THE FUNDS WERE USED FOR THIS PURPOSE.

(Form 990)       For certain Officers, Directors, Trustees, Key Employees, and Highest Compensation       Data State Compensation         Determines device       - Mormation about Schedule J (Form 990), Part IV, line 23. b. Attact to Form 900.       Data State Compensation         There of the organization       THE       CLEAR       FVID       Data State Compensation         Part I       Questions       Regarization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these terms.       Implement for business use of personal use for personal use of personal use of personal residence         Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these terms.       Implement for business use of personal use of personal residence         Part VII, Section A, line 1a. Complete Part III to explain       Description and gross-up payments       Personal services (such as, mad, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursing on to reimbursing on solution as one of the organization regimess statemation regarization regumess at the regarization regumess at the sequence of the sequence of the personal services (such as, mad, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursing on to reimbursing on a long regumess on commutation regumess and officers, including the CEC/Executive Director, regarding the litems checked on	SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	47			
Complete if the organization answered "Yes" on Form 900, Part IV, line 23.     Den to Public Inspection     THE CLEAR FUND     The COMPANIAN     The CLEAR FUND     The COMPANIAN     The CLEAR FUND     The CLEAR FUND	(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	2016				
Department         Protection         Operation         Operation         Operation         Operation         Operation         Operation         Operation         Dimension         Dimension <thdimension< th=""> <thdiminsion< th="">         &lt;</thdiminsion<></thdimension<>		Complete if the organization answered "Yes" on Form 990, Part IV, line 23.								
Name of the organization         THE         CLEAR         FUND         Employer identification number 20 - 86 25 44 2           Part II         Questions Regarding Compensation         20 - 86 25 44 2         X         X           If a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, Ine 1a, Complete Part III to provide any relevant information regarding these items.         Yes         No           If are information and gross up payments         Housing allowance or residence for personal residence         Yes         No           Is farry of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expanses discribed above? II 'No,' complete Part III to explain         1b         Ib           2         Indicate which, if any, of the following the filing organization used to establish the compensation of the organization is checked on ile in 1a?         2         Id           3         Indicate which, if any, of the following the filing organization used to establish the compensation ormittee         Written employment contract         2         Id           II checke ta georetion payment from, a supplementaria morputal by the board or compensation committee         Xermespastion survey or study         Xermespastion committee         2           Indicate which, if any, of the following the filing organization used to establish the compensation committee         Xermespaston commit	Depa	Partment of the Treasury Attach to Form 990.								
THE CLEAR FUND       20-8625442         Part I       Questions Regarding Compensation         Ia Check the appropriate box(6s) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, Ine 1a. Complete Part III to roubing allowance or residence for personal use Institution for companions         Image: Track class or charter travel       Payments for business use or personal residence         Image: Tax indemnification and grass up payments       Payments for business use or personal residence         Image: Tax indemnification and grass up payments       Payments for business use of personal residence         Image: Tax indemnification and grass up payments       Payments for business use of personal residence         Image: Tax indemnification and grass up payments       Payments for business use of personal residence         Image: Tax indemnification and grass up payments       Payments for business use of personal residence         Image: Tax indemnification and the organization follow a written policy regarding payment or reinbursement or provision of all of the expansization follow a written policy regarding payment or reinbursement or provision of all of the expansization for to reinbursing or allowing the lines organization to establish the compensation ormitate       10         Indicate which, if any, of the following the filing organization used to satisfiling the organization is CEO/Seccutive Director, but explain in Part III.       2       2         Indicate which, if any of the organization:       Image: Approval by the board or	_									
Part 1       Questions Regarding Compensation         1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Saction A, line 1a. Complete Part III to provide any relevant information regarding these items.       Yes       No         Import VII, Saction A, line 1a. Complete Part III to provide any relevant information regarding these items.       Import VIII Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Import VIII Section A, line 1a, complete Part III to provide any relevant information regarding these items.       Import VIII Section A, line 1a, complete Part III To Provide any relevant information regarding these items.       Import VIII Section A, line 1a, and chariful Complete Part III to explain.       Import VIII Section A, line 1a, and chariful Complete Part III to explain.       Import VIII Section A, line 1a, and chariful Complete Part III to Provide any relevant information regarding the items checked on line 1a?       Import VIII Section A, line 1a, with the explain III Section A, line 1a, with employment contract.       Import VIII Section A, line 1a, with employment contract.       Import VIII Section A, line 1a, with respect to the filing organization to estabilish compensation committee       Import VIII Section A, line 1a, with respect to the filing organization?       Import VIII Section A, line 1a, with respect to the filing organization?       Import VIII Section A, line 1a, with respect to the filing organization or a relead organization?       Import VIII Section A, line 1a, did the organization pay or accrue any compensation contribute       Import VIII Section A, line 1a, did the organization pay or accrue any	Nan	le of the organization					mber			
Image: the set of the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Yes         No           Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Presonal residence or presonal use of personal residence or residence for personal use of personal residence or residence for comparison:         Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding payment or reimbursement or provision of all of the expresses described boox? If Vio. 'Complete Part III to explain	Da			20-0	04344	4				
1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, Ine 1a. Complete Part III to provide any relevant information regarding these items.            First-lass or charter travel           Payments for business use of personal use             Travel for companions           Payments for business use of personal residence             Ta vel for companions           Payments for business use of personal residence             Ta vel for companions           Payments for business use of personal residence             Discretionary spending account           Personal services (such as, maid, chauffeur, chef)             D Id the organization of all of the expenses described above? If "No," complete Part III to explain           1b             D Id the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,           1b             D Id the organization of all of the expenses described above? If "No," complete Part III to explain           D explant the approximation of the organization             D Id the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,           D explant the applicable above? If "No," complete Part III             D Id the organization of all of the applerability. Do not check any boxes for methods used by a	FC		s negarating compensation			Vac	No			
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Indusing allowance or residence for personal sections         Privat class or charter travel       Housing allowance or residence for personal residence         Tax indemnification and gross-up payments       Personal services (such as, maid, chauffeur, cheft)         b       If any of the boxes on line 1a are chacked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the ECD/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the filing organization uset to establish the compensation of the organization to establish compensation consultant       IX Compensation survey or study         CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant       IX Compensation survey or study         Using the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         Participate in, or receive payment from, a supplemental nonqualified retimement plan?       4b       X         Participate in, or receive payment from, an equity-based compensation argument?       4a	10	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	900		162				
Image: Second	la			, 990,						
Travel for companions       Payments for business use of personal residence         Discretionary spending account       Personal services (such as, maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.       10         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation or organization to establish compensation committee       2         Compensation committee       Written employment contract       2         Indicate which, if any, of the following the filing organizations       Written employment contract       2         Compensation committee       Written employment contract       4a       X         Participate in, or receive payment from, a supplemental inonqualified retirement plan?       4a       X         Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4c       X         Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4c       X         Diring the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organizat				naluse						
Tax indemnification and gross-up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as, mail, chauffeur, chef)         b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the terms checked on line 1a?       2         3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III.       2         Compensation committee       Written employment contract       2         Indicate which, if any, of the following the filing organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2         Compensation committee       Written employment contract       2         Independent compensation of the CEO/Executive Director, but explain in Part III.       2       2         A During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       2       2         Participate in, or receive payment from, an equity-based compensation arrangement?       4e       X       2         Partici										
Discretionary spending account       Personal services (such as, maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         4       Participate in, or receive payment from, an equity-based compensation arrangement?       4a       X         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contrilingent on the revenues of:       5a       X         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or										
b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No." complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2         COP/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Written employment contract         Imdependent compensation consultant       X       Compensation committee       Written employment contract         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Receive a severance payment from, an equity-based compensation arrangement?       4a       X         4       Participate in, or receive payment from, an equity-based compensation arrangement?       4a       X         6       Participate in, or receive payment from, an equity-based compensation arrangement?       5a       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, blue explain in Part III.       2       2         3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2       2         4 Compensation committee       Written employment contract       4       4         6 Orgeneration committee       Written employment contract       4       4         7 Organization a related organization:       X Approval by the board or compensation committee       4         9 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization are aleated organization:       4       4         9 Participate in, or receive payment from, an equity-based compensation arrangement?       4       4       X         10 Participate in, or receive payment from, an equity-based compensization pay or accrue any compensation contingent on the revenues of:       5       5       5       5       5       5       5				,,						
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, blue explain in Part III.       2       2         3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2       2         4 Compensation committee       Written employment contract       4       4         6 Orgeneration committee       Written employment contract       4       4         7 Organization a related organization:       X Approval by the board or compensation committee       4         9 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization are aleated organization:       4       4         9 Participate in, or receive payment from, an equity-based compensation arrangement?       4       4       X         10 Participate in, or receive payment from, an equity-based compensization pay or accrue any compensation contingent on the revenues of:       5       5       5       5       5       5       5	b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or							
2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III.       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III.       2         4       Compensation committee       Written employment contract       1         1       Independent compensation consultant       IX Compensation survey or study       4         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       4       X         b       Participate in, or receive payment from, an equity-based compensation arrangement?       4       X         dt       Vestion 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       6a       X         f* Yes* on line fa or 5b, describe in Part III.       6b       X       X         b					1b					
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       Image: Compensation committee       Image: Ceo/Executive Director, but explain in Part III.         Compensation committee       Image: Ceo/Executive Director, but explain in Part III.       Compensation contract       Image: Ceo/Executive Director, but explain in Part III.         A During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         4       During the year, did any person and provide the applicable amounts for each item in Part III.       4a       X         0       Participate in, or receive payment from, an equity-based compensation pay or accrue any compensation contingent on the revenues of:       5a       X         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         6       The organization?       5a	2									
3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Written employment contract         Compensation committee       Written employment contract       Compensation committee         Independent compensation consultant       X Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a       Receive a severance payment from, an equity-based compensation arrangement?       4b       X         b       Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         the vest o any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5a       X         Dury section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5a       X         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         if 'Yes' on line 6a or 5b, describe in Part III.       6b       X         Any related organizatio		-			2					
GEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <ul> <li>Compensation or the CEO/Executive Director, but explain in Part III.</li> <li>Compensation committee</li> <li>Written employment contract</li> <li>Independent compensation consultant</li> <li>X Compensation survey or study</li> <li>X Form 990 of other organizations</li> <li>X Approval by the board or compensation committee</li> </ul> <li>Participate in, or receive payment or change-of-control payment?</li> <li>Participate in, or receive payment from, an equity-based compensation arrangement?</li> <li>H *Yes* to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:         <ul> <li>The organization?</li> <li>For persons listed on Form 990, Part VII.</li> <li>Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:             <ul> <li>The organization?</li> <li>For persons listed on Form 990, Part VII.</li> <li>Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li></ul></li></ul></li>										
establish compensation of the CEO/Executive Director, but explain in Part III. <ul> <li>Compensation committee</li> <li>Written employment contract</li> <li>Independent compensation consultant</li> <li>Compensation survey or study</li> <li>X Form 990 of other organizations</li> <li>X Approval by the board or compensation committee</li> </ul> <li>During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</li> <li>Receive a severance payment or change of control payment?</li> <li>Participate in, or receive payment from, an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:             <ul> <li>The organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the rearings of:             <ul> <li>The organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the rearings of:             <ul> <li>The organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li></ul></li></ul></li></ul></li>	3	Indicate which, if a	ny, of the following the filing organization used to establish the compensation of the organiza	ation's						
Compensation committee       Written employment contract         Independent compensation consultant       Image Compensation survey or study         Form 990 of other organizations       Image Compensation committee         Image Compensation or a related organization:       Image Compensation committee         Image Compensation or a related organization:       Image Compensation committee         Image Compensation or a related organization:       Image Compensation arrangement?         Image Compensation or a related organization:       Image Compensation arrangement?         Image Compensation or receive payment from, as upplemental nonqualified retirement plan?       Image Compensation arrangement?         Image Compensation or a related organization:       Image Compensation arrangement?         Image Compensation or receive payment from, as upplemental nonqualified retirement plan?       Image Compensation arrangement?         Image Compensation or receive payment from, as upplemental nonqualified retirement plan?       Image Compensation arrangement?         Image Compensation or receive payment from, as upplemental nonqualified retirement plan?       Image Compensation arrangement?         Image Compensation or receive payment from, as upplemental nonqualified retirement plan?       Image Compensation arrangement?         Image Compensation or receive payment from, as upplemental nonqualified retirement plan?       Image Compensation arrangement?         Image Compensation and provide the a		CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to						
Independent compensation consultant       Image: Compensation survey or study         Image: Compensation committee       Image: Compensation committee         Image: Compensation or a related organizations       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation committee         Image: Compensation or receive payment from, an equity-based compensation arrangement?       Image: Compensation committee         Image: Compensation of the reverse compensation arrangement?       Image: Compensation committee         Image: Compensation of the reverse compensation committee       Image: Compensation committee         Image: Compensation of the reverse compensation contingent on the reverse compensation contingent on the reverse compensation?       Image: Compensation committee         Image: Compensation?       Image: Compensation commispon: Commensecompensation contingent on the net earnings of:		establish compensation	ation of the CEO/Executive Director, but explain in Part III.							
Image: Second		Compensation	committee Written employment contract							
<ul> <li>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</li> <li>a Receive a severance payment or change-of-control payment?</li> <li>b Participate in, or receive payment from, an equity-based compensation arrangement?</li> <li>d a X</li> <li>c Participate in, or receive payment from, an equity-based compensation arrangement?</li> <li>d c X</li> <li>f "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>a The organization?</li> <li>f "Yes" on line 5a or 5b, describe in Part III.</li> <li>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>a The organization?</li> <li>f "Yes" on line 6a or 6b, describe in Part III.</li> <li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.</li> <li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.</li> <li>7 Ka</li> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</li> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</li> <li>8 X</li> </ul>		Independent of	compensation consultant $X$ Compensation survey or study							
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         lf "Yes" on line 5a or 5b, describe in Part III.       6b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         c The organization?       6a       X         b Any related organization?       6b       X         f "Yes" on line 6a or 6b, describe in Part III.		X Form 990 of o	ther organizations $oxed{X}$ Approval by the board or compensation c	ommittee						
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         lf "Yes" on line 5a or 5b, describe in Part III.       6b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         c The organization?       6a       X         b Any related organization?       6b       X         f "Yes" on line 6a or 6b, describe in Part III.										
a Receive a severance payment or change-of-control payment?       4a       X         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         lf "Yes" on line 5a or 5b, describe in Part III.       6b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X       6b       X         b Any related organization?       6a       X       6b       X         lf "Yes" on line 6a or 6b, describe in Part III.       7       X       X         b Any related organization?       6a       X       6b       X         lf "Yes" on lin	4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
b       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         c       Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         lf "Yes" on line 5a or 5b, describe in Part III.       5b       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5a       X         a       The organization?       5a       X         f "Yes" on line 6a or 6b, describe in Part III.       6a       X         6b       X       If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe on Form 990, Part VII, paid or accrued pursuant to a contract that was subject		organization or a re	lated organization:							
c       Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       0nly section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6a       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       Y       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" on line 8, did the organization also follow t	а				····					
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: Contemportal and the persons and provide the applicable amounts for each item in Part III.         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5b       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6a       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X <td>b</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	b									
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5b       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6a       X         contingent on the net earnings of:       6b       X         a The organization?       6b       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X	С				<b>4c</b>		X			
5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6a       X         contingent on the net earnings of:       6b       X         a       The organization?       6b       X         b       Any related organization?       6b       X         fl "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X		If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6a       X         contingent on the net earnings of:       6b       X         a       The organization?       6b       X         b       Any related organization?       6b       X         fl "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X										
contingent on the revenues of:       50       X         a The organization?       5b       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in       1       1	_									
a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6a       X         contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in       1       1	5			วท						
<ul> <li>b Any related organization?</li> <li>If "Yes" on line 5a or 5b, describe in Part III.</li> <li>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>if "Yes" on line 6a or 6b, describe in Part III.</li> <li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.</li> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> </ul>	-	•			5.		y			
If "Yes" on line 5a or 5b, describe in Part III.         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:         a       The organization?         b       Any related organization?         If "Yes" on line 6a or 6b, describe in Part III.         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.         7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	a ⊾	Any related argent	ation 0		5a					
<ul> <li>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>if "Yes" on line 6a or 6b, describe in Part III.</li> <li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.</li> <li>7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</li> <li>8 Wres any line 8, did the organization also follow the rebuttable presumption procedure described in</li> </ul>	a				00					
contingent on the net earnings of:       6a         a The organization?       6a         b Any related organization?       6b         If "Yes" on line 6a or 6b, describe in Part III.       6b         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in       Image: Contract exception describe of the section of the secti	e		•	on						
a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in       0       0	U	-		211						
b       Any related organization?         If "Yes" on line 6a or 6b, describe in Part III.         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.         7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	э	•			63		x			
If "Yes" on line 6a or 6b, describe in Part III.         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in       6       6	a h	Any related organization?								
<ul> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.</li> <li>Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> </ul>	5				55					
not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in       6       6	7			S						
<ul> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</li></ul>	•				7		Х			
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	8									
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	-	•			8		Х			
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2010	LHA					n 990	) 2016			

### 20-8625442

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	ľ	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deterred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) ELIE HASSENFELD	(i)	172,378.	0.	0.	0.	262.	172,640.	0.
EXECUTIVE DIRECTOR	(ii) [	0.	0.	0.	0.	0.	0.	0.
(2) HOLDEN KARNOFSKY	(i)	161,484.	0.	0.	0.	5,706.	167,190.	0.
CO-EXECUTIVE DIRECTOR & SECRETARY	(ii) [	0.	0.	0.	0.	0.	0.	0.
(3) CHLOE F COCKBURN	(i)	165,000.	0.	0.	0.	18,342.	183,342.	0.
	(ii) [	0.	0.	0.	0.	0.	0.	0.
(4) CHRISTOPHER R SOMERVILLE	(i)	194,730.	0.	0.	0.	0.	194,730.	0.
	(ii) [	0.	0.	0.	0.	0.	0.	0.
(5) DAVID M. ROODMAN	(i)	198,348.	0.	0.	0.	0.	198,348.	0.
	(ii) [	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii) [							
	(i)							
	(ii) [							
	(i)							
	(ii) [							
	(i)							
	(ii) [							
	(i)							
	(ii) [							
	(i)							
	(ii) [							
	(i)							
	(ii) [							
	(i)							
	(ii) [							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

# **Noncash Contributions**

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service

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

**Open To Public** Inspection

Name of the	organization
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►	Information about Schedule M (Form 990) and its instructions is at www.irs.gov/	form990.
		Employ

loyer identification number
20-8625442

### THE CLEAR FUND

Par	τı	Types of Property							
			(a)	(b)	(c)	(d)			
			Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de		•	~
			applicable		Form 990, Part VIII, line 1		ationa	mount	5
1	Art -	Works of art							
2		Historical treasures							
3		Fractional interests							
4		ks and publications							
5		hing and household goods							
6		and other vehicles							
7		ts and planes							
8		lectual property							
9		urities - Publicly traded	Х	70	1,265,266	FAIR MARKE	' VA	LUE	
10	Sec	urities - Closely held stock							
11	Sec	urities - Partnership, LLC, or							
	trust	interests							
12		urities - Miscellaneous							
13	Qua	lified conservation contribution -							
	Hist	oric structures							
14	Qua	lified conservation contribution - Other							
15	Rea	estate - Residential							
16	Rea	estate - Commercial							
17	Rea	estate - Other							
18	Colle	ectibles							
19		d inventory							
20		s and medical supplies							
21	Taxi	dermy							
22	Hist	orical artifacts							
23		ntific specimens							
24		eological artifacts							
25	Othe	er 🕨 ()							
26	Othe	er 🕨 ()							
27	Othe	er 🕨 ()							
28	Othe	er 🕨 ( )							
29		ber of Forms 8283 received by the organiz						•	
	for v	which the organization completed Form 828	33, Part IV, I	Donee Acknowled	gement 29				
								Yes	No
30a		ng the year, did the organization receive by							
		t hold for at least three years from the date							
		npt purposes for the entire holding period?	·····				30a		X
b		es," describe the arrangement in Part II.							
31		s the organization have a gift acceptance p					31		X
32a		s the organization hire or use third parties o		-					37
		ributions?					32a		X
		es," describe in Part II.							
33		e organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is cł	necked,			
		cribe in Part II.			•	Sebadula M			
			TRA INSTRUC	TIONS FOR LORM 00		Schodulo M	1 - orm	/	- 11161

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)

### Schedule M (Form 990) (2016) THE CLEAR FUND

**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.

SCHEDULE M, PART I, COLUMN (B):

### THE NUMBER OF CONTRIBUTORS REFLECTS THE NUMBER OF DONORS, NOT THE

NUMBER OF ITEMS DONATED.

Part II

Schedule M (Form 990) (2016)

632142 08-23-16

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

THE CLEAR FUND

Employer identification number 20-8625442

OMB No 1545-0047

Open to Public

Inspection

16

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

OUR ANALYSIS TO HELP DONORS DECIDE WHERE TO GIVE.

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

THE DIRECTOR OF OPERATIONS AND GENERAL COUNSEL, SENIOR RESEARCH ANALYST,

THE EXECUTIVE DIRECTOR REVIEW THE DRAFT FORM 990. UPON REVIEW, AND THE FORM

990 IS DISTRIBUTED TO THE BOARD OF DIRECTORS ELECTRONICALLY PRIOR TO FILING

FOR REVIEW.

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,

HAS AGREED TO COMPLY WITH THE POLICY, AND с.

UNDERSTANDS THE CORPORATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS D.

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

CONFLICT OF INTEREST QUESTIONNAIRES ARE CURRENTLY ON FILE FOR ALL BOARD

MEMBERS FROM WITHIN THE LAST 12 MONTHS.

LHA For Paperwork Reduction Act Notice. see the Instructions for Form 990 or 990-EZ. 632211 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)

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

THE PROCESS FOR COMPENSATION REVIEW IS OUTLINED IN ARTICLE 9, SECTION 1 OF

OUR BYLAWS, AVAILABLE AT HTTP://WWW.GIVEWELL.ORG/ABOUT/OFFICIAL-RECORDS.

THIS PROCESS WAS FOLLOWED IN FULL TO SET THE CURRENT LEVEL OF COMPENSATION

FOR BOTH COMPENSATED OFFICERS OF THE ORGANIZATION.

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

RELEVANT RECORDS ARE AVAILABLE TO THE PUBLIC FOR DOWNLOAD FROM OUR PUBLIC

WEBSITE, AT HTTP://WWW.GIVEWELL.ORG/ABOUT/OFFICIAL-RECORDS. SUCH RECORDS

INCLUDE:

- ALL AVAILABLE FINANCIAL STATEMENTS

- OUR BYLAWS

- OUR CONFLICT OF INTEREST POLICY

- OUR ARTICLES OF INCORPORATION

FORM 990, PART XII, LINE 2C:

IN 2016, THE BOARD FORMED AN AUDIT COMMITTEE AND THE FORMATION WAS

RATIFIED BY BOARD VOTE AT THE MARCH 27, 2017 BOARD MEETING. THE AUDIT

COMMITTEE IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT OF ITS

FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

632212 08-25-16

SCHEDULE R (Form 990)       Related Organizations and Unrelated Partnerships         Department of the Treasury Internal Revenue Service       Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.    Attach to Form 990. Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.									
Name of the organiz						Em	nployerident	Inspecti ification nu 5442	
Part I Identific	ation of Disregarded Entities. Comple	te if the organization answered "Yes	s" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state c foreign country)	(d) Total inco	(e) me End-of-yea			(f) t controlling entity	9
		-							
		-							
Part II Identific organiza	ation of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34 b	because it had one	or more	related tax-ex	kempt	
(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		<b>(f)</b> ct controlling entity	contr	g) 512(b)(13) rolled tity?
OPEN PHILANTHROPY ACTION FUND - 81-2644663 314 LYTTON AVENUE, SUITE 200 PALO ALTO, CA 94301		GRANTS, EDUCATIONAL & ADVOCACY	CALIFORNIA	501(C)(4)		THE CL	EAR FUND	X	
		-							
		-							
		-							

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

Schedule R (Form 990) 2016

### Schedule R (Form 990) 2016 THE CLEAR FUND

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related, unrelated, income end-of-year allocations?		Code V-UBI amount in box 20 of Schedule	manag partne				
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	YesN	o

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 r organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	Sec 512(l contr ent	(i) ction (b)(13) trolled tity?
		country)				233013		Yes	No

### Schedule R (Form 990) 2016 THE CLEAR FUND

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s No
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	1	2
<b>b</b> Gift, grant, or capital contribution to related organization(s)			2
c Gift, grant, or capital contribution from related organization(s)	10	:	Σ
d Loans or loan guarantees to or for related organization(s)			2
e Loans or loan guarantees by related organization(s)			2
f Dividends from related organization(s)	1f		2
g Sale of assets to related organization(s)	1g	1	2
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)	1k		2
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)	1m	ו ו	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
o Sharing of paid employees with related organization(s)	10	,	
p Reimbursement paid to related organization(s) for expenses	1p	,	
<b>q</b> Reimbursement paid by related organization(s) for expenses		X	
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)		;	
<ul> <li>s Other transfer of cash or property from related organization(s)</li> <li>2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and</li> </ul>		;	-
	(-1)		

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) OPEN PHILANTHROPY ACTION FUND	Q	278,839.	CASH
(2)			
_(3)			
_(4)			
<u>(</u> 5)			
_(6)	47		

### Schedule R (Form 990) 2016 THE CLEAR FUND

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)	(h)		(d)			(f)	(m)	(h)		(i)	(j)	(k)
	(b)	(c)	(u) Dradominant incomo	Are	all		<b>(g)</b> Share of		'' 	(I) Code V URI	Ganara	( <b>N</b> )
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	(related, unrelated,	(e) Are all partners sec. 501(c)(3) r orgs.?		b. Share of total	end-of-year	tior	opor- nate tions?	amount in box 20	managi	
of entity		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	org	s.? ′	income	assets	alloca	tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner	
		country	sections 512-514)	Yes	No	income	233613	Yes	No	(FUTIT 1065)	Yes N	0
				$\vdash$								+

Schedule R (Form 990) 2016