Form 990
(Rev. January 2020)
Department of the Treasury

** 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.

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



<u>A</u> F	or the	e 2019 calendar year, or tax year beginning and	ending		
B c	Check if pplicabl	e: C Name of organization		D Employer identifie	cation number
	Addre	e THE CLEAR FUND			
	Name chang			20-8625442	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	1714 FRANKLIN STREET #100335	415-689-5803		
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	56,897,960.
	Amen	OAKLAND, CA 94612-3409		H(a) Is this a group re	eturn
	Applic tion	F Name and address of principal officer: EDIE INSSEMTED	for subordinates		
	pendi	SAME AS C ABOVE	H(b) Are all subordinates in	cluded? Yes No	
		empt status: 🕱 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🗌 4947(a)(1) c	or 📃 527	If "No," attach a	list. (see instructions)
		te: > WWW.GIVEWELL.ORG		H(c) Group exemption	n number 🕨
		organization: X Corporation Trust Association Other ►	L Year	of formation: 2007	State of legal domicile: NY
Pa	art I	Summary			
Ø	1	Briefly describe the organization's mission or most significant activities: GIVEWEI		ICATED TO FINDING	3
u c		OUTSTANDING GIVING OPPORTUNITIES AND PUBLISHING THE FULL DET.	AILS OF		
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	
Ň					5
		Number of independent voting members of the governing body (Part VI, line 1b)		4	
es {		Total number of individuals employed in calendar year 2019 (Part V, line 2a)		48	
iviti		Total number of volunteers (estimate if necessary)		7	
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 39			0.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		36,008,006.	51,058,253.
Revenue	9	Program service revenue (Part VIII, line 2g)			0.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		16,176.	21,130.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		36,024,182. 28,239,288.	51,079,383. 35,341,596.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	20,239,200.	<u> </u>	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		2,272,660.	3,655,474.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,272,000.	0.
en;	loa b	Professional fundraising fees (Part IX, column (A), line 11e)		••	••
Expenses	17	Total fundraising expenses (Part IX, column (D), line 25) 157, 2 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 157, 2		1,674,611.	1,898,997.
	1 17	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		32,186,559.	40,896,067.
		Revenue less expenses. Subtract line 18 from line 12	3,837,623.	10,183,316.	
or	-			ginning of Current Year	End of Year
ets (20	Total assets (Part X, line 16)		26,349,456.	43,908,385.
Assets	21	Total liabilities (Part X, line 26)		14,078,075.	21,453,454.
Net ,		Net assets or fund balances. Subtract line 21 from line 20		12,271,381.	22,454,931.
	art II	Signature Block		, , ,	, , , .

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date
Here	ELIE HASSENFELD, CEO			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	MAGA E. KISRIEV			self-employed P01008919
Preparer	Firm's name 🕞 HOOD & STRONG LLP		I	Firm's EIN 🕨 94–1254756
Use Only	Firm's address 🖕 275 BATTERY ST, STE 900			
	SAN FRANCISCO, CA 94111	1	^D hone no.415.781.0793	
May the II	RS discuss this return with the preparer shown above	ve? (see instructions)		X Yes No
932001 01-2	0-20 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form 990 (2019)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru-	Taxpayer identification number (TIN)								
print	THE CLEAR FUND	20-8625442								
File by the due date for		see instruct	tions.		20 00					
filing your return. See	1714 FRANKLIN STREET #1003									
instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. OAKLAND, CA 94612-3409 Enter the Return Code for the return that this application is for (file a separate application for each return) Image: Comparison of the return of the										
Enter th	e Return Code for the return that this application is for (fi	ile a separa	te application for each return)			01				
Applica	tion	Return	Application			Return				
ls For		Code	Is For			Code				
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07				
Form 99	0-BL	02	Form 1041-A			08				
Form 47	20 (individual)	03	Form 4720 (other than individual)			09				
Form 99	0-PF	04	Form 5227			10				
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11				
Form 99	0-T (trust other than above) CHARLENE ABELL	06	Form 8870			12				
Telep If the If this box 1 Ir th 2 If [books are in the care of books are in the care of 510-296-7496 organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box equest an automatic 6-month extension of time until e organization named above. The extension is for the organization named above. The extension is for the organization rate of the group or . The tax year beginning the tax year entered in line 1 is for less than 12 months, of Change in accounting period this application is for Forms 200 RL 200 RE 200 T 4720	ss in the Un Group Exe and atta NOVEI ganization's , an check rease	Fax No. ▶ ited States, check this box	If this is fo all memb	r the whole ers the exten	group, check this nsion is for.				
	this application is for Forms 990-BL, 990-PF, 990-T, 4720 ny nonrefundable credits. See instructions.	J, or 6069, 6	enter the tentative tax, less	3a	\$	0.				
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and										
es	timated tax payments made. Include any prior year over	payment all	owed as a credit.	3b	\$	0.				
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by										
u	sing EFTPS (Electronic Federal Tax Payment System). Se	e instructio	INS.	3c	\$	0.				
Caution instructi	: If you are going to make an electronic funds withdrawa ons.	II (direct del	bit) with this Form 8868, see Form 8	453-EO an	d Form 887	9-EO for payment				
LHA	For Privacy Act and Paperwork Reduction Act Notice	, see instru	uctions.		Form	8868 (Rev. 1-2020)				

D	990 (2019) THE CLEAR FUND	20-8625442 Page 2
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	THE CLEAR FUND (AKA GIVEWELL) FINDS OUTSTANDING GIVING OPPORTUNITIES	
	AND PUBLISHES THE FULL DETAILS OF OUR ANALYSIS TO HELP DONORS DECIDE WHERE TO GIVE.	
	WHERE TO GIVE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
U	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	
	revenue, if any, for each program service reported.	-,,,
4a	(Code:) (Expenses \$ 39,214,360. including grants of \$ 35,341,596.) (Reven	nue\$0.
	PUBLISHED UPDATES ON ALL EIGHT TOP CHARITIES AND EIGHT STANDOUT	·
	CHARITIES. UPDATED STRUCTURE OF AND PARAMETERS IN OUR	
	COST-EFFECTIVENESS MODEL. PUBLISHED REPORTS ON QUALITATIVE ASSESSMENTS	
	OF TOP CHARITIES. IT IS ESTIMATED MORE THAN \$135 MILLION IN DONATIONS	
	MADE TO RECOMMENDED CHARITIES MADE AS A RESULT OF OUR RESEARCH.	
	RECOMMENDED OVER \$13 MILLION IN GIVEWELL INCUBATION GRANTS TO SUPPORT	
	THE DEVELOPMENT OF FUTURE GIVEWELL TOP CHARITIES.	
4b	(Code:) (Expenses \$ including grants of \$) (Reven	nue \$
	() (
4c	(Code:) (Expenses \$ including grants of \$) (Reven	nue \$
	Other program conviece (Deparihe on Sabertula O.)	
4d	Other program services (Describe on Schedule O.)	
	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses > 39,214,360.)

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Par	t 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)?			
	If "Yes," complete Schedule A	1	х	
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? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete			
	Schedule D. Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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, VII, 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		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
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	L
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	L
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
14a	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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	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			v
	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,"			v
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	aan	(2019)
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Form **990** (2019)

Form 990 (2019)

THE CLEAR FUND

Form	990 (2019) THE CLEAR FUND 20-862	5442	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 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			
	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		
	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		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
D D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	. 200		<u> </u>
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	. 28 a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	. 28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	. 30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	. 32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	. 34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a		X
	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		
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			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?		1	
	Note: All Form 990 filers are required to complete Schedule O	. 38	х	
Pa		. 100		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	Yes	No
4-	Enter the number reported in Roy 3 of Form 1006. Enter 0, if not applicable	32	res	
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
b		-		
С		4-	x	
00000		. 1c		<u> </u> (2019)
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Form	990 (2019) THE CLEAR FUND 20-862544	2	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 48			
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 e-file (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 on Schedule O	3b		
	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		
	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 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 on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
		-	000	

Form 990 (2	2019)
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Pa	1990 (2019) THE CLEAR FUND 20-86254 rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a		P	age
1 4	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	i "No" re	espons	e
				X
Sec	Check if Schedule O contains a response or note to any line in this Part VI			1
	Alon A. doverning body and Management		Yes	No
19	Enter the number of voting members of the governing body at the end of the tax year 1a	5	165	INC
Ia	If there are material differences in voting rights among members of the governing body at the end of the governing body, or if the governing	-		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
h	Enter the number of voting members included on line 1a, above, who are independent 1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
2		2		х
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	<u> </u>		
5	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6		6		x
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
10		70		x
L	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u>7a</u>		- 23
a	and the second se	76		x
•	persons other than the governing body?	7b		21
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0.5	х	
a	· · · · · · · · · · · · · · · · · · ·	8a	X	
u 0	Each committee with authority to act on behalf of the governing body?	<u>8b</u>	21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		21
500	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	N
40-	Did the eventimation have level abortion, have been as officiated	10a	res	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes?		х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<u>11a</u>	21	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	х	
	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120	21	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	100	x	
10	in Schedule O how this was done	12c	X	
13 14	Did the organization have a written whistleblower policy?	13	X	
14 15	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45 -	х	
	The organization's CEO, Executive Director, or top management official	15a	X	
a	Other officers or key employees of the organization	15b	Λ	
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10		х
	taxable entity during the year?	16a		Λ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u></u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MY, CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	8)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd finano	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CHARLENE ABELLANA - 510-296-7496			
20	CHARLENE ABELLANA - 510-296-7496	Form	990	(201

Form 990 (2019)	THE CLEAR FUND	20-8625442	Page 7
Part VII Compe	ensation of Officers, Directors, Trustees, Key Emp	ployees, Highest Compensated	
Employ	yees, and Independent Contractors		
Check if S	Schedule O contains a response or note to any line in this Part V	11	
Section A. Officers	s, Directors, Trustees, Key Employees, and Highest Compens	ated Employees	
1a Complete this tab	ble for all persons required to be listed. Report compensation for	the calendar year ending with or within the organization	on's tax year.
	rganization's current officers, directors, trustees (whether indivic D), (E), and (F) if no compensation was paid.	luals or organizations), regardless of amount of compe	ensation.

• 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(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 i	s both	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	lirecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		66	bens		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		nploy	st con	_			organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) TOM RUTLEDGE	1.00				-		-			
CHAIR (THRU 4/2019)	0.00	х		x				0.	0.	0.
(2) TIM OGDEN	1.00									
CHAIR	0.00	х		х				0.	0.	0.
(3) CARI TUNA	0.50									
TREASURER (THRU 4/2019)/BOARD MEMBER	0.00	х		х				٥.	0.	0.
(4) HOLDEN KARNOFSKY	0.50									
SECRETARY (THRU 4/2019)/BOARD MEMBER	2.50	Х		X				٥.	0.	0.
(5) ROB REICH	0.50									
BOARD MEMBER (THRU 4/2019)	0.00	Х						0.	0.	0.
(6) BRIGID SLIPKA	0.50									
BOARD MEMBER (THRU 4/2019)	0.00	Х						0.	0.	0.
(7) JULIA WISE	0.50									
BOARD MEMBER	0.00	Х						0.	0.	0.
(8) ELIE HASSENFELD	40.00									
CHIEF EXECUTIVE OFFICER	0.00	Х		х				262,395.	0.	23,105.
(9) WHITNEY RIDER	40.00									
SECRETARY & DIRECTOR OF OPERATIONS	0.00			х				187,069.	0.	0.
(10) NATALIE CRISPIN	40.00									
TREASURER & SENIOR RESEARCH MANAGER	0.00			х				171,738.	0.	5,549.
(11) BENJAMIN BATEMAN	40.00									
HEAD OF GROWTH	0.00					X		175,573.	0.	5,338.
(12) JOSH ROSENBERG	40.00									
SENIOR RESEARCH MANAGER	0.00					x		139,480.	0.	5,494.
(13) CAITLIN ANNE MCGUGAN	40.00									
SENIOR FELLOW	0.00					X		114,999.	0.	12,934.
(14) MICHAEL EDDY	40.00									
SENIOR ADVISOR	0.00					X		122,015.	0.	3,925.
(15) CHARLENE ABELLANA	40.00									
CONTROLLER	0.00					x		113,765.	0.	7,974.
		-								
		-								
		I								900 (0010)

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Form 990 (2019)

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	990 (2019) THE CLEAR FUN	D								20-86	52544	2	P	age 8
Pa	t VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) (C) Average hours per week officer and a director/) than o s both	one 1 an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MK	IS	fr org an	om th om th anizat d relat anizati	e ion ed
	Subtotal Total from continuation sheets to Part VII	, Section A							1,287,034.		0. 0.		64,	319. 0.
d 2	Total (add lines 1b and 1c)							► o re	1,287,034.	000 of reportable	0. e		64,	319.
	compensation from the organization						,				_		Yes	10 No
3	Did the organization list any former officer,				•	-						3		x
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization			v	
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	ccrue compen	Isati	on fr	om	any	unre	elate	ed organization or individ	lual for services		4	X	
Sec	rendered to the organization? <i>If</i> "Yes," com tion B. Independent Contractors											5		Х
1	Complete this table for your five highest cor the organization. Report compensation for t									-	pensa			
	(A) Name and business	address	NO	NE					(B) Description of s	ervices	С	(C compe		n
	Talalaan dhadaa dhadaa ah ah ah ah ah	- loolloo loo												
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz		στ lin	niteo	to 1		se lis 0	ted	above) who received mo	ore than			000	
												Form	990 (2019)

Form	n 990) (2	2019) THE CLEAR FUND				20-862544	2 Page 9
Pa	rt V	111	Statement of Revenue					
			Check if Schedule O contains a response or n	note to any line		(D)	(0)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ς, ω	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
n Gr			Fundraising events 1c					
iifts ar A			Related organizations 1d					
s, G milå			Government grants (contributions) 1e					
r Si		f	All other contributions, gifts, grants, and					
ibut the				1,058,253.				
d O		-		5,670,413.				
Cc an		h	Total. Add lines 1a-1f	>	51,058,253.			
			В	usiness Code				
се	2	а						
Program Service Revenue		b						
n Sí		С						
Jran Rev		d						
roç		e						
а.			All other program service revenue					
	3	g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, interest, other similar amounts)		26,260.			26,260.
	4		Income from investment of tax-exempt bond proc		20,200.			
	5		Royalties					
	Ŭ			(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses					
		с	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7		Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 5,813,447.					
		b	Less: cost or other basis					
ne			and sales expenses					
evenue		с	Gain or (loss)					
		d	Net gain or (loss)	►	-5,130.			-5,130.
Other R	8	а	Gross income from fundraising events (not including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses 8b					
			Net income or (loss) from fundraising events	····· •				
	9	a	Gross income from gaming activities. See					
		k	Part IV, line 19 9a Less: direct expenses 9b					
			Less: direct expenses9b					
			Gross sales of inventory, less returns					
		a	and allowances10a					
		þ	Less: cost of goods sold					
			Net income or (loss) from sales of inventory					
		-		usiness Code				
snc	11	а						
nec		b						
Miscellaneous Revenue		c						
lisc B		d	All other revenue					
2			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		51,079,383.	0.	0.	21,130.
93200	9 01-:	20-	20					Form 990 (2019)

Form 990 (2019) THE CLEAR FUND
Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	organizations must complete a	Il columns All other organi	zations must complete column (A).
	organizations must complete a	ii colullillis. All olliel olyalli	zalions musi complete column (A).

Check if Schedule O contains a respons	e or note to any line in t (A)	his Part IX (B)	(C)	(D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	17,417,673.	17,417,673.		
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	17 000 000	17 000 000		
individuals. See Part IV, lines 15 and 16	17,923,923.	17,923,923.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors,	640 955	100 000	102 472	27 204
trustees, and key employees	649,855.	499,089.	123,472.	27,294.
6 Compensation not included above to disqualified				
persons (as defined under section $4958(f)(1)$) and				
persons described in section 4958(c)(3)(B)	2,492,926.	2,009,196.	423,596.	60,134.
7 Other salaries and wages	2,492,920.	2,009,190.	425,550.	00,134,
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	286,837.	195,989.	84,891.	5,957.
9 Other employee benefits	225,856.	156,060.	64,670.	5,126.
10 Payroll taxes	225,050.	150,000.	04,070.	5,120,
11 Fees for services (nonemployees):				
a Management	25,681.	3,167.	22,110.	404.
b Legal	206,106.	41,221.	164,885.	101.
c Accounting	200,100.	+1,221.	104,003.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,	403,941.	125,620.	264,266.	14,055.
column (A) amount, list line 11g expenses on Sch 0.)	122,072.	109,865.	201,200.	12,207.
12 Advertising and promotion	123,776.	20,998.	102,778.	12,207
13 Office expenses	20,512.	5,313.	14,677.	522.
14 Information technology	20,012.	5,515.		511
15 Royalties	119,242.	91,553.	22,347.	5,342.
	111,996.	52,306.	58,280.	1,410.
17 Iravel18 Payments of travel or entertainment expenses	,>>•••			_,
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,149.	6,857.	155.	137.
	.,	-,		
20 interest 21 Payments to affiliates				
22 Depreciation, depletion, and amortization	37,389.		37,389.	
	40,448.		40,448.	
23 Insurance 24 Other expenses. Itemize expenses not covered	, -		,	
above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a BANK AND PROCESSING FEE	317,466.	307,009.	10,457.	
b STAFF RECRUITMENT	245,423.	208,081.	26,081.	11,261.
c STAFF APPRECIATION	54,870.		54,870.	
d UBI TAXES	7,500.		7,500.	
e All other expenses	55,426.	40,440.	1,550.	13,436.
25 Total functional expenses. Add lines 1 through 24e	40,896,067.	39,214,360.	1,524,422.	157,285.
26 Joint costs. Complete this line only if the organization	, , -	. , .	. ,	, .
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				
932010 01-20-20				Form 990 (2019

THE CLEAR FUND

		Check if Schedule O contains a response or no	bie to any	ine in this Part X		T	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			4,592,082.	1	6,419,058
	2	Savings and temporary cash investments	21,190,127.	2	34,682,097		
	3	Pledges and grants receivable, net			0.	3	1,590,020
	4	Accounts receivable, net			56,061.	4	54,150
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe	ed in secti	on 4958(c)(3)(B)		6	
tې	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	Prepaid expenses and deferred charges			49,550.	9	86,144
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	746,912.			
	b	Less: accumulated depreciation	10b	35,673.	6,461.	10c	711,239
	11	Investments - publicly traded securities	454,582.	11	253,855		
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	0.	14	0		
	15	Other assets. See Part IV, line 11		593.	15	111,822	
	16	Total assets. Add lines 1 through 15 (must eq	ual line 33)	26,349,456.	16	43,908,385
	17	Accounts payable and accrued expenses			301,022.	17	550,241
	18	Grants payable	13,777,053.	18	20,332,254		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	e Part IV o	f Schedule D		21	
s	22	Loans and other payables to any current or for	mer office	r, director,			
Ě		trustee, key employee, creator or founder, sub	stantial co	ntributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese perso	ns		22	
-	23	Secured mortgages and notes payable to unre	lated third	l parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third p	arties		24	
	25	Other liabilities (including federal income tax, p	ayables to	o related third			
		parties, and other liabilities not included on line	es 17-24).	Complete Part X			
		of Schedule D			0.	25	570,959
	26				14,078,075.	26	21,453,454
		Organizations that follow FASB ASC 958, ch	eck here				
Se		and complete lines 27, 28, 32, and 33.					
lau	27	Net assets without donor restrictions		·····	11,884,594.	27	21,981,022
8	28	Net assets with donor restrictions		L	386,787.	28	473,909
		Organizations that do not follow FASB ASC	958, cheo	k here 🕨 🗌			
Ē		and complete lines 29 through 33.					
s	29	Capital stock or trust principal, or current fund				29	
se	30	Paid-in or capital surplus, or land, building, or e				30	
E A	31	Retained earnings, endowment, accumulated i				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		L	12,271,381.	32	22,454,931
	33	Total liabilities and net assets/fund balances			26,349,456.	33	43,908,385

Form 990 (2019)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 2 40, 895, 067. 3 10, 183, 316. 4 10, 183, 316. 5 234. 6 234. 7 5 8 7 8 7 8 9 9 0. 10 Net assets or fund balances and use of facilities 7 7 8 9 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 122,454,931. Part XII Financial Statements and Reporting 10 22,454,931. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting metho	Form	990 (2019) THE CLEAR FUND	20-8625442	2	Pad	_{ge} 12
1 Total revenue (must equal Part XII, column (A), line 12) 1 51, 079, 383. 2 Total expenses (must equal Part X, column (A), line 25) 2 40, 895, 067. 3 10, 183, 316. 10, 183, 316. 3 10, 183, 316. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 12, 271, 381. 5 234. 6 6 7 7 7 7 7 8 Prior period adjustments 6 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 22, 454, 931. Part XII Financial Statements and Reporting 7 8 9 0. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 7 1 Accounting method used to prepare there form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare there form 990: Cash X Accrual Other 2a	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 40, 896, 067. 3 Revenue less expenses. Subtract line 2 from line 1 3 10, 183, 316. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 12, 271, 381. 5 234. 6 6 0 234. 7 8 7 8 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 22,454,931. 10 22,454,931. Part XII Financial Statements and Reporting		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 40, 896, 067. 3 Revenue less expenses. Subtract line 2 from line 1 3 10, 183, 316. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 12, 271, 381. 5 234. 6 7 8 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Vers assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 22, 454, 931. Part XII Financial Statements and Reporting 10 22, 454, 931. Check if Schedule O contains a response or note to any line in this Part XII 10 22, 454, 931. Part XII Financial Statements compiled or reviewed by an independent accountant? 1 2a X If "Yees," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. 2b X 1 Were the organization's financial statements audited by an independent accountant? 2b X 1 If "Yees," check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b						
3 Revenue less expenses. Subtract line 2 from line 1 3 10,183,316. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 12,271,381. 5 Net unrealized gains (losses) on investments 5 234. 6 0 7 8 7 8 7 8 9 Other changes in net assets or fund balances (explain on Schedule 0) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 22,454,931. Part XII Financial Statements and Reporting 10 22,454,931. 7 1 Accounting method used to prepare the Form 990: Cash X Accrual Other, "explain in Schedule 0. 11 Accounting method used to prepare the Form 990: Cash X Accrual Other," explain in Schedule 0. 12 Vere the organization's financial statements compiled or reviewed by an independent accountant? 2a X 11 ft "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X 12 If "Yes," check a box below to indicate whethe	1	Total revenue (must equal Part VIII, column (A), line 12)	1	51	079,	383.
3 Revenue less expenses. Subtract line 2 from line 1 3 10,183,316. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 12,271,381. 5 234. 5 234. 6 6 7 7 7 7 8 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 22,454,931. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 22,454,931. 7 8 9 0. 10 22,454,931. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 22,454,931. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other," explain in Schedule O. 2a X 16 Yes, 'check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a	2	Total expenses (must equal Part IX, column (A), line 25)	2	40	896,	067.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 12,271,381. 5 Net unrealized gains (losses) on investments 5 234. 6 6 6 7 8 6 6 8 Pror period adjustments 8 9 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 22,454,931. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: 2a X X If "Yes," check a box below to indicate whether the financial statements for the year were aud	3		3	10	183,	316.
 Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements and telependent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X separate basis Consolidated basis Both consolidated and separate basis E and the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independe	4		4	12	271,	381.
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 2a X If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Were the organization's financial statements and selection of an independent accountant? If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: X Separate	5	Net unrealized gains (losses) on investments	5			234.
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 2a X If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Were the organization's financial statements and selection of an independent accountant? If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: X Separate	6	Donated services and use of facilities	6			
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII I Accounting method used to prepare the Form 990: Cash X X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis B Both consolidated and separate basis, consolidated basis, or both: X Separate basis Consolidated basis, or both: X Separate basis Consolidated basis B Both consolidated and separate basis, consolidated basis, or both: X Separate basis Consolidated basis B Both consolidated and separate basis, consolidated basis, or both: X Separate basis Consolidated basis B Both consolidated and separate basis, consolidated basis No Consolidated basis B Were the organization or its financial statements and selection of an independent accountant? X <t< th=""><td>7</td><td></td><td>7</td><td></td><td></td><td></td></t<>	7		7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 22,454,931. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other	8		8			
column (B) 10 22,454,931. Part XII Financial Statements and Reporting	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Check if Schedule O contains a response or note to any line in this Part XII Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other		column (B))	10	22	454,	931.
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Pa	rt XII Financial Statements and Reporting				
1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Cash image:		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			-		Yes	No
2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 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 on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 0 0	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0	D.			
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b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 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 on Schedule O. Image: Construction of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit V		separate basis, consolidated basis, or both:				
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis If the year were audited on a separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit If the organization the set of the committee the set of		Separate basis Consolidated basis Both consolidated and separate basis				
consolidated basis, or both: X X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 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 on Schedule O. Image: Comparize the organization required to undergo an audit or audits as set forth in the Single Audit Image: Comparize the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. Image: Comparize the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. Image: Comparize the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Image: Comparize the organization changed either its oversight process or selection process during the tax year is the organized to undergo an audit or audits as set forth in the Single Audit	b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
X Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 		consolidated basis, or both:				
review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. Image: Compilation of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Image: Compilation of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Image: Compilation of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit		X Separate basis Consolidated basis Both consolidated and separate basis				
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			1
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit		review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
		If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
Act and OMP Circular A 1332	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			1
		Act and OMB Circular A-133?		3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			1
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047
2019
Open to Public Inspection

Inspection Inspection									
Nan	ne of t	the organization	EAR FUND						identification number 20-8625442
Pa	rt I	Reason for Public (All organizations must co	mplete th	s part.) Se	e instruction		
The	organ	ization is not a private found							
1		A church, convention of ch		•		,	I)(A)(i).		
2	\square	A school described in sect	-			• • •	·//~///		
3	\square	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	\square	A medical research organiz					•	Viii) Enter	the hospital's name
-		city, and state:		ijanotion with a hoopital	accombed				the noopital o hame,
5		· · · · · · · · · · · · · · · · · · ·	or the benefit of a col	leae or university owner	l or operati	ed by a do	vernmental u	nit describe	d in
J		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6		A federal, state, or local gov		ental unit described in	section 17	0(h)(1)(A)	(v)		
	X	An organization that norma	-					no gonoral r	oublic described in
'		section 170(b)(1)(A)(vi). (C	-		onna gove	innentar		ie general j	
8		A community trust describe			ни)				
9	\square	An agricultural research org			-	ad in coniu	inction with a	land-grant	college
Ŭ		or university or a non-land-g	-			-		-	-
		university:	grant conege of agric			lame, ony	, and state of	the conege	
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its sup	ort from c	ontributio	ns members	nin fees an	d aross receipts from
		activities related to its exer					-	•	•
		income and unrelated busir							-
		See section 509(a)(2). (Con		(,,				,	
11		An organization organized a		velv to test for public sa	fetv. See	section 50)9(a)(4).		
12		An organization organized a	-	•	•			rry out the	purposes of one or
		more publicly supported or	-	-	-			•	
		lines 12a through 12d that	-						
а		Type I. A supporting orga						-	giving
		the supported organization		-	•	-			
		organization. You must o	complete Part IV, Se	ctions A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ving
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppo	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	bution rec	quirement and	I an attentiv	/eness
		_ requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .		
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	r Type III non-functior	nally integrated supportion	ng organiz	ation.			
f		er the number of supported o	•						
g		vide the following information i) Name of supported	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	fmonetan	(vi) Amount of other
	,	organization		(described on lines 1-10	in your governi	ng document?	support (see in		support (see instructions)
		5		above (see instructions))	Yes	No		,	
<u>Tota</u>	al								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

Schedule A (Form 990 or 990-EZ) 2019 THE CLEAR FUND

20-8625442

Page **2**

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.)

Sec	ction A. Public Support						-
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	17,633,010.	18,091,963.	26,952,535.	36,008,006.	51,058,253.	149,743,767.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	17,633,010.	18,091,963.	26,952,535.	36,008,006.	51,058,253.	149,743,767.
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)						11,795,542.
6	Public support. Subtract line 5 from line 4.						137,948,225.
	ction B. Total Support						, ,
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	17,633,010.	18,091,963.	26,952,535.	36,008,006.	51,058,253.	149,743,767.
	Gross income from interest,		, ,	. ,			
Ū	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	4,331.	5,298.	15,701.	14,703.	26,260.	66,293.
a	Net income from unrelated business	,	, -	, -	/ -	, .	, .
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	•						
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						149,810,060.
			-no)			12	280,055.
	Gross receipts from related activities, First five years. If the Form 990 is for		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	l founth or fifth to			200,033.
13							
Sec	organization, check this box and stor ction C. Computation of Publi		centage			<u></u>	
	Public support percentage for 2019 (I			olumn (f))		14	92.08 %
	Public support percentage from 2018		•	.,,,		15	92.71 %
	33 1/3% support test - 2019. If the c						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
104	stop here. The organization qualifies						
h	33 1/3% support test - 2018. If the c		-		line 15 is 33 1/3%		······································
	and stop here. The organization qual	-					
17-	10% -facts-and-circumstances test				13 162 or 16b a		
170							
	and if the organization meets the "fac meets the "facts-and-circumstances"			-		-	
Ŀ		•	•		•	7a and line 15 is	
D	10% -facts-and-circumstances test more and if the organization mosts the	-					
	more, and if the organization meets the						, ►
40	organization meets the "facts-and-circ		•	-			
IÖ	Private foundation. If the organizatio	IT UIU NOL CHECK A I		a, 100, 17a, or 17b		nd see instructions	

Schedule A (Form 990 or 990-EZ) 2019

932022 09-25-19

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

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

Sect	ion A. Public Support						
Calend	ar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 20 ⁻	19 (f) Total
1 G	ifts, grants, contributions, and						
n	nembership fees received. (Do not						
ir	nclude any "unusual grants.")						
n fo a	aross receipts from admissions, nerchandise sold or services per- prmed, or facilities furnished in ny activity that is related to the rganization's tax-exempt purpose						
a	aross receipts from activities that re not an unrelated trade or bus-						
	ness under section 513						
iz	ax revenues levied for the organ- ration's benefit and either paid to r expended on its behalf						
5 T	he value of services or facilities						
fu	urnished by a governmental unit to						
tł	ne organization without charge						
6 T	otal. Add lines 1 through 5						
	mounts included on lines 1, 2, and received from disqualified persons						
fre e>	mounts included on lines 2 and 3 received om other than disqualified persons that kceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сA	dd lines 7a and 7b						
	ublic support. (Subtract line 7c from line 6.)						
	ion B. Total Support		1	1	-1		
	ar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 20 ⁻	19 (f) Total
	mounts from line 6						
d s	aross income from interest, ividends, payments received on ecurities loans, rents, royalties, nd income from similar sources						
(nrelated business taxable income ess section 511 taxes) from businesses cquired after June 30, 1975						
сA	dd lines 10a and 10b						
a w	let income from unrelated business ctivities not included in line 10b, /hether or not the business is equilarly carried on						
0	other income. Do not include gain r loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)						
14 F	irst five years. If the Form 990 is for	r the organization's	s first, second, thi	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) o	rganization,
							>
	ion C. Computation of Publi					1 1	
	Public support percentage for 2019 (I			column (f))		15	%
	ublic support percentage from 2018					16	%
	ion D. Computation of Inves						
	nvestment income percentage for 20		'			17	%
	vestment income percentage from					18	%
	3 1/3% support tests - 2019. If the						I line 17 is not
	nore than 33 1/3%, check this box ar						►
	3 1/3% support tests - 2018. If the						
	ne 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 190, check t			
932023	09-25-19		1 5		Sch	ieuule A (FO	orm 990 or 990-EZ) 2019

(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 (as 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.)

932024 09-25-19

1 2 3a 3b 3c 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a

Schedule A (Form 990 or 990-EZ) 2019

10b

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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		
	tion B. Type I Supporting Organizations	•		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	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 year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions,)	
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 Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
932025	5 09-25-19 Schedule A (Form 9	90 or 99	90-EZ)	2019

13351113 758661 29550

2019.05000 THE CLEAR FUND

17

Schedule A (Form 990 or 990-EZ) 2019	THE	CLEAR	FUND
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Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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 1 other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b 1c c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1. 2 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions)

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

Current Year Current Year 1 Amounts paid to supported organizations to accomplish exempt purposes Current Year 2 Amounts paid to supported organizations to accomplish exempt purposes of supported organizations, in excess of income from activity Current Year 3 Amounts paid to accomplish exempt purposes of supported organizations Image: Complexity of the c		t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	20-8625442 Page 7
1 Amounts paid to supported organizations to accomplish exempt purposes of supported organizations, in access of income from activity				nizations (continued)	Current Year
2 Anounts paid to perform activity turbine seempt purposes of supported organizations. 4 Anounts paid to accomplie the exempt purposes of supported organizations. 4 Anounts paid to accomplie the exempt purposes of supported organizations. 4 Anounts paid to accomplie the exempt purposes of supported organizations. 5 Qualified stable anounts for 2019 form Section 6. 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distribution all stributions. 9 Distribution allocations (see instructions.) 9 Ibit but bale amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (season- able cause required explain in Part VI). See instructions. 8 Excess distributions carryover, if any, to 2019 9 From 2016 6 From 2016 7 Total annus for 2019 form Section C, line 6 9 Applied to underdistributions of prior years instructions. 9 Applied to underdistributions of prior years 10 Line 8 anount for 2019 form Section C, line 6 11 Total films 3 attrough e 12 From 2016 <td></td> <td></td> <td>mot ourooses</td> <td></td> <td></td>			mot ourooses		
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line 7: \$ a Applied to underdistributions of prior years	i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
a Applied to underdistributions of prior years	4	Distributions for 2019 from Section D,			
b Applied to 2019 distributable amount		line 7: \$			
c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018	a	Applied to underdistributions of prior years			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018	b	Applied to 2019 distributable amount			
any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018	C	Remainder. Subtract lines 4a and 4b from 4.			
than zero, explain in Part VI. See instructions. Image: construction of the second	5	Remaining underdistributions for years prior to 2019, if			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018 		any. Subtract lines 3g and 4a from line 2. For result greater			
and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018		than zero, explain in Part VI. See instructions.			
Part VI. See instructions. Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018	6	Remaining underdistributions for 2019. Subtract lines 3h			
7 Excess distributions carryover to 2020. Add lines 3j and 4c. Image: Constraint of the second		and 4b from line 1. For result greater than zero, explain in			
and 4c. and 4c. 8 Breakdown of line 7: a a Excess from 2015 a b Excess from 2016 a c Excess from 2017 a d Excess from 2018 a		Part VI. See instructions.			
8 Breakdown of line 7:	7	Excess distributions carryover to 2020. Add lines 3j			
a Excess from 2015 Image: Constraint of the second se		and 4c.			
b Excess from 2016 Image: Constraint of the second	8	Breakdown of line 7:			
c Excess from 2017	a	Excess from 2015			
d Excess from 2018	b	Excess from 2016			
d Excess from 2018	c	Excess from 2017			
e Excess from 2019	е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

TH	E CLEAR FUND	20-8625442
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	

	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

	B (Form 990, 990-EZ, or 990-PF) (2019)		Page 2
Name of o	rganization	Emp	loyer identification number
THE CLEA	R FUND		20-8625442
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$7,500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,254,772.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Payroll On Complete Part II for noncash contributions.)
923452 11-06	-19 22	Schedule B (For	m 990, 990-EZ, or 990-PF) (2019)

29550__1

	B (Form 990, 990-EZ, or 990-PF) (2019)		Page 3
Name of o	rganization		Employer identification number
THE CLEA	AR FUND		20-8625442
Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed	l.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
923453 11-06	5-19	Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)

Page 4

ame of org	ganization		Employer identification numbe
HE CLEAR	R FUND		20-8625442
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	h) through (e) and the following line entricharitable, etc., contributions of \$1,000 or le	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the yes y. For organizations ess for the year. (Enter this info. once.) ► \$
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I		(0) 000 01 gill	
-		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
		[
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
a) No.		[
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
3454 11-06-1	19	24	Schedule B (Form 990, 990-EZ, or 990-PF) (2

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SCHEDULE D

Department of the Treasury

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Internal Revenue Service			Go	to www.i	rs.gov/Fo	orm990 f
Name of t	he organizat	ion				
		THE	CLEAR	FUND		
Part I	Organiz	ations M	aintair	ning Do	nor Adv	vised F

Employer	identification	number
Linployer	achunoution	THUT NO CI

	THE CLEAR FUND		20-8625442
Pa			Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advised f	funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose con	ferring
	impermissible private benefit?		
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, Parl	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	tion or education) Preservation of a h	nistorically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
с	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ►		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I		
	►		C <i>i</i>
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4	-)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn		
	organization's accounting for conservation easements.	-	
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 958		ince sheet works of
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	··· · · · · · · · · · · · · · · · · ·		N N
2	If the organization received or held works of art, historical trea		
-	the following amounts required to be reported under FASB A		,
я	Revenue included on Form 990, Part VIII, line 1	-	▶ \$
	Assets included in Form 990, Part X		

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
932051	10-02-19

Sche	dule D (Form 990) 2019 THE CLEAR F							20-862		P	_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historio	al Tre	asures, o	r Othe	r Simila	r Assets	contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any	of the fo	ollowing that	t make s	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	l 📃 Loa	n or excł	nange progra	am					
b	Scholarly research	e	e 🗌 Oth	er							
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	n how they f	urther th	e organizatio	on's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations of	of art, histori	cal treas	ures, or othe	er simila	r assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the org	anizatior	n answered	"Yes" or	n Form 990), Part IV,	line 9, or		
1 a	Is the organization an agent, trustee, custodia		liarv for cont	ributions	or other as	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										_
		·	Ũ						Amoun	t	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo								Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete in	f the organization an	swered "Ye	s" on For	m 990, Part	IV, line	10.				
		(a) Current year	(b) Prior	year	(c) Two yea	rs back	(d) Three	years back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, co	olumn (a))	held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show										
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that are	e held an	d administer	red for th	ne organiz	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4 Par	Describe in Part XIII the intended uses of the		wment fund	S.							
Fai											
	Complete if the organization answered							.	<i></i>		
	Description of property	(a) Cost or o basis (investr		(b) Cost basis (Accumulat epreciation		(d) Boo	k valu	е
1a	Land										
	Buildings										
	Leasehold improvements				562,226.		27	204.		535,	022.
d	Equipment				63,726.		2,	420.		61,	306.
	Other				120,960.		6	049.		114,	911.
	. Add lines 1a through 1e. (Column (d) must ed				,						

Schedule D (Form 990) 2019

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Part VII Investments - Other Securities.

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) 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.			
	on Form 000 Port IV line	11a Sas Form 000 Dart V line 12	
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or end-	of vear market value
	UD DOUR VAILLE		or year marker 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.			
		11 d. O. a. Faura 2020, Dard V. Kas 15	
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	<i></i>
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASEHOLD ALLOWANCE			570,959.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			570,959.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2019

932053 10-02-19

Sche	dule D (Form 990) 2019 THE CLEAR FUND			20-862	5442 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stater	ments With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	51,554,416.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	234.		
b	Donated services and use of facilities	2b	479,543.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		-4,744.		
е	Add lines 2a through 2d			2e	475,033.
3	Subtract line 2e from line 1			3	51,079,383.
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 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	51,079,383.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With E	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.			
1	Total expenses and losses per audited financial statements			1	41,370,866.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	479,543.		
b	Prior year adjustments	2b			
с	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	479,543.
3	Subtract line 2e from line 1			3	40,891,323.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	4,744.		
	Add lines 4a and 4b			4c	4,744.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			5	40,896,067.
Pa	t XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b ar	nd 2b; Part V, line 4	; Part X, lir	ne 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	additional informa	ition.		

PART X, LINE 2:

GIVEWELL IS A NON-PROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION FOR

STATE TAXING AUTHORITIES. IN ADDITION, GIVEWELL HAS BEEN DETERMINED BY THE

INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING

OF SECTION 509(A) OF THE INTERNAL REVENUE CODE.

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.

932054 10-02-19

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 THE CLEAR FUND		20-8625442	Page 5
Schedule D (Form 990) 2019 THE CLEAR FUND Part XIII Supplemental Information (continued)			
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
FART AT, LINE 2D - OTHER ADJUSTMENTS:			
LOSS ON DISPOSAL RECLASSED TO EXPENSES	-4,744.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:			
LOSS ON DISPOSAL RECLASSED TO EXPENSES	4,744.		
		Schedule D (Forn	n 990) 2019

932055 10-02-19

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Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
 Attach to Form 990.

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

Name of the organization

THE CLEAR			20-8625442
Part I	General Information on Activities Outside the United States.	Complete if the organ	ization answered "Yes" on
	Form 990, Part IV, line 14b.		

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3	Activities per Regi	ion. (The following P	Part I, line 3 table can be dup	plicated if additional space is needed.)
---	---------------------	-----------------------	---------------------------------	--

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	 (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region 	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,					
AUSTRIA, BELGIUM	0	0	GRANTMAKING		17,477,136.
NORTH AMERICA -					
CANADA AND MEXICO,					
BUT NOT THE UNITED					
STATES	0	0	GRANTMAKING		446,787.
3 a Subtotal	0	0			17,923,923.
b Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a					
and 3b)	0	0			17,923,923.

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

Schedule F (Form 990) 2019

30 2019.05000 THE CLEAR FUND



No

Employer identification number

Department of the Treasury Internal Revenue Service

SCHEDULE F (Form 990)

932072 10-12-19

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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		ALBANIA, ANDORRA,	OPERATING SUPPORT	606,108.	WIRE TRANSFER	٥.		N/A
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		ALBANIA, ANDORRA,	OPERATING SUPPORT	2,177,169.	WIRE TRANSFER	٥.		N/A
		EUROPE (INCLUDING						
		ICELAND &	SEASONAL MALARIA					
		GREENLAND) -	CHEMOPREVENTION					
		ALBANIA, ANDORRA,	PROGRAM	13,752,015.	WIRE TRANSFER	٥.		N/A
		NORTH AMERICA -						
		CANADA AND						
		MEXICO, BUT NOT						
		THE UNITED STATES	OPERATING SUPPORT	446,787.	WIRE TRANSFER	٥.		N/A
		EUROPE (INCLUDING						
		ICELAND &	SCHISTOSOMIASIS					
		GREENLAND)	CONTROL INITIATIVE	691,844.	WIRE TRANSFER	٥.		N/A
			REDUCING LEAD					
		EUROPE (INCLUDING	EXPOSURE BY					
		ICELAND &	REGULATING THE					
		GREENLAND)	MAXIMUM ALLOWED OF	250,000.	WIRE TRANSFER	٥.		N/A
2 Enter total number of	recipient organizatio	ns listed above that are r	ecognized as charities by the	foreign country,	recognized as tax-ex	empt		
by the IRS, or for whi	ch the grantee or cou	insel has provided a sect	tion 501(c)(3) equivalency lette	r		► _		6
3 Enter total number of	other organizations of	or entities						0

Schedule F (Form 990) 2019 THE CLEAR FUND

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. **(h)** Method of valuation (book, FMV, appraisal, other) (d) Amount of (e) Manner of cash disbursement (c) Number of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant noncash noncash assistance assistance

Schedule F (Form 990) 2019

32

Page 3

20 - 8625442

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
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," 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; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	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? <i>If "Yes,"</i> 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? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2019

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.

PART II, COLUMN (D):

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: REDUCING LEAD EXPOSURE BY REGULATING THE MAXIMUM

ALLOWED OF LEAD IN PAINT

932075 10-12-19

13351113 758661 29550

SCHEDULE I	C	arants and Oth	ner Assistan	ce to Organ	izations		OMB No. 1545-0047
(Form 990)	Go	vernments, ar	nd Individual	s in the Ŭni	ted States		2019
	Compl	ete if the organizatio			rt IV, line 21 or 22.		
Department of the Treasury Internal Revenue Service		Co to your in	Attach to Form rs.gov/Form990 fo		ation		Open to Public Inspection
Name of the experimation			5.gov/Form99010				•
Name of the organization THE CLEAR FUN	D						Employer identification number 20-8625442
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	l States.			
Part II Grants and Other Assistance to	Domestic Organiz	zations and Domestic	c Governments. C	Complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.		1	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
GLOBAL ALLIANCE FOR IMPROVED							
NUTRITION - 729 15TH STREET NW,							UNIVERSAL SALT IODIZATION
8TH FLOOR - WASHINGTON, DC 20005	98-0404435	501(C)(3)	39,911.	٥.			PROGRAM
LIVING GOODS							
220 HALLECK STREET, NO. 2							
SAN FRANCISCO, CA 94129	20-5010527	501(C)(3)	30,401.	0.			OPERATING SUPPORT
							DEWORM THE WORLD
EVIDENCE ACTION							INITIATIVE; DISPENSERS
641 STREET NW							FOR SAFE WATER; NO LEAN
WASHINGTON, DC 20001	90-0874591	501(C)(3)	958,912.	٥.			SEASON
AGAINST MALARIA FOUNDATION 310 WEST 20TH STREET, SUITE 300							
KANSAS CITY, MO 64108	20-3069841	501(C)(3)	8,817,051.	0.			OPERATING SUPPORT
GIVEDIRECTLY 171 AVENUE A, SUITE 6B NEW YORK, NY 10009	27-1661997	501(C)(3)	2,250,947.	0.			BASIC INCOME PROJECT; OPERATING SUPPORT
SIGHTSAVERS 1000 N WEST ST, SUITE 1200							
WILMINGTON, DE 19801	47-4657747	501(C)(3)	191,397.	٥.			DEWORMING PROGRAM
2 Enter total number of section 501(c)(3) a	nd government org	ganizations listed in th	e line 1 table				
3 Enter total number of other organization	s listed in the line ⁻	1 table					

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

Schedule I (Form 990) (2019)

Schedule I (Form 990) THE CLEAR FUND

Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sche	edule I (Form 990), Pa	rt II.) T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE END FUND							
41 EAST 11TH STREET, 11TH FLOOR							
NEW YORK, NY 10003	27-3941186	501(C)(3)	131,016.	0.			DEWORMING PROGRAM
PROJECT HEALTHY CHILDREN							
125 CAMBRIDGE PARK DRIVE, NO. 301							
CAMBRIDGE, MA 02140	83-0396815	501(C)(3)	33,978.	0.			OPERATING SUPPORT
NATIONAL FOUNDATION FOR THE							
CENTERS FOR DISEASE CONTROL AND							
PREVENTION, INC - 1518 CLIFTON							FOOD FORTIFICATION
ROAD, NE - ATLANTA, GA 30322	58-2106707	501(C)(3)	43,652.	0.			INITIATIVE
HELEN KELLER INTERNATIONAL							
ONE DAG HAMMARSKJOLD PLAZA FLOOR 2							
NEW YORK, NY 10017	13-5562162	501(C)(3)	4,744,689.	0.			VITAMIN A SUPPLEMENTATION
,							
GEORGETOWN UNIVERSITY							
37TH AND O STS NW							ZUSHA! ROAD SAFETY
WASHINGTON, DC 20007	53-0196603	501(C)(3)	10,177.	0.			CAMPAIGN
NT GTONODDING ING							
VISIONSPRING, INC. 505 8TH AVENUE, SUITE 12A-07							PROGRAMS IN SOUTHEAST
NEW YORK, NY 10018	31-1811558	501(C)(3)	25,000.	0.			ASIA AND BANGLADESH
			,	`			
VITAMIN ANGEL ALLIANCE, INC.							
6500 HOLLISTER AVE, SUITE 130							PROGRAMS IN SOUTHEAST
GOLETA, CA 93117	77-0485881	501(C)(3)	25,000.	0.			ASIA AND BANGLADESH
THE FISTULA FOUNDATION							
1922 THE ALAMEDA #302 SAN JOSE, CA 95126	77-0547201	501(C)(3)	100,000.	0.			OPERATING SUPPORT
DAN 000E, CA 95120	//-054/201	501(0)(5)	100,000.	0.			STERATING SUPPORT

Schedule I (Form 990)

932102	10-26-19

THE CLEAR FUND Schedule I (Form 990) (2019)

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) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

37

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

Page 2

SC	HEDULE J Compensation Information		I	OMB No.	1545-00	47
	For certain Officers, Directors, Trustees, Key Employees, and Highes	st	ŀ	00	40	
1	Compensated Employees			20	19	
	Complete if the organization answered "Yes" on Form 990, Part IV, line Attach to Form 990.	23.		Open to	Publ	lic
	rtment of the Treasury P Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information of the latest information	on.		Inspe		
Nam	ne of the organization		Employer	identificatio	on nu	mber
	THE CLEAR FUND		20-8	8625442		
Pa	art I Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on	orm :	990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for	oersoi	nal use			
	Travel for companions Payments for business use of person	nal res	sidence			
	Tax indemnification and gross-up payments	n fees	6			
	Discretionary spending account Personal services (such as maid, cha	auffeu	r, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment of	r				
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain			<u>1b</u>		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all director					
	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 organization used to establish the compensation of the organiza					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organ	lizatio	on to			
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	Compensation committee Written employment contract K Compensation survey or study					
		lion o	ommittee			
	X Form 990 of other organizations X Approval by the board or compensations	tion c	ommittee			
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:					
а	Receive a severance payment or change-of-control payment?			4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			4b		X
с	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.					
	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 comper	nsatio	n			
	contingent on the revenues of:					
а	The organization?			<u>5a</u>		X
b	Any related organization?			<u>5b</u>		X
	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 comper	isatio	n			
	contingent on the net earnings of:					v
	The organization?					X
a	Any related organization?	•••••		<u>6b</u>		X
-	If "Yes" on line 6a or 6b, describe in Part III.					
1	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payr			-		x
0	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 initial contract execution departies in Part III					x
0				8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 (4958-6(c))?			9		
I HA	Regulations section 53.4958-6(c)? For Paperwork Reduction Act Notice, see the Instructions for Form 990.	<u></u>		ule J (Forn	n 990) 2019

932111 10-21-19

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 in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990	
(1) ELIE HASSENFELD	(i)	262,395.	0.	0.	0.	23,105.	285,500.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) WHITNEY RIDER	(i)	187,069.	0.	0.	0.	0.	187,069.	0.	
SECRETARY & DIRECTOR OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) NATALIE CRISPIN	(i)	171,738.	0.	0.	0.	5,549.	177,287.	0.	
TREASURER & SENIOR RESEARCH MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) BENJAMIN BATEMAN	(i)	175,573.	0.	0.	0.	5,338.	180,911.	0.	
HEAD OF GROWTH	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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



Name of the organization

THE CLEAR FUND

Employer identification number 20-8625442

Par	t I Types of Property				•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		0	3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	258	5,670,413.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24 25	Archeological artifacts							
25 26	Other ▶ () Other ▶ ()							
20 27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	ation during	the tax vear for co	ontributions				
	for which the organization completed Form 828						0	
		,,-					Yes	No
30a	During the year, did the organization receive by	, contributio	n any property rep	orted in Part I, lines 1 throud	h 28, that it			
	must hold for at least three years from the date	of the initia	I contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribut	tions?	31	х	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash			I	
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is cheo	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2019

932141 09-27-19

Schedule M (Form 990) 2019 THE CLEAR FUND	20-8625442	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, a is reporting in Part I, column (b), the number of contributions, the number of items received, or a this part for any additional information.	nd 33, and whether the organi	zation
is reporting in Part I, column (b), the number of contributions, the number of items received, or a this part for any additional information.	a combination of both. Also col	mplete
SCHEDULE M, PART I, COLUMN (B):		
THE NUMBER OF CONTRIBUTIONS REPRESENTS THE NUMBER OF DONORS, NOT THE		
NUMBER OF ITEMS DONATED.		
932142 09-27-19	Schedule M (For	m 990) 2019

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



Employer identification number 20-8625442

THE CLEAR FUND

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, THE TREASURER, THE CHIEF EXECUTIVE OFFICER, AND

THE BOARD CHAIR REVIEW THE DRAFT FORM 990. UPON REVIEW, THE FORM 990 IS

DISTRIBUTED ELECTRONICALLY TO THE FULL BOARD OF DIRECTORS FOR REVIEW PRIOR

TO FILING.

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

AS STATED IN OUR CONFLICT OF INTEREST POLICY: THE CLEAR FUND D/B/A GIVEWELL

(THE "CORPORATION") REQUIRES EACH BOARD MEMBER, OFFICER, AND KEY PERSON OF

THE CORPORATION AND ANY AFFILIATE OF THE CORPORATION ANNUALLY TO (1) REVIEW

THE CORPORATION'S CONFLICT OF INTEREST POLICY (THE "POLICY"); (2) DISCLOSE

ANY POSSIBLE PERSONAL, FAMILIAL, OR BUSINESS RELATIONSHIP THAT REASONABLY

COULD GIVE RISE TO A CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT

OF INTEREST; AND (3) ACKNOWLEDGE THAT HE OR SHE IS ACTING IN ACCORDANCE

WITH THE LETTER AND SPIRIT OF THE POLICY. CONFLICT OF INTEREST STATEMENTS

ARE REVIEWED BY THE FULL BOARD. RESTRICTIONS, IF REQUIRED, ARE CONSIDERED

ON A CASE BY CASE BASIS.

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

THE PROCESS FOR COMPENSATION REVIEW IS OUTLINED IN A BOARD DIRECTIVE, ITEM

E4 IN THE BOARD RESOLUTION AVAILABLE HERE:

HTTPS://FILES.GIVEWELL.ORG/FILES/CLEARFUND/MEETING 2019 04 30/ATTACHMENT A

RESOLUTIONS FOR VOTE.PDF. THIS PROCESS WAS FOLLOWED IN FULL TO SET THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19 Schedule O (Form 990 or 990-EZ) (2019)

THE CLEAR FUND	20-8625442
CURRENT LEVEL OF THE PRESIDENT OF THE ORGANIZATION. A MANAGEMENT	
COMPENSATION COMMITTEE DETERMINED COMPENSATION FOR ALL OTHER OFFICERS A	ND
STAFF AND THE BOARD REVIEWED SALARIES OF SENIOR STAFF.	
FORM 990, PART VI, SECTION C, LINE 19:	
ELEVANT RECORDS ARE AVAILABLE TO THE PUBLIC FOR DOWNLOAD FROM OUR PUBL	IC
EBSITE, AT HTTP://WWW.GIVEWELL.ORG/ABOUT/OFFICIAL-RECORDS. SUCH RECORDS	S
NCLUDE:	
ALL AVAILABLE FINANCIAL STATEMENTS	
OUR BYLAWS	
OUR CONFLICT OF INTEREST POLICY	
OUR ARTICLES OF INCORPORATION	
32212 09-06-19	Schedule O (Form 990 or 990-EZ) (20
ΔΔ	

13351113 758661 29550

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

Page 2

Employer identification number