

Department of the Treasury Internal Revenue Service

** 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.



Α	For th	e 2021 calendar year, or tax year beginning and e	ending						
	Check if applicat			D Employer identific	ation number				
	Addr								
	Nam			20-8625442					
	Initia		Room/suite	E Telephone number					
	Final	1714 FRANKLIN STREET #100335	nie en la canto	415-689-5803					
	termi ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	219,523,752.					
	Amer returi	ded OAKLAND CA 94612 2409	H(a) Is this a group re	turn					
	Appli tion	F Name and address of principal officer: ELLE INSSERFEED		for subordinates					
	pend	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No				
1	Tax-e>	empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) c	or 📃 527	If "No," attach a	list. See instructions				
		te: VWW.GIVEWELL.ORG		H(c) Group exemption	n number 🕨				
		f organization: 🕱 Corporation 🔄 Trust 🔄 Association 📄 Other 🕨	L Year	of formation: 2007 N	State of legal domicile: NY				
P	art I	Summary							
đ	1	Briefly describe the organization's mission or most significant activities: GIVEWEI		ICATED TO FINDING	ļ				
Governance		OUTSTANDING GIVING OPPORTUNITIES AND PUBLISHING THE FULL DETA	AILS OF						
erne	2	Check this box if the organization discontinued its operations or dispos Number of voting members of the governing body (Part VI, line 1a)	ed of more	than 25% of its net ass					
Š	3		6						
		Number of independent voting members of the governing body (Part VI, line 1b) $\ $.			5				
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			57				
viti	6	Total number of volunteers (estimate if necessary)		6	5				
Activities &	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
_	<u> </u> b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.					
				Prior Year	Current Year				
e	8	Contributions and grants (Part VIII, line 1h)		116,951,537.	206,065,867.				
enu	9	Program service revenue (Part VIII, line 2g)	0.	0.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	67,221.	92,549.					
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		117,018,758.	206,158,416.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		69,608,827.	177,066,835.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,465,195.	6,103,683.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
ăX	b	Total fundraising expenses (Part IX, column (D), line 25)		2,052,206	5,137,018.				
ш	1 17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	78,127,328.	188,307,536.					
	19	Revenue less expenses. Subtract line 18 from line 12		38,891,430.	17,850,880.				
S OL			Be	ginning of Current Year	End of Year				
Net Assets or	20	Total assets (Part X, line 16)		98,437,477.	165,963,654.				
et A:	21	Total liabilities (Part X, line 26)		37,091,664.	86,770,175.				
Ž	<u> 22</u>	Net assets or fund balances. Subtract line 21 from line 20		61,345,813.	79,193,479.				
	art II								
Unc	ter pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, 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								
	Prin	t/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	MAG	A E. KISRIEV			self-employed P01008919					
Preparer	Firm	n's name 🕒 HOOD & STRONG LLP			Firm's EIN 🕨 94–1254756					
Use Only	Firm	n's address 🕨 60 SO. MARKET ST, STE 20	0							
		Phone no.408.998.8400								
May the I	RS di	scuss this return with the preparer shown abo	ve? See instructions		X Yes No					
132001 12-0	9-21	LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form 990 (2021)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

(Rev. January 2022)

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 print	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 filing your	Number, street, and room or suite no. If a P.O. box, 1714 FRANKLIN STREET #100335	see instruct	ions.				
return. See instructions	City, town or post office, state, and ZIP code. For a OAKLAND, CA 94612-3409	foreign add	ress, see instructions.				
Enter the	Return Code for the return that this application is for (fi	ile a separat	te application for each return)		<u></u>		
Applicat	ion	Return	Application		Return		
ls For		Code	Is For			Code	
Form 99	0 or Form 990-EZ	01	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	D-T (trust other than above)	06	Form 8870			12	
Form 99	0-T (corporation)	07					
 If the If this box 1 I return the 	hone No. ► 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 org x calendar year or tax year beginning he tax year entered in line 1 is for less than 12 months, a Change in accounting period	: Group Exe and atta NOVEMBE ganization's	mption Number (GEN) ch a list with the names and TINs o <u>R 15, 2022</u> , to fil return for: d ending	If this is fo f all membe	r the whole o ers the exter npt organizat 	group, check this	
	his application is for Forms 990-PF, 990-T, 4720, or 606 y nonrefundable credits. See instructions.	9, enter the	tentative tax, less	3a	\$	0.	
b lft	his application is for Forms 990-PF, 990-T, 4720, or 606 timated tax payments made. Include any prior year over			3b	\$	0.	
	Iance due. Subtract line 3b from line 3a. Include your p						
	ing EFTPS (Electronic Federal Tax Payment System). Se	-		3c	\$	0.	
	: If you are going to make an electronic funds withdrawa			453-TE and	d Form 8879	-TE for payment	
LHA I	For Privacy Act and Paperwork Reduction Act Notice	, see instru	ictions.		Form 8	3868 (Rev. 1-2022)	

123841 01-12-22

Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Check if Schedule O contains a response or note to any line in this Part III Check if Schedule O contains a response or note to any line in this Part III Check if Schedule O contains a response or note to any line in this Part III Check if Schedule O contains a response or note to any line in this Part III Check if Schedule O contains a response or note to any line in this Part III Check if Schedule O contains a response or note to any line in this Part III Check if Schedule O contains a response or note to any line in this Part III Check if Schedule O contains a response or note to any line in this Part III Check if Schedule O contains any significant program services during the year which were not listed on the organization undertake any significant program services during the year which were not listed on the organization cease conducting, or make significant changes in how it conducts, any program services? Yes," describe these changes on Schedule O. Scribe the organization's program service accomplishments for each of its three largest program services, as in the organization's program service reported. Here	neasured by expens, the total expen	
effy describe the organization's mission: E CLEAR FUND (AKA GIVEWELL) FINDS OUTSTANDING GIVING OPPORTUNITIES D PUBLISHES THE FULL DETAILS OF OUR ANALYSIS TO HELP DONORS DECIDE ERE TO GIVE. If the organization undertake any significant program services during the year which were not listed on the or Form 990 or 990-EZ? Yes," describe these new services on Schedule O. If the organization cease conducting, or make significant changes in how it conducts, any program services? Yes," describe these changes on Schedule O. Scribe the organization's program service accomplishments for each of its three largest program services, as in the organization's program service accomplishments for each of grants and allocations to other enue, if any, for each program service reported. de:	neasured by expens, the total expen	Yes X N enses. Ises, and
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Form	990 (2021) THE CLEAR FUND 20-86254	42	Р	age 3			
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? See instructions	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	<u> </u>					
Ŭ							
6	similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		X			
0							
_	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, VIII, IX, or X,						
	as applicable.						
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.						
-	Part VI	11a	х				
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			<u> </u>			
D.		11b		x			
•	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			<u> </u>			
C		110		x			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c					
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	X				
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete						
	Schedule D, Parts XI and XII	12a	Х				
b	Was the organization included in consolidated, independent audited financial statements for the tax year?						
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X			
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	х				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	- 1.0					
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>			
16		10		x			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16					
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,						
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines						
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"						
	complete Schedule G, Part III	19		x			
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X			
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b					
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or						
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	х				
132003			990	(2021)			
				/			

Form	1 990 (2021) THE CLEAR FUND 20-862	5442	Р	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		
d	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			
	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			
	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		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21				
	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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>			x
00		21		
28	Was the organization a party to a business transaction with one of the following parties (see the 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	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	<u>28b</u>		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV		v	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	<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			1
	Part V, line 1		X	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>	х	<u> </u>
b	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			X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	If "Yes," complete Schedule R, Part V, line 2	. 36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Ι.
	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 on Schedule O for Part VI, lines 11b and 19?			1
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	53		
b		0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	. 1c	Х	
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Form	990 (2021) THE CLEAR FUND 20-862544	2	F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			T
0.			Yes	No
za	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 57			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
D.	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$. See instructions.	2.5		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "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		х
с	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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
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 5			
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
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
-	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	0		
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b		9b		
10	Section 501(c)(7) organizations. Enter:	50		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	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			
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 the 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.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.		000	
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Form	990 (2021) THE CLEAR FUND	20-8625442		age 6
Par	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b belo	w, and for a "No" i		
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instruction			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	6		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any othe	r		
	officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervi	ision		
	of officers, directors, trustees, or key employees to a management company or other person?			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	Did the organization have members or stockholders?			x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	71		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the followin			
	The governing body?	-	х	
	Each committee with authority to act on behalf of the governing body?		х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			1
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliate			
-	and branches to ensure their operations are consistent with the organization's exempt purposes?			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing t	·····	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
•	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?		х	
14	Did the organization have a written document retention and destruction policy?		х	
15	Did the process for determining compensation of the following persons include a review and approval by independe			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization		х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participat			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright^{\mathrm{NY}}$, CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section	an 501(c)(3)s only)	availal	hle
10	for public inspection. Indicate how you made these available. Check all that apply.	511 00 1(0)(0)0 0111y)	avana	010
	X Own website Another's website X Upon request Other (explain on Schedule (าเ		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interes		cial	
	statements available to the public during the tax year.	e poncy, and man		
20	State the name, address, and telephone number of the person who possesses the organization's books and records	s 🕨		
_0	CHARLENE ABELLANA - 510-296-7496			
	1714 FRANKLIN STREET #100335, OAKLAND, CA 94612-3409			
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Form 990 (2021) THE CLEAR FUND	20-8625442	Page 7							
Part VII	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
	Employees, and Independent Contractors									
	Check if Schedule O contains a response or note to any line in this Part VII									
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
1a Compl	ete this table for all persons required to be listed. Report compensation for the calendar year endir	ng with or within the organizatior	ı's tax year.							
	all of the organization's current officers, directors, trustees (whether individuals or organizations), columns (D), (E), and (F) if no compensation was paid.	regardless of amount of comper	isation.							

• List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do not		Pos	ition		ane	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	id a d	Irecto	r/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		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional	Ι.	nploy	st con yee	_	1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationio
(1) TIM OGDEN	1.00				-					
CHAIR	0.00	х		х				٥.	0.	0.
(2) HOLDEN KARNOFSKY	0.50									
VICE CHAIR	0.00	х		х				0.	0.	0.
(3) CARI TUNA	0.50									
BOARD MEMBER	0.00	х						0.	0.	0.
(4) JULIA WISE	0.50									
BOARD MEMBER	0.00	х						0.	0.	0.
(5) NORMA ALTSHULER	0.50									
BOARD MEMBER	0.00	х						0.	0.	0.
(6) ELIE HASSENFELD	40.00									
CHIEF EXECUTIVE OFFICER	0.10	х		х				304,439.	0.	31,808.
(7) WHITNEY RIDER	40.00									
SECRETARY/DIRECTOR OF OPS	0.00			Х				280,208.	0.	161.
(8) NATALIE CRISPIN	40.00									
TREASURER/PROGRAM OFFICER	0.00			Х				178,568.	0.	7,801.
(9) JIM BOBOWSKI	40.00									
DIRECTOR OF MARKETING (THRU 9/15/21)	0.00				Х			339,578.	0.	26,137.
(10) NEIL SHAH	40.00									
MANAGING DIRECTOR	0.00				Х			258,452.	0.	15,711.
(11) STEPHANIE STOJANOVIC	40.00									
DIRECTOR OF DEVELOPMENT	0.00				Х			224,123.	0.	71.
(12) BENJAMIN BATEMAN	40.00									
HEAD OF GROWTH	0.00				Х			197,943.	0.	7,618.
(13) TERYN MATTOX	40.00									
PROGRAM OFFICER	0.00				Х			186,348.	0.	7,743.
(14) JAMES SNOWDEN	40.00									
PROGRAM OFFICER	0.00					X		182,681.	0.	7,127.
(15) JULIE FALLER	40.00									
PROGRAM OFFICER	0.00					X		154,057.	0.	25,250.
(16) ALEX COHEN	40.00									
SENIOR RESEARCHER	0.00					x		154,713.	0.	24,062.
(17) JUSTIN LOISEAU	40.00									
SENIOR RESEARCH ASSOCIATE	0.00					X		152,966.	0.	15,845.
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Form 990 (2021) THE CLEAR FUN	ID								20-86	2544	2	Pa	age 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	(do box	not c	(C Posi heck i ss per	C) ition more rson i		one n an	(D) Reportable compensation from	D) (E) rtable Reportable insation compensati			(F) stimate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)		fr org an	pensa om the anizati d relate anizatio	e ion ed
(18) CAITLIN MCGUGAN	40.00												
SENIOR RESEARCHER	0.00	-				x		127,538.		0.		16,	418.
		-											
		-											
		-											
		-											
								2,741,614.		0.		185,	752
1b Subtotal c Total from continuation sheets to Part VI								0.		0.		105,	0.
d Total (add lines 1b and 1c)								2,741,614.		0.		185,	-
2 Total number of individuals (including but no compensation from the organization ►							o re	, ,	000 of reportable				23
										ſ		Yes	No
3 Did the organization list any former officer,	-		-	•	-		Ŭ				3		х
line 1a? If "Yes," complete Schedule J for stFor any individual listed on line 1a, is the su											3		
and related organizations greater than \$150											4	х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ich r	oers	on .				<u></u>	5		Х
Section B. Independent Contractors													
 Complete this table for your five highest cor the organization. Report compensation for t 	•	•							•	ensat	ion fro	om	
(A)	ne calendar y		indii	ig w				(B)			(0)	
Name and business	address	NO	NE					Description of s	ervices	С		nsatio	۱
2 Total number of independent contractors (ir	•	ot lin	nitec	to			ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	ation 🕨				(0					Form	990 (ź	2021)

function revenue business revenue from tax under				2021) THE CLEAF					20-862544	2 Page 9
age of the second se	Pa	rt V		Statement of Revenu	е					
Total revenue Palatical or exempt Unrelative dublications 1 a b Mondership due 1a b Mondership due 1a b c c-divides between 1a d Betweende dragmations 1a b d Related dragmations 1a c d Relate dragmations 1a c c d Relate dragmations c </td <td></td> <td></td> <td></td> <td>Check if Schedule O contair</td> <td>ns a respons</td> <td>se or note to any lin</td> <td></td> <td></td> <td></td> <td></td>				Check if Schedule O contair	ns a respons	se or note to any lin				
Book Membership dues 10 C = Verifications 10 Book de derganizations 10 C = Verifications 10 Book de derganizations 10 C = Verifications 11 D = Versite internet enclosed above 11 D = Versite internet enclosed enclosed above 11 D = Versite internet enclosed enclosed above 11 D = Versite internet enclosed enclose 11 D = Versite internet enclosed enclose 11 D = Versite internet enclose (nclosed) above 11 D = Versite internet enclose (nclosed) above 11 D = Versite internet encome (nclosed) above 11 D = Versite internet encome (nclosed) above 12 D = Versite internet encome (nclosed) above 13 D = Versite internet encome (nclosed) above 14 D = Versite internet encome (nclosed) 14 D = Versite internet encome (nclosed) 14 D = Versite internet encome (nclosed) 15 D = Versite internet encome (nclosed) 10 D = Versite internet encome (nclosed) 12 D = Versite internet encome (nclosed) 12 D							• •	Related or exempt	Unrelated	Revenue excluded
Book Membership dues 10 C = Verifications 10 Book de derganizations 10 C = Verifications 10 Book de derganizations 10 C = Verifications 11 D = Versite internet enclosed above 11 D = Versite internet enclosed enclosed above 11 D = Versite internet enclosed enclosed above 11 D = Versite internet enclosed enclose 11 D = Versite internet enclosed enclose 11 D = Versite internet enclose (nclosed) above 11 D = Versite internet enclose (nclosed) above 11 D = Versite internet encome (nclosed) above 11 D = Versite internet encome (nclosed) above 12 D = Versite internet encome (nclosed) above 13 D = Versite internet encome (nclosed) above 14 D = Versite internet encome (nclosed) 14 D = Versite internet encome (nclosed) 14 D = Versite internet encome (nclosed) 15 D = Versite internet encome (nclosed) 10 D = Versite internet encome (nclosed) 12 D = Versite internet encome (nclosed) 12 D	ν. v	1	а	Federated campaigns	1a					
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Ogeneration Business Code Image: Code	but			similar amounts not included above	1f	206,065,867.				
Ogeneration Business Code Image: Code	oft.		g	Noncash contributions included in lines 1a-	1f 1g \$	78,422,048.				
g 2 a	<u> </u>		h	Total. Add lines 1a-1f		►	206,065,867.			
Orgentiation b						Business Code				
g Total. Add lines 2a21 a Investment income (including dividends, interest, and other similar amounts)	e	2	а			_				
g Total. Add lines 2a21 a Investment income (including dividends, interest, and other similar amounts)	ervi		b			_				
g Total. Add lines 2a21 a Investment income (including dividends, interest, and other similar amounts)	n Si					_				
g Total. Add lines 2a21 a Investment income (including dividends, interest, and other similar amounts)	Bev					_				
g Total. Add lines 2a21 a Investment income (including dividends, interest, and other similar amounts)	roç					-				
3 Investment income (including dividends, interest, and other similar amounts) 54,679. 54,679. 4 Income from investment of tax-exempt bond proceeds 5 54,679. 54,679. 5 Royatties 0 0 60 0 6 Gross rents 60 0 0 0 6 Gross rents 60 0 0 0 0 7 Gross ment from sales of inventory 0 0 0 0 0 0 0 0 7 Gross mount from sales of inventory 13,365,336. 0										
other similar amounts) 54,679. 54,679. 4 income from investment of tax-exempt bond proceeds 5 5 Royatiles 0 6 a Gross rents 6a b Less: rental expenses 6b c Rental income or (loss) 6c 7 a Gross anount from sales of assts other than inventory 10 a dise sepenses 70 13, 463, 206. c Gain or (loss) 71, 870. a dise sepenses 70 37, 870. a dise sepenses 70 37, 870. a dise sepenses 70 37, 870. 8 a Gross income from fundrating events (not including S			g							
4 Income from investment of tax-exempt bond proceeds 5 Royatties 6 a Gross rents 6 b 7 a Gross rents 6 a Gross rents 7 a Gross nount from sales of Go 7 a Gross nount from sales of Tra 13, 403, 206. 7 7 7 a Gross income from fundraising events (not from closs) 7 Ta 3, 45, 336. 7 a Gross income from fundraising events of including \$ 6 Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 18 8 B 9 a Gross form gaming activities. Poly 9 a Gross income from gaming activities. Poly 9 a Gross income from gaming activities. Poly 10 a dalowances		3					54,679.			54,679.
5 Royalties 6a (i) Real (ii) Personal 6 a Gross rents 6a 6a 6a b Less: rental expenses 6b 6c 6c c Rental income or (loss) 6c 6c 6c 7 Gross amount from sales of assets other than inventory 7a 13,403,206. 7c 7a b Less: cost or other basis and sales expenses 7p 13,403,206. 7c 7z 37,870. c Gain or (loss) 7z 37,870. 37,870. 37,870. 8 Gross income from fundraising events (not including \$ or (loss)		4					,			,
6 a Gross rents 6 a (i) Real (ii) Personal b Less: rental expenses 6 b					-					
b Less: rental expenses 60 c Rental income or (loss) 60 d Net rental income or (loss) >>>>>>>>>>>>>>>>>>>>>>>>>>>>				,						
b Less: rental expenses 60 c Rental income or (loss) 60 d Net rental income or (loss) >>>>>>>>>>>>>>>>>>>>>>>>>>>>		6	а	Gross rents 6a						
d Net rental income or (loss) 										
7 a Gross amount from sales of assets other than inventory <u>assets other than inventory</u> <u>b Less: cost or other basis and sales expenses <u>a 13, 403, 206.</u> <u>7a 13, 403, 206.</u> <u>7a 13, 365, 336.</u> <u>7a 37, 870.</u> <u>7a 37, 870.</u> <u>37, 870.</u> <u>39 <u>99 </u></u></u>			с	Rental income or (loss) 6c						
assets other than inventory Ta 13,403,206. b Less: cost or other basis and sales expenses Ta 13,365,336. c Gain or (loss) Tc 37,870. 37,870. B a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 38 37,870. 37,870. B a Gross income from gaming activities. See Part IV, line 19 of gain See 99 B Less: direct expenses Bb 99 99 C Stock of goods sold 10a 99 B Less: cost of goods sold 10a 10a B Less: cost of goods sold 10b 10b 10b C Net income or (loss) from sales of inventory Impact of the see 10a 10a B Less: cost of goods sold 10b 10b 10b 10c C All other revenue Impact of the see 10a 10a 10a B Less: cost of goods sold 10b 10b 10b 10c 10c C Impact of the see Impact of the see 10a			d	· · · · · ·						
B Less: cost or other basis and sales expenses 7b 13, 365, 336. c Gain or (loss) 77, 870. 37, 870. d Net gain or (loss) 0 37, 870. 37, 870. 8 Gross income from fundraising events (not including \$		7	а							
and sales expenses Th 13, 365, 336.				assets other than inventory 7a	13,403,20	6.				
c Gain or (loss) 7c 37,870. 37,870. 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a a 9 a Gross income from gaming activities. See Part IV, line 19 a a 9 a Gross since or (loss) from gaming activities. See Part IV, line 19 a a 0 Less: direct expenses 9b a a 10 a Gross sales of inventory, less returns and allowances b a 11 a B Business Code a 11 a All other revenue a a 11 a C All other revenue a a 12 Total revenue. See instructions 206,158,416. 0. 0. 92,549			b			_				
d Net gain or (loss) 37,870. 37,870. 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a 9 b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less: controme or (loss) from sales of inventory c Net income or (loss) from sales of inventory c Met income or (loss) from sales of inventory c Met income or (loss) from sales of inventory c Met income or (loss) from sales of inventory c Met income or (loss) from sales of inventory c Met income or (loss) from sales of inventory c Met income or (loss) from sales of inventory c Met income or (loss) from sales of inventory c Met income or (loss) from sales of inventory c Met income or (loss) from sales of inventory c Met income or (loss) from sales of inventory c Met income or (loss) from sales of inventory d All other revenue e Total revenue. See instructions 206,158,416. 0.	onu									
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Bb Ba b Less: direct expenses Bb Bb c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities b Less: direct expenses c Net income or (loss) from gaming activities	()						27.070			27.070
contributions reported on line 1c). See Ba Part IV, line 18 Ba b Less: direct expenses Bb c Net income or (loss) from fundraising events Image: Contributions reported on line 1c). See 9 a Gross income from gaming activities. See Part IV, line 19 Image: Contribution of loss) from gaming activities. See 9 a Gross income from gaming activities. See Part IV, line 19 Image: Contribution of loss) from gaming activities. See 0 a Gross sales of inventory, less returns and allowances Image: Contribution of loss) from sales of inventory. Image: Contribution of loss) from sales of inventory. t Net income or (loss) from sales of inventory. Image: Contribution of loss) from sales of inventory. t Net income or (loss) from sales of inventory. Image: Contribution of loss) from sales of inventory. t Image: Contribution of loss) from sales of inventory. Image: Contribution of loss) from sales of inventory. t Image: Contribution of loss) from sales of inventory. Image: Contribution of loss) from sales of inventory. t Image: Contribution of loss) from sales of inventory. Image: Contribution of loss) from sales of inventory. t Image: Contribution of loss) from sales of inventory. Image: Contrel contribu	Ř					▶	37,870.			37,870.
contributions reported on line 1c). See Ba Part IV, line 18 Ba b Less: direct expenses Bb c Net income or (loss) from fundraising events Image: Contributions reported on line 1c). See 9 a Gross income from gaming activities. See Part IV, line 19 Image: Contribution of loss) from gaming activities. See 9 a Gross income from gaming activities. See Part IV, line 19 Image: Contribution of loss) from gaming activities. See 0 a Gross sales of inventory, less returns and allowances Image: Contribution of loss) from sales of inventory. Image: Contribution of loss) from sales of inventory. t Net income or (loss) from sales of inventory. Image: Contribution of loss) from sales of inventory. t Net income or (loss) from sales of inventory. Image: Contribution of loss) from sales of inventory. t Image: Contribution of loss) from sales of inventory. Image: Contribution of loss) from sales of inventory. t Image: Contribution of loss) from sales of inventory. Image: Contribution of loss) from sales of inventory. t Image: Contribution of loss) from sales of inventory. Image: Contribution of loss) from sales of inventory. t Image: Contribution of loss) from sales of inventory. Image: Contrel contribu	the	8	а							
Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9 b c Net income or (loss) from gaming activities 0 a Gross sales of inventory, less returns and allowances 10 a Gross sold of the loss of goods sold 10 b c Net income or (loss) from sales of inventory b Less: cost of goods sold 11 a b c d All other revenue e Total. Add lines 11a-11d 206, 158, 416. 0. 0. 92, 549.	0									
b Less: direct expenses 8b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory c Net income or (loss) from sales of inventory b Ess: cost of goods sold c Met income or (loss) from sales of inventory d All other revenue e Total revenue. See instructions 12 Total revenue. See instructions					· .	89				
c Net income or (loss) from fundraising events 9 a 9 a 9 a 9 a 9 b b Less: direct expenses 9b 9b c Net income or (loss) from gaming activities 10 a a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory b Source c Multiple d All other revenue e Total revenue. See instructions 12 Total revenue. See instructions			h							
9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory V 11 a b c d All other revenue e Total. Add lines 11a-11d 206, 158, 416. 0. 0. 92, 549					····· L					
Part IV, line 19 9a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b Less: cost of goods sold 10 a Total revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions 206,158,416. 0.						F				
b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a ard allowances 10a and allowances 10a b Less: cost of goods sold t 10b c Net income or (loss) from sales of inventory Business Code 11 b c c d d d d 12 Total revenue. See instructions 9b 206,158,416. 0. 0. 0.						9a				
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory b Business Code b Image: Content or Conte			b			9b				
and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory b Business Code b Business Code c Image: Code d All other revenue e Total revenue. See instructions 12 Total revenue. See instructions										
b Less: cost of goods sold 10b ► = ► = ► = ► = ► = ► = ► = ⊂ ► = ⊂ ⊂ ⊂ = ⊂ ⊂ ⊂ ► = ⊂ ⊂ = ⊂ ⊂ = ⊂ ⊂ ⊂ ⊂ ⊂ ► = = = ⊂ ⊂ = ⊂ ⊂ ⊂ ⊂ ⊂ = ⊂ ⊂ ⊂ ⊂ ⊂ ⊂ ⊂ ⊂ ⊂ ⊂ ⊂ = ⊂		10	а	Gross sales of inventory, less re	turns					
c Net income or (loss) from sales of inventory Image: second										
So of the second sec										
11 a			с	Net income or (loss) from sales of	of inventory					
e Total. Add lines 11a-11d ▶ 206,158,416. 0. 92,549. 12 Total revenue. See instructions ▶ 206,158,416. 0. 92,549.	S					Business Code				
e Total. Add lines 11a-11d ▶ 206,158,416. 0. 92,549. 12 Total revenue. See instructions ▶ 206,158,416. 0. 92,549.	eor	11				-				
e Total. Add lines 11a-11d ▶ 206,158,416. 0. 92,549. 12 Total revenue. See instructions ▶ 206,158,416. 0. 92,549.	llan /ent					-				
e Total. Add lines 11a-11d ▶ 206,158,416. 0. 92,549. 12 Total revenue. See instructions ▶ 206,158,416. 0. 92,549.	Bev								+	
12 Total revenue. See instructions > 206,158,416. 0. 92,549	Σ									
			.				206 158 416	0.	0 -	92 549.
	13200		09-			F	, , <u>,</u> - •			

Page 10

80,421.

79,636.

9,745.

10,092.

8,867.

506.

1,508.

9,286.

1,036.

4,855.

8,641.

407,002.

677.

191,732.

(D)

THE CLEAR FUND 20-8625442 Form 990 (2021) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 120,677,203 120,677,203 and domestic governments. See Part IV, line 21 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 individuals. See Part IV, lines 15 and 16 56,389,632. 56,389,632. Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 2,066,709 1,635,145. 351,143 Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,340,311 Other salaries and wages 2,613,096. 647,579 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 356,111 274,383, 71,983 Other employee benefits 9 340,552. 273,931 56,529 10 Payroll taxes 11 Fees for services (nonemployees): Management а 79,868 79,868 b Legal 245,485, 49,097. 196,388 С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 344,212 201,025 134,320 column (A), amount, list line 11g expenses on Sch 0.) 1,917,322 1,725,590, Advertising and promotion 12 120,305. 30,446. 89,353 13 Office expenses 51,405, 13,761. 36,136 Information technology 14 Royalties 15 386,141 239,436 137,419 16 Occupancy 23,004 36,194 12,154, 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 150,353 150,353 22 Depreciation, depletion, and amortization 61,702. 61,702. 23 Insurance Other expenses. Itemize expenses not covered 24 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.) BANK AND PROCESSING FEE 1,433,837, 697.538, 736,299 а STAFF RECRUITMENT 161,893 126,930. 30,108 b OUTREACH 63,496. 34,907, 19,948, С PERSONNEL DEVELOPMENT 29,058. 5,954 35,689. d 49,116 49,116 All other expenses е 188,307,536, 185,023,332, 2,877,202 Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

132010 12-09-21

14351103 758661 29550

Check here

educational campaign and fundraising solicitation.

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

THE CLEAR FUND

20-8625442 Page **11**

		Check if Schedule O contains a response or no	te to any l	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			11,103,440.	1	14,302,918.
	2	Savings and temporary cash investments			83,712,291.	2	142,195,416.
	3	Pledges and grants receivable, net			2,590,132.	3	6,854,894.
	4	Accounts receivable, net			6,341.	4	٥.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial co	ntributor, or 35%			
		controlled entity or family member of any of the	se person	s		5	
	6	Loans and other receivables from other disqual	ified perso	ons (as defined			
		under section 4958(f)(1)), and persons describe	d in sectio	on 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Š	9	B			90,530.	9	253,215.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	799,073.			
	b	Less: accumulated depreciation	10b	332,404.	578,192.	10c	466,669.
	11	Investments - publicly traded securities			263,921.	11	721,746.
	12	Investments - other securities. See Part IV, line	11	[12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			0.	14	0.
	15	Other assets. See Part IV, line 11			92,630.	15	1,168,796.
	16	Total assets. Add lines 1 through 15 (must equ	al line 33		98,437,477.	16	165,963,654.
	17	Accounts payable and accrued expenses			458,829.	17	786,790.
	18	Grants payable			35,874,728.	18	84,424,136.
	19	Deferred revenue			305,053.	19	53,776.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV of	Schedule D		21	
ŝ	22	Loans and other payables to any current or form	ner officer	, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial co	ntributor, or 35%			
abi		controlled entity or family member of any of the	se persor	s		22	
Ξ	23	Secured mortgages and notes payable to unrela	ated third	parties		23	
	24	Unsecured notes and loans payable to unrelate	d third pa	rties		24	
	25	Other liabilities (including federal income tax, pa	ayables to	related third			
		parties, and other liabilities not included on line	s 17-24). (Complete Part X			
		of Schedule D			453,054.	25	1,505,473.
	26	Total liabilities. Add lines 17 through 25			37,091,664.	26	86,770,175.
		Organizations that follow FASB ASC 958, che	eck here				
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			61,182,160.	27	79,114,399.
Ba	28	Net assets with donor restrictions		<u></u>	163,653.	28	79,080.
pur		Organizations that do not follow FASB ASC 9	958, chec	khere 🕨 🗌			
Net Assets or Fund Balances		and complete lines 29 through 33.					
s S	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or e	quipment	fund		30	
t As	31	Retained earnings, endowment, accumulated in				31	
Nei	32	Total net assets or fund balances		L	61,345,813.	32	79,193,479.
	33	Total liabilities and net assets/fund balances			98,437,477.	33	165,963,654. Form 990 (2021)

Form 990 (2021)

132011 12-09-21

Form §	990 (2021) THE CLEAR FUND	20-8625442	2	Pad	_{ge} 12
Part					
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	206,	158,	416.
2	Total expenses (must equal Part IX, column (A), line 25)	2	188,	307,	536.
	Revenue less expenses. Subtract line 2 from line 1	3	17,	850,	880.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	61,	345,	813.
5	Net unrealized gains (losses) on investments	5		-3,	214.
6	Donated services and use of facilities	6			
	Investment expenses	7			
	Prior period adjustments	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))	10	79,	193,	479.
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 🛛 🖾 Accrual 📃 Other				
I	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a 🛛	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
I	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?		2b	Х	
I	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				
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
I	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
I	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a /	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
/	Act and OMB Circular A-133?	·····	3a		X
bΙ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requir	ed audit			

Form **990** (2021)

Department of the Treasury

(Form 990)

Total

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
2021
Open to Public Inspection

Interi	nal Rever	nue Service	Go to www.irs.go	v/Form990 for instruction	ons and th	ne latest in	nformation.		Inspection
Nar	ne of t	the organization						Employer	identification numbe
			HE CLEAR FUND	/···					20-8625442
	art I		blic Charity Status.				ee instructior	IS.	
The	organ	•	foundation because it is: (•					
1			of churches, or association			on 170(b)(⁻	I)(A)(i).		
2			n section 170(b)(1)(A)(ii).						
3		•	erative hospital service orga				•		
4			rganization operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
_		city, and state:	- to all formalises in a second second						1 1
5		•	ated for the benefit of a co	bliege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
~			(iv). (Complete Part II.)			70/1-1/41/41	4.5		
6	X		cal government or government						e de la comita e dine
'	Δ		normally receives a substa	initial part of its support if	om a gove	ernmental	unit or from ti	ne general j	Dublic described in
0			vi). (Complete Part II.)	(1)(A)(vi) (Complete Der	• 11 \				
8 9		-	escribed in section 170(b) rch organization described			od in coniu	unction with a	land grant	collogo
9		-	-land-grant college of agric			-		-	-
		university:	hand-grain college of agric			name, city	, and state of	the college	
10	\square		normally receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns. membersh	nip fees, and	d aross receipts from
			s exempt functions, subjec						
			d business taxable income	•	• •			• •	•
		See section 509(a)(2)		, , , , , , , , , , , , , , , , , , ,		·	, ,		,
11		An organization organ	nized and operated exclus	ively to test for public sat	ety. See	section 50	09(a)(4).		
12		An organization organ	nized and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly support	ted organizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box on
		lines 12a through 12d	d that describes the type o	of supporting organizatior	and com	plete lines	12e, 12f, and	l 12g.	
a		Type I. A supporting	g organization operated, s	supervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving
		the supported orga	nization(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
	_	organization. You n	nust complete Part IV, Se	ections A and B.					
k		Type II. A supportir	ng organization supervised	d or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving
		-	nent of the supporting org		ame perso	ns that co	ntrol or mana	ge the supp	ported
		¬ • · ·	u must complete Part IV,						
C	; [ly integrated. A supportin					lly integrate	ed with,
	. —	-	nization(s) (see instructions						
C			ionally integrated. A supp					°,	
			ally integrated. The organiz		-		-	an attentiv	/eness
		-	structions). You must con					U. T	
e	•		ne organization received a				турет, туре	п, туре п	
	Ent	er the number of suppo	ted, or Type III non-functio			alion.			
			mation about the supporte						
`		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	anization listed	(v) Amount o	f monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions
_									
									1

20 - 8625442Page 2

Schedule A	(Form 990) 2021	THE	CLEAR H	UND	20-8625442	Pa
Part II	Support Sch	edule for Or	ganizat	ions	Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)	
	(Complete only i	f you checked th	ne box on	line 5	5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organ	ization
	faile to gualify un	dar tha taata lia	tod bolow		ee eemplete Dert III.)	

fails to qualify under the tests listed below, please complete Part III.)

Section A. Fublic	: Support						
Calendar year (or fiscal	year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, cor	tributions, and						
membership fees	received. (Do not						
include any "unu	sual grants.")	26,952,535.	36,008,006.	51,058,253.	116,951,537.	206,065,867.	437,036,198
2 Tax revenues lev	ied for the organ-						
ization's benefit a	and either paid to						
or expended on i	ts behalf						
3 The value of serv	ices or facilities						
furnished by a go	overnmental unit to						
the organization	without charge						
4 Total. Add lines	1 through 3	26,952,535.	36,008,006.	51,058,253.	116,951,537.	206,065,867.	437,036,198
5 The portion of to							
by each person (
governmental un							
supported organ							
on line 1 that exc							
amount shown o							
L	, ,						106,718,229
6 Public support.							330,317,969
Section B. Total							, ,
Calendar year (or fiscal	vear beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from lin		26,952,535.	36,008,006.	51,058,253.	116,951,537.	206,065,867.	437,036,198
8 Gross income fro		, , .	, , -	, , -	, , -	, , ,	, ,
dividends, payme							
securities loans,							
	similar sources	15,701.	14,703.	26,260.	32,152.	54,679.	143,495,
	unrelated business	,	,	,	,•	,	,
activities, whethe							
business is regul	•						
10 Other income. Do	ů,						
or loss from the s	·						
assets (Explain ir							437,179,693,
11 Total support. A	e e					10	437,179,093
•	om related activities,	•	,				00
-	he Form 990 is for th	0	st, secona, thira, t	ourth, or fifth tax y	ear as a section 5	U1(C)(3)	
organization, che	ck this box and stop		oontogo				
Section C. Comr	Nutation of Dubli	C SUDDOT DOT					
				- L		44	75 56 0
14 Public support p	ercentage for 2021 (li	ine 6, column (f), di	vided by line 11, c			14	75.56 9
14 Public support p15 Public support p	ercentage for 2021 (li ercentage from 2020	ine 6, column (f), di Schedule A, Part I	vided by line 11, c I, line 14			15	82.72 9
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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.)

See	ction A. Public Support				1		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disgualified persons						
t	a mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organ	ization,
	check this box and stop here						
Se	ction C. Computation of Publi	ic Support Per	rcentage				
15	Public support percentage for 2021 (line 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
See	ction D. Computation of Inves	stment Income	e Percentage			, ,	
17	Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by l	line 13, column (f))		17	%
18	Investment income percentage from					18	%
19 a	33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and li	ine 17 is not
	more than 33 1/3%, check this box a	-	-				▶□
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies	as a publicly supp	orted organiza	tion ►
20	Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check t	his box and see in	structions	
1320	23 01-04-22			_		Sched	lule A (Form 990) 2021
			16)			

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2021

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, directors, or trustees were allocated among the			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		
	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	<u> </u>		
			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 on line 2, above, 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. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	<u>s).</u>	
2	Activities Test. Answer lines 2a and 2b 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 on line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No" 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.	Зb		
132025	5 01-04-22 Schedule	ə A (Forr	n 990)	2021

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Yes No

Schedule A (Form 990) 2021 THE CLEAR FUND Part IV Supporting Organizations (continued)

chedule A (Form 990) 2021 THE CLEAR FUND Part V Type III Non-Functionally Integrated 509(a)(3) Support	ng Organi	zations	20-8625442 Pa
1 Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instruction
All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount	_	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2021

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instructions).

Sche	dule A (Form 990) 2021 THE CLEAR FUND				20-8625442	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ied)		
Sect	on D - Distributions				Current Y	ear
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	;	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributa Amount for	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
с	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2017					
b	Excess from 2018					
c	Excess from 2019					
d	Excess from 2020					
е	Excess from 2021					

Schedule A (Form 990) 2021

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Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

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Internal Revenue Service							
Name of the organization		Employer identification num					
THI	E CLEAR FUND	20-8625442					
Organization type (check o	ne):						
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						
General Rule For an organization property) from any Special Rules X For an organization	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor'	g \$5,000 or more (in money or 's total contributions. test of the regulations under					
contributor, during	and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) , line 1. Complete Parts I and II.						
contributor, during literary, or education	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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contributions is checked, enter h purpose. Don't co	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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year for an <i>exclusively</i> set set set.						
answer "No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF g requirements of Schedule B (Form 990).						

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

Schedule B (Form 990) (2021)

Department of the Treasury

Schedule B

(Form 990)

	B (Form 990) (2021)	1	Page 2
Name of or	rganization	Em	ployer identification number
THE CLEA	R FUND		20-8625442
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$24,000,000	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		\$52,905,417.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll (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
123452 11-11		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

	B (Form 990) (2021)			Page 3	
Name of o	rganization		Employ	ver identification number	
THE CLEA	AR FUND		20	-8625442	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed	d.		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)		
	13,292 SHARES ETH	_			
		\$52,905,	,417.	05/12/21	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received	
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received	
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received	
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received	
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received	
		\$			
123453 11-11				Schedule B (Form 990) (2021)	

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lame of organiz	ation			Employer identification number				
HE CLEAR FU	ND			20-8625442				
fror	lusively religious, charitable, etc., contribution any one contributor. Complete columns (a)	through (e) and the following line ent	ry. For organizations					
com	pleting Part III, enter the total of exclusively religious, c	haritable, etc., contributions of \$1,000 or	ess for the year. (Enter this inf	o. once.) ► \$				
(a) No.	e duplicate copies of Part III if additional s	pace is needed.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held				
			[
	I	(e) Transfer of gif						
	Turnefore la nome address an		Deletienskin of					
	Transferee's name, address, an		Relationship of	transferor to transferee				
(a) No. from								
from Part I	(b) Purpose of gift (c) Use of gift (d) De		escription of how gift is held					
		(e) Transfer of gif	:					
	Transferee's name, address, an	d ZI P + 4	Relationship of transferor to transferee					
			·					
(a) No. from	(b) Purpose of gift (c) Use of gift		(d) D	(d) Description of how gift is held				
Part I			(4) 5					
<u> </u>								
		(a) Turnefou of aif						
	(e) Transfer of gift							
	Transferee's name, address, an	d ZIP + 4	Relationship of	transferor to transferee				
<u> </u>								
	T		1					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held				
Part I								
		(e) Transfer of gif	. I					
	Transferee's name, address, an	d ZIP + 4	Relationship of	transferor to transferee				

SCHEDULE [)
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(Form	990)
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Supplemental Financial Statements



Name of the organizatio	Name	of	the	orgai	nizatio
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	m 990) tment of the Treasury	Part IV, line 6, 7, 8, 9, 10 ▶	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.	Open to Public
Interna	al Revenue Service		90 for instructions and the latest information.	Inspection
Nam	e of the organizati	ON THE CLEAR FUND		Employer identification number 20-8625442
Pa	rt I Organiza		d Funds or Other Similar Funds or A	
		n answered "Yes" on Form 990, Part IV, lin		
			(a) Donor advised funds	(b) Funds and other accounts
1	Total number at er	nd of year		
2		f contributions to (during year)		
3		f grants from (during year)		
4		t end of year		
5			writing that the assets held in donor advised fun	ds
	are the organization	on's property, subject to the organization's	exclusive legal control?	Yes 🗌 No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used c	only
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose confer	ing
_	impermissible priv			
Pa	rt II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part IV	, line 7.
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).	
	Preservation	n of land for public use (for example, recrea		orically important land area
	=	f natural habitat	Preservation of a cert	ified historic structure
_		n of open space		
2			fied conservation contribution in the form of a co	
	day of the tax year			Held at the End of the Tax Year
a				2a
b	-		and and the data of the data o	2b
C h		vation easements on a certified historic stru		2c
a			after 7/25/06, and not on a historic structure	
3			eased, extinguished, or terminated by the organ	2d
3	year ►	valion easements mounied, transiered, rei	eased, extinguished, or terminated by the organ	
4		 where property subject to conservation eas	sement is located	
5		tion have a written policy regarding the per		
-	-	orcement of the conservation easements it		Yes No
6			handling of violations, and enforcing conservation	
	•			c
7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation ea	sements during the year
	▶\$			
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)	(i)
	and section 170(h))(4)(B)(ii)?		YesNo
9	In Part XIII, descrit	be how the organization reports conservation	on easements in its revenue and expense statem	nent and
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's financial statements th	at describes the
_		ounting for conservation easements.		
Pa		•	Art, Historical Treasures, or Other S	Similar Assets.
	Complete if	f the organization answered "Yes" on Form	990, Part IV, line 8.	

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$

			Ψ.	
	(ii) Assets included in Form 990, Part X		\$	
	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pr	ovid	le	
	the following amounts required to be reported under FASB ASC 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1		\$	
	Accests included in Forme 200, Dart V		φ.	

b	Asse	ets	include	a	IN	⊢orr	ո չ	90,	Pa	ar
	_	_		-	_	-		-		

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
132051	10-28-21

Sche	dule D (Form 990) 2021 THE CLEAR						20-862		Pa	age 2
Pa	t III Organizations Maintaining C	ollections of Ar	t, Historical ⁻	Freasures, oi	r Other	Similar	Assets	(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of t	he following that	make sig	gnificant u	ise of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or	exchange progra	am					
b	Scholarly research	е	e 🗌 Other_							
С	Preservation for future generations									
4	Provide a description of the organization's co		•	-			se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historical t	reasures, or othe	er similar a	assets		_		_
	to be sold to raise funds rather than to be ma				· · · · · · · · · · · · · · · · · · ·			Yes		No
Pa	t IV Escrow and Custodial Arran		ete if the organiz	ation answered "	'Yes" on I	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa									
1 a	Is the organization an agent, trustee, custod							٦		т
_	on Form 990, Part X?						∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					A.m.o.un	+	
								Amoun		
c	Beginning balance									
a	Additions during the year									
e f	Distributions during the year					1e 1f				
f 2a	Ending balance Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIII.					.y:	L]
Pa						0.				<u>_</u>
		(a) Current year	(b) Prior year				ears back	(e) Four	vears	back
1a	Beginning of year balance									
b	Contributions									
c	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 cur		e (line 1g, columi	n (a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment 🕨	%								
с		<u>%</u>								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are hel	d and administer	ed for the	e organiza	ition			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza			R?				3b		L
4	Describe in Part XIII the intended uses of the		wment funds.							
Pa	t VI Land, Buildings, and Equipm			0 5 000	D					
	Complete if the organization answere									
	Description of property	(a) Cost or o basis (investr	• •	Cost or other sis (other)	• •	cumulate	d	(d) Boo	k valu	ə
1a	Land									
b	Buildings									
с	Leasehold improvements			562,226.		244,	840.		317,	386.
d	Equipment			125,317.		'	547.		,	770.
e	Other			111,530.		50,	017.		,	513.
Tota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	equal Form 990, Part	<u>X. column (B). lir</u>	e 10c.)					466,	669.

Schedule D (Form 990) 2021

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Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			-f
(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.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total (0, 1,, (1))	45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e (5.)		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f. See Form 990 Part X line 25	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITY, CURRENT PO	RTION		500,300.
(3) OPERATING LEASE LIABILITY, NET OF CUR			1,005,173.
(4)			_,,_,,
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25)		1,505,473.
(Oolumin (b) must equal romin 390, Fait A, Col. (B) line	<u>5 2 0.</u>		, , , ,

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) 2021

132053 10-28-21

Sche	edule D (Form 990) 2021 THE CLEAR FUND			20-86	25442	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ements With R	evenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	206,2	29,968.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-3,214.			
b	Donated services and use of facilities	2b	111,740.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	-36,974.			
е	Add lines 2a through 2d			2e		71,552.
3	Subtract line 2e from line 1			3	206,1	58,416.
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	206,1	58,416.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With E	Expenses per F	leturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.				
1	Total expenses and losses per audited financial statements			1	188,3	82,302.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	111,740.			
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	1	11,740.
3	Subtract line 2e from line 1			3	188,2	70,562.
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	36,974.			
	Add lines 4a and 4b			4c		36,974.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.)		5	188,3	07,536.
	rt XIII Supplemental Information.					
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	; Part IV, lines 1b ar	nd 2b; Part V, line 4	; Part X,	line 2; Part)	(,

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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.

132054 10-28-21

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 THE CLEAR FUND		20-8625442	Page 5
Part XIII Supplemental Information (continued)			
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
LOSS ON DISPOSAL RECLASSIFIED TO EXPENSES	-36,974.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:			
LOGG ON DIGDOGAL DEGLAGGTETED TO EVDENGES	26 074		
LOSS ON DISPOSAL RECLASSIFIED TO EXPENSES	30,974.		
		October D/F	0001 000 -
		Schedule D (Form	1 990) 2021

132055 10-28-21

132071 12-	20-21	
14351103	758661	29550

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.

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

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?

					
-	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and other assistance out	side the
United States.	ha fallaudina Daut				
(a) Region	(b) Number of offices in the region		 an be duplicated if additional space is needed. (d) Activities conducted in the region (by type) (such as, fundraising, program 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		56,035,279.
NORTH AMERICA -					
CANADA AND MEXICO, BUT NOT THE UNITED					
STATES	0	0	GRANTMAKING		354,353.
3 a Subtotal	0	0			56,389,632.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			56,389,632.

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

Schedule F (Form 990) 2021



Employer identification number

.....X Yes 🗌 No

20-8625442

Department of the Treasury Internal Revenue Service

SCHEDULE F (Form 990)

Name of the organization

Form 990, Part IV, line 14b.

THE CLEAR FUND

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)
		NORTH AMERICA -						
		CANADA AND						
		MEXICO, BUT NOT						
		THE UNITED STATES	OPERATING SUPPORT	354,353.	WIRE TRANSFER	0.		N/A
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -	SCHISTOSOMIASIS					
		ALBANIA, ANDORRA,	CONTROL INITIATIVE	627,766.	WIRE TRANSFER	0.		N/A
		EUROPE (INCLUDING						
		ICELAND &	CHEMOPREVENTION					
		GREENLAND)	PROGRAM	54,452,820.	WIRE TRANSFER	0.		N/A
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	SESSECT PROJECT	121,626.	WIRE TRANSFER	0.		N/A
		EUROPE (INCLUDING						
		ICELAND &		022 067		0		
		GREENLAND)	OPERATING SUPPORT	833,067.	WIRE TRANSFER	0.		N/A
2 Enter total number of	recipient organization	ns listed above that are r	recognized as charities by the	foreign country	recognized as a tax			1
			or counsel has provided a sec					
3 Enter total number of	•	-				🗧 -		

Schedule F (Form 990) 2021

Schedule F (Form 990)	2021 TH	IE CLEAR FUND			20	-8625442	
Part III Grants and	Other Assistance	e to Individuals Outside	e the United Sta	tes. Complete i	f the organization answered "Yes" or	n Form 990, Part	ł
Part III can	be duplicated if ad	lditional space is needed					
(a) Type of grant of	or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	
							-
							-

orm 990, Part IV, line 16.

(g) Description of

noncash assistance

Page 3

(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2021

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	No No
2	Did the organization have an interest in a foreign trust during the tax year? 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>	X Yes	No 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</i> "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)</i>	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) 2021

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.

14351103 758661 29550

SCHEDULE I (Form 990)		Gov	irants and Oth vernments, ar ete if the organizatio	nd Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury		Comple	ete ir the organizatio	Attach to For		1 IV, line 2 I of 22.		Open to Public
Internal Revenue Service			Go to www.ir	s.gov/Form990 fo		nation.		Inspection
Name of the organization	n THE CLEAR FUNI)		-				Employer identification number 20-8625442
Part I General Info	ormation on Grants a	nd Assistance						
 Does the organiza criteria used to aw Describe in Part IV 	tion maintain records t vard the grants or assis / the organization's pro	tance?						on XYes No
	Other Assistance to I at received more than \$					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and add	Iress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
GLOBAL ALLIANCE FC NUTRITION - 729 15 8TH FLOOR - WASHIN	5TH STREET NW,	98-0404435	501(C)(3)	19,374.	0.			UNIVERSAL SALT IODIZATION PROGRAM
LIVING GOODS 220 HALLECK STREET	•	00 5010505	501 (2) (2)					
SAN FRANCISCO, CA EVIDENCE ACTION 641 STREET NW WASHINGTON, DC 200		20-5010527 90-0874591		9,248.	0.			OPERATING SUPPORT DEWORMING PROGRAM, DISPENSERS FOR SAFE WATER, MATERNAL SYPHILIS PROGRAM
AGAINST MALARIA FC 310 WEST 20TH STRE KANSAS CITY, MO 64	SET, SUITE 300	20-3069841	501(C)(3)	63,286,959.	0.			OPERATING SUPPORT
GIVEDIRECTLY 171 AVENUE A, SUIT NEW YORK, NY 10009		27-1661997	501(C)(3)	3,410,866.	0.			COVID-19, BASIC INCOME PROJECT, OPERATING SUPPORT
SIGHTSAVERS 1000 N WEST ST, SU WILMINGTON, DE 198	JITE 1200	47-4657747	501(C)(3)	9,703,941.	0.			DEWORMING PROGRAM
2 Enter total numbe	r of section 501(c)(3) a	nd government org	anizations listed in th	e line 1 table				15.
3 Enter total numbe	r of other organizations	s listed in the line 1	table					

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

Schedule I (Form 990) THE CLEAR FUND

20-8625442 Page 1

Schedule I (Form 990) THE CLEAR FOND)						20-8623442 Page
Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash 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)	159,910.	0.			DEWORMING PROGRAM
PROJECT HEALTHY CHILDREN 125 CAMBRIDGE PARK DRIVE, NO. 301							
CAMBRIDGE, MA 02140	83-0396815	501(C)(3)	13,601.	0.			OPERATING SUPPORT
NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC - 1518 CLIFTON ROAD, NE - ATLANTA, GA 30322	58-2106707	501(C)(3)	53,109.	0.			FOOD FORTIFICATION
			, .				
HELEN KELLER INTERNATIONAL							
ONE DAG HAMMARSKJOLD PLAZA FLOOR 2							
NEW YORK, NY 10017	13-5562162	501(C)(3)	14,686,489.	0.			VITAMIN A SUPPLEMENTATION
GEORGETOWN UNIVERSITY							
37TH AND O STS NW							ZUSHA! ROAD SAFETY
WASHINGTON, DC 20007	53-0196603	501(C)(3)	7,666.	0.			CAMPAIGN
NEW INCENTIVES 340 S LEMON AVE PMB 6133							
WALNUT, CA 91789	45-2368993	501(C)(3)	21,767,363.	0.			OPERATING SUPPORT
PRECISION AGRICULTURE FOR DEVELOPMENT - 90 CANAL ST -							
BOSTON, MA 02114	81-0779400	501(C)(3)	7,955.	0.			OPERATING SUPPORT
ALIMA							
ONE WHITEHALL STREET, 2ND FL	26-0397519	501(C)(3)	1,000,000.	0.			OPERATING SUPPORT
NEW YORK, NY 10004	20-039/519	201(C)(3)	1,000,000.	0.			OFERALING SUFFORT
BLACKSMITH INSTITUTE INC. 475 RIVERSIDE DRIVE, SUITE 860							
NEW YORK, NY 10115	13-4075779	501(C)(3)	200,000.	0.			OPERATING SUPPORT
	1 10 10/0///		200,000.	۰.			

Schedule I (Form 990)

132102	10-26-21

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

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(b) Number of

recipients

(c) Amount of

cash grant

(d) Amount of non-

cash assistance

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

THAT THE FUNDS WERE USED FOR THIS PURPOSE.

Schedule I (Form 990) 2021

Part III

THE CLEAR FUND

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance

20-8625442

(f) Description of noncash assistance

(e) Method of valuation (book, FMV, appraisal, other)

Page 2

SC	HEDULE J	Compe	ensation Information	1	OMB No.	1545-004	47
(Fo	rm 990)		ectors, Trustees, Key Employees, and Highest		20	91	
	-	C	ompensated Employees		20		
Dopo	tmont of the Treesury		on answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service		m990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organization	1		Employer ide	entificatio	on nu	mber
_		THE CLEAR FUND		20-86	25442		
Pa	rt I Questions	Regarding Compensation					
						Yes	No
1a		() U	any of the following to or for a person listed on Form	990,			
	Part VII, Section A, I	line 1a. Complete Part III to provide any	relevant information regarding these items.				
	First-class or cl		Housing allowance or residence for perso	nal use			
	Travel for comp		Payments for business use of personal re-				
		ation and gross-up payments	Health or social club dues or initiation fee				
	Discretionary s	pending account	Personal services (such as maid, chauffer	ır, chef)			
b	-		tion follow a written policy regarding payment or				
_	•	•	d above? If "No," complete Part III to explain		<u>1b</u>		
2	•		sing or allowing expenses incurred by all directors,				
	trustees, and officer	s, including the CEO/Executive Director	r, regarding the items checked on line 1a?		2		
-							
3			d to establish the compensation of the organization's				
			any boxes for methods used by a related organization	on to			
	·	tion of the CEO/Executive Director, but					
	Compensation		Written employment contract				
		ompensation consultant	X Compensation survey or study				
	X Form 990 of ot	her organizations	X Approval by the board or compensation c	ommittee			
4	During the year, did	any person listed on Form 990. Part VI	I, Section A, line 1a, with respect to the filing				
	organization or a rel						
а		e payment or change-of-control paymen	t?		4a	х	
b		eive payment from a supplemental non					x
		eive payment from an equity-based com			4c		x
•			e applicable amounts for each item in Part III.				
	Only section 501(c))(3), 501(c)(4), and 501(c)(29) organiza	tions must complete lines 5-9.				
5			, did the organization pay or accrue any compensatio	'n			
	contingent on the re	evenues of:					
а	The organization?				5a		x
							х
		r 5b, describe in Part III.			-		
6	For persons listed o	n Form 990, Part VII, Section A, line 1a,	, did the organization pay or accrue any compensatio	'n			
	contingent on the ne	et earnings of:					
а	The organization?	-			6a		х
	Any related organiza						X
	If "Yes" on line 6a o	r 6b, describe in Part III.					
7	For persons listed o	n Form 990, Part VII, Section A, line 1a,	, did the organization provide any nonfixed payments	i			
					. 7		х
8			accrued pursuant to a contract that was subject to th				
	-				. 8		х
9		•	table presumption procedure described in				
_				<u></u>	. 9		
LHA		eduction Act Notice, see the Instruction			le J (Forr	n 990	2021

132111 11-02-21

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-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred (D) Nontaxable benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) ELIE HASSENFELD	(i)	304,439.	0.	0.	0.	31,808.	336,247.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) WHITNEY RIDER	(i)	280,208.	0.	0.	0.	161.	280,369.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) NATALIE CRISPIN	(i)	178,568.	0.	0.	0.	7,801.	186,369.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) JIM BOBOWSKI	(i)	254,578.	0.	85,000.	0.	26,137.	365,715.	0.	
DIRECTOR OF MARKETING (THRU 9/15/21)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) NEIL SHAH	(i)	258,452.	0.	0.	0.	15,711.	274,163.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) STEPHANIE STOJANOVIC	(i)	224,123.	0.	0.	0.	71.	224,194.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) BENJAMIN BATEMAN	(i)	197,943.	0.	0.	0.	7,618.	205,561.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) TERYN MATTOX	(i)	186,348.	0.	0.	0.	7,743.	194,091.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) JAMES SNOWDEN	(i)	182,681.	0.	0.	0.	7,127.	189,808.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) JULIE FALLER	(i)	154,057.	0.	0.	0.	25,250.	179,307.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(11) ALEX COHEN	(i)	154,713.	0.	0.	0.	24,062.	178,775.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(12) JUSTIN LOISEAU	(i)	152,966.	0.	0.	0.	15,845.	168,811.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2021

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

JIM BOBOWSKI, DIRECTOR OF MARKETING, RECEIVED \$85,000 IN SEVERANCE

PAYMENTS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Devit

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

20-8625442

Par	TTI 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 dete noncash contributi			;
1	Art - Works of art							
2	Art - Historical treasures							
2								
	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property	37	(0)	12 004 045				
9	Securities - Publicly traded	Х	623	13,804,245.	P.WA			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (CRYPTOCURRENC)	Х	460	64,617,803.	FMV			
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	ation during	, the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement			4	
	č		0	······		Y	/es	No
30a	During the year, did the organization receive by	contributio	n anv propertv rep	orted in Part I. lines 1 throug	h 28. that it			
	must hold for at least three years from the date							
	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	auires the review a	of any nonstandard contribut	ions?	31	x	
	Does the organization hire or use third parties of							
	contributions?		•	· · ·		32a		x
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	r for which column (a) is cheo	ked,			
	describe in Part II.							

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

Schedule M (Form 990) 2021

132141 11-17-21

Schedule M (Form 990) 2021 THE CLEAR FUND	20-8625442	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b,	and 33, and whether the organiz	ation
is reporting in Part I, column (b), the number of contributions, the number of items received, or	a combination of both. Also con	nplete
this part for any additional information.		
CHEDULE M, PART I, COLUMN (B):		
CHEDOLE M, FART I, COLOMN (B):		
HE NUMBER OF CONTRIBUTIONS REPRESENTS THE NUMBER OF CONTRIBUTORS, NOT		
HE NUMBER OF ITEMS CONTRIBUTED.		
32142 11-17-21	Schedule M (Forr	n 990) 202

SCHEDULE O (Form 990)

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 Form 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. AND THE CHIEF EXECUTIVE OFFICER

REVIEWED THE DRAFT FORM 990. UPON REVIEW, THE FORM 990 WAS 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

B IN THE BOARD RESOLUTION AVAILABLE HERE:

HTTPS://FILES.GIVEWELL.ORG/FILES/CLEARFUND/MEETING 2020 08 25/ATTACHMENT C

GIVEWELL COMPENSATION REVIEW PROTOCOL AUGUST 2020.PDF.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

Schedule O (Form 990) 2021

44 2021.05000 THE CLEAR FUND

Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
THE CLEAR FUND	20-8625442
FORM 990, PART VI, SECTION C, LINE 18:	

THE ORGANIZATION MAKES ITS FORMS 1023, 990, AND 990-T AVAILABLE FOR PUBLIC

INSPECTION ON ITS WEBSITE AT

HTTP://WWW.GIVEWELL.ORG/ABOUT/OFFICIAL-RECORDS.

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

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

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

INCLUDE:

- ALL AVAILABLE FINANCIAL STATEMENTS

- OUR BYLAWS

- OUR CONFLICT OF INTEREST POLICY

- OUR ARTICLES OF INCORPORATION

Schedule O (Form 990) 2021

132212 11-11-21

	_				
	_				
Part II Identification of Related Tax-Exempt Organizations during the tax year.	izations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, t	because it had one	or more related tax-e>
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity
GIVEWELL UK				501(c)(3))	
FIRST FLOOR 10 QUEEN STREET PLACE LONDON, UNITED KINGDOM EC4R 1BE	GRANTMAKING	UNITED KINGDOM	501(C)(3)		THE CLEAR FUND

Part I	I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.										
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity					

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

Attach to Form 990.

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

OMB No. 1545-0047

2021 Open to Public Inspection

Employer identification number 20-8625442

THE CLEAR FUND

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Schedule R (Form 990) 2021

(g) Section 512(b)(13)

controlled

entity? Yes

х

No

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	amount in box 20 of Schedule	Genera manag partn	al or Percentage ^{ing} ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10
											<u> </u>
							<u> </u>	<u> </u>			+

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

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

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ves	No
 During the tax year, did the organization engage in any of the following transactions with one or more 	a related organizations listed in Parts ILIV2	103	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	• • • • • • • • • • • • • • • • • • •		x
			x
 b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) 			x
			x
d Loans or loan guarantees to or for related organization(s)			x
e Loans or loan guarantees by related organization(s)	<u>1e</u>		
f Dividends from related organization(s)	1f		x
g Sale of assets to related organization(s)			x
h Purchase of assets from related organization(s)			х
i Exchange of assets with related organization(s)			x
j Lease of facilities, equipment, or other assets to related organization(s)			X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		x
 Performance of services or membership or fundraising solicitations for related organization(s) 		-	x
			x
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		-	x
 o Sharing of paid employees with related organization(s) 			x
p Reimbursement paid to related organization(s) for expenses	1p		x
q Reimbursement paid by related organization(s) for expenses			Х
r Other transfer of cash or property to related organization(s)	<u>1r</u>		Х
s Other transfer of cash or property from related organization(s)			Х
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including covered relationships and transaction thresholds.		

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
<u>(3)</u>				
<u>(4)</u>				
<u>(5)</u>				
(6)				

Schedule R (Form 990) 2021 THE CLEAR FUND

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(۲	1)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Genera		ercentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	. 501(org	c)(3) s.?	total	end-of-year	tion allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	ing r? OV	wnership
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes N	10	
											\square		

Schedule R (Form 990) 2021

FILED PURSUANT TO REV. PROC. 92-70 FOR DORMANT FOREIGN CORPORATIONS Form 5471 Form Deceder 2004						OMB	OMB No. 1545-0123				
Rev. December 2021) Go to www.irs.gov/Form5471 for instructions and the lates						chment					
Department of the Treasury Internal Revenue Service section 898) (see instructions) beginning , , and ending				Sequence No. 121							
Name of person filing this return			A	Identifying num							
THE CLEAR FUND 20-86254					2						
Number, street, and room or suite no. (or	P.O. box number if mail is not	delivered to street addres			er (See instructions. Check applicable box(es).):						
1714 FRANKLIN STREET #	100335		1a	X 1b 1	c 2	3	4 X 5a	X 5b	5c		
City or town, state, and ZIP code	•		C	Enter the total p	•	•	•	•			
OAKLAND, CA 94612-340 Filer's tax year beginning JAN		2021 and en	ding DEC 31	you owned at the		nual accour 021	nting period	10	00.00 %		
Filer's tax year beginning JAN D Check box if this is a final Form		, juita on	Iding DEC 31		, 2	021					
E Check if any excepted specified			orm (see instruc	ctions)				<u></u>			
F Check the box if this Form 547)						
G If the box on line F is checked,								►			
H Person(s) on whose behalf this	s information return is file	d:									
(1) Name		(2) Add	dress		(3) Identifyir	na number	(4) Chec	e box(es)			
		(2) //dd	ui 055			ig number	Shareholder	Officer	Director		
Important: Fill in all application	able lines and schedule	s All information	must be in Fr	alish All amou	nts must be	stated in	US dollar.	s			
unless otherwis				gioin i anca							
1a Name and address of foreign	corporation				b(1) Emp	loyer identit	fication num	ıber, if any			
GIVEWELL UK					b(2) Reference ID number (see instructions)						
FIRST FLOOR 10 QUEE	N STREET PLACE				1196392						
LONDON EC4R 1BE UNITED KINGDOM					c Country under whose laws incorporated UNITED KINGDOM						
	ace of business	f Principal	g Principal bu	siness activity	UNI		nal currency	/ code			
incorporation LONDON		business activity code number	GRANTMA	-							
03/11/21 UNITED KIN	GDOM	813000					GBP				
2 Provide the following informat	ion for the foreign corpora	ation's accounting pe	eriod stated abov	/e.							
a Name, address, and identifying) number of branch office	or agent (if any) in th	he United States		b If a U.S. income tax return was filed, enter:						
THE CLEAR FUND					(i) Taxable ir	icome or (lo		(ii) U.S. income tax paid (after all credits)			
1714 FRANKLIN STREE OAKLAND CA 94612-34					(1) 14044010 11			(alter all credits)			
OARLAND CA 94612-34	09										
c Name and address of foreign corporation's statutory or resident agent in country of incorporation d Name and address (in person (or persons) w corporation, and the la					ith custody o	f the books	and records	s of thé fore	eign		
BATES WELLS											
10 QUEEN STREET PLA	CE										
LONDON EC4R 1BE											
UNITED KINGDOM											
Schedule A Stock of	f the Foreign Corp	poration									
					(b) Number of shares issued and outstan				-		
(a) Description of each class of stock						ng of annua		(ii) End of a accounting p			
LHA For Paperwork Reduction	Act Notice, see instructio	NS.					Form	5471 (Re	v. 12-2021)		

112301 12-29-21