** PUBLIC DISCLOSURE COPY **
Return of Organization Exempt From Income Tax

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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.

ч г	OI LITE	E 2022 Calendar year, or tax year beginning	anu	enung				
	heck if oplicable	C Name of organization			D Employer id	entific	ation number	
	Addres	THE CLEAR FUND						
	Name chang	Doing business as GIVEWELL			20-862	5442		
	Initial return Final	Number and street (or P.O. box if mail is not del 1714 FRANKLIN STREET #100335	ivered to street address)	Room/suite	E Telephone n 415-689-			
	/return⊥ termin		71D f			3003	151 /3	35,102.
	ated ∏Ameno	City or town, state or province, country, and of OAKLAND, CA 94612-3409	ZIP or foreign postal code		G Gross receipts \$			75,102.
	_return _Applic _tion		UN CCENTET D		H(a) Is this a gr	-		X No
	⊥tion pendir	g SAME AS C ABOVE	IIASSENFEED		for subord			_
			(10.47(-)/4)	🗀 507	7		cluded? Yes	No
		empt status: X 501(c)(3) 501(c)() e: WWW.GIVEWELL.ORG	(insert no.) 4947(a)(1)	or 527	7		list. See instructi	ons
	Vebsit		sociation Other	I Vasii	H(c) Group exe			.:.:I NV
Pa	rt I	organization: X Corporation Trust As Summary	Sociation Unie	L Year	of formation: 200	<u>′ М</u>	State of legal don	liclie: 14 1
•	1	Briefly describe the organization's mission or most	significant activities: GIVEWE	LL IS DE	DICATED TO FI	NDING	}	
ü		OUTSTANDING GIVING OPPORTUNITIES AND I	PUBLISHING THE FULL DET	AILS OF				
rna	2	Check this box if the organization discor	ntinued its operations or dispos	sed of more	than 25% of its n	eț asșe	ets.	
ove	3	Number of voting members of the governing body	(Part VI, line 1a)			3		6
5	4	Number of independent voting members of the gov	verning body (Part VI, line 1b)					5
es {	5	Total number of individuals employed in calendar y	ear 2022 (Part V, line 2a)			5		68
viti	6	Total number of volunteers (estimate if necessary)				6		5
Activities & Governance		Total unrelated business revenue from Part VIII, co	· //			7a		0.
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11	·····		7b		0.
					Prior Year	0.65	Current Ye	
ē	8	Contributions and grants (Part VIII, line 1h)			206,065,		151,40	6,685.
en						0.		0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4,			92,	549.	-35	93,926.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			006 150	0.	151 01	0.
		Total revenue - add lines 8 through 11 (must equal			206,158,			2,759.
		Grants and similar amounts paid (Part IX, column (177,066,		138,3	75,405.
		Benefits paid to or for members (Part IX, column (A	, , , , , , , , , , , , , , , , , , , ,		6 103	0.	0 1 /	0.
ses		Salaries, other compensation, employee benefits (F			6,103,	0.	0,14	1,852.
Expenses		Professional fundraising fees (Part IX, column (A), li				-0.		0.
Ϋ́		Total fundraising expenses (Part IX, column (D), line			5,137,	010	F 0.0	5,412.
_		Other expenses (Part IX, column (A), lines 11a-11d,			188,307,		•	22,669.
		Total expenses. Add lines 13-17 (must equal Part I)			17,850,			9,910.
_ S		Revenue less expenses. Subtract line 18 from line	12		ginning of Current		End of Ye	
ts o ince	20	Total assets (Dort V. line 16)			165,963,	-		37,288.
Net Assets or und Balances	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)			86,770,			16,494.
Net/ -und	22	Net assets or fund balances. Subtract line 21 from	line 20		79,193,			0,794.
	rt II	Signature Block			<u>, , , , , , , , , , , , , , , , , , , </u>		, , , , , , , , , , , , , , , , , , ,	
Jnde	er pena	Ities of perjury, I declare that I have examined this return,	including accompanying schedule:	s and statem	ents, and to the bes	t of mv	knowledge and bel	ief, it is
		t, and complete. Declaration of preparer (other than office					3	
			,					
Sigr	1	Signature of officer			Date			
Her		ELIE HASSENFELD, CEO						
		Type or print name and title						
		Print/Type preparer's name	Preparer's signature		22	neck	PTIN	
aid		MAGA E. KISRIEV	Preparer's signature	/	1/14/2023 se	lf-employe	P01008919	
rep	arer	Firm's name HOOD & STRONG LLP			Firm's E		94-1254756	
Jse	Only	Firm's address 60 SO. MARKET ST, STE 200						
		SAN JOSE, CA 95113			Phone n	0.408.	.998.8400	
Лау	the IF	RS discuss this return with the preparer shown abo	ve? See instructions				X Yes	No

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

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

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forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print THE CLEAR FUND 20-8625442 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 1714 FRANKLIN STREET #100335 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. OAKLAND, CA 94612-3409 Enter the Return Code for the return that this application is for (file a separate application for each return) 1 **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 05 11 Form 990-T (trust other than above) Form 8870 12 06 Form 990-T (corporation) 07 CHARLENE ABELLANA The books are in the care of ▶ 1714 FRANKLIN STREET #100335 - OAKLAND, CA 94612-3409 Telephone No. ▶ 510-296-7496 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2023 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or tax year beginning _ , and ending Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

THE CLEAR FUND 20-8625442 Page **2** Form 990 (2022)

Par	rt III S	tatement of Program Service	Accomplishments		
	С	neck if Schedule O contains a response	or note to any line in this Part III		
1		escribe the organization's mission:			
	THE CL	EAR FUND (AKA GIVEWELL) FINDS	OUTSTANDING GIVING OPPORT	PUNITIES	
	AND PU	BLISHES THE FULL DETAILS OF C	UR ANALYSIS TO HELP DONORS	S DECIDE	
	WHERE	ro give.			
2	Did the	organization undertake any significant p	rogram services during the year wh	nich were not listed on the	
	prior Fo	m 990 or 990-EZ?			Yes X No
	,	describe these new services on Sched			
3	Did the	organization cease conducting, or make	e significant changes in how it cond	lucts, any program services?	Yes X No
	If "Yes,'	describe these changes on Schedule ().		
4	Describ	the organization's program service ac	complishments for each of its three	largest program services, as measured b	y expenses.
	Section	501(c)(3) and 501(c)(4) organizations are	e required to report the amount of g	grants and allocations to others, the total	expenses, and
	revenue	if any, for each program service report			
4a	` _			138,375,405.) (Revenue \$	0.
		LL PUBLISHED 37 PAGES DESCRIE		ES AND NEW	
		. PUBLISHED EIGHT RESEARCH RE			
		ENTIONS AND EIGHT SHORT REPOR			
		D PARAMETERS IN OUR TOP CHARI			
		HED THESE CHANGES. IT IS ESTI			
		ONS MADE TO RECOMMENDED CHARI CH. RECOMMENDED \$100 MILLION			
		COMMENDED CHARITIES.	IN GRANTS TO PROGRAMS OTHE	SR THAN OUR	
	TOP RE	COMMENDED CHARIIIES.			
4b	(O - d - :	\(\(\(\) \)	including words of O) (Revenue \$	
40	(Code: _) (Expenses \$	including grants of \$) (Revenue \$,
	-				
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	<u> </u>
	(0000			, (1010.100 \$	
4d	Other p	ogram services (Describe on Schedule	O.)		
	(Expenses	includin	g grants of \$) (Revenue \$)
4e	Total pr	gram service expenses	147,981,869.		
					Form 990 (2022)

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Form 990 (2022) THE CLEAR FUND Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
•	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	i i		
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	٣		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7		-		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
	Schedule D, Part III	8_		
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	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			
	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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	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	<u>''</u>		
.5		18		X
19	1c and 8a? If "Yes," complete Schedule G, Part II	10		
13	,	19		x
20-	complete Schedule G, Part III	20a		X
20a	•	20a 20b		
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	41		l

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Pai	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			

			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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	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	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	

	Check if Schedule O contains a response of note to any line in this Fart v					
					Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	212			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming			
	(gambling) winnings to prize winners?			1c	Х	

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Form		525442	F	age 5
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	68		
b			Х	
3a	0 , , , , , , , , , , , , , , , , , , ,			X
b	, in the terms of preside an explanation on concease of	3b	-	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		х	
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	A	
D	If "Yes," enter the name of the foreign country UNITED KINGDOM See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	—		
5a		5a		x
b				x
c				
	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?	1 2		x
b				
	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 partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly as a contribution and partly as a contribution and a contribution and a contribution and a contribution and a contributi	ayor? 7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с	Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year	3		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7е		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g				
h		-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?			
b 10	, , , , , , , , , , , , , , , , , , , ,	9b		
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b				
	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		
	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			
С	Enter the amount of reserves on hand			
14a	· · · · · · · · · · · · · · · · · · ·		-	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	1	-
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
16	If "Yes," see the instructions and file Form 4720, Schedule N.	40		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u> </u>
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

Form **990** (2022)

If "Yes," complete Form 6069.

Form 990 (2022) THE CLEAR FUND 20-8625442 Page **6**

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

	Check if Schedule O contains a response or note to any line in this Part VI			Х
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	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		5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
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		х
b				
-	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.0		
а		8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.5		
Ū	organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule</i> O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This deciding reguests information about policies not required by the internal nevertide dode.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b		115		
12a		12a	х	
b		12b	Х	
c		123		
·	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	.55		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
100		16a		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
	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	100		
17	List the states with which a copy of this Form 990 is required to be filed NY, CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	ls only)	availal	ole
.0	for public inspection. Indicate how you made these available. Check all that apply.	,s orny)	avana	510
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finan	cial	
19	statements available to the public during the tax year.	iu iii lal l	oiai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	DAISY HAO - 510-296-7496			
	1714 FRANKLIN STREET #100335, OAKLAND, CA 94612-3409			

Form 990 (2022) THE CLEAR FUND 20-8625442 Page **7**

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 Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average hours per	box	not c , unle:	Pos heck ss per	more rson i	than of the state	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer 6		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) ELIE HASSENFELD	39.60									
CHIEF EXECUTIVE OFFICER	0.40	Х		Х				355,000.	0.	32,947.
(2) WHITNEY RIDER	40.00									
SECRETARY/HEAD OF HR & BUSINESS OPS	0.00			Х				285,750.	0.	1,563.
(3) STEPHANIE STOJANOVIC	40.00									
DIRECTOR OF DEVELOPMENT	0.00				Х			263,768.	0.	15,895.
(4) TERYN MATTOX	40.00									
SENIOR PROGRAM OFFICER	0.00				Х			221,709.	0.	9,076.
(5) BENJAMIN BATEMAN	40.00									
DIRECTOR OF OPERATIONS	0.00				Х			213,230.	0.	8,443.
(6) NATALIE CRISPIN	40.00									
TREASURER/SENIOR PROGRAM OFFICER	0.00			Х				209,226.	0.	8,638.
(7) ALEX COHEN	40.00									
SENIOR RESEARCHER	0.00					Х		180,088.	0.	25,980.
(8) JULIE FALLER	40.00									
PROGRAM OFFICER	0.00					Х		173,791.	0.	27,071.
(9) MARINELLA CAPRIATI	40.00								_	
PROGRAM OFFICER	0.00					Х		177,619.	0.	22,794.
(10) CHARLENE ABELLANA	40.00									
CONTROLLER (THRU 11/2/22)	0.00					Х		173,016.	0.	9,196.
(11) ERIN CROSSETT	40.00							464 864		12.050
PROGRAM OFFICER	0.00					Х		161,761.	0.	13,259.
(12) TIM OGDEN	0.00			х					,	0
CHAIR (13) HOLDEN KARNOFSKY		Х		^				0.	0.	0.
VICE CHAIR	1.00	Х		х				0.	0.	_
(14) CARI TUNA	1.00	Λ.	\vdash	^	\vdash			0.	· ·	0.
BOARD MEMBER	0.00	Х						0.	0.	0.
(15) JULIA WISE	1.00	-23	\vdash		\vdash	\vdash		0.	· ·	0.
BOARD MEMBER	0.00	х						0.	0.	0.
(16) NORMA ALTSHULER	1.00		\vdash		\vdash				· · ·	<u> </u>
BOARD MEMBER	0.00	х						0.	0.	0.
	3,30	<u> </u>						· ·	<u> </u>	
										Form 990 (2022)

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Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	ΙΗίς	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(C	C)			(D)	(E)			(F)	
Name and title	Average			Posi	ition			Reportable	Reportable		F	stimate	ed
rame and title	hours per					than o		compensation	compensatio	- 1		nount	
	week					r/trust		from	from related	- 1		other	
	(list any	ctor						the	organization	- 1	con	npensa	
	hours for	Individual trustee or director				pa		organization	(W-2/1099-MIS	SC/	f	rom th	е
	related	tee o	ıstee			ensat		(W-2/1099-MISC/	1099-NEC)		org	ganizat	ion
	organizations	trus	Institutional trustee		yee	эдшо		1099-NEC)			an	d relat	ed
	below	/idua	tutio	Je.	key employee	est c loyee	ner				org	anizati	ons
	line)	İndi	Insti	Officer	Key	Highest compensated employee	Former						
			\vdash										
			\vdash										
1b Subtotal								2,414,958.		0.		174,	862.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								2,414,958.		0.		174	862.
2 Total number of individuals (including but n									000 of roportable	- 1			
· · · · · ·	ot illilited to th	ose	IISLE	u ab	ove) WII	o re	ceived more than \$100,	000 of reportable	;			35
compensation from the organization												Yes	No
• 5:11										ſ		163	140
3 Did the organization list any former officer,	•	,	,	•	,	,	•		•		_		77
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su	•							•	•				
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a	ccrue comper	sati	on fr	om a	any	unre	elate	ed organization or individ	lual for services				
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ıch r	ers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt cc	ntra	actor	s th	nat received more than \$	100,000 of comp	ensat	ion fr	om	
the organization. Report compensation for	the calendar ye	ear e	ndin	ıg w	ith c	or wit	thin	the organization's tax ye	ear.				
(A)								(B)			((C)	
Name and business	address	NO	NE					Description of s	ervices	С		nsatio	n
							\neg						
							\dashv						
							\dashv						
							\dashv						
2 Total number of independent contractors (in		ot lin	nited	to t			ted	above) who received mo	ore than				
\$100,000 of compensation from the organization	zation				()							

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Form 990 (2022) THE CLEAR :
Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues	1b					
S S			Fundraising events	1c					
fts,			Related organizations	1d	5,870,541.				
ية إق				1e	3,070,311.				
ons,			Government grants (contributions)						
utic		T	All other contributions, gifts, grants, and	I I	145 536 144				
ĕ			similar amounts not included above		19,546,190.				
ont		_	Noncash contributions included in lines 1a-1f	1g \$		151 406 605			
O g		n	Total. Add lines 1a-1f		B	151,406,685.			
					Business Code				
ce	2	а							
ervi		b							
S		С							
Program Service Revenue		d							
.0g		е							
<u>-</u>		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divide	nds, intere	st, and				
			other similar amounts)			28,417.			28,417.
	4		Income from investment of tax-exem						
	5		Royalties						
			(1) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Not rental income or (loss)						
	7		` ' 	ecurities	(ii) Other				
	_	-	assets other than inventory 7a						
		h	Less: cost or other basis						
Φ		~	and sales expenses 7b	34,593.	387,750.				
her Revenue		c		34,593.	-387,750.				
ě			Net gain or (loss)			-422,343.			-422,343.
푸	٥		Gross income from fundraising events (r						
Oth	0	а	including \$						
١			contributions reported on line 1c). S	-					
			. ,						
		L	Part IV, line 18 Less: direct expenses						
	^		Net income or (loss) from fundraising						
	9	а	Gross income from gaming activities						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming ac						
	10	а	Gross sales of inventory, less returns	I					
		_	and allowances						
			Less: cost of goods sold						
\rightarrow		С	Net income or (loss) from sales of in-	ventory					
က္					Business Code				
Miscellaneous Revenue	11	а							
lan		b							
cel.		С							
Mis			All other revenue						
		е	Total. Add lines 11a-11d						
	12		Total revenue. See instructions	<u></u>	<u></u>	151,012,759.	0.	0.	-393,926.

232009 12-13-22

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons t include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations			g	
а	nd domestic governments. See Part IV, line 21	97,140,067.	97,140,067.		
2 (Grants and other assistance to domestic				
İI	ndividuals. See Part IV, line 22				
3 (Grants and other assistance to foreign				
c	organizations, foreign governments, and foreign				
iı	ndividuals. See Part IV, lines 15 and 16	41,235,338.	41,235,338.		
4 E	Benefits paid to or for members				
	Compensation of current officers, directors,				
t	rustees, and key employees	1,758,474.	1,138,644.	534,906.	84,924
	Compensation not included above to disqualified				
	ersons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	5,133,395.	4,042,506.	935,918.	154,971
	Pension plan accruals and contributions (include				
	ection 401(k) and 403(b) employer contributions)	700 00-		244 522	40.00
	Other employee benefits	790,097.	558,441.	211,699.	19,957
	Payroll taxes	459,886.	366,200.	77,312.	16,374
	Fees for services (nonemployees):				
	Management	76.404		TC 101	
	_egal	76,181.	42.011	76,181.	
	Accounting	75,055.	43,211.	31,844.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	nvestment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25,	1 202 502	1 000 246	122 400	40.650
	column (A), amount, list line 11g expenses on Sch 0.)	1,203,503. 1,501,697.	1,022,346.	132,499.	48,658 150,170
	Advertising and promotion		1,351,527.	122 142	
	Office expenses	267,590. 100,028.	143,497.	122,142.	1,951
	nformation technology	100,028.	18,930.	79,469.	1,629
	Royalties	423,392.	239,476.	169,660.	14 256
	Decupancy	270,751.	50,665.	· · ·	14,256 2,644
	ravel	270,751.	50,005.	217,442.	2,044
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	nterest				
	Payments to affiliates	171,817.		171,817.	
		65,672.		65,672.	
	nsurance Other expenses, Itemize expenses not covered	03,072.		03,072.	
a Ii	hove. (List miscellaneous expenses on line 24e. If ne 24e amount exceeds 10% of line 25, column (A), mount, list line 24e expenses on Schedule 0.)				
	BANK AND PROCESSING FEE	935,742.	9,630.	926,112.	
b S	TAFF RECRUITMENT	475,414.	433,734.	34,759.	6,921
c	UTREACH	184,240.	119,516.	35,610.	29,114
d E	PERSONNEL DEVELOPMENT	140,811.	68,141.	66,749.	5,921
e /	All other expenses	13,519.		13,519.	
25 T	otal functional expenses. Add lines 1 through 24e	152,422,669.	147,981,869.	3,903,310.	537,490
26 J	oint costs. Complete this line only if the organization				
r	eported in column (B) joint costs from a combined				
е	ducational campaign and fundraising solicitation.				
(Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2022)
Part X Balance Sheet

. u.	ιλ	Check if Schedule O contains a response or	note to an	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			14,302,918.	1	16,752,572.
	2	Savings and temporary cash investments			142,195,416.	2	95,806,895.
	3	Pledges and grants receivable, net			6,854,894.	3	2,610,423.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial c	ontributor, or 35%			
		controlled entity or family member of any of t	these perso	ons		5	
	6	Loans and other receivables from other disqu	ualified per	sons (as defined			
		under section 4958(f)(1)), and persons descri	bed in sec	tion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		ı		8	
As	9	Donate Salar and the salar and the formal all all and the			253,215.	9	255,136.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	1 1	883,688.			
	b	Less: accumulated depreciation		481,396.	466,669.	10c	402,292.
	11	Investments - publicly traded securities			721,746.	11	465,200.
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, li		ı		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	1,168,796.	15	1,244,770.		
	16	Total assets. Add lines 1 through 15 (must e		ı	165,963,654.	16	117,537,288.
	17	Accounts payable and accrued expenses			786,790.	17	1,129,093.
	18 19	Grants payable			84,424,136.	18	37,604,490.
					53,776.	19	7,738.
	20	Deferred revenue Tax-exempt bond liabilities			·	20	
	21	Escrow or custodial account liability. Comple				21	
,,	22	Loans and other payables to any current or f					
i ii		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of these persons				22	
E.	23	Secured mortgages and notes payable to un	-			23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li					
		of Schedule D		. Somproto i ditiyt	1,505,473.	25	1,005,173.
	26	T-1-1 P-1 PP A-1-1 P 47 Novemb 05			86,770,175.	26	39,746,494.
		Organizations that follow FASB ASC 958,					, ,
es		and complete lines 27, 28, 32, and 33.					
ا يو	27				79,114,399.	27	68,964,987.
391	28	Net assets with donor restrictions			79,080.	28	8,825,807.
ᅙ		Organizations that do not follow FASB AS			·		
בַּ		and complete lines 29 through 33.	,				
þ	29	Capital stock or trust principal, or current fur	nds			29	
ets	30	Paid-in or capital surplus, or land, building, o				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			79,193,479.	32	77,790,794.
z	33	Total liabilities and net assets/fund balances			165,963,654.	33	117,537,288.

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Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			759.
2	Total expenses (must equal Part IX, column (A), line 25)	2			669.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	409,	910.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	79		479.
5	Net unrealized gains (losses) on investments	5		7,	225.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain 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	77	790,	794.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ.
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				Х
	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	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

232012 12-13-22

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

2022
Open to Public

Inspection

THE CLEAR FUND Employer identification number 20-8625442

_			LINC I OND						
Pa	ırt I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.		
The	orga	nization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	l or operate	ed by a go	vernmental unit describ	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	Х	An organization that norma	Illy receives a substar	ntial part of its support fi	om a gove	rnmental	unit or from the general	public described in	
		section 170(b)(1)(A)(vi). (C	-		ŭ		Ŭ	•	
8		A community trust describe	•	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org			•	ed in coniu	inction with a land-grant	college	
_		or university or a non-land-g				-		-	
		university:	y, a comege or agric				, and clare of the concept		
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supr	ort from c	ontribution	ns. membership fees. an	d gross receipts from	
		activities related to its exem							
		income and unrelated busir		•				-	
		See section 509(a)(2). (Con		(,,			,,		
11		An organization organized a	•	vely to test for public sa	fetv. See	section 50)9(a)(4).		
12		An organization organized a	•	*	•			purposes of one or	
		more publicly supported or	•	•	-		•	•	
		lines 12a through 12d that	~						
а		Type I. A supporting orga	* *				· · · · · ·	aivina	
_		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•	_			
		organization. You must o							
b		Type II. A supporting org			ion with its	s supporte	ed organization(s) by hav	vina	
		control or management o	· ·						
		organization(s). You mus			arrio porco	no triat oo	manago are cap	portod	
c	. [Type III functionally inte			in connect	ion with.	and functionally integrate	ed with	
	_	its supported organization	-					- C,	
d	ı Г	Type III non-functionally		·				zation(s)	
	_	that is not functionally int						* *	
		requirement (see instructi	-		-		•		
е		Check this box if the orga	•	-					
Ĭ		functionally integrated, or					1)po 1, 1)po 11, 1)po 111		
f	Fnt	er the number of supported of	• .	nany magataa aappa m	.9 0.94=				
		ovide the following information	•	d organization(s)					
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
				above (see instructions)					
								 	

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support			,			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(-,	(,	(-,	(,	, , , , , , , , , , , , , , , , , , ,	(-,
·	membership fees received. (Do not						
	include any "unusual grants.")	36,008,006.	51,058,253.	116,951,537.	206,065,867.	151,406,685.	561,490,348.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	36,008,006.	51,058,253.	116,951,537.	206,065,867.	151,406,685.	561,490,348.
	The portion of total contributions						
-	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						106,039,555.
6	Public support. Subtract line 5 from line 4.						455,450,793.
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	36,008,006.	51,058,253.	116,951,537.	206,065,867.	151,406,685.	561,490,348.
	Gross income from interest,	, , ,	, , ,	, , ,	, , ,	, , ,	, , , -
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
		14,703.	26,260.	32,152.	54,679.	28,417.	156,211.
0	and income from similar sources Net income from unrelated business	11,700.	20,200.	32,132.	31,073.	20,117.	130,211.
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						E61 646 EE0
	Total support. Add lines 7 through 10		<u> </u>				561,646,559.
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for th	-	st, second, third, i	ourth, or fifth tax y	year as a section 5	01(c)(3)	
800	organization, check this box and storection C. Computation of Publi						
				- L (n)			81.09 %
	Public support percentage for 2022 (li		•	.,,		14	
	Public support percentage from 2021					15	
16a	33 1/3% support test - 2022. If the c						
	stop here. The organization qualifies						
D	33 1/3% support test - 2021. If the c	-					
	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test						
	and if the organization meets the facts					VI how the organiz	ation
	meets the facts-and-circumstances te	_	•	*	-		
b	10% -facts-and-circumstances test	ū				•	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu				•		
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2022

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 business 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						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(=)====	(2)=	(5,	(-,	(5,-5	(-)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
12	regularly carried on 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.)						
	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	vear as a section s	501(c)(3) organizatio	on.
	check this box and stop here	•		·	•	. , . ,	
Sec	tion C. Computation of Publi						
15	Public support percentage for 2022 (I	ine 8, column (f), a	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	9
Sec	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17	9
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	9
	33 1/3% support tests - 2022. If the					33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2021. If the						ınd
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	nization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization						

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Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	90		
	10a		
	10b		
_	100	~ 000	

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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		<u> </u>
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			l
	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			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			l
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			l
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	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	_		
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
360	tion b. All Type in Supporting Organizations		· ·	
	Did the considering and the control of the control of the control of the control of the control of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	-		
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			l
	• •	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
Ü	significant voice in the organization's investment policies and in directing the use of the organization's			l
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			l
	· · · · · · · · · · · · · · · · · · ·	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	<u>, </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)) <u>.</u>		
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	structior	ıs).	
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			l
	those supported organizations and explain how these activities directly furthered their exempt purposes,			l
	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,			l
	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				
	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.	3b	1 !	i

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Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Orgar	nizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sect	ion 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				
Sect	ion 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):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	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				
Sect	ion 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				
7	Check here if the current year is the organization's first as a non-functiona	lly integrate	ed Type III supporting orga	nization (see		
	instructions).					

Par	rt V Type III Non-Functionally Integrated 50)9(a)(3) Supporting Orga	nizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	-	4	
5	Qualified set-aside amounts (prior IRS approval required -	provide 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	n the organization is responsive		
	(provide details in Part VI). See instructions.	•	8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
с	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greate	er		
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
е	Excess from 2022			

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2022

Employer identification number

тн	20-8625442				
Organization type (check	one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
Note: Only a section 501(c	is covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	le. See instructions.			
General Rule					
_	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling y one contributor. Complete Parts I and II. See instructions for determining a contributor's	•			
Special Rules					
sections 509(a)(1) contributor, during	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and g the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) IZ, line 1. Complete Parts I and II.	d that received from any one			
_	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a g the year, total contributions of more than \$1,000 exclusively for religious, charitable, sc	*			
•	ional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e b) instead of the contributor name and address), II, and III.	ntering			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
answer "No" on Part IV, line	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fore 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, ag requirements of Schedule B (Form 990).	• •			
LHA For Paperwork Reduct	tion Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2022)			

Schedule B (Form 990) (2022) Page **2**

Name of organization

Employer identification number

THE CLEAR FUND

20-8625442

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$10,023,047.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$6,000,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. <u>4</u>	Name, address, and ZIP + 4	\$ 5,870,541.	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
5		\$\$.	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
6		\$3,600,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **3**

Name of organization Employer identification number

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I 2,939.13 ETH 1 10,023,047. 03/31/22 (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I

THE CLEAR FUND

 $20\!-\!8625442$

Page 4

Name of o	rganization				Employer identification number					
THE CLEA	AR FUND				20-8625442					
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional states.	through (e) and the following charitable, etc., contributions of \$1	line entry. For or	ganizations						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held					
		(e) Transfe	r of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee							
(a) No										
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held					
	(e) Transfer of gift									
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tran	nsferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held					
		(e) Transfe	r of gift							
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tran	nsferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held					
		(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee							
ļ										

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number THE CLEAR FUND 20 - 8625442

Pai	rt I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, Iir		nds or Accounts. Complete if the
	organization answered Tes On Form 990, Fait IV, III	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(c) = construction and	(a) a made and a data and a data and a
2	Aggregate value of contributions to (during year)		
3			
4	Aggregate value of grants from (during year) Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor a	udvised funds
3	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
Ü	for charitable purposes and not for the benefit of the donor of		
	· ·		
Pai			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		on of a historically important land area
	Protection of natural habitat	· —	on of a certified historic structure
	Preservation of open space	i reservati	or a certifica historic structure
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the f	orm of a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а			2a
b			
c	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		
_			2d
3	Number of conservation easements modified, transferred, rel		
	year	, ,	, , ,
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		g of
	violations, and enforcement of the conservation easements if		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing cons	ervation easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expe	ense statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial sta	tements that describes the
D -	organization's accounting for conservation easements.	CARLES CONTRACTOR	Oller O're'ller Assets
Pai	rt III Organizations Maintaining Collections of		r Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research	in furtherance of public
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 95	•	
	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		\$
2	If the organization received or held works of art, historical tre		ncial gain, provide
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		
<u>b</u>			
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2022

232051 09-01-22

THE CLEAR FUND <u> Page</u> **2** Schedule D (Form 990) 2022 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program h Scholarly research Other Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c 1d d Additions during the year Distributions during the year 1e Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back **1a** Beginning of year balance Contributions _____ Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the No organization by: (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)			
1a Land					
b Buildings					
c Leasehold improvements		562,226.	353,658.	208,568.	
d Equipment		209,932.	55,415.	154,517.	
e Other		111,530.	72,323.	39,207.	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)					

Schedule D (Form 990) 2022 THE CLEAR FUND		20	-8625442 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o			of year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-or-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" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-ot-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" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)	45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>15.)</u>		
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			(27 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
(2) OPERATING LEASE LIABILITY, CURRENT POR	TION		516,838.
(3) OPERATING LEASE LIABILITY, NET OF CURR.			488,335.
(4)			,
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			1,005,173.
2. Liability for uncertain tax positions. In Part XIII, provide t	he text of the footnote to	o the organization's financial statements th	at reports the
organization's liability for uncertain tax positions under F	ASB ASC 740. Check h	ere if the text of the footnote has been pro	vided in Part XIII X

Sche	dule D (Form 990) 2022 THE CLEAR FUND		20-8625442	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Revenu	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pai	t XII Reconciliation of Expenses per Audited Financial State		ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses	_		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
	t XIII Supplemental Information.		<u> </u>	
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P.	art IV, lines 1b and 2b; I	Part V, line 4; Part X, line 2; Pa	rt XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	dditional information.		
PART	X, LINE 2:			
GIVE	WELL IS A NON-PROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOM	E TAX UNDER		
SECT	ION 501(C)(3) OF THE INTERNAL REVENUE CODE AND A SIMILAR PRO	OVISION FOR		
STAT	E TAXING AUTHORITIES. IN ADDITION, GIVEWELL HAS BEEN DETERM	INED BY THE		
INTE	RNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN	THE MEANING		
OF S	ECTION 509(A) OF THE INTERNAL REVENUE CODE.			
GIVE	WELL'S ACCOUNTING POLICY PROVIDES THAT A TAX EXPENSE OR BEN	EFIT FROM		
AN U	NCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE LIK	ELY THAN		
NOT	THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION. MANAGE	EMENT HAS		
DETE	RMINED THAT GIVEWELL HAS TAKEN NO UNCERTAIN TAX POSITION TH	AT WOULD		
REQU	TRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS.			

SCHEDULE F (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

Name of the organization					Employer identi	fication number
THE CLEAR FUND					20-8625442	
	mation on A	ctivities Out	side the United States. Comple	te if the organ		Yes" on
Form 990, Part IV			one are completely	ne ii tile organ	nzation answered	105 011
•		n maintain record	ds to substantiate the amount of its gra	nts and other	assistance,	
the grantees' eligibility fo	or the grants or a	assistance, and t	the selection criteria used to award the	grants or assis	stance? X	Yes No
	ribe in Part V the	e organization's p	procedures for monitoring the use of its	grants and ot	her assistance out	side the
United States.						
			an be duplicated if additional space is no		(ام) منا امام المام المام	(f) Total
(a) Region	(b) Number of offices	employees.	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in (d) gram service,	expenditures
	in the region		gram services, investments, grants to		specific type	for and investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
EUROPE (INCLUDING		g				
ICELAND & GREENLAND)						
- ALBANIA, ANDORRA,						
AUSTRIA, BELGIUM	0	0	GRANTMAKING			41,233,276.
NORTH AMERICA -						
CANADA AND MEXICO,						
BUT NOT THE UNITED STATES	0	0	GRANTMAKING			2 063
SIAIES	0	0	GRANIMAKING			2,063.
						+
						1
3 a Subtotal	0	0				41,235,339.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	0				41,235,339.

232071 10-17-22

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

THE CLEAR FUND

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -	SCHISTOSOMIASIS					
		ALBANIA, ANDORRA,	CONTROL INITIATIVE	310,309.	WIRE TRANSFER	0.		N/A
		EUROPE (INCLUDING						
			SEASONAL MALARIA					
		GREENLAND) -	CHEMOPREVENTION					
		ALBANIA, ANDORRA,	PROGRAM	40,449,022.	WIRE TRANSFER	0.		N/A
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		ALBANIA, ANDORRA,		451,212.	WIRE TRANSFER	0.		N/A
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		ALBANIA, ANDORRA,	OPERATING SUPPORT	20,000.	WIRE TRANSFER	0.		N/A
		l	<u> </u>					I

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
3	Enter total number of other organizations or entities

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

Schedule F (Form 990) 2022 THE CLEAR FUND 20-8625442 Page 4
Part IV Foreign Forms

rait	Foreign Forms			
1	the organization may be require	ansferor of property to a foreign corporation during the tax year? If "Yes," ed to file Form 926, Return by a U.S. Transferor of Property to a Foreign or Form 926)	Yes	☐ No
2	be required to separately file For Receipt of Certain Foreign Gift	nterest in a foreign trust during the tax year? If "Yes," the organization may orm 3520, Annual Return To Report Transactions With Foreign Trusts and s, and/or Form 3520-A, Annual Information Return of Foreign Trust With a or Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	the organization may be require	wnership interest in a foreign corporation during the tax year? If "Yes," ed to file Form 5471, Information Return of U.S. Persons With Respect to see Instructions for Form 5471)	Yes	☐ No
4	qualified electing fund during the Information Return by a Sharel	or indirect shareholder of a passive foreign investment company or a the tax year? If "Yes," the organization may be required to file Form 8621, the tax year? If "Yes," the organization may be required to file Form 8621, the tax year? If "Yes," the organization may be required to file Form 8621, the tax year? If "Yes," the organization may be required to file Form 8621, the tax year? If "Yes," the organization may be required to file Form 8621, the tax year? If "Yes," the organization may be required to file Form 8621, the tax year? If "Yes," the organization may be required to file Form 8621, the tax year? If "Yes," the organization may be required to file Form 8621, the tax year? If "Yes," the organization may be required to file Form 8621, the tax year? If "Yes," the organization may be required to file Form 8621, the tax year? If "Yes," the organization may be required to file Form 8621, the tax year? If "Yes," the organization may be required to file Form 8621, the tax year? If "Yes," the organization may be required to file Form 8621, the tax year? If "Yes," the organization may be required to file Form 8621, the tax year? If "Yes," the organization may be required to file Form 8621, the tax year? If "Yes," the organization may be required to file Form 8621, the tax year. If year, the organization may be required to file Form 8621, the tax year. If year, the organization may be required to file Form 8621, the tax year. If year, the organization may be required to file Form 8621, the tax year. If year, the organization may be required to file Form 8621, the tax year. If year, the organization may be required to file Form 8621, the tax year. If year, the organization may be required to file Form 8621, the tax year. If year, the organization may be required to file Form 8621, the tax year. If year, the organization may be required to file Form 8621, the tax year. If year, the organization may be required to file Form 8621, the tax year. If year, the organization may be required to file Form 8621, the tax yea	Yes	X No
5	•	wnership interest in a foreign partnership during the tax year? If "Yes," ed to file Form 8865, Return of U.S. Persons With Respect to Certain uctions for Form 8865)	Yes	X No

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2022

Yes X No

6

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.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public

Inspection

Name of the organization							Employer identification number		
	THE CLEAR FUND 20-8625442								
Part I General Information on Grants a									
	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection								
criteria used to award the grants or assis	tance?						Yes No		
2 Describe in Part IV the organization's pro						/ F 000 Dt	IV. Fra Od. fav. and		
Part II Grants and Other Assistance to I recipient that received more than \$\frac{1}{2}\$					anization answered "Y	es" on Form 990, Part	IV, line 21, for any		
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 noncash assistance	(h) Purpose of grant or assistance		
							DEWORMING PROGRAM,		
EVIDENCE ACTION							DISPENSERS FOR SAFE		
641 STREET NW							WATER, MATERNAL SYPHILIS		
WASHINGTON, DC 20001	90-0874591	501(C)(3)	8,718,700.	0.			PROGRAM		
AGAINST MALARIA FOUNDATION 310 WEST 20TH STREET, SUITE 300 KANSAS CITY, MO 64108	20-3069841	501(C)(3)	12,878,122.	0.			OPERATING SUPPORT		
	20 0003012		12,070,1221	•					
GIVEDIRECTLY 171 AVENUE A, SUITE 6B NEW YORK, NY 10009	27-1661997	501(C)(3)	1,613,915.	0.			OPERATING SUPPORT		
SIGHTSAVERS 1000 N WEST ST, SUITE 1200 WILMINGTON, DE 19801	47-4657747	501(C)(3)	136,943.	0.			DEWORMING PROGRAM		
THE END FUND 41 EAST 11TH STREET, 11TH FLOOR NEW YORK, NY 10003	27-3941186	501(C)(3)	61,085.	0.			DEWORMING PROGRAM		
HELEN KELLER INTERNATIONAL ONE DAG HAMMARSKJOLD PLAZA FLOOR 2 NEW YORK, NY 10017	13-5562162	501(C)(3)	3,953,920.	0.			VITAMIN A SUPPLEMENTATION		
2 Enter total number of section 501(c)(3) are	nd government org	ganizations listed in th	e line 1 table						
3 Enter total number of other organizations	s listed in the line	I table					0.		

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

(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
EW INCENTIVES							
40 S LEMON AVE PMB 6133							
ALNUT, CA 91789	45-2368993	501(C)(3)	53,485,194.	0.			OPERATING SUPPORT
RECISION DEVELOPMENT							
0 CANAL ST							
OSTON, MA 02114	81-0779400	501(C)(3)	286,774.	0.			OPERATING SUPPORT
LIMA							
NE WHITEHALL STREET, 2ND FL							
EW YORK, NY 10004	26-0397519	501(C)(3)	13,455,542.	0.			MALNUTRITION SUPPORT
ICE INSTITUTE INC							
72 OLD COLCHESTER RD							R.I.C.E. KANGAROO MOTH
MSTON, CT 06231	45-2035413	501(C)(3)	2,423,199.	0.			CARE
DIVISION							
DINSIGHT							
4 TEHAMA ST	27-4933181	E01/a)/3)	71 000	0.			ODEDAMING GUDDODM
AN FRANCISCO, CA 94105 PARK MICROGRANTS	27-4933101	501(C)(3)	71,000.	0.			OPERATING SUPPORT
O BOX 20435, GREEN SQUARE STATION							
EAST 27TH ST - NEW YORK, NY							
0001-9998	45-2275630	501(C)(3)	53,740.	0.			OPERATING SUPPORT
0001 3330	13 22,3030	301(0)(0)	33,710.	•			DIEMITING BOITON

Schedule I (Form 990) 2022 THE CLEAR FUND

20-8625442 Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
THE CLEAR FUND PERFORMS AN REVIEW OF EACH MAJOR GRA	ANTEE, EITHER	ANNUALLY OR			
AT THE TIME OF GRANT RENEWALS. THIS REVIEW INVOLVES	S EXTENSIVE D	UE DILIGENCE			
ON ITS MISSION, FINANCIALS AND PERFORMANCE, AND US	ES THIS INFOR	MATTON TO			
,					
PUBLISH INFORMATION ON ITS WEBSITE ABOUT THE FUNDIN	NG RECOMMENDA	TIONS IN			
QUESTION. REVIEWS FOR TOP CHARITIES ARE AVAILABLE	VIA WWW.GIVEW	ELL.ORG.			
WHENEVER A GRANT WAS DESIGNATED FOR A SPECIFIC PUR	POSE, THE CLE	AR FUND			
REQUIRES CONFIRMATION THAT THE FUNDS WERE USED FOR	THIS PURPOSE	•			

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Name of the organization

THE CLEAR FUND

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

20-8625442 **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract X Compensation survey or study Independent compensation consultant X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Х a Receive a severance payment or change-of-control payment? 4a Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4h Х **c** Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: Х a The organization? 6a Х **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments

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Schedule J (Form 990) 2022

7

8

not described on lines 5 and 6? If "Yes," describe in Part III

Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the

initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

Х

Х

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	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)	355,000.	0.	0.	0.	32,947.	387,947.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) WHITNEY RIDER	(i)	285,750.	0.	0.	0.	1,563.	287,313.	0.	
SECRETARY/HEAD OF HR & BUSINESS OPS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) STEPHANIE STOJANOVIC	(i)	263,768.	0.	0.	0.	15,895.	279,663.	0.	
DIRECTOR OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) TERYN MATTOX	(i)	221,709.	0.	0.	0.	9,076.	230,785.	0.	
SENIOR PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) BENJAMIN BATEMAN	(i)	213,230.	0.	0.	0.	8,443.	221,673.	0.	
DIRECTOR OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) NATALIE CRISPIN	(i)	209,226.	0.	0.	0.	8,638.	217,864.	0.	
TREASURER/SENIOR PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) ALEX COHEN	(i)	180,088.	0.	0.	0.	25,980.	206,068.	0.	
SENIOR RESEARCHER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) JULIE FALLER	(i)	173,791.	0.	0.	0.	27,071.	200,862.	0.	
PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) MARINELLA CAPRIATI	(i)	177,619.	0.	0.	0.	22,794.	200,413.	0.	
PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) CHARLENE ABELLANA	(i)	126,749.	0.	46,267.	0.	9,196.	182,212.	0.	
CONTROLLER (THRU 11/2/22)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(11) ERIN CROSSETT	(i)	161,761.	0.	0.	0.	13,259.	175,020.	0.	
PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)					_			

20-8625442

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:
CHARLENE ABELLANA, CONTROLLER, RECEIVED \$46,267 IN SEVERANCE PAYMENTS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

THE CLEAR FUND

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.

Inspection Employer identification number 20-8625442

Par	rt I Typ	es of Property								
	•		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contrib amounts reporte Form 990, Part VIII	ed on	(d) Method of do noncash contrib	etermin	_	3
1	Art - Works	of art			,					
2		cal treasures								
3		onal interests	1							
4		publications								
5		d household goods								
6		ther vehicles								
7		planes								
8		property								
9		Publicly traded	Х	386	6,08	30,457.	FMV			
10		Closely held stock								
11		Partnership, LLC, or								
	trust interes									
12	Securities -	Miscellaneous								
13		onservation contribution -								
	Historic stru	uctures								
14	Qualified co	onservation contribution - Other								
15		- Residential								
16		- Commercial								
17		- Other								
18		S	1							
19		tory								
20		medical supplies	1							
21										
22		rtifacts								
23		pecimens								
24		cal artifacts								
25	Other (CRYPTOCURRENCY)	Х	408	13,46	55,733.	FMV			
26	Other (
27	Other ()								
28	Other (
29	Number of	Forms 8283 received by the organ	ization during	g the tax year for c	ontributions					
	for which th	ne organization completed Form 8	283, Part V, D	onee Acknowledg	ement	29			3	
									Yes	No
30a	During the	year, did the organization receive l	oy contributio	n any property rep	orted in Part I, lines	1 throug	h 28, that it			
	must hold f	or at least 3 years from the date o	f the initial co	ntribution, and wh	ch isn't required to	be used	for			
	exempt purposes for the entire holding period?									Х
b	b If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?									
32a	Does the or	rganization hire or use third parties	or related or	ganizations to soli	cit, process, or sell r	noncash				
	contribution	าร?						32a		Х
b	If "Yes," de	scribe in Part II.								
33	If the organ	ization didn't report an amount in	column (c) fo	r a type of property	for which column (a) is ched	cked,			
	describe in	Part II.								
LHA	For Pape	erwork Reduction Act Notice, se	e the Instruc	tions for Form 990). 	_	Schedule I	И (Forn	n 990)	2022

232142 09-09-22 Schedule M (Form 990) 2022

SCHEDULE O (Form 990)

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.

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Inspection **Employer identification number**

THE CLEAR FUND	20-8625442
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	
E4 IN THE BOARD RESOLUTION AVAILABLE HERE:	
HTTPS://FILES.GIVEWELL.ORG/FILES/CLEARFUND/MEETING_2019_04_30/ATTACHMENT_A_	
ESOLUTIONS_FOR_VOTE.PDF. THIS PROCESS WAS FOLLOWED IN FULL TO SET THE	
CURRENT LEVEL OF COMPENSATION FOR THE CEO AND COMPENSATED OFFICERS OF THE	Sobodulo O /Farra 000) 2000
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization THE CLEAR FUND	Employer identification number 20-8625442
ORGANIZATION.	
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 R (Form 990)

Name of the organization

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

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

THE CLEAR FUND

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

20 - 8625442

Part I Identification of Disregarded Entities. Co	omplete if the organization answered "Y	es" on Form 990, Part IV, line 30	3.				
	(b)	(c)	(d)	(e)		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	me End-of-yea		controlling ntity	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ganizations. Complete if the organizati	on answered "Yes" on Form 990), Part IV, line 34, I	pecause it had one	or more related tax-exe	mpt	
(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	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
GIVEWELL UK							
FIRST FLOOR 10 QUEEN STREET PLACE LONDON, UNITED KINGDOM EC4R 1BE	GRANTMAKING	UNITED KINGDOM	501(C)(3)		THE CLEAR FUND	x	
,							
For Paperwork Reduction Act Notice, see the Instr	uctions for Form 990.				Schedule R	(Form 99	90) 2022

Schedule R (Form 990) 2022 THE CLEAR FUND 20-8625442 Page **2**

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	Direct controlling	Olling Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gener	Percenta ping ownersh		
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	alloca	itions?					
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No.		
						l							

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	I contr	o)(13) olled ity?	
		country)		or trusty		455515		Yes	No	
]									
	1									

Schedule R (Form 990) 2022 THE CLEAR FUND 20-8625442

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>'</i>			1a		Х		
	Gift, grant, or capital contribution to related organization(s)				1b		Х		
	Gift, grant, or capital contribution from related organization(s)				1c	Х			
					1d		Х		
е	Loans or loan guarantees by related organization(s)				1e		Х		
f	Dividends from related organization(s)				1f		Х		
	Sale of assets to related organization(s)				1g		Х		
h	Purchase of assets from related organization(s)				1h		X		
i	Exchange of assets with related organization(s)				1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х		
	Performance of services or membership or fundraising solicitations for related organ				11		X		
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m		X		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		X		
0	Sharing of paid employees with related organization(s)				10		X		
р	Reimbursement paid to related organization(s) for expenses				1p		Х		
p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses									
r	Other transfer of cash or property to related organization(s)				1r		Х		
	Other transfer of cash or property from related organization(s)				1s		Х		
2	If the answer to any of the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instruction of the above is "Yes," see the instruction of the above is "Yes," and	ho must complete th	is line, including covered re	elationships and transaction thresholds.					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved				
1) ⁽	IVEWELL UK	С	5,870,541.	FMV					
2)									
3)									
4)									
5)									
<u> </u>									
6)									
<u> </u>		I.	1						

Page 3

Yes No

Schedule R (Form 990) 2022 THE CLEAR FUND 20-8625442 Page **4**

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box of Schedule K-	General managin partner	(k) Percentage ownership
	-									