Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

benefit trust or private foundation)

OMB No. 1545-0047 Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection A For the 2011 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number Address change THE CLEAR FUND Name change GIVEWELL 20-8625442 Doing Business As Ilnitial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number return Termin-646-233-2035 320 7TH AVENUE #232 Amended return 1,358,378. City or town, state or country, and ZIP + 4 **G** Gross receipts \$ Applica-BROOKLYN, NY 11215 H(a) Is this a group return pending F Name and address of principal officer: HOLDEN KARNOFSKY Yes X No for affiliates? #232, BROOKLYN, NY 320 7TH AVENUE H(b) Are all affiliates included? Yes ) ◀ (insert no.) 4947(a)(1) or 527 If "No." attach a list. (see instructions) J Website: ► WWW.GIVEWELL.ORG **H(c)** Group exemption number ▶ Other > K Form of organization: X Corporation Association Year of formation: 2007 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: THE CLEAR FUND (AKA GIVEWELL) **Activities & Governance** FINDS OUTSTANDING GIVING OPPORTUNITIES AND PUBLISHES THE FULL Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 8 Number of independent voting members of the governing body (Part VI, line 1b) 6 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 8 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. **b** Net unrelated business taxable income from Form 990-T, line 34. **Prior Year Current Year** 368,796. 1,348,341. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 2,877. 2,498. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -104.-4,555.Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 371,569. 1,346,284. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 300,266. 659,188. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. Benefits paid to or for members (Part IX, column (A), line 4) 0. 14 200,827. 289,142. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 118,734. 81,105. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 619.827. 1,029,435. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -248,258. 316,849. Revenue less expenses. Subtract line 18 from line 12 Ssets or Balances **Beginning of Current Year** End of Year 527,740. 1,434,214. 20 Total assets (Part X, line 16) 595,332. 5,707. 21 Total liabilities (Part X. line 26) Met  $5\overline{22,033}$ 838,882. Net assets or fund balances. Subtract line 21 from line 20. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign HOLDEN KARNOFSKY, CO-EXECUTIVE DIRECTOR Here Type or print name and title Preparer's signature Date PTIN Print/Type preparer's name 11/15/12 P01243493 GUS SALIBA GUS SALIBA Paid self-employed FRUCHTER ROSEN & CO., P.C. Firm's name 06-1671819 Preparer Firm's EIN Firm's address 156 WEST 56TH STREET STE 1804 Use Only NEW YORK, NY 10019 Phone no. 212-957-3600

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes

Pa	Charle if Cahadala O contains a year area to any quadries in this Part III	
1	Check if Schedule O contains a response to any question in this Part III  Briefly describe the organization's mission:	<u></u>
•	THE CLEAR FUND (AKA GIVEWELL) FINDS OUTSTANDING GIVING OPPORTU	NITIES
	AND PUBLISHES THE FULL DETAILS OF OUR ANALYSIS TO HELP DONORS	DECIDE
	WHERE TO GIVE.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and al	locations to
4-	others, the total expenses, and revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 946,355 • including grants of \$ 659,188 • ) (Revenue \$ 1	315 030 /
4a	(Code: ) (Expenses \$ 946,355 including grants of \$ 659,188 ) (Revenue \$ 1 UPDATED AND EXPANDED RESEARCH ON INTERNATIONAL AID CHARITIES;	
	GIVEWELL LABS; PUBLISHED RESEARCH AND RECOMMENDATIONS ON DISAS	
	RELIEF; TRACKED OVER \$5.2 MILLION IN DONATIONS TO TOP CHARITIE	
	A RESULT OF OUR RESEARCH.	D 1111DL 110
	I REPORT OF CON REPUMBLIA	
4b	(Code:         ) (Expenses \$         including grants of \$         ) (Revenue \$	)
4c	(Out.) \( \( \sum_{\text{Out.}} \) \( \sum_{\text{Out.}} \)	1
40	(Code:) (Expenses \$	)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
<u>4e</u>	Total program service expenses ► 946,355.	
12200		Form <b>990</b> (2011)

### 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? 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			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		77
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		Х	
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Λ	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<b>'</b>		21
8		8		Х
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	-		
3	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	<u> </u>		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		,,	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	١	. v	
	Schedule D, Parts XI, XII, and XIII	12a	X	
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, XII, and XIII is optional.	105		Х
10	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b		144		
J	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 assistance to any organization			
	or entity located outside the United States? 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 assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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### Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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			37
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			37
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Λ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			Х
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	١		v
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?	24		Х
25-	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
Б	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 in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2011)

# | Part V | Statements Regarding Other IRS Filings and Tax Compliance

Service the number reported in Box 3 of Form 1006. Enter 0- if not applicable   1a   3   3   1b   Committee   1   10   0   0   0   0   0   0   0		Check if Schedule O contains a response to any question in this Part V					
b Enter the number of Forms W2G included in line 1s. Enter o'. If not applicable in the common programment of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) wrinings to prize winners?  2e Enter the number of employees reported on Form W3., Transmittal of Wage and Tax Stataments, filed for the calendar year ending with or within the year covered by this return  2 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  2b If was a common of the calendar year and one 2a, year the organization file all required federal employment tax returns?  2c If the organization have unrelated business gross income of \$1,000 or more during the year?  3c If the organization have unrelated business gross income of \$1,000 or more during the year?  3d If was any time during the calendar year, did the organization in Schedule O  4d At any time during the calendar year, did the organization in Schedule O  4d At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account or country. Schedule as bank account, securities account, or other financial account(?)  4d A If was, a finer the name of the foreign country. Schedule as a bank account, securities account, or other financial account(?)  4d A If was, a fine the financial Accounts.  5d Was the organization a party to a prohibited tax shelter transaction?  5d Was the organization appray to a prohibited tax shelter transaction?  5d Was the organization appray to a prohibited tax shelter transaction?  5d Was the organization and party to a prohibited tax shelter transaction?  5d Was the organization and party to a prohibited tax shelter transaction?  5d Was the organization shelt were not tax deductible?  6d Destination of the was accountable of the organization and party to goods and services provided to the payor?  7d Was if Yes, "did the organization necess of was made party as						Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gamining) within symmings to prize withorines?  2a Effect 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  8 If all least one is reported on line 2a, did the organization file all required federal employment tax returns?  8 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  9 Did the organization have unreaded bouiness gross income of \$1,000 or more during the year?  9 At any time during the calendary and, did the organization file all required federal employment tax returns?  9 At any time the name of the five year? If N/6, *provide an explanation in Schedule O  9 B If Yes, *instructions for filing requirements for Form TD F00 22.1, Report of Foreign Bank and Financial Accounts, a financial account in a foreign country; P  8 See instructions for filing requirements for Form TD F00 22.1, Report of Foreign Bank and Financial Accounts.  9 B If Yes, *independent the name of the foreign; country; P  8 See instructions for filing requirements for Form TD F00 22.1, Report of Foreign Bank and Financial Accounts.  9 B If Yes, *independent the name of the foreign; country; P  8 See instructions for filing requirements for Form TD F00 22.1, Report of Foreign Bank and Financial Accounts.  9 B If Yes, *independent the name of the foreign; country; P  8 Was the organization should be organization file Form 8886-17?  9 C If Yes, *In line to organization in explanation file Form 8886-17?  9 C If Yes, *In line to organization include with every solicitation an express statement that such contributions or grits were not tax deductible?  10 P If Yes, *In line to organization include with every solicitation an express statement that such contributions or grits were not tax deductible?  10 P Organizations that may receive deductible contrib	1a		1a	3			
gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, led for the calendary pear ending with or within the year covered by this return  5 If a least one is reported on line 2a, did the organization line all required federal employment tax returns?  5 If wes, in sum of lines 1 and and 2 air greater than 250, you may be required to e-//le (see instructions)  5 If "wes," as it filed a form 990-7 for this year If "No, "provide an explanation is Schedule O  4 A 1 Amy time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5 If "wes," enter the name of the foreign country. Inc. so a bank account, securities account, or other financial accounts?  5 If "wes," enter the name of the foreign country. Inc. so a bank account, securities account, or other financial account?  5 If "wes," enter the name of the foreign country. Inc. so a bank account, securities account, or other financial account?  5 If "wes," enter the name of the foreign country. Inc. so a bank and Financial Accounts.  5 If "wes," enter the name of the foreign country. Inc. so a party to a prohibited tax shelter transaction at any time during the tax year?  5 If "wes," enter the name of the foreign country. Inc. so a party to a prohibited tax shelter transaction or solid any contributions that we en ottax deductible?  6 If "wes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization scillar any contributions that were not tax deductible?  6 If "wes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization scillar any contributions that were not tax deductible?  6 If "wes," did the organization have annual gross contribution of authors that the properties of the properties of the properties of t	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, field for the calendary year ending with or within the year covered by this result.    Secondary	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
First calendar year ending with or within the year covered by this return		(gambling) winnings to prize winners?			1c	_X_	
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If the veginization have unrelated business gross income of \$1,000 or more during the year?  3a At any time during the celandary year, did the organization have an inderest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the calendary ear, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly?  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5b If Yes, it lide the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes, it lide the organization that it was or is a party to a prohibited tax shelter transaction of the supervision and the organization solicit any contributions that were not tax deductible?  6c If Yes, it lide the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b If Yes, it did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that many receive deductible contributions under section 170(c).  8c If Yes, it did the organization receive aparent in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7b If Yes, it did the organization receive aparent in excess of \$75 made party as a contribution of undersection \$75 made party as a contribution of undersection \$75 made party as a contribution of undersection \$75 made party as a contribution of u	2a			_			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a		filed for the calendar year ending with or within the year covered by this return	2a	6			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has it filled a Form 980 T for this year? If "No," provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts.  5b If "Yes," either the name of the foreign country." ►  5c einstructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts.  5c Was the organization or party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 56, did the organization that if was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 56, did the organization file Form 8886.17  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solict any contributions that were not tax deductible?  6c Destination include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  a Did the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6d If "Yes," did the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7c Variation of the Form 8282?  6d If "Yes," did the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6d If "Yes," did the organization receive any funds, directly or indirectly, to a paymentimes on a personal benefit contract?  7d Variation for Form 8282?  6d If "Yes," did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file form 1090 Part Vill, in the org	b				2b	_X_	
b if "Yes," has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly or "Yes," enter the name of the foreign country. ▶  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5a Was 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?  6b If "Yes," to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6c 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?  6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a) bill the organization state may receive deductible contributions under section 170(c).  a) bill the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8888?  5 If "Yes," indicate the number of Forms 8882 filed during the year  6 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 The Spansoring organization received a contribution of cars, boats, analysise, or other vehicles, did the organization file Form 8898 required?  8 Sponsoring organization make any taxable distributions under section 996(3) supporting organization file Form 8898 required?  9 Sponsoring organizations maintaining donor advised funds.  10b lith the organization freewed a contribution of cars, boats, and any section 996(3) supportin			•				
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5a Was the organization aperunts for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year?  5a Des the organization have annual giross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6a Does the organization have annual giross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6b If "Yes," it did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b Organizations that may receive deductible contributions under section 170(c).  8b If If "Yes," idd the organization notity the donor of the value of the goods or services provided?  7c Did the organization receive apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7c Did the organization receive apyment in excess of \$75 made partly as a contribution of property for which it was required to life Form 82882?  8c If If Yes," indicate the number of Forms 8282 filed during the year  9c Did the organization received a contribution of qualified intellectual property, did the organization file Form 8989 as required?  9c If the organization received a contribution of qualified intellectual property, did the organization file form 8080?  9c Sponsoring organizations maintaining donor advised funds and section 598(a)(3) supporting organization file a Form 1098-C?  9c Sponsoring organizations maintaining donor advised funds and section 598(a)(3) supporting organization file a Form 1098-C?  9c Sponsoring organization make a distrib							X
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b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand  13a  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	а	, , , , , , , , , , , , , , , , , , , ,			9a		
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	10						
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	11	Section 501(c)(12) organizations. Enter:					
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?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand  13b  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b			11a				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b	Gross income from other sources (Do not net amounts due or paid to other sources against					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  15c  16b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  175  186  187  188  189  190  190  190  190  190  190	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	?	12a		
a Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	b	•	12b				
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  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b							
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  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	а	•			13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13c  13b  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b							
c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b		ا ا				
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					44		Y
	D	in res, mas it filed a Form 720 to report these payments? If two, provide an explanation in Scheduli	€ U			990 /	2011\

Pai	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be		Vo" re	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruc	ctions.			
	Check if Schedule O contains a response to any question in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	9			
	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 in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any o	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 sup				
_	of officers, directors, or 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 of				
	more members of the governing body?		7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders				
_	persons other than the governing body?		7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow				
а	The governing body?	*	8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	<del>-</del>	-		
Ŭ	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Cod	le.)	Ť		
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	[·	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affil				
-	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 filir		11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ĭ			
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describ				
•	in 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 indepe				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its partici				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure			•	
17	List the states with which a copy of this Form 990 is required to be filed ►NY				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 50	)1(c)(3)s only) av	ailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of inte	erest policy, and	finan	cial	
	statements available to the public during the tax year.				
20	State the name, physical address, and telephone number of the person who possesses the books and records of NATALIE STONE CRISPIN $-646-233-2035$	of the organization	on: 🕨		

132006 01-23-12

Form **990** (2011)

#232, BROOKLYN, NY

11215

320 7TH AVENUE

Form 990 (2011) 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 to any question 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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.

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

(A)	(B)	l	111120	((		прс	isat	(D)	(E)	(F)
Name and Title	Average hours per week	box. offic	not c	Pos heck ss pe	ition more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) HOLDEN KARNOFSKY	60.00	37		х				71 250	0.	6 410
CO-EXECUTIVE DIR. & BOARD SECRETARY (2) TOM RUTLEDGE	60.00	Х		Λ				71,250.	0.	6,419.
BOARD CHAIR	0.30	х		х				0.	0.	0.
(3) LINDY MILLER CRANE	0.30							•	0.	0.
BOARD VICE-CHAIR	1.00	х		х				0.	0.	0.
(4) GREG JENSEN								-		
BOARD MEMBER	0.30	х						0.	0.	0.
(5) TIM OGDEN										
BOARD MEMBER	1.00	Х						0.	0.	0.
(6) JON BEHAR										_
BOARD MEMBER	0.30	Х						0.	0.	0.
(7) ARI HERMAN	0 20	37		3,7				0		0
BOARD TREASURER	0.30	Х		Х				0.	0.	0.
(8) CARI TUNA BOARD MEMBER	1.00	х						0.	0.	0.
(9) FRED POST										
BOARD MEMBER	0.30	Х						0.	0.	0.
(10) ELIE HASSENFELD									_	
CO-EXECUTIVE DIRECTOR	60.00			Х				71,250.	0.	2,091.

Form **990** (2011)

Part VII Section A. Officers, Directors, 1	rustees, Key E	Inple	nployees, and Highest (C)									(E)	
<b>(A)</b> Name and title	Average			Pos	itior	1		( <b>D)</b> Reportable	( <b>E)</b> Reportable			(F) timate	d
name and title	hours per		not c	heck	more	than		compensation	compensation			nount (	
	week					or/trus		from	from related			other	
	(describe	ector						the	organization			pensa	
	hours for related	or director	8			ated		organization	(W-2/1099-MI	SC)	l	om the	
	organizations	trustee	Institutional trustee		8 8	ubeus		(W-2/1099-MISC)				anizati d relate	
	in Schedule	dual tr	tional		nploy	st con	<u></u>					anizatio	
	O)	Individual	Institu	Officer	Key employee	Highest compensated employee	Forme				3-		
								4.40 5.00				<u> </u>	4.0
1b Sub-total								142,500.		0.		8,5	
c Total from continuation sheets to Part								0.		0.		<u>. г</u>	0.
d Total (add lines 1b and 1c)								142,500.		0.		8,5	TU.
<ul><li>Total number of individuals (including but compensation from the organization</li></ul>	not limited to th	nose	liste	ed al	bov	e) wl	no r	eceived more than \$100	0,000 of reportab	le			(
<del>-</del>												Yes	No
3 Did the organization list any former office	er, director, or tr	uste	e, ke	y er	nplo	yee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J fo	such individual										3		X
4 For any individual listed on line 1a, is the									the organization				
and related organizations greater than \$1											4		X
5 Did any person listed on line 1a receive o	•				•			•		3	_		v
rendered to the organization? If "Yes," co Section B. Independent Contractors	mplete Schedul	e J 1	or s	uch <sub>i</sub>	pers	son					5		X
Complete this table for your five highest.	compensated in	den	ende	ent c	ont	racto	ors t	that received more than	\$100 000 of con	nnens	ation f	rom	
the organization. Report compensation for										pone	,auom	. 5111	
(A)				_				(B)		_	(C		
Name and busine	ss address	N	INC	<u> </u>			_	Description of s	services		compe	nsatioi	1
<ul> <li>Total number of independent contractors</li> <li>\$100,000 of compensation from the organic</li> </ul>		not li	mite 	d to		se li: 0	stec	d above) who received n	nore than				
											Form	990 (c	2011

15481115 135009 9007

A   Income from investment of tax-exempt bond proceeds   S   Royalties	Pa	rt VII	Statement of Rever	nue					
Business Code    2 a							Related or exempt function	Unrelated business	Revenue excluded from tax under sections 512,
Business Code    2 a	ints nts								
Business Code    2 a	Gra ou								
Business Code    2 a	ts,	С	Fundraising events	1c					
Business Code    2 a	₽₽	d	Related organizations	1d					
Business Code    2 a	ns, Sin		• ,	<i>'</i>					
Business Code    2 a	erio	f			240 241				
Business Code    2 a	ĕ₽				348,341.	-			
Business Code    2 a	ou	g	Noncash contributions included in lines	: 1a-1f: \$		1 3/10 3/11			
2 a b d d d d d d d d d d d d d d d d d d	0 6	<u>n</u>	I otal. Add lines 1a-1f						
Total, Add lines 2a-2f  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  (i) Real (ii) Personal  b Less: rental expenses  c Rental income or (loss)  d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss)  4 Net gain or (loss)  5 A Gross income from fundraising events (not including \$ of contributions reported on line 1c). See  Part IV, line 18	o l	0.0			Business Code				
Total, Add lines 2a-2f  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  (i) Real (ii) Personal  b Less: rental expenses  c Rental income or (loss)  d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss)  4 Net gain or (loss)  5 A Gross income from fundraising events (not including \$ of contributions reported on line 1c). See  Part IV, line 18	ViC.								
Total, Add lines 2a-2f  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  (i) Real (ii) Personal  b Less: rental expenses  c Rental income or (loss)  d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss)  4 Net gain or (loss)  5 A Gross income from fundraising events (not including \$ of contributions reported on line 1c). See  Part IV, line 18	Ser								
Total, Add lines 2a-2f  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  (i) Real (ii) Personal  b Less: rental expenses  c Rental income or (loss)  d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss)  4 Net gain or (loss)  5 A Gross income from fundraising events (not including \$ of contributions reported on line 1c). See  Part IV, line 18	E S								
Total, Add lines 2a-2f  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  (i) Real (ii) Personal  b Less: rental expenses  c Rental income or (loss)  d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss)  4 Net gain or (loss)  5 A Gross income from fundraising events (not including \$ of contributions reported on line 1c). See  Part IV, line 18	Per								
g Total. Add lines 2a2f	Pr		All other program service reve	enue					
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties    (i) Real   (ii) Personal   6 a Gross rents   (ii) East   (iii) Eas									
A   Income from investment of tax-exempt bond proceeds   S   Royalties									
4 Income from investment of tax-exempt bond proceeds  Royalties  (i) Real (ii) Personal  (ii) Personal  (iii) Personal  (iii) Personal  (iv)			other similar amounts)		<b>&gt;</b>	2,498.			2,498.
(i) Personal   (ii) Personal   (ii) Personal   (iii) Pe		4							
6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a MISCELLANEOUS 900099 -301301. 12 Total revenue. See instructions.  1 a 346, 284. 0. 0. 02, 057.		5	Royalties		<b></b>				
b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (ii) Securities (iii) Other sasets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss				(i) Real	(ii) Personal				
C Rental income or (loss)  d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$									
d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss)  8 a Gross income from fundraising events (not including \$									
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18			. ,						
assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$									
b Less: cost or other basis and sales expenses c Gain or (loss)  d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b C Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19		7 a		(i) Securities	(ii) Other				
and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a MISCELLANEOUS  b All other revenue e Total. Add lines 11a-11d  12 Total revenue. See instructions:  1 A 3 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			•			-			
C   Gain or (loss)		D							
d Net gain or (loss)		•				-			
8 a Gross income from fundraising events (not including \$					<b></b>				
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a MISCELLANEOUS 900099 -301.  -301.  b  c Intal revenue  E Total. Add lines 11a-11d -301.  12 Total revenue. See instructions.  -4, 254.  -4	ne		Gross income from fundraisin	g events (not					
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a MISCELLANEOUS 900099 -301.  -301.  b  c Intal revenue  E Total. Add lines 11a-11d -301.  12 Total revenue. See instructions.  -4, 254.  -4	ver								
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a MISCELLANEOUS 900099 -301.  -301.  b  c Intal revenue  E Total. Add lines 11a-11d -301.  12 Total revenue. See instructions.  -4, 254.  -4	Re		•	•	7.840.				
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a MISCELLANEOUS 900099 -301.  -301.  b  c Intal revenue  E Total. Add lines 11a-11d -301.  12 Total revenue. See instructions.  -4, 254.  -4	Ę.	h				1			
9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a MISCELLANEOUS 900099 -301.  b c d All other revenue e Total. Add lines 11a-11d  Total revenue. See instructions.  1,346,284.  0. 0. 02,057.	Ó					-4,254.			-4,254.
Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory    Miscellaneous Revenue    11 a MISCELLANEOUS  900099 -301.  -301.    b c Total. Add lines 11a-11d				-					
b Less: direct expenses b C Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 -301301. b C d All other revenue E Total. Add lines 11a-11d									
10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a MISCELLANEOUS 900099 -301.  All other revenue e Total. Add lines 11a-11d  Total revenue. See instructions.  1,346,284.  0.  0.  -2,057.		b							
and allowances a		С	Net income or (loss) from gam	ning activities					
b Less: cost of goods sold b C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code  11 a MISCELLANEOUS 900099 -301301.  b C C C C C C C C C C C C C C C C C C		10 a	Gross sales of inventory, less	returns					
c Net income or (loss) from sales of inventory         Miscellaneous Revenue       Business Code         11 a MISCELLANEOUS       900099 -301.         b       -301.         c       -301.         d All other revenue       -301.         e Total. Add lines 11a-11d       -301.         12 Total revenue. See instructions.       1,346,284.       0.       0.       -2,057.			and allowances	а					
Miscellaneous Revenue         Business Code           11 a MISCELLANEOUS         900099         -301.           b c d All other revenue         -301.           e Total. Add lines 11a-11d         -301.           12 Total revenue. See instructions.         1,346,284.         0.         0.         -2,057.		b	Less: cost of goods sold	b					
11 a MISCELLANEOUS 900099 -301301.  b c	,	С			<b></b>				
b c d All other revenue e Total. Add lines 11a-11d			Miscellaneous Revenu	ie					201
c       d All other revenue         e Total. Add lines 11a-11d       ► -301.         12 Total revenue. See instructions.       ► 1,346,284.       0.       0.       -2,057.					900099	-301.			-301.
d All other revenue  e Total. Add lines 11a-11d  12 Total revenue. See instructions.  → 1,346,284.  0. 02,057.									
e Total. Add lines 11a-11d			All alls and an area						+
12 Total revenue. See instructions.						_301			
							0	n	-2.057
	13200		. Juli 1949/149. Odd III di ududii.		·····	_, _ 10 10 , 40 4 •	· • [		Form <b>990</b> (2011)

#### 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) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respons			(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and	650 400			
	organizations in the United States. See Part IV, line 21	659,188.	659,188.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	151 010	100 540	16 730	4 534
	trustees, and key employees	151,010.	129,540.	16,739.	4,731
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	100 250	06 107	11 105	2 4 4 5
7	Other salaries and wages	100,379.	86,107.	11,127.	3,145
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	5 050			1.60
9	Other employee benefits	6,260.	5,342.	749.	169
10	Payroll taxes	31,493.	26,874.	3,766.	853
11	Fees for services (non-employees):				
а	Management	4 400	2.7.4	215	
b	Legal	1,199.	374.	816.	9
С	Accounting	20,965.	6,541.	14,269.	155
d	, <u> </u>				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	11 010	2 500		
g	Other	11,819.	3,688.	8,044.	87
12	Advertising and promotion	5,557.	4,927.	124.	506
13	Office expenses	3,711.	1,066.	2,621.	24
14	Information technology				
15	Royalties				
16	Occupancy	7,875.	16 510	7,875.	0.10
17	Travel	18,979.	16,748.	1,982.	249
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4 22 1			
23	Insurance	1,894.		1,894.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
9	PUBLIC WEBSITE	6,036.	5,438.		598
a b	DUES AND SUBSCRIPTIONS	1,160.	3,2330	1,160.	
C	SOFTWARE	1,160.		1,160.	
d	WE CORE E ANTROLIC	725.	522.	203.	
	All other expenses	25.		25.	
25 25	Total functional expenses. Add lines 1 through 24e	1,029,435.	946,355.	72,554.	10,526
<u>25                                    </u>	Joint costs. Complete this line only if the organization	,,	2 2 3 7 3 3 3 4	. = , = = =	_0,020
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2011)

Part X | Balance Sheet (A) (B) Beginning of year End of year 460,236. 1,026,130. 1 Cash - non-interest-bearing 1 16,900. 397,107. Savings and temporary cash investments 2 2 49,156. 0. Pledges and grants receivable, net 3 3 4 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 7 Inventories for sale or use 8 8 1,448. 3,486. Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation \_\_\_\_\_\_\_10b 10c 7,491. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 527,740. 1,434,214. 16 Total assets. Add lines 1 through 15 (must equal line 34) ... 16 2,201. 7,699. Accounts payable and accrued expenses \_\_\_\_\_ 17 17 587,633. 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 iabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 3,506. of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 5,707. 595,332. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here 

X

and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 395,559. 771,687. 27 27 Unrestricted net assets 126,474. 67,195. Temporarily restricted net assets 28 28 Permanently restricted net assets \_\_\_\_\_\_ 29 Organizations that do not follow SFAS 117, check here 

and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 838,882. Total net assets or fund balances 522,033. 33 33 1,434,214. 527,740. Total liabilities and net assets/fund balances 34

Form **990** (2011)

_	1330 (2011)				ige				
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response to any question in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,34						
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,02		135. 349.				
3	3 Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	52	2,0	33.				
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.				
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	83	8,8	382.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response to any question in this Part XII				X				
				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 in Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
b	Were the organization's financial statements audited by an independent accountant?			Х					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the								
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch								
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	dit						
	Act and OMB Circular A-133?	•	3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		lit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b						
	*			990	(2011)				

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number THE CLEAR FUND 20-8625442 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check 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.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col. organization in col. (i) listed in your organization in col. organization support (i) organized in the (described on lines 1-9 governing document? (i) of your support? U.S.? above or IRC section (see instructions)) Yes No Yes Yes No

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

Schedule A (Form 990 or 990-EZ) 2011

Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	`,'
	membership fees received. (Do not						
	include any "unusual grants.")	411,227.	734,480.	367,792.	366,093.	1345838.	3225430.
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	<b>Total.</b> Add lines 1 through 3	411,227.	734,480.	367,792.	366,093.	1345838.	3225430.
5		-					
Ī	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)						988,312.
6	Public support. Subtract line 5 from line 4.						2237118.
	ction B. Total Support						
_	endar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
	Amounts from line 4	411,227.	734,480.	367,792.	366,093.	1345838.	3225430.
	Gross income from interest,				000,000		
Ü	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources			8,446.	2,877.	2,498.	13,821.
9	Net income from unrelated business			0,110	270770	2/1500	13,0211
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	· · ·						
	or loss from the sale of capital						
44	assets (Explain in Part IV.)						3239251.
	Gross receipts from related activities,	oto (soo instruction	one)			12	32332311
	First five years. If the Form 990 is for	•	,	d fourth or fifth to			
13	organization, check this box and stor	-			-		$\blacktriangleright$
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2011 (			column (f))		14	<u></u> %
	Public support percentage from 2010		•	* * * *		15	
	33 1/3% support test - 2011. If the o						
100	stop here. The organization qualifies						
h	33 1/3% support test - 2010. If the						
~	and <b>stop here.</b> The organization qual						
172	10% -facts-and-circumstances tes						
170	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						. $\square$
h	10% -facts-and-circumstances tes	_	-		-		
,	more, and if the organization meets the	-					
	organization meets the "facts-and-circ						
12	Private foundation. If the organization		•		,		
10	r invate roundation. If the organization	on did fiot check a	DUA UN III IE 13, 10	a, 100, 11a, 01 1/1		Ind see instruction	

Schedule A (Form 990 or 990-EZ) 201<sup>.</sup>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	tion A. Public Support	now, please comp	Diete Part II.)							
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
	Gifts, grants, contributions, and	(a) 2001	(6) 2000	(6) 2003	(a) 2010	(6) 2011	(i) Total			
	membership fees received. (Do not include any "unusual grants.")									
	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									
	Gross receipts from activities that are not an unrelated trade or business under section 513									
	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									
	Total. Add lines 1 through 5									
	Amounts included on lines 1, 2, and									
b.	3 received from disqualified persons  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.)									
	tion B. Total Support					<del>-</del>				
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
	Amounts from line 6									
	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									
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on									
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)									
	Total support (Add lines 9, 10c, 11, and 12.)									
	First five years. If the Form 990 is for t	•		•	•	. , . ,	· —			
	check this box and stop heretion C. Computation of Public						<b>P</b>			
	<u> </u>			l (f)		45				
	Public support percentage for 2011 (lin					15	<u>%</u>			
	Public support percentage from 2010 stion D. Computation of Investigation					10	<u>%</u>			
	Investment income percentage for 201					17	%			
	Investment income percentage from 20					18				
	33 1/3% support tests - 2011. If the o									
	more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization									
	line 18 is not more than 33 1/3%, chec	-								
	Private foundation. If the organization									

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization
THE CLEAR FIIND

Employer identification number 20 – 8625442

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6		'
	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1	
2	Aggregate contributions to (during year)	52,594.	
3	Aggregate grants from (during year)	2,500.	
4	Aggregate value at end of year	66 604	
5	Did the organization inform all donors and donor advisors in wr		ed funds
	are the organization's property, subject to the organization's ex	_	
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or o		
			<b>v</b>
Par			
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or edi		torically important land area
	Protection of natural habitat	Preservation of a certi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic struc	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired aff	ter 8/17/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release		
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	nolds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, as	nd enforcing conservation easements du	uring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and en	forcing conservation easements during	the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(	(h)(4)(B)(i)
9	In Part XIV, describe how the organization reports conservation	n easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes t	the organization's accounting for
<b>D</b>	conservation easements.	A.t. Illiata da al Tura accusa de O	Uhan O'ne'llan Aaaala
Par	t III Organizations Maintaining Collections of		tner Similar Assets.
	Complete if the organization answered "Yes" to Form 99		
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhib		nce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describe		
р	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, edu	ication, or research in furtherance of put	olic service, provide the following amounts
	relating to these items:		<b>•</b>
	(i) Revenues included in Form 990, Part VIII, line 1		
•			
2	If the organization received or held works of art, historical treas		ı gain, provide
_	the following amounts required to be reported under SFAS 116	-	<b>•</b> \$
a	Revenues included in Form 990, Part VIII, line 1		
D	Assets included in Form 990, Part X		Ψ Ψ

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

Schedule D (Form 990) 2011

Pai	t III	Organizations Maintaining C	Collections of A	rt, Histor	ical Tr	easures, c	or Othe	r Simil	ar Asse	<b>ts</b> (conti	nued)
3	Using	the organization's acquisition, accessi	on, and other record	ds, check a	ny of the	following that	t are a si	gnificant	use of its	collectio	n items
	(chec	k all that apply):									
а		Public exhibition	d	I 🗀 Loa	an or exc	hange progra	ams				
b		Scholarly research	е	e 🔲 Oth	ner						
С		Preservation for future generations									
4	Provi	de a description of the organization's co	ollections and explai	n how they	further t	he organization	on's exer	npt purpo	ose in Par	t XIV.	
5		g the year, did the organization solicit o									
	to be	sold to raise funds rather than to be ma	aintained as part of	the organiza	ation's co	ollection?				Yes	☐ No
Pai	t IV	<b>Escrow and Custodial Arran</b>								ine 9, or	
		reported an amount on Form 990, Pa			_						
1a	Is the	e organization an agent, trustee, custod	ian or other intermed	diary for cor	ntribution	ns or other as:	sets not	included			
		orm 990, Part X?								Yes	☐ No
b		es," explain the arrangement in Part XIV									
										Amount	
С	Begir	nning balance						1c			
d		ions during the year									
е		butions during the year									
f		ng balance									
2a		ne organization include an amount on F								Yes	□ No
		es," explain the arrangement in Part XIV		•••••							
Pai	tV	Endowment Funds. Complete i	f the organization ar	nswered "Ye	es" to Fo	rm 990, Part	IV, line 1	0.			
		•	(a) Current year	(b) Prio		(c) Two years			ears back	(e) Four	years back
1a	Begir	nning of year balance	,	, ,							
b		ributions									
С		nvestment earnings, gains, and losses									
d		ts or scholarships									
е		r expenditures for facilities									
		programs									
f		nistrative expenses									
a		of year balance									
2		de the estimated percentage of the cur	rent vear end baland	ce (line 1a. a	column (a	a)) held as:					
_ а		d designated or quasi-endowment	•	%	, ,	۵,, ۱۱۵.۵ ۵۵.					
b		anent endowment ▶	%								
		porarily restricted endowment	% %								
_		percentages in lines 2a, 2b, and 2c shou	•								
3a		nere endowment funds not in the posse		ation that a	re held a	and administe	red for th	ne organiz	ation		
-	by:	, , , , , , , , , , , , , , , , , , ,								Γ	Yes No
		nrelated organizations								3a(i)	100 110
		elated organizations								<del>- ` '  </del>	
h		es" to 3a(ii), are the related organizations									
4		ribe in Part XIV the intended uses of the									
	t VI	Land, Buildings, and Equipm									
		Description of property	(a) Cost or o	<del></del>		t or other	(c) Ac	cumulate	ed	(d) Bool	value
		i variation.	basis (investr			(other)		reciation		. ,	
	Land		`			•					
		ings									
		ehold improvements									
		pment									
		ſ									
		lines 1a through 1e (Column (d) must e		X column	(B) line 1	10(c) )					0.

Schedule D (Form 990) 2011

(a) Description of security or category	(b) Book value	(c) Me	thod of valuation:
(including name of security)		Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B) (C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	See Form 990, Part X, lin	ne 13.	
(a) Description of investment type	(b) Book value		thod of valuation: d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8) (9)			
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, lin			
(	a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)  Total. (Column (b) must equal Form 990, Part X, col (B) I.	ine 15 )		
Part X Other Liabilities. See Form 990, Part			
1. (a) Description of liability	7,,	(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)	· 05 )		
Total. (Column (b) must equal Form 990, Part X, col (B) I. Fin 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnot	ine 25.) e to the organization's financial s	statements that reports the organization's lia	ability for uncertain tax positions under

2. FIN 48 (AS 132053 01-23-12

FIN 48 (ASC 740).

9007\_\_\_\_1

	dule D (Form 990) 2011 THE CLEAR FUND						3625442	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to A	\udit	ed Finan	cial S	state	ment		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			1,346,	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			1,029,	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			316,	849.
4	Net unrealized gains (losses) on investments			4				
5	Donated services and use of facilities			5				
6	Investment expenses			6				
7	Prior period adjustments			7				
8	Other (Describe in Part XIV.)			8				
9	Total adjustments (net). Add lines 4 through 8			9				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10			316,	849.
Par	t XII Reconciliation of Revenue per Audited Financial Statemen	ts Wi	ith Rever	nue p	er R	eturn		
1	Total revenue, gains, and other support per audited financial statements					1	1,405,	287.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains on investments	2a						
b	Donated services and use of facilities	2b	5	9,0	03.			
С	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIV.)	2d						
е	Add lines 2a through 2d	•				2e	59,	003.
3	Subtract line 2e from line 1					3	1,346,	284.
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						
	Other (Describe in Part XIV.)	4b			$\neg \neg$			
	Add lines <b>4a</b> and <b>4b</b>				$\neg$	4c		0.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)					5	1,346,	284.
	t XIII Reconciliation of Expenses per Audited Financial Statemen	nts W	/ith Expe	nses	per	Retu		
1	Total expenses and losses per audited financial statements					1	1,088,	438.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						<u> </u>	
a	Donated services and use of facilities	2a	5	9,0	03.			
b	Prior year adjustments	2b			$\neg \neg$			
С	Other losses	2c			$\neg \neg$			
	Other (Describe in Part XIV.)	2d						
	Add lines 2a through 2d				$\neg$	2e	59,	003.
3	Subtract line <b>2e</b> from line <b>1</b>					3	1,029,	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				·····		, ,	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			l			
	Other (Describe in Part XIV.)	4b			$\dashv$			
					$\neg$	4c		0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)					5	1,029,	
	t XIV Supplemental Information							
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1	a and 4; Pa	rt IV, li	nes 1b	and 2	b; Part V, line	 4; Part
X, line	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple	te this	part to pro	vide ar	ny add	litional	information.	
PAF	T X, LINE 2: THE CLEAR FUND'S ACCOUNTING PORTION OF THE PROPERTY OF THE PROPER	OLI	CY PRO	VID	ES '	THAT	XAT A T	
EXI	ENSE OR BENEFIT FROM AN UNCERTAIN TAX POSI	TIOI	YAM V	BE :	REC	OGN]	ZED WHE	EN
тт	IS MORE LIKELY THAN NOT THAT THE POSITION V	WTTı	BE S	UST.	ATN	ED I	IPON	
				0.0 -			72 021	
EX <i>I</i>	MINATION, INCLUDING RESOLUTIONS OF ANY REL	ATEI	APPE.	ALS	OR	LIT	TIGATION	1
PRO	CESSES, BASED ON THE TECHNICAL MERITS. TH	E CI	LEAR F	UND	HA	s No	UNCERT	AIN
TΑΣ	POSITION RESULTING IN AN ACCRUAL OF TAX E	XPEI	NSE OR	BE	NEF:	IT.		

Schedule D (Form 990) 2011

#### **SCHEDULE F** (Form 990)

## **Statement of Activities Outside the United States**

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury

Name of the organization

Internal Revenue Service

**Employer identification number** 

THI	E CLEAR FUND					20-86254	42
Pa		rmation on A	ctivities Out	side the United States. Comple	ete if the organ		
	to Form 990, Par						
1				ds to substantiate the amount of its gra			Yes No
	the grantees' eligibility to	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	stance? LA	Yes No
2	For grantmakers. Desc United States.	ribe in Part V the	e organization's <sub>l</sub>	procedures for monitoring the use of its	s grants and of	ther assistance ou	tside the
3		he following Part	I, line 3 table ca	an be duplicated if additional space is r	needed.)		
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	egion (e) If activity listed in (o ogram is a program service, ts to describe specific type		(f) Total expenditures for and investments in region
3 a	Sub-total	0	0				0,
	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a						
LHA	and 3b)For Paperwork Reduct	ion Act Notice		tions for Form 990		Schedule F	(Form 990) 2011

2011.05000 THE CLEAR FUND

			Outside the United States.		rganization answered	d "Yes" to Form 9	90, Part IV, line 15, fo	r any
· · · · · · · · · · · · · · · · · · ·			o one recipient received more	e than \$5,000				▶ ⊔
Part II can be du  1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Pagion	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AFRICA	MICROFINANCE.	69,440.	WIRE TRANSFER	0.		
	the grantee or couns	el has provided a sectio	recognized as charities by th n 501(c)(3) equivalency letter					1
- Littor total Hullibel Of	outer organizations	J. O. ILLIGO					Sched	lule F (Form 990) 2011

THE CLEAR FUND

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.								
Part III can be duplicated if a	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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)	

Part	IV	Foreign Forms		, ago
1	orga	s the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the anization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926)	Yes	X No
2	may Rec	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and seipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	the	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To tain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	qua Info	s the organization a direct or indirect shareholder of a passive foreign investment company or a lified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, rmation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund.  Instructions for Form 8621)	Yes	X No
5	Did	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		

Foreign Partnerships. (see Instructions for Form 8865)

for Form 5713)

the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain

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 file Form 5713, International Boycott Report (see Instructions

Schedule F (Form 990) 2011

#### 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" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
THE CLEAR	20-8625442						
Part I General Information on Grants a							
<b>1</b> Does the organization maintain records							
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pro-							
Grants and Other Assistance to		_				,	· · · · · —
recipient that received more than					can be duplicated if a		
Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILL AGED BAGU							
VILLAGEREACH 2900 EASTLAKE AVE. E, SUTE 230							
SEATTLE, WA 98102	91-2083484		23,558.	0.			OPERATING SUPPORT
SEATTLE, WA 90102	91-2003404		23,330.	0.			OFERALING SUFFORT
AGAINST MALARIA FOUNDATION 310 W 20TH ST STE 300							
KANSAS CITY, MO 64108	20-3069841		227,882.	0.			OPERATING SUPPORT
IMPERIAL COLLEGE FOUNDATION PO BOX 80526 ATLANTA, GA 30366	58-1813092		325,798.	0.			SUPPORT OF SCI
THE GIVE FOUNDATION PO BOX 50876 PALO ALTO, CA 94303	02-0570370		10,010.	0.			SALAAM BAALAK TRUST
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> </ul>	-	~	ne line 1 table				<b>&gt;</b>

20-8625442 THE CLEAR FUND Schedule I (Form 990) (2011) Page 2 Part III Grants and Other Assistance to Individuals in the United States, Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (b) Number of (c) Amount of (d) Amount of non-(e) Method of valuation (a) Type of grant or assistance (f) Description of non-cash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. THE CLEAR FUND PERFORMS AN ANNUAL REVIEW OF EACH GRANTEE, INVOLVING EXTENSIVE DUE DILIGENCE ON ITS MISSION, FINANCIALS AND PERFORMANCE, AND

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

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

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

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

GRANT IS DESIGNATED FOR A SPECIFIC PURPOSE, THE CLEAR FUND REQUIRES

CONFIRMATION THAT ALL FUNDS WERE USED FOR THIS PURPOSE.

#### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

THE CLEAR FUND

Employer identification number 20-8625442

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

DETAILS OF OUR ANALYSIS TO HELP DONORS DECIDE WHERE TO GIVE.

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

DIRECTORS (GREG JENSEN, JON BEHAR AND FRED POST) ARE OR FORMERLY WERE

COWORKERS AT AN INVESTMENT FIRM. THERE IS NO RELATIONSHIP BETWEEN THE

INVESTMENT FIRM AND THE CLEAR FUND (AKA GIVEWELL).

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS DISTRIBUTED TO THE BOARD OF DIRECTORS, ELECTRONICALLY, PRIOR TO FILING FOR REVIEW.

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

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

BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH

PERSON:

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

  FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH

  ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

THE BOARD SECRETARY IS RESPONSIBLE FOR ENFORCING COMPLIANCE. SIGNED ANNUAL

STATEMENTS ARE CURRENTLY ON FILE FOR ALL BOARD MEMBERS FROM WITHIN THE LAST LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011) 132211 01-23-12

Name of the organization **Employer identification number** THE CLEAR FUND 20-8625442

12 MONTHS.

FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR COMPENSATION REVIEW IS OUTLINED IN ARTICLE 9, SECTION 5 OF OUR BYLAWS, AVAILABLE AT HTTP://WWW.GIVEWELL.ORG/ABOUT/OFFICIAL-RECORDS. THIS PROCESS WAS FOLLOWED IN FULL TO SET THE CURRENT LEVEL OF COMPENSATION FOR BOTH KEY EMPLOYEES (CO-EXECUTIVE DIRECTORS) OF THE ORGANIZATION. THE RELEVANT SECTION OF THE BYLAWS READS AS FOLLOWS:

A VOTING MEMBER OF THE GOVERNING BOARD WHO RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM THE CORPORATION FOR SERVICES IS PRECLUDED FROM VOTING ON MATTERS PERTAINING TO THAT MEMBER'S COMPENSATION.

A VOTING MEMBER OF ANY COMMITTEE WHOSE JURISDICTION INCLUDES COMPENSATION MATTERS AND WHO RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM THE CORPORATION FOR SERVICES IS PRECLUDED FROM VOTING ON MATTERS PERTAINING TO THAT MEMBER'S COMPENSATION.

NO VOTING MEMBER OF THE GOVERNING BOARD OR ANY COMMITTEE WHOSE JURISDICTION INCLUDES COMPENSATION MATTERS AND WHO RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM THE CORPORATION, EITHER INDIVIDUALLY OR COLLECTIVELY, IS PROHIBITED FROM PROVIDING INFORMATION TO ANY COMMITTEE REGARDING COMPENSATION.

WHEN APPROVING COMPENSATION FOR DIRECTORS, OFFICERS, EMPLOYEES, CONTRACTORS, AND ANY OTHER COMPENSATION CONTRACT OR ARRANGEMENT, IN ADDITION TO COMPLYING WITH THE CONFLICT OF INTEREST REQUIREMENTS AND POLICIES CONTAINED IN THE PRECEDING AND FOLLOWING SECTIONS OF THIS ARTICLE 132212 01-23-12

40

Schedule O (Form 990 or 990-EZ) (2011)

9007\_\_\_1

DOES NOT APPROVE A TRANSACTION PROVIDING ECONOMIC BENEFITS TO THE PERSON Schedule O (Form 990 or 990-EZ) (2011)

ARRANGEMENT; AND

Name of the organization THE CLEAR FUND	Employer identification number 20-8625442
WHO IS THE SUBJECT OF THE COMPENSATION ARRANGEMENT, WHO I	N TURN HAS
APPROVED OR WILL APPROVE A TRANSACTION PROVIDING BENEFITS	TO THE BOARD OR
COMMITTEE MEMBER.	
C. THE BOARD OR COMPENSATION COMMITTEE SHALL OBTAIN AND R	ELY UPON
APPROPRIATE DATA AS TO COMPARABILITY PRIOR TO APPROVING T	HE TERMS OF
COMPENSATION. APPROPRIATE DATA MAY INCLUDE THE FOLLOWING:	
1. COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZ	ATIONS, BOTH
TAXABLE AND TAX-EXEMPT, FOR FUNCTIONALLY COMPARABLE POSIT	IONS. "SIMILARLY
SITUATED" ORGANIZATIONS ARE THOSE OF A SIMILAR SIZE, PURP	OSE, AND WITH
SIMILAR RESOURCES.	
2. THE AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC	AREA OF THIS
ORGANIZATION.	
3. CURRENT COMPENSATION SURVEYS COMPILED BY INDEPENDENT F	IRMS.
4. ACTUAL WRITTEN OFFERS FROM SIMILAR INSTITUTIONS COMPET	ING FOR THE
SERVICES OF THE PERSON WHO IS THE SUBJECT OF THE COMPENSA	TION ARRANGEMENT.
AS ALLOWED BY IRS REGULATION 4958-6, IF THIS ORGANIZATION	HAS AVERAGE
ANNUAL GROSS RECEIPTS (INCLUDING CONTRIBUTIONS) FOR ITS T	HREE PRIOR TAX
YEARS OF LESS THAN \$1 MILLION, THE BOARD OR COMPENSATION	COMMITTEE WILL
HAVE OBTAINED AND RELIED UPON APPROPRIATE DATA AS TO COMP	ARABILITY IF IT
OBTAINS AND RELIES UPON DATA ON COMPENSATION PAID BY THRE	E COMPARABLE

9007\_\_\_\_1

ORGANIZATIONS IN THE SAME OR SIMILAR COMMUNITIES FOR SIMILAR SERVICES.

Name of the organization **Employer identification number** THE CLEAR FUND 20-8625442 D. THE TERMS OF COMPENSATION AND THE BASIS FOR APPROVING THEM SHALL BE RECORDED IN WRITTEN MINUTES OF THE MEETING OF THE BOARD OR COMPENSATION COMMITTEE THAT APPROVED THE COMPENSATION. SUCH DOCUMENTATION SHALL INCLUDE: THE TERMS OF THE COMPENSATION ARRANGEMENT AND THE DATE IT WAS APPROVED. 2. THE MEMBERS OF THE BOARD OR COMPENSATION COMMITTEE WHO WERE PRESENT DURING DEBATE ON THE TRANSACTION, THOSE WHO VOTED ON IT, AND THE VOTES CAST BY EACH BOARD OR COMMITTEE MEMBER. THE COMPARABILITY DATA OBTAINED AND RELIED UPON AND HOW THE DATA WAS OBTAINED. 4. IF THE BOARD OR COMPENSATION COMMITTEE DETERMINES THAT REASONABLE COMPENSATION FOR A SPECIFIC POSITION IN THIS ORGANIZATION OR FOR PROVIDING SERVICES UNDER ANY OTHER COMPENSATION ARRANGEMENT WITH THIS ORGANIZATION IS HIGHER OR LOWER THAN THE RANGE OF COMPARABILITY DATA OBTAINED, THE BOARD OR COMMITTEE SHALL RECORD IN THE MINUTES OF THE MEETING THE BASIS FOR ITS DETERMINATION. IF THE BOARD OR COMMITTEE MAKES ADJUSTMENTS TO COMPARABILITY DATA DUE TO GEOGRAPHIC AREA OR OTHER SPECIFIC CONDITIONS, THESE ADJUSTMENTS AND THE REASONS FOR THEM SHALL BE RECORDED IN THE MINUTES OF THE BOARD OR COMMITTEE MEETING. 6. ANY ACTIONS TAKEN WITH RESPECT TO DETERMINING IF A BOARD OR COMMITTEE MEMBER HAD A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT, AND IF SO, ACTIONS TAKEN TO MAKE SURE THE MEMBER WITH THE

132212 01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

**Employer identification number** 20-8625442

CONFLICT OF INTEREST DID NOT AFFECT OR PARTICIPATE IN THE APPROVAL OF THE TRANSACTION (FOR EXAMPLE, A NOTATION IN THE RECORDS THAT AFTER A FINDING OF CONFLICT OF INTEREST BY A MEMBER, THE MEMBER WITH THE CONFLICT OF INTEREST WAS ASKED TO, AND DID, LEAVE THE MEETING PRIOR TO A DISCUSSION OF THE COMPENSATION ARRANGEMENT AND A TAKING OF THE VOTES TO APPROVE THE ARRANGEMENT).

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

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, WHICH INCLUDE OUR CONFLICT OF INTEREST POLICY
- OUR ARTICLES OF INCORPORATION

FORM 990 PART XII LINE 2C

OVERSIGHT OF THE AUDIT

THE CLEAR FUND'S PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL

STATEMENTS AND THE SELECTION OF THE INDEPENDENT AUDITOR HAS NOT CHANGED 132212 01-23-12

Schedule O (Form 990 or 990-EZ) (2011)