Department of the Treasury

A For the 2014 calendar year, or tax year beginning

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 private foundations)

OMB No. 1545-0047 Open to Public

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

and ending

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

Inspection

B	Check if opplicable	C Name of organization		D Employer identific	cation number
	Addres	THE CLEAR FUND			
F	Name change	OTMENT I		20-8	625442
F	Initial return	g	Room/suite	E Telephone number	
F	Final return/		08		233-2035
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	11,275,355.
Г	Amend		i	H(a) Is this a group re	· · · · · ·
	Applica tion			for subordinates	
	pending	182 HOWARD STREET #208, SAN FRANCISCO,	CA 9	<b>H(b)</b> Are all subordinates in	
$\overline{\Gamma}$	Гах-ехе	mpt status: X 501(c)(3) 501(c) ( ) ( (insert no.) 4947(a)(1) or			list. (see instructions)
		e: ▶ WWW.GIVEWELL.ORG		H(c) Group exemption	
K	orm of	organization: X Corporation Trust Association Other	L Year o	of formation: 2007 N	State of legal domicile: ${f NY}$
	art I	Summary			
Ф	1 E	Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$	LEAR	FUND (AKA G:	IVEWELL)
Activities & Governance	]	FINDS OUTSTANDING GIVING OPPORTUNITIES AN	D PUB	LISHES THE	FULL
ern	2 (	Check this box $lacktriangle$ if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	
Š				3	9
ø		Number of independent voting members of the governing body (Part VI, line 1b) $$			7
ies		Total number of individuals employed in calendar year 2014 (Part V, line 2a)			29
Ĭ		Total number of volunteers (estimate if necessary)			0
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	۱d	Net unrelated business taxable income from Form 990-T, line 34	······	· i	0.
	l			Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)		6,585,634.	11,081,136.
Revenue		Program service revenue (Part VIII, line 2g)		0. 2,079.	4,079.
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		2,079.	3,485.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,587,734.	11,088,700.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,557,179.	7,829,088.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	l	Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		665,464.	1,178,930.
Expenses	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)		0.00	0.
ben	h 7	Fotal fundraising evenences (Part IX, column (D), line 25)	3.	•	<u> </u>
X		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		209,790.	556,608.
	1	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,432,433.	9,564,626.
		Revenue less expenses. Subtract line 18 from line 12		1,155,301.	1,524,074.
or		terando todo expensos. Cabitade into 10 florir into 12		ginning of Current Year	End of Year
Net Assets Fund Baland	20 7	otal assets (Part X, line 16)		5,629,816.	8,233,496.
ASS	21 7	Total liabilities (Part X, line 26)		3,436,588.	4,516,863.
Fuet	22 1	Net assets or fund balances. Subtract line 21 from line 20		2,193,228.	3,716,633.
	art II	Signature Block			
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of my	knowledge and belief, it is
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer	has any knowledge.	
		Observation of allians		Dete	
Sig		Signature of officer	_	Date	
Her	е	HOLDEN KARNOFSKY, CO-EXECUTIVE DIRECTO	R		
			In	ate Check	PTIN
Dali		Print/Type preparer's name Preparer's signature CITC CALLER  CITC CALLER		Olicon	
Paid	- +	GUS SALIBA GUS SALIBA  Firm's name ► FRUCHTER ROSEN & CO., P.C.	ΙŪ	7/27/15 if self-employe	<sub>d</sub> №01243493 06-1671819
		Firm's name FRUCHTER ROSEN & CO., P.C. Firm's address 156 WEST 56TH STREET STE 1804		Firm's EIN	00-10/1013
use	Only	NEW YORK, NY 10019		Dhono no 21	2-957-3600
Mar	, the ID	S discuss this return with the preparer shown above? (see instructions)		Filotte tio. Z I	X Yes No
ivid	י נוו <del>כ</del> ור	o discuss this return with the preparer shown above: (see instructions)			163 180

Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	DITECTIO
	THE CLEAR FUND (AKA GIVEWELL) FINDS OUTSTANDING GIVING OPPORTU	
	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 are required to report the amount of grants and allocations to others, the total	expenses, and
	revenue, if any, for each program service reported.	001 106
4a	(Code: ) (Expenses \$ 9,205,511. including grants of \$ 7,829,088.) (Revenue \$ 12	
	PUBLISHED UPDATES ON EXISTING TOP CHARITIES AND FURTHER INVEST	
	THE PROGRAMS THEY WORK ON. CONDUCTED IN-DEPTH REVIEWS OF FOUR	
	CHARITIES: DEVELOPMENT MEDIA INTERNATIONAL, IODINE GLOBAL NETV	
	GLOBAL ALLIANCE FOR IMPROVED NUTRITION, AND LIVING GOODS AND	
	TO RECOMMENDED CHARITY LIST AS STAND OUT ORGANIZATIONS. PUBLIS	
	INTERVENTION REPORTS ON SALT IODIZATION AND VITAMIN A SUPPLEMENT OF THE PROPERTY OF THE PROPER	
	COMPLETED A SUBSTANTIAL NUMBER OF HIGH-LEVEL CAUSE INVESTIGAT	
	SET PRIORITIES FOR WORK ON U.S. POLICY AND GLOBAL CATASTROPHIC	
	TRACKED OVER \$27.7 MILLION IN DONATIONS TO TOP CHARITIES MADE	
	RESULT OF OUR RESEARCH. THE OPEN PHILANTHROPY PROJECT MADE OVI	<u> R \$8</u>
	MILLION IN GRANTS.	
4b	(Code:) (Expenses \$	)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
	Other and an arrange and the Company of the Company	
4d	Other program services (Describe in Schedule O.)	`
4 -	(Expenses \$\text{ including grants of \$}\tag{Revenue \$}\tag{Revenue \$}\tag{7, 205, 511.}	)
<u>4e</u>	Total program service expenses ▶ 9,205,511.	Form <b>990</b> (2014)
40000		FUITH <b>330</b> (2014)

# Form 990 (2014) THE CLEAR FU. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		,
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			X
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,	١		х
	Part VI	11a		
D	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	116		х
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		23
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ч	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	110		
u	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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		v	
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45	х	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	21	
10	or for foreign individuals? 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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			- v
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
D	ir res to ime zoa, uiu the organization attaon a copy or its auditeu imanolai statements to this return?		990	(201.4)

# Form 990 (2014) THE CLEAR FUND Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	0.4	х	
00	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Λ	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			-25
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Orbital In I	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		
2 <del>-1</del> u	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			,,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			3,7
	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			. v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			х
25-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
26		330		
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	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
31	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 11b and 19?	31		<del></del>
55	Note. All Form 990 filers are required to complete Schedule O	38	х	
	110 COLO 7 WELL COLO 100 O THORS AND TO CONTINUE TO CONTINUE TO COLO 100 O THORSE TO COLO 100	_ 55	000	

Form **990** (2014)

20-8625442

# Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V								
					Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	21						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	porta	ble gaming						
	(gambling) winnings to prize winners?			1c	Х				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	29						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)							
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		<u> </u>			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			x			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	If "Yes," enter the name of the foreign country:								
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			_		v			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction. If the live is a party to a prohibited tax shelter transaction of the live is a party to a prohibited tax shelter transaction of the live is a party to a prohibited tax shelter transaction of the live is a party to a prohibited tax shelter transaction of the live is a party to a prohibited tax shelter transaction of the live is a party to a prohibited tax shelter transaction of the live is a party to a prohibited tax shelter transaction of the live is a party to a prohibited tax shelter transaction of the live is a party to a prohibited tax shelter transaction of the live is a party to a prohibited tax shelter transaction of the live is a party to a prohibited tax shelter transaction of the live is a party to a prohibited tax shelter transaction of the live is a party to a prohibited tax shelter transaction of the live is a party to a prohibited tax shelter transaction of the live is a party to a			5b					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c					
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions?			6a		Х			
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions.			0a					
D	were not tax deductible?		-	6b					
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		Х			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired						
	to file Form 8282?								
d	d If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	rt?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		Х			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		<u> </u>			
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained								
•				8					
9	Sponsoring organizations maintaining donor advised funds.			00					
	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a 9b					
10	Section 501(c)(7) organizations. Enter:			30					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b		10b							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	11a							
	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	>	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	<b>Note.</b> 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	ا .م.							
	organization is licensed to issue qualified health plans	13b							
	Enter the amount of reserves on hand	13c		14-		X			
	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14a 14b		-22			
Ü	ii res, rias it lieu a roini rzo to report triese payments (ii rvo, provide an explanation in Schedule	, 0			990	(2014			

432005 11-07-14 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X					
Sec	tion A. Governing Body and Management										
			_		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	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	1b	7								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other								
	officer, director, trustee, or key employee?			2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the										
	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			4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		Х					
6	6 Did the organization have members or stockholders?										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a										
	more members of the governing body?			7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,										
	persons other than the governing body?		•	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year										
	The governing body?			8a	Х						
b	Each committee with authority to act on behalf of the governing body?			8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real										
•	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 F										
	tion 21. One of the coolen 2 requests mornation about policies het required by the internal re-	0101140			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a	100	X					
	If "Yes," did the organization have written policies and procedures governing the activities of such or			100							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b							
110	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			11a	Х						
		ay belo	re ming the forms	Ha							
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х						
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		lioto2	12b	X						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "?			120	25						
С				100	х						
40	in Schedule O how this was done			12c	X						
13	Did the organization have a written whistleblower policy?			13	X						
14	Did the organization have a written document retention and destruction policy?			14	- 25						
15	Did the process for determining compensation of the following persons include a review and approve	-	aepenaent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			4-	Х						
	The organization's CEO, Executive Director, or top management official			15a	X						
b	Other officers or key employees of the organization			15b	Λ						
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		***								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange					- V					
_	taxable entity during the year?			16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	•								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	ınizatio	n's								
	exempt status with respect to such arrangements?			16b							
	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ► NY , CA										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sect	on 501(c)(3)s only)	availab	le						
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website Another's website X Upon request Other (explain		,								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	f interest policy, an	d finan	cial						
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks an	d records: ►								
	NATALIE STONE CRISPIN - 646-233-2035										
	182 HOWARD STREET, #208, SAN FRANCISCO, CA 94105										

9007\_\_\_\_1

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

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than is bot	h an	( <b>D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	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 CO-EXECUTIVE DIRECTOR AND BOARD SECR	60.00	x		Х				120,000.	0.	5,010
(2) ELIE HASSENFELD	60.00	<u> </u>		21				120,000.	0.	3,010
CO-EXECUTIVE DIRECTOR AND BOARD MEMB	00.00	Х		Х				120,000.	0.	15,950
(3) GREG JENSEN	0.50							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		. ,
BOARD MEMBER		х						0.	0.	0
(4) TIM OGDEN	1.00									
BOARD MEMBER		Х						0.	0.	0
(5) TOM RUTLEDGE	1.00								•	
BOARD CHAIR	1 00	Х		Х				0.	0.	0
(6) CARI TUNA	1.00	x		х				0.	0.	0
30ARD TREASURER (7) PHIL STEINMEYER	0.50	^		Λ				0.	0.	0
BOARD MEMBER	0.50	Х						0.	0.	0
(8) BRIGID SLIPKA	1.00									
BOARD MEMBER		х						0.	0.	0
(9) ROB REICH	0.50									
BOARD MEMBER		Х						0.	0.	0
		_								
						I				

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Pai	t VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C						
	(A)	(B)			)) Pos		,		(D)	(E)		_	(F)	
	Name and title	Average hours per		not c	heck	more	than is bot		Reportable compensation	Reportable compensation			timate nount o	
		week					or/trus		from	from related			other	וע
		(list any	ector						the	organizations		com	pensa	tion
		hours for related	or dir	98			sated		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		om the	
		organizations	trustee	al trust		yee	mpen		(88-271099-181130)				anizati d relate	
		below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	ner				orga	anizatio	วทร
		line)	Indi	Inst	Officer	Key	Hig em b	- F						
	Sub-total								240,000.		0.	2	0,9	60. 0.
	Total from continuation sheets to Part VI								240,000.		0.	2	0,9	
2	Total (add lines 1b and 1c)  Total number of individuals (including but n									.000 of reportab	_		0,5	<del>50•</del>
	compensation from the organization						-,			,			v I	2
3	Did the organization list any <b>former</b> officer,	director or tru	ısta	o ka	w er	mnlc	N/AA	or	highest compensated e	mnlovee on			Yes	No
	line 1a? If "Yes," complete Schedule J for s	•			•	•	•		•			3		X
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$15											4		X
5	Did any person listed on line 1a receive or a					•			•		6	_		х
Sec	rendered to the organization? If "Yes," comtion B. Independent Contractors	piete Scriedui	e J i	Or St	ucn	pers	SOII .					5		
1	Complete this table for your five highest co										npens	ation 1	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	rithir T		/ear.			••	
	<b>(A)</b> Name and business	address	N	INC	3				<b>(B)</b> Description of s	ervices	С	ompe)	;) nsatior	า
2	Total number of independent contractors (i		ot li	mite	d to		_	stec	d above) who received m	ore than				
	\$100,000 of compensation from the organi	zation >					0					Form	990 (2	2014)

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Form 990 (2014) THE CLE

		Check if Schedule O conta	ins a response	or note to any lin	e in this Part VIII			
		Check if Schedule O conta	a respense	or note to any in	(A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	a Federated campaigns	1a					
Gra Ioui	ŀ	<b>b</b> Membership dues	1b					
ts, ( Am	(	c Fundraising events	1c					
Gift lar	•	d Related organizations	1d					
imi	•	e Government grants (contribution	ons) <b>1e</b>					
tior S S	f	f All other contributions, gifts, grants	s, and					
ibu		similar amounts not included above	e <b>1f</b>	11,081,136.				
nt d O	ç	g Noncash contributions included in lines 1	1a-1f: \$	204,603.				
g E	ŀ	h Total. Add lines 1a-1f			11,081,136.			
				Business Code				
e	2 8	a						
e Zi	ŀ	b						
S c	(	С						
ran ?ev	(	d						
Program Service Revenue	•	e						
Ъ		f All other program service rever						
		g Total. Add lines 2a-2f						
	3	Investment income (including of						
		other similar amounts)			4,355.			4,355.
	4	Income from investment of tax		t				
	5	Royalties						
	_		(i) Real	(ii) Personal				
		a Gross rents						
		<b>b</b> Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	/ 8	a Gross amount from sales of	(i) Securities 186,379.	(ii) Other				
		assets other than inventory	100,379.					
		<b>b</b> Less: cost or other basis	196 655					
		and sales expenses	186,655. -276.					
		c Gain or (loss) [ d Net gain or (loss)			-276.	-276.		
_		a Gross income from fundraising			270.	270.		
ıπe	0 6	including \$	of					
) Sve		contributions reported on line						
Ä		Part IV, line 18	*					
Other Revenu		b Less: direct expenses						
Ö		c Net income or (loss) from fundr		<b>&gt;</b>				
		Gross income from gaming act	•					
	٠,	Part IV, line 19						
	ŀ	<b>b</b> Less: direct expenses						
		c Net income or (loss) from gami						
		a Gross sales of inventory, less r	-	,				
		and allowances	а					
	ŀ	<b>b</b> Less: cost of goods sold						
		c Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
	11 a			900099	3,485.			3,485.
	ŀ	b						
	(	с						
	(	d All other revenue						
		e Total. Add lines 11a-11d		<b>&gt;</b>	3,485.			
	12	Total revenue. See instructions.			11,088,700.	-276.	0.	7,840.
43200 11-07	9 -14							Form <b>990</b> (2014)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b, Program service expenses Total expenses Management and general expenses Fundraising expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 6,943,758. 6,943,758. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 ..... Grants and other assistance to foreign organizations, foreign governments, and foreign 885,330. 885,330. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, 44,824. 6,150. 260,960. 209,986. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 794,737. 640,652. 135,210. 18,875. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 38,654. 30,459. 7,365. 830. Other employee benefits 9 84,579. 16,115. 66,649. 1,815. Payroll taxes 10 Fees for services (non-employees): a Management ..... Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 327,904 273,592. 54,312. column (A) amount, list line 11g expenses on Sch O.) 305. 12. 428. 111. Advertising and promotion 12 20,331. 2,017. 18,313. Office expenses 13 17,328. 930. 16,295. <u> 103.</u> Information technology 14 Royalties 15 <u>3,</u>525. 2,650. 787. 88. 16 Occupancy 45,748. 42,867. 2,471. 410. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization ..... 22 4,164. 4,164. 23 Other expenses. Itemize expenses not covered 24 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 O.) 89,795. 85,461. 4,334. BANK AND PROCESSING FEE 22,138. PUBLIC WEBSITE 24,607. 20. 2,449. REGISTRATION FEES 838. 838. С d 21,166. 21,940. 774. All other expenses е 9,564,626. 9,205,511. 328,382. 30,733. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization

Form **990** (2014)

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		4,257,764.	1	4,370,057.
	2	Savings and temporary cash investments		1,312,726.	2	3,809,175.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and for				
		trustees, key employees, and highest compensa	ated employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali				
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
ğ	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges	3,308.	9	4,014.	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities	56,018.	11	50,250.	
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line	11		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal	5,629,816.	16	8,233,496.	
	17	Accounts payable and accrued expenses	16,219.	17	60,847.	
	18	Grants payable	3,420,369.	18	4,456,016.	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete I	Part IV of Schedule D		21	
8	22	Loans and other payables to current and former	officers, directors, trustees,			
Ě		key employees, highest compensated employee	es, and disqualified persons.			
Liabilities		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D			25	
	26			3,436,588.	26	4,516,863.
		Organizations that follow SFAS 117 (ASC 958				
es		complete lines 27 through 29, and lines 33 an		4 504 504		2 262 265
anc	27	Unrestricted net assets		1,521,581.	27	3,362,367. 354,266.
Fund Balances	28	Temporarily restricted net assets		671,647.	28	354,266.
pu	29				29	
		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶└─			
ğ		and complete lines 30 through 34.	Į.			
sets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or ed			31	
Net Assets or	32	Retained earnings, endowment, accumulated in		0 100 000	32	2 716 622
~	33	Total net assets or fund balances		2,193,228.	33	3,716,633.
	34	Total liabilities and net assets/fund balances		5,629,816.	34	8,233,496.

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Pai	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			44 00		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,08		
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,56	-	
3	Revenue less expenses. Subtract line 2 from line 1	3	1,52		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,19		
5	Net unrealized gains (losses) on investments	5		-6	69.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,71	6,6	33.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line 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	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

#### **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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE CLEAR FIIND

Employer identification number 20-8625442

			CHEAR FUND					0-0023442
Pa	rt I	Reason for Public (	Charity Status (	All organizations must co	omplete th	is part.) Se	e instructions.	
he o	organ	ization is not a private found	ation because it is: (	For lines 1 through 11, o	check only	one box.)		
1		A church, convention of ch	urches, or associatio	on of churches describe	d in <b>sectio</b>	n 170(b)(1	)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E.)				
3		A hospital or a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	(b)(1)(A)(ii	i).	
4		A medical research organiz	ation operated in co	njunction with a hospita	l describe	d in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						•
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C		,	•	, ,		
6		A federal, state, or local gov	•	nental unit described in	section 17	70(b)(1)(A)	(v)	
	X	An organization that norma	_				•	nublic described in
•		section 170(b)(1)(A)(vi). (Co	•	intial part of its support	nom a gov	Ciriiriciitai	driit or from the general	public described in
8			•	(1)/A)/vi) (Complete Der	+ 11 \			
9		A community trust describe			-			
9		An organization that norma	*	•	-			
		activities related to its exen	-	·			· · · · · · · · · · · · · · · · · · ·	-
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	aπer June 30, 1975.
40		See section 509(a)(2). (Cor					201 1/41	
10		An organization organized a	•	•				
11		An organization organized a	•	•	-		· · · · · · · · · · · · · · · · · · ·	
		more publicly supported or						check the box in
		lines 11a through 11d that	• •			•	, ,	
а			· ·	•	•			
		the supported organization	• •	• • • • • • • • • • • • • • • • • • • •	a majority	of the dire	ctors or trustees of the s	supporting
	_	organization. <b>You must o</b>	-					
b			•					-
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	entrol or manage the sup	ported
	_	organization(s). You mus	t complete Part IV,	Sections A and C.				
С			grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.	
d			<b>/ integrated.</b> A supp	orting organization oper	rated in co	nnection v	vith its supported organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	s A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-functio	nally integrated support	ing organi	zation.		
f	Ente	er the number of supported o	organizations					
g	Pro۱	vide the following information	about the supporte					
	(	i) Name of supported	(ii) EIN	. , ,.	(iv) Is the o	rganization n your	(v) Amount of monetary	(vi) Amount of
		organization		(described on lines 1-9 above or IRC section	governing	document?	support (see	other support (see
				(see instructions))	Yes	No	Instructions)	Instructions)

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

# 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) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	366,093.	1345838.	2496559.	6585634.	11081136.	21875260.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	366,093.	1345838.	2496559.	6585634.	11081136.	<u>21875260.</u>
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1413636.
_6	Public support. Subtract line 5 from line 4.						20461624.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
7	Amounts from line 4	366,093.	1345838.	2496559.	6585634.	11081136.	21875260.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	2,877.	2,197.	2,601.	2,239.	6,895.	16,809.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						24 2 2 2 2 2 2
11	<b>Total support.</b> Add lines 7 through 10						21892069.
12	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	ŭ	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
800	organization, check this box and stop ction C. Computation of Publ		rcentage				<u> </u>
	· · · · · · · · · · · · · · · · · · ·		<u> </u>	- L (f)			93.47 %
	Public support percentage for 2014 (I					14	00 54
15	Public support percentage from 2013					15	
Ioa	33 1/3% support test - 2014. If the c	•		•		•	
h	<ul><li>stop here. The organization qualifies</li><li>33 1/3% support test - 2013. If the organization</li></ul>						
	and <b>stop here.</b> The organization qual						
172	10% -facts-and-circumstances tes						
ı, a	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"			-	•	-	
h	10% -facts-and-circumstances tes						
J	more, and if the organization meets the	_					
	organization meets the "facts-and-circ		•				
18	Private foundation. If the organization						
		ala 1101 011001( a	20/10/11/10 10, 100	., , . , u, o, 17 k	, 11100K tillo DOX t	555	

Schedule A (Form 990 or 990-EZ) 2014

### 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 qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	slow, picase com	piete i art ii.)				
	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and	(4) 20 10	(5) 25 1 1	(0, 20.2	(0,7 = 0 : 0	(0, 20 ) .	(1) 1010
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ū	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
	Add lines 7a and 7b						,
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
	Amounts from line 6	(4) 20 10	(5) = 5 + 1	(5, 25 : 2	(3,7 = 3 : 5	(5) = 5 · ·	(1)
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ŀ	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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd. fourth. or fifth t	ax vear as a secti	on 501(c)(3) organi:	zation.
	check this box and <b>stop here</b>	· ·			•		
Se	ction C. Computation of Publi						
15	Public support percentage for 2014 (li	ine 8, column (f) d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2013	Schedule A, Part	: III, line 15			16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	<b>14</b> (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2013 Schedule A,	Part III, line 17			18	%
	a 33 1/3% support tests - 2014. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	e organization qua	lifies as a publicly	supported organia	zation	▶□
ŀ	33 1/3% support tests - 2013. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b>	top here. The org	anization qualifies	as a publicly supp	oorted organization	· <b>&gt;</b>
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

# Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI. including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in

#### Part VI.

- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
  - b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
  - c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
01		
3b		
3с		
_		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
ad		
9b		
9c		
90		
10a		
10b		

11 Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  b A family member of a person described in (a) above?  c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in part VI.  Section B. Type I Supporting Organizations  Yes  1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization of the than the supported organization of the	
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Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	
supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	
Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
or management of the supporting organization was vested in the same persons that controlled or managed	
the supported organization(s).	
Section D. Type III Supporting Organizations	
Yes Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	
year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	
organization's governing documents in effect on the date of notification, to the extent not previously provided?	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in part y how	
the organization maintained a close and continuous working relationship with the supported organization(s).	
3 By reason of the relationship described in (2), did the organization's supported organizations have a	
significant voice in the organization's investment policies and in directing the use of the organization's	
income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	
supported organizations played in this regard.	
Section E. Type III Functionally-Integrated Supporting Organizations	
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):	
a The organization satisfied the Activities Test. Complete line 2 below.	
b The organization is the parent of each of its supported organizations. Complete line 3 below.	
c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).	
2 Activities Test. Answer (a) and (b) below.	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	
the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	
has the country that the self of the country and the country a	
those supported organizations and explain  now these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	
that these activities constituted substantially all of its activities.	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	
of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	
reasons for the organization's position that its supported organization(s) would have engaged in these	
activities but for the organization's involvement.	
7 more (a) and (b) below.	
trustees of each of the supported organizations? Provide details in <i>Part VI</i> . <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	
of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.  3b	

Pa	rt V │ Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970. <b>See instru</b>	uctions. All			
	other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
0	to A Advanta d Not become		(A) Dulay Valay	(B) Current Year			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
c	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other						
	factors (explain in detail in <b>Part VI</b> ):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d	3					
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by .035	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions)	6					
7	Check here if the current year is the organization's first as a non-functionally	/-integr	ated Type III supporting org	anization (see			
	instructions)						

Schedule A (Form 990 or 990-EZ) 2014

ı aı	Type in Non-Functionally integrated 509	(a)(s) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а	, ,			
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

# **SCHEDULE D**

(Form 990)

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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/torm990.

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 20 – 8625442

Da	THE CLEAR FUND	20-8625442			
Pa		as or Accounts. Complete if the			
	organization answered "Yes" to Form 990, Part IV, line 6.	4)5			
	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor ad				
	are the organization's property, subject to the organization's exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can	be used only			
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purposes				
	impermissible private benefit?				
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990	, Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization (check all that apply).				
		istorically important land area			
	Protection of natural habitat	ertified historic structure			
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the for	m of a conservation easement on the last			
	day of the tax year.				
		Held at the End of the Tax Year			
а					
b	,				
С	( /				
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic stru				
_	listed in the National Register	·			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by	the organization during the tax			
_	year >				
4	Number of states where property subject to conservation easement is located	_			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of				
•	violations, and enforcement of the conservation easements it holds?				
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements				
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements duri				
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 1				
•	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservation easements in its revenue and exper	•			
	include, if applicable, the text of the footnote to the organization's financial statements that describe	es the organization's accounting for			
Pai	rt III Organizations Maintaining Collections of Art, Historical Treasures, or	Other Similar Assets			
I a	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	Other ominar Assets.			
12	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue state	toment and balance sheet works of art			
ıa	historical treasures, or other similar assets held for public exhibition, education, or research in further				
	the text of the footnote to its financial statements that describes these items.	erance of public service, provide, in Fart Alli,			
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statements	and halance sheet works of art, historical			
b	treasures, or other similar assets held for public exhibition, education, or research in furtherance of				
	relating to these items:	public service, provide the following amounts			
	-	<b>•</b> •			
	(i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	<b>L A</b>			
2	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for finan-				
_	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	ola galli, provide			
а		<b>&gt;</b> \$			
	Assets included in Form 990, Part X				
	, leading and and only one of the control of the co	F ¥			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

Pai	t III Organizations Maintaining C	collections of A	rt, Histo	orical Tr	easures, d	or Other	Simila	r Asset	<b>S</b> (continued	d)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following tha	t are a sigi	nificant us	se of its o	collection ite	ems
	(check all that apply):									
а	Public exhibition	d	ı 🔲 L	oan or exc	hange progra	ams				
b	Scholarly research	е	. 🗌 c	ther						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how the	ey further t	he organizati	on's exem	pt purpos	e in Part	XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, his	torical trea	sures, or oth	er similar a	ssets		_	
	to be sold to raise funds rather than to be ma	aintained as part of	the organ	ization's co	ollection?				Yes	No_
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the o	organizatio	n answered	"Yes" to Fo	orm 990, F	Part IV, li	ne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for c	ontribution	ns or other as	sets not in	cluded		. –	
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	able:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or c	ustodial acco	ount liability	/?	L	Yes	No
b	If "Yes," explain the arrangement in Part XIII.								<u></u> L	
Pai	t V Endowment Funds. Complete i	f the organization ar	swered "	Yes" to Fo	rm 990, Part	IV, line 10.				
		(a) Current year	<b>(b)</b> Pr	ior year	(c) Two year	rs back (d	<b>)</b> Three yea	ars back	(e) Four yea	rs back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1g	, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation that	are held a	and administe	ered for the	organiza	tion		
	by:								Ye	s No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations									
4	Describe in Part XIII the intended uses of the	organization's endo	owment fu	ınds.						
Pai	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answere	d "Yes" to Form 990	, Part IV,	line 11a. S	See Form 990	, Part X, lin	ie 10.			
	Description of property	(a) Cost or o basis (investr			or other (other)		umulated eciation		(d) Book va	lue
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	. Add lines 1a through 1e. (Column (d) must e		X, colum	n (B), line 1	10c.)					0.

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 THE CLEAR F	UND		20-	-8625442 Page
Part VII Investments - Other Securities.				<u> </u>
Complete if the organization answered "Yes"	to Form 990. Part IV.	line 11b. See Form 990.	Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value		aluation: Cost or end	-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
<u>(F)</u>				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	to Form 990, Part IV,			
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX Other Assets.				
Complete if the organization answered "Yes"	to Form 990, Part IV,	line 11d. See Form 990,	Part X, line 15.	
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		•	
Part X Other Liabilities.	/			
Complete if the organization answered "Yes"	to Form 990. Part IV.	line 11e or 11f. See Forn	n 990. Part X. line 25.	
1. (a) Description of liability	ĺ	(b) Book value		
(1) Federal income taxes				
(2)				
(3)	+			
(4)				
(5)	+			
(6)	+			
<u>(7)</u> (8)				
(0)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2014

	edule D (Form 990) 2014 THE CLEAR FUND					Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Staten	nents With F	Revenue per R	eturi	n.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	a.				
1	Total revenue, gains, and other support per audited financial statements			1	11,492,	643
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-669 <b>.</b>			
b	Donated services and use of facilities		404,612.			
С	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	403,	
3	Subtract line 2e from line 1			3	11,088,	700
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)					
С	Add lines <b>4a</b> and <b>4b</b>			4c		0 .
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form</i> 990, <i>Part I, line</i> 12.)			5	11,088,	700
	rt XII   Reconciliation of Expenses per Audited Financial State			Retu		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12					
1	Total expenses and losses per audited financial statements			1	9,969,	238
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			-	, ,	
a	Donated services and use of facilities	2a	404,612.			
b	Prior year adjustments	····	, ,			
c	Other losses	····				
d	Other (Describe in Part XIII.)	····				
				2e	404,	612
3	Subtract line <b>2e</b> from line <b>1</b>			3	9,564,	626
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			Ŭ	7,00-7	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)			4-		0
	Add lines 4a and 4b			4c	9,564,	626
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.			5	J, 304,	020
						,
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			4; Part	: X, line 2; Part X	KI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	dditional informa	ation.			
PAI	RT X, LINE 2:					
THI	E CLEAR FUND'S ACCOUNTING POLICY PROVIDES	THAT A	TAX EXPEN	SE	OR BENEF	TIT
						_
FRO	OM AN UNCERTAIN TAX POSITION MAY BE RECOG	NIZED WH	EN IT IS	MOR	E LIKELY	<u> </u>
THZ	AN NOT THAT THE POSITION WILL BE SUSTAINE	D UPON E	XAMINATIO	N,	INCLUDIN	IG
RES	SOLUTIONS OF ANY RELATED APPEALS OR LITIG	ATION PR	OCESSES,	BAS	ED ON TH	ΙE
TE	CHNICAL MERITS. THE CLEAR FUND HAS NO UNC	ERTAIN T	AX POSITI	ON	RESULTIN	<b>I</b> G
ΙN	AN ACCRUAL OF TAX EXPENSE OR BENEFIT.					

# SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

## Statement of Activities Outside the United States

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

Attach to Form 990.

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

2014
Open to Public Inspection

Name of the organization

Employer identification number

	CLEAR FUND				20-86254	
Pa			ctivities Out	side the United States. Comple	ete if the organization answered "	Yes" on
	Form 990, Part IV					
1				ds to substantiate the amount of its gra		
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance? X	Yes No
2	For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and other assistance ou	tside the
2		ha fallowing Dad	. I lina O tabla ar	an he duplicated if additional appearing	acadad \	
_3_				an be duplicated if additional space is r		(f) Total
	(a) Region	(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)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(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 and 3b)	0	0			0.
I HA	For Paperwork Reduct	ion Act Notice.	see the Instruc	tions for Form 990.	Schedule F	(Form 990) 2014

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Part II

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)		(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)
		EUROPE (INCLUDING ICELAND & GREENLAND)	OPERATING SUPPORT	24,240.	WIRE TRANSFER	0.	N/A	CASH
		EUROPE (INCLUDING ICELAND & GREENLAND)	OPERATING SUPPORT		WIRE TRANSFER		N/A	CASH
			OPERATING SUPPORT		WIRE TRANSFER		N/A	CASH
			OPERATING SUPPORT		WIRE TRANSFER		N/A	CASH
		NORTH AMERICA	OPERATING SUPPORT	100,000.	WIRE TRANSFER	0.	N/A	CASI
			I recognized as charities by the n 501(c)(3) equivalency letter	foreign country,	recognized as tax-e	xempt by		4

3 Enter total number of other organizations or entities

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

# Schedule F (Form 990) 2014 Part IV Foreign Forms

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

Schedule F (Form 990) 2014

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#### 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.

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

OMB No. 1545-0047 **2014** 

Open to Public Inspection

Name of the organization THE CLEAR	R FUND						Employer identification number 20-8625442
Part I General Information on Grants a							
<ol> <li>Does the organization maintain records criteria used to award the grants or assi</li> <li>Describe in Part IV the organization's pr</li> </ol>	stance?					sistance, and the selec	₹
Part II Grants and Other Assistance to	-				anization answered "\	Yes" to Form 990, Part	IV, line 21, for any
recipient that received more than  1 (a) Name and address of organization or government	\$5,000. Part II cai	(c) IRC section if applicable	tional space is need (d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGAINST MALARIA FOUNDATION 310 WEST 20TH STREET, SUITE 300 KANSAS CITY, MO 64108	20-3069841	501(C)(3)	2,220,508.	0.	CASH	N/A	OPERATING SUPPORT
IMPERIAL COLLEGE FOUNDATION P.O. BOX 80526 ATLANTA, GA 30366	58-1813092	501(C)(3)	1,459,325.	0.	Cash	N/A	SUPPORT OF SCHISTOSOMIASIS CONTROL INITIATIVE
GIVE DIRECTLY, INC. 171 AVENUE A, SUITE 6B NEW YORK, NY 10009	27-1661997	501(C)(3)	2,164,724.	0.	CASH	N/A	OPERATING SUPPORT
ALETHIA SOLUTIONS, INC. 641 S ST. NW WASHINGTON, DC 20001	90-0874591	501(C)(3)	609,074.	0.	CASH	N/A	OPERATING SUPPORT
LIVING GOODS 220 HALLECK STREET, #2 SAN FRANCISCO, CA 94129	20-5010527	501(C)(3)	119,305.	0.	Cash	N/A	OPERATING SUPPORT
GLOBAL ALLIANCE FOR IMPROVED  NUTRITION AMERICAS - 1776  MASSACHUSETTS AVENUE, NW, #700 -  WASHINGTON, DC 20036	68-0679052	501(C)(3)	370,822.	0.	CASH	N/A	OPERATING SUPPORT
2 Enter total number of other organization	and government o	rganizations listed in tl					<u> </u>

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2, Part III, colum	n (b), and any other a	dditional information.	
PART I, LINE 2:					
THE CLEAR FUND PERFORMS AN ANNUA	L REVIEW O	F EACH MA	JOR GRANTEE	, INVOLVING	
EXTENSIVE DUE DILIGENCE ON ITS M	ISSION, FI	NANCIALS A	AND PERFORM	ANCE, AND	
USES THIS INFORMATION TO UPDATE	ITS PUBLIC	REVIEWS (	OF THE ORGA	NIZATIONS IN	
QUESTION, ALL OF WHICH ARE AVAIL	ABLE VIA W	WW.GIVEWE	LL.ORG. WHE	NEVER A GRANT	
WAS DESIGNATED FOR A SPECIFIC PU	RPOSE, THE	CLEAR FU	ND REQUIRES	CONFIRMATION	
THAT THE FUNDS WERE USED FOR THI	C DUDDOCE				

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

**Noncash Contributions** 

OMB No. 1545-0047

Open To Public

20-8625442

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

THE CLEAR FUND

► Attach to Form 990.

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

Inspection

Employer identification number

Pai	t I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of det noncash contribut		•	
		арріісаріє		Form 990, Part VIII, line 1g	Horicasii contribu	lioi i ai	nount	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	27	204,603.	FAIR MARKET	VA:	LUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other • ()							
27	Other • ()							
28	Other ()							
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for o	contributions				
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement <b>29</b>				
							Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	ported in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	d which is not required to be	used for			
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standard contrib	utions?	31		X
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell noncash				
						32a		X
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	for a type of prope	rty for which column (a) is ch	ecked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule M (	Form	990) (	2014)

Part II	is re	portir	ng in Part	I, colui	mation. Promn (b), the nual information.	vide the mber of o	information re contributions,	quired the nu	by Part mber of	I, lines 30b, 32b items received,	o, and 33, and or a combinati	whether the	organization Also complete
SCHEDU	LE	М,	PART	ľI,	COLUMN	(B)	:						
UBLIC	LY	TR	ADED	SEC	URITIES	ARE	VALUED	ву	THE	AVERAGE	TRADED	PRICE	ON
HE DO	NA'	rio	N DAT	re.									
32142 08-12-1												Schodula M	(Form 990) (20

### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

20-8625442 THE CLEAR FUND 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 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
- 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 12 MONTHS.

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

THE PROCESS FOR COMPENSATION REVIEW IS OUTLINED IN ARTICLE 9, SECTION 5 OF LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014) 432211 08-27-14

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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

AS WELL AS THE PRECEDING PARAGRAPHS OF THIS SECTION OF THIS ARTICLE, THE

BOARD OR A DULY CONSTITUTED COMPENSATION COMMITTEE OF THE BOARD SHALL ALSO

COMPLY WITH THE FOLLOWING ADDITIONAL REQUIREMENTS AND PROCEDURES:

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Schedule O (Form 990 or 990-EZ) (2014) Page 2 Name of the organization **Employer identification number** THE CLEAR FUND 20-8625442 A. THE TERMS OF COMPENSATION SHALL BE APPROVED BY THE BOARD OR COMPENSATION COMMITTEE PRIOR TO THE FIRST PAYMENT OF COMPENSATION, B. ALL MEMBERS OF THE BOARD OR COMPENSATION COMMITTEE WHO APPROVE COMPENSATION ARRANGEMENTS MUST NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT AS SPECIFIED IN IRS REGULATION SECTION 53.4958-6(C)(III), WHICH GENERALLY REQUIRES THAT EACH BOARD MEMBER OR COMMITTEE MEMBER APPROVING A COMPENSATION ARRANGEMENT BETWEEN THIS ORGANIZATION AND A "DISQUALIFIED PERSON" (AS DEFINED IN SECTION 4958(F)(1) OF THE INTERNAL REVENUE CODE AND AS AMPLIFIED BY SECTION 53.4958-3 OF THE IRS REGULATIONS): IS NOT THE PERSON WHO IS THE SUBJECT OF THE COMPENSATION ARRANGEMENT, OR A FAMILY MEMBER OF SUCH PERSON; 2. IS NOT IN AN EMPLOYMENT RELATIONSHIP SUBJECT TO THE DIRECTION OR CONTROL OF THE PERSON WHO IS THE SUBJECT OF THE COMPENSATION ARRANGEMENT; 3. DOES NOT RECEIVE COMPENSATION OR OTHER PAYMENTS SUBJECT TO APPROVAL BY THE PERSON WHO IS THE SUBJECT OF THE COMPENSATION ARRANGEMENT; 4. HAS NO MATERIAL FINANCIAL INTEREST AFFECTED BY THE COMPENSATION ARRANGEMENT; AND 5. DOES NOT APPROVE A TRANSACTION PROVIDING ECONOMIC BENEFITS TO THE PERSON

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COMMITTEE MEMBER.

WHO IS THE SUBJECT OF THE COMPENSATION ARRANGEMENT, WHO IN TURN HAS

APPROVED OR WILL APPROVE A TRANSACTION PROVIDING BENEFITS TO THE BOARD OR

Name of the organization **Employer identification number** THE CLEAR FUND 20-8625442 C. THE BOARD OR COMPENSATION COMMITTEE SHALL OBTAIN AND RELY UPON APPROPRIATE DATA AS TO COMPARABILITY PRIOR TO APPROVING THE TERMS OF COMPENSATION. APPROPRIATE DATA MAY INCLUDE THE FOLLOWING: 1. COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS, BOTH TAXABLE AND TAX-EXEMPT, FOR FUNCTIONALLY COMPARABLE POSITIONS. "SIMILARLY SITUATED" ORGANIZATIONS ARE THOSE OF A SIMILAR SIZE, PURPOSE, AND WITH SIMILAR RESOURCES. 2. THE AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA OF THIS ORGANIZATION. 3. CURRENT COMPENSATION SURVEYS COMPILED BY INDEPENDENT FIRMS. 4. ACTUAL WRITTEN OFFERS FROM SIMILAR INSTITUTIONS COMPETING FOR THE SERVICES OF THE PERSON WHO IS THE SUBJECT OF THE COMPENSATION ARRANGEMENT. AS ALLOWED BY IRS REGULATION 4958-6, IF THIS ORGANIZATION HAS AVERAGE ANNUAL GROSS RECEIPTS (INCLUDING CONTRIBUTIONS) FOR ITS THREE PRIOR TAX YEARS OF LESS THAN \$1 MILLION, THE BOARD OR COMPENSATION COMMITTEE WILL HAVE OBTAINED AND RELIED UPON APPROPRIATE DATA AS TO COMPARABILITY IF IT OBTAINS AND RELIES UPON DATA ON COMPENSATION PAID BY THREE COMPARABLE ORGANIZATIONS IN THE SAME OR SIMILAR COMMUNITIES FOR SIMILAR SERVICES. 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: 432212 08-27-14 Schedule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990-EZ) (2014) Page 2 Name of the organization **Employer identification number** THE CLEAR FUND 20-8625442 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. 3. 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.** 5. 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 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

Schedule O (Form 990 or 990-EZ) (2014)

432212 08-27-14 Schedule O (Form 990 or 990-EZ) (2014) Name of the organization **Employer identification number** THE CLEAR FUND 20-8625442 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 FINANCIAL STATEMENTS AND REPORTING, LINE 2C: THE CLEAR FUND'S PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND THE SELECTION OF THE INDEPENDENT AUDITOR HAS NOT CHANGED FROM THE PRIOR YEARS.

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