

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCANNED AUG 2 3 2012

Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

Open to Public Inspection

Content of organization Description D	Α	For the	2011 calenda	ar year, or tax year beginning , 2011,	and ending	_		, 20
Number and street or P O box, if mail is not delivered to street address) Room/suite E Telephone number Color International Part Par	В	Check if an	pplicable	C Name of organization		D Emplo	yer iden	triication number
Design and the form remark CoD High St Coly or town, state or country, and 2/P + 4 F Group Exemption Palo Alto, CA 94301		Address o	hange	Transparent Fish Fund, Inc			45-2	2885139
Terminated Amended name Palo Atto. CA 94301 F Group Exemption P		Name cha	ange	E Telepi	E Telephone number			
Appetation perioding Palo Art. CA 94301 Palo	¥				650-	924-1104		
Accounting Method	H			City or town, state or country, and ZIP + 4	·	F Grou	p Exemi	otion
G Accounting Method	H			Palo Alto, CA 94301				
Vebsite: www tishtund org Zi 501(c)(3) 501(c) () 4 (insert no) 4847(a)(1) or 527 Forward Status (check only one) - Zi 501(c)(3) 501(c) () 4 (insert no) 4847(a)(1) or 527 Forward Status (check only one) - Zi 501(c)(3) 501(c) () 4 (insert no) 4847(a)(1) or 527 Forward Status (check only one) - Zi 501(c)(3) 501(c) () 4 (insert no) 4847(a)(1) or 527 Forward Status (check only one) - Zi 501(c)(3) 501(c) () 4 (insert no) 4847(a)(1) or 527 Forward Status (check only one) - Zi 501(c)(3) 501(c) () 4 (insert no) 527 Forward Status (check only one) - Zi 501(c)(3) 501(c) () 4 (insert no) 527 Forward Status (check only one) - Zi 501(c) 527 Forward Status (check only one) - Zi 501(c) 527 Forward Status (check only one) - Zi 501(c) 527 Forward Status (check only one) - Zi 501(c) 527	<u>_</u>				1			he organization is not
Tax-exempt status (check only one) —			•	· · · · · · · · · · · · · · · · · · ·				
R Check If the organization is not a section 509(s)(5) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-E2 or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part II, Inne 25, column (B) beady are \$500,000 or more, file form 990 instead of Form 990-E2					527	•		
Note than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return						•		
the organization chooses to file a return, be sure to file a complete return Add lines 55, 6c, and 7b, to line 95 occurring gross receipts if gross receipts are \$200,000 or more, or if total assets (Part II, line 25, occurring (b) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ PartII Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received A linvestment income A linvestment income Gross amount from sale of assets other than inventory B a O O B coss amount from sale of assets other than inventory (Subtract line 5b from line 5a) C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) C Gross income from gaming (attach Schedule G if greater than \$15,000) D Gross income from gaming and fundralsing events C Less: direct expenses from gaming and fundralsing events D O O Contributions from fundralsing events (add lines 6a and 6b and subtract line 6c) A Gross sales of inventory, less returns and allowances A Gross sales of inventory, less returns and allowances A Gross sales of inventory, less returns and allowances A Gross sales of inventory, less returns and allowances A Gross sales of inventory, less returns and allowances A Gross sales of inventory, less returns and allowances A Gross sales of inventory, less returns and allowances A Gross sales of inventory					-		_	
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)				· · · · · · · · · · · · · · · · · · ·	о роском, г.	a, soloq	a oa (oo	o mondonomo, barn
Part		_		•	or if total asse	ets (Part II,		
Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Gross amount from sale of assets other than inventory 5 Investment income 5 Gross amount from sale of assets other than inventory 5 Investment income 6 Gaming and fundraising events 7 Gross income from gaming (attach Schedule G if greater than strough) 8 Strough of Schedule G if greater than strough of schedule G if the sum of such gross income and contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 Gross sales of inventory, less returns and allowances 5 Less: cost of goods sold 6 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue (describe in Schedule O) 10 12107 11 Benefits paid 4-6-referitembers 10 Grants and similar an output of the sum of such grants and similar and output of the sum of such grants and similar and output of the sum of such grants and similar and output of the sum of such grants and similar and output of the sum of such grants and similar and output of the sum of such grants and similar and output of the sum of such grants and similar and output of the sum of such grants and similar and output of the sum of such grants and similar and output of the sum of such grants and similar and output of the sum of such grants and similar and output of the sum of such grants and similar and output of the sum of such grants and similar and output of the sum of such grants and similar and	ı	ine 25, c	olumn (B) belo	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ ≰	78421
Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts 2 0 0 3 Membership dues and assessments 2 0 0 4 Investment income 4 0 0 5 Gross amount from sale of assets other than inventory 5 0 0 5 C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 0 0 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000)	_				ces (see th	e instruc	tions fo	
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 0 0 0 0 0 0 0 0 0	_							
Program service revenue including government fees and contracts A		1				' ' ' ' '		
3 Membership dues and assessments 3 0 0 4 1 1 1 1 1 1 1 1		1			• •	.		
A			_	- 		`		
Sa Gross amount from sale of assets other than inventory Sa 0 0 0 0 0 0 0 0 0		4		•	• • •	· · ·		
b Less: cost or other basis and sales expenses . 5b					1			
C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)				<u> </u>	-			
Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events 6c 0 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7a Gross sales of inventory, less returns and allowances. 7b 0 b Less: cost of goods sold 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7c 0 8 Other revenue (describe in Schedule O). 9 Total revenue, Add lines 1, 2, 3, 4, 6c, 9d, 7c, and 8. 9 78421 10 Grants and similar an ounsel light in Schedule O). 11 Benefits paid to or for members. 12 Salaries, differ compensation, and employee benefits. 13 Professional fees and other poyments is independent contractors. 13 Occupan out entitities, and maintenance. 15 Printing, bublications postage, and shipping. 16 Other expenses, Gaseribe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 Other changes in net assets or fund balances (explain in Schedule O). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 22 Other changes in net assets or fund balances (explain in Schedule O). 23 Other changes in net assets or fund balances (explain in Schedule O). 24 Other changes in net assets or fund balances (explain in Schedule O). 25 Other changes in net assets or fund balances (explain in Schedule O). 26 Other changes in net assets or fund balances (explain in Schedule O).					line 5a)	-	50	0
a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events. d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7a Gross sales of inventory, less returns and allowances . 7a 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		-	•	•	iiile Jaj .			
\$15,000). Salaries of the revenue (describe in Schedule O). Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 78421. Salaries of the revenue (describe in Schedule O). Total expenses and other payments to jindependent contractors. 13 0 0 0 0 0 0 0 0 0		_						
sum of such gross income and contributions exceeds \$15,000) 6c 0 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	ō				I	۸		
sum of such gross income and contributions exceeds \$15,000) 6c 0 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	ĭ	١ .			f contribution		24.4	
sum of such gross income and contributions exceeds \$15,000) 6c 0 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	ě	"		······································	ii continbutic	ווס), Ž.	
c Less: direct expenses from gaming and fundraising events 6c 0 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	Œ				I	٥	المثلة المثلة	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				 	 		1000	
line 6c) 7a Gross sales of inventory, less returns and allowances		1 -		t expenses in anti-gamming area randomly a restrict to the last of	d 6b and s			
Ta Gross sales of inventory, less returns and allowances		"		con (1000) from gaming and fandrationing overtal (add into out and			64	0
b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 6c, 6d, 7c, and 8 9 78421 10 Grants and similar an Ount by aid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupanoul ent, utilities, and maintenance 15 Printing, publications postage, and shipping 16 Other expenses (ossemble lines 10 through 16 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 Salaries (control of the year (subtract line 18 through 20 24 Salaries (control of the year (subtract line 18 through 20 25 Salaries (control of the year (subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 26 Salaries (control of the year (subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 26 Salaries (control of the year (subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 27 Salaries (control of the year (subtract line 18 through 20 28 Salaries (control of the year (subtract line 18 through 20 29 Salaries (control of the year (subtract line 18 through 20 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in the salar of the year (subtract line 18 through 20 20 Other changes in the sa		70	•	of inventory less returns and allowances	1	٥	minimum.	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and simplar an object list in Schedule O) 11 Benefits paid to or for members 12 Salaries other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 Occupan over ent, utilities, and maintenance 14 Occupan over ent, utilities, and maintenance 15 Printing, publications postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 Other changes in net assets at end of year. Combine lines 18 through 20 23 Occupancy from the payments to independent contractors 14 Occupancy from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Occupancy from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 24 Oction from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 25 Other changes in net assets or fund balances (explain in Schedule O) 26 Other changes in net assets or fund balances (explain in Schedule O) 27 Other changes at end of year. Combine lines 18 through 20					 		0.000 PM	
8 Other revenue (describe in Schedule O)							70	0
9 Total revenue. Add lines 1, 2, 3, 4, 5e, 6d, 7c, and 8						· · · }		
10 Grants and similar anounts paid (list in Schedule O) 10 12107 11 Benefits paid to or for members 10 11 0 12 Salaries of the compensation, and employee benefits 12 0 13 Professional fees and other payments to independent contractors 13 0 14 Occupantly lent, utilities, and maintendine 14 0 15 Printing, publications postage, and shipping 15 0 16 Other expenses desembe in Schedule O) 15 0 17 Total expenses. Add lines 10 through 16 17 12747 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 65674 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 0 20 Other changes in net assets or fund balances (explain in Schedule O) 20 0 21 Net assets or fund balances at end of year. Combine lines 18 through 20 5 21 65674		1						
11 Benefits paid to or for members C	_	+			• •			
12 Salaries, other compensation, and employee benefits 12 0 13 Professional fees and other payments to independent contractors 13 0 14 Occupantity ent, utilities, and maintenance 14 0 15 Printing, publications, postage, and shipping 15 0 16 Other expenses (cesteribes in Schedule Θ) 16 640 17 Total expenses. Add lines 10 through 16 17 12747 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 65674 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 0 20 Other changes in net assets or fund balances (explain in Schedule O) 20 0 21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21 65674		1 '	Renefitsing			· · · · · ·		
14 Occupancy lent, utilities, and maintenance 14 0 15 Printing, publications postage, and shipping 15 0 16 Other expenses (describes). Schedule Θ)	w	1	Salaries	her compensation, and employee benefits				0
14 Occupancy lent, utilities, and maintenance 14 0 15 Printing, publications postage, and shipping 15 0 16 Other expenses (describes). Schedule Θ)	Se	13	Profession	altees and hipernaments to independent contractors				
16 Other expenses (describe in Schedule ⊙)	ē	13	Occupand	thent utilities and maintenance		}		
16 Other expenses (describe in Schedule ⊙)	X	145						
Total expenses. Add lines 10 through 16		1 .0	Other over	incae (daced) resin Schedi (lew)	• • •	}		
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		1						
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	_	40	Evene or	Inses. Aud lilles 10 tillough 10	· · · ·		-	
21 Net assets or fund balances at end of year. Combine lines to through 20	ets	10				ee with li		
21 Net assets or fund balances at end of year. Combine lines to through 20	SSE	'3						n
21 Net assets or fund balances at end of year. Combine lines to through 20	ţ	20	•				-	
	Ž	24			• •	· · 🗼 }		
					No 106421			

Γđ	rt II Balance Sheets. (see the instructions		<u>-</u> .			
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part II		<u> </u>
				(A) Beginning of year	ļ.,	(B) End of year
22	Cash, savings, and investments		[22	65674
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	0
25	Total assets				25	65674
26		· · · · · ·			26	0
27	Net assets or fund balances (line 27 of colum				27	65674
Par					İ	Expenses
14.0	Check if the organization used Schedule		ny question in this	Part III 🔽		quired for section
	t is the organization's primary exempt purpose?			<u> </u>		(c)(3) and 501(c)(4)
as m pers	cribe the organization's program service accompletesured by expenses. In a clear and concise roons benefited, and other relevant information for expenses.	nanner, describe the ach program title.	e services provided	d, the number of	494	7(a)(1) trusts, optional others)
28	Partnered, trained and helped with capacity buildin on these NGOs, provided financial assistance to 15	nonprofit organizatio	ns			
	(Grants \$) If this amoun	t includes foreign gra	ants, check here .	▶ 🗆	288	12107
29						
	(Grants \$) If this amoun	t includes foreign gra	ants, check here .	<u> ▶ □</u>	298	1
30						
		t includes foreign gra		<u> ▶ ⊔</u>	30a	1
31	Other program services (describe in Schedule O)					
22	(Grants \$) If this amoun Total program service expenses (add lines 28a	t includes foreign gra	ints, check here .	<u> ▶ U</u>	31a	
Par						
	Check if the organization used Schedule					
	Onder it and organization adda deriodati	1				
			(c) Reportable	(d) Health benefits,		
	(a) Name and address	(b) Title and average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and		Estimated amount of other compensation
	cy Nguyen	hours per week	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and		
800	cy Nguyen High St. Ste. 408, Palo Alto, CA 94301	hours per week devoted to position	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and deferred compensatio		
800 l Suk	cy Nguyen High St. Ste. 408, Palo Alto, CA 94301 Ko	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ) benefit plans, and deferred compensatio	0	other compensation
800 l Suk 360 l	cy Nguyen High St. Ste. 408, Palo Alto, CA 94301 Ko E. O'Keefe St. Apt. 6, East Palo Alto, CA 94303	hours per week devoted to position President, 40	compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	contributions to employ) benefit plans, and deferred compensatio	n T	other compensation
800 l Suk 360 l Dani	cy Nguyen High St Ste 408, Palo Alto, CA 94301 Ko E O'Keefe St Apt 6, East Palo Alto, CA 94303 el Nguyen	hours per week devoted to position President, 40	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	continbutions to employ) benefit plans, and deferred compensatio	0 0	other compensation 0
800 l Suk 360 l Dani	cy Nguyen High St Ste 408, Palo Alto, CA 94301 Ko E O'Keefe St Apt 6, East Palo Alto, CA 94303	hours per week devoted to position President, 40 Treasurer, 25	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	continbutions to employ) benefit plans, and deferred compensatio	0	other compensation
800 l Suk 360 l Dani	cy Nguyen High St Ste 408, Palo Alto, CA 94301 Ko E O'Keefe St Apt 6, East Palo Alto, CA 94303 el Nguyen	hours per week devoted to position President, 40 Treasurer, 25	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	continbutions to employ) benefit plans, and deferred compensatio	0 0	other compensation 0
800 l Suk 360 l Dani	cy Nguyen High St Ste 408, Palo Alto, CA 94301 Ko E O'Keefe St Apt 6, East Palo Alto, CA 94303 el Nguyen	hours per week devoted to position President, 40 Treasurer, 25	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	continbutions to employ) benefit plans, and deferred compensatio	0 0	other compensation 0
800 l Suk 360 l Dani	cy Nguyen High St Ste 408, Palo Alto, CA 94301 Ko E O'Keefe St Apt 6, East Palo Alto, CA 94303 el Nguyen	hours per week devoted to position President, 40 Treasurer, 25	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	continbutions to employ) benefit plans, and deferred compensatio	0 0	other compensation 0
800 l Suk 360 l Dani	cy Nguyen High St Ste 408, Palo Alto, CA 94301 Ko E O'Keefe St Apt 6, East Palo Alto, CA 94303 el Nguyen	hours per week devoted to position President, 40 Treasurer, 25	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	continbutions to employ) benefit plans, and deferred compensatio	0 0	other compensation 0
800 l Suk 360 l Dani	cy Nguyen High St Ste 408, Palo Alto, CA 94301 Ko E O'Keefe St Apt 6, East Palo Alto, CA 94303 el Nguyen	hours per week devoted to position President, 40 Treasurer, 25	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	continbutions to employ) benefit plans, and deferred compensatio	0 0	other compensation 0
800 l Suk 360 l Dani	cy Nguyen High St Ste 408, Palo Alto, CA 94301 Ko E O'Keefe St Apt 6, East Palo Alto, CA 94303 el Nguyen	hours per week devoted to position President, 40 Treasurer, 25	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	continbutions to employ) benefit plans, and deferred compensatio	0 0	other compensation 0
800 l Suk 360 l Dani	cy Nguyen High St Ste 408, Palo Alto, CA 94301 Ko E O'Keefe St Apt 6, East Palo Alto, CA 94303 el Nguyen	hours per week devoted to position President, 40 Treasurer, 25	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	continbutions to employ) benefit plans, and deferred compensatio	0 0	other compensation 0
800 l Suk 360 l Dani	cy Nguyen High St Ste 408, Palo Alto, CA 94301 Ko E O'Keefe St Apt 6, East Palo Alto, CA 94303 el Nguyen	hours per week devoted to position President, 40 Treasurer, 25	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	continbutions to employ) benefit plans, and deferred compensatio	0 0	other compensation 0
800 l Suk 360 l Dani	cy Nguyen High St Ste 408, Palo Alto, CA 94301 Ko E O'Keefe St Apt 6, East Palo Alto, CA 94303 el Nguyen	hours per week devoted to position President, 40 Treasurer, 25	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	continbutions to employ) benefit plans, and deferred compensatio	0 0	other compensation 0
800 l Suk 360 l Dani	cy Nguyen High St Ste 408, Palo Alto, CA 94301 Ko E O'Keefe St Apt 6, East Palo Alto, CA 94303 el Nguyen	hours per week devoted to position President, 40 Treasurer, 25	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	continbutions to employ) benefit plans, and deferred compensatio	0 0	other compensation 0
800 l Suk 360 l Dani	cy Nguyen High St Ste 408, Palo Alto, CA 94301 Ko E O'Keefe St Apt 6, East Palo Alto, CA 94303 el Nguyen	hours per week devoted to position President, 40 Treasurer, 25	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	continbutions to employ) benefit plans, and deferred compensatio	0 0	other compensation 0
800 l Suk 360 l Dani	cy Nguyen High St Ste 408, Palo Alto, CA 94301 Ko E O'Keefe St Apt 6, East Palo Alto, CA 94303 el Nguyen	hours per week devoted to position President, 40 Treasurer, 25	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	continbutions to employ) benefit plans, and deferred compensatio	0 0	other compensation 0
800 l Suk 360 l Dani	cy Nguyen High St Ste 408, Palo Alto, CA 94301 Ko E O'Keefe St Apt 6, East Palo Alto, CA 94303 el Nguyen	hours per week devoted to position President, 40 Treasurer, 25	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	continbutions to employ) benefit plans, and deferred compensatio	0 0	other compensation 0
800 l Suk 360 l Dani	cy Nguyen High St Ste 408, Palo Alto, CA 94301 Ko E O'Keefe St Apt 6, East Palo Alto, CA 94303 el Nguyen	hours per week devoted to position President, 40 Treasurer, 25	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	continbutions to employ) benefit plans, and deferred compensatio	0 0	other compensation 0
800 l Suk 360 l Dani	cy Nguyen High St Ste 408, Palo Alto, CA 94301 Ko E O'Keefe St Apt 6, East Palo Alto, CA 94303 el Nguyen	hours per week devoted to position President, 40 Treasurer, 25	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	continbutions to employ) benefit plans, and deferred compensatio	0 0	other compensation 0
800 l Suk 360 l Dani	cy Nguyen High St Ste 408, Palo Alto, CA 94301 Ko E O'Keefe St Apt 6, East Palo Alto, CA 94303 el Nguyen	hours per week devoted to position President, 40 Treasurer, 25	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	continbutions to employ) benefit plans, and deferred compensatio	0 0	other compensation 0

Part	Other Information (Note the Schedule A and personal benefit contract statement requirement	s in th	ne	- 5
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
00	detailed description of each activity in Schedule O	33	ŀ	1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed		_	-
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		,
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	350		'
	during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		· <u>;</u> ,	·
ь	Did the organization file Form 1120-POL for this year?	37b	2000 to 60	✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	00-	#4.T	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a	}{``	· V
39	Section 501(c)(7) organizations. Enter:	7		-
а	Initiation fees and capital contributions included on line 9		~	
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	100	77 han	٠٠ ١
ь	section 4911 ▶0 ; section 4912 ▶0 ; section 4955 ▶0 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	100-01	***	ini.
b	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been		22	معتشق
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	Marine S	\$0.50% *::	1.7.30
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		3 /	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c		š.	P.
ď	reimbursed by the organization		1 克勒尔	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ► California			
42a		650-92		4
L	Located at ▶ 800 High St Ste 408, Palo Alto, CA ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over	943	301 Yes	Al-
D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	162	140
	If "Yes," enter the name of the foreign country: ▶	natiča	11.9.3%	, .
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		1
43	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			T
44-	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	J	Yes	No
44a	completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1 ;; *
С	Did the organization receive any payments for indoor tanning services during the year?	44c	2 4 4 4 4 4	1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in School 16 C.		1,70	*
AE-	explanation in Schedule O	44d 45a		1
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	4 1, 5	V
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		÷ : 5;	
	Form 990-EZ (see instructions)	45b		1

Page	4
, ago	

		<u> </u>						Yes	Nia
46		ne organization engage, directly or inc andidates for public office? If "Yes," c						res	No ✓
Part '		Section 501(c)(3) organizations						ction	· · ·
		501(c)(3) organizations and section and 52, and complete the tables to	on 4947(a)(1) none) for lines 50 and 51	cempt charitable	trusts mus	st answer qu			b _
		Check if the organization used Sch	edule O to respond	to any question in	n this Part	<u>vı</u>	· · · ·	1	
47	Did th	he organization engage in lobbying a	activities or have a s	section 501(h) elec	tion in effe	ct during the	tax [Yes	No
	year?	If "Yes," complete Schedule C, Part	11				. 47		1
48 49a		organization a school as described in ne organization make any transfers to					. 48 . 49a	-	1
+sa b		es," was the related organization a sec	•	_			. 49b		_
50	Comp	plete this table for the organization's byees) who each received more than	five highest compen	sated employees (d			ors, trust	es an	
	(a) Na	ame and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contributi	ealth benefits, lons to employee ans, and deferred npensation	(e) Estimat other coi		
None									
								_	
f	Tatal	number of other employees paid ove	× \$100 000	. • 0	<u> </u>				
51	Comp	plete this table for the organization's ,000 of compensation from the organ	s five highest compe	ensated independe		- tors who each	received	d more	than
(a)	Name a	nd address of each independent contractor paid	d more than \$100,000	(b) Type of s	service	(c)) Compensa	tion	
None									
									_
									-
				1					
d		number of other independent contra			. •		0		
52		ne organization complete Schedule A xempt charitable trusts must attach a			ons and 494		► 🗸 Ye	s 🔲	No
Under p	enalties rrect, an	of perjury, I declare that I have examined this red complete. Declaration of preparer (other than	eturn, including accompan officer) is based on all info	ying schedules and state ormation of which prepar	ements, and to er has any kno	the best of my ki	nowledge a	nd belief	i, it is
	- 1	1 / arm / a m arm			1	8/81	12		
Sign		Signature of officer				Date		-	
Here		Nancy Nguyen, President Type or print name and title							
<u></u>		Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN		
Paid		Andrea Root	Andrea Root		8/7/2012	self-emplo		009992	41
Use	parer Bi-Control USA Inc					Firm's ElN ▶	20-12	74534	
	•	Firm's address ▶ 2151 Consulate Dr. St				Phone no	407-85		
May t	ne IRS	discuss this return with the preparer	shown above? See	instructions	<u> </u>		► 🗌 Ye	s 🗸	No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number 45-2885139

Tran	sparent Fish Fund,	Inc							45-288	35139
Par	t Reason f	or Public Cha	rity Status (All orga	nizations	s must c	omplete	this par	t.) See ir	nstructio	ns.
The o	organization is not	a private founda	tion because it is: (Fo	r lines 1 t	through 1	1, check	only one	box.)		
1	A church, con	vention of churc	hes, or association of	churches	s describe	ed in sec	tion 170((b)(1)(A)(i)) .	
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3										
4										
	hospital's nam	ne, city, and state	e: 							····
5		on operated for)(1)(A)(iv). (Com	the benefit of a collect plete Part II.)	ge or uni	versity ov	wned or	operated	by a gov	vernmenta	al unit described in
6 7	✓ An organization	on that normally	nment or government receives a substantia (A)(vi). (Complete Par	l part of					it or from	the general public
8			n section 170(b)(1)(A		nnlete Ps	art II \				
9			receives: (1) more that				om contri	butions	mamharel	hin fees, and arose
3			d to its exempt funct							
	support from	gross investme	ent income and unre	lated bus	siness ta	xable ind	come (les	ss section		
40	` .	_	fter June 30, 1975. Se						4 \	
10	_	-	l operated exclusively			-				or to come out the
11			nd operated exclusive plicly supported organ							
			describes the type of							
	a ☐ Type I		• •		III-Funct					Type III-Other
۵			that the organization			•	-	v by one		• •
Ŭ			ers and other than one							
	or section 509						J			() (
f			a written determination	on from	the IRS t	that it is	а Туре	I, Type I	I, or Typ	e III supporting
	•									🗆
g	Since August following pers		he organization acce	oted any	gift or co	ontributio	n from a	ny of the	•	
	(i) A person	who directly or i	ndirectly controls, eitl	her alone	or toget	her with	persons	described	d in (ii) an	d Yes No
	(iii) below,	the governing be	ody of the supported	organizat	ion?					11g(i)
	(ii) A family m	ember of a pers	on described in (i) abo	ve?						11g(II)
			a person described in							11g(in)
h	Provide the fo	llowing informati	ion about the support	ed organi	ization(s).					
(i)	Name of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		s the	(vii) Amount of
	organization		(described on lines 1–9 above or IRC section		sted in your document?		nization in of your	organizat	ion in col zed in the	support
			(see instructions))		,	sup	oort?	Ü	S ?	
				Yes	No	Yes	No	Yes	No	
(A)										
(B)										
			<u> </u>					 		
(C)									-	
(D)										
(E)										
			- 1940 V VI		Say . M	*1	E. Jung	700 13	**************************************	
Tota	l	**************************************					ii aa		**	

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.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0	0	78421	78421
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	o	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	o	0	0	0	0	0
4	Total. Add lines 1 through 3	0	0	0	0	78421	78421
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)		* *************************************		that 9		16864
6	Public support. Subtract line 5 from line 4.			*s}\	ø		61557
	on B. Total Support			<u> </u>			
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	0	0	0	0	78421	78421
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0_
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10						78421
12	Gross receipts from related activities, etc	. (see ınstructio	ons)			12	0
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he					<u> </u>	> 🗸
<u>Secti</u>	on C. Computation of Public Suppor					1 1	
14	Public support percentage for 2011 (line					14	%
15	Public support percentage from 2010 Sch	nedule A, Part	II, line 14 .			15	% haalaabaa
16a	331/3% support test—2011. If the organi	zation did not	check the box	on line 13, and	d line 14 is 331	/3% or more, c	
_	box and stop here. The organization qua						. > [
þ	331/21% support test—2010. If the organ check this box and stop here. The organ	nization did no	t check a box	con line 13 or	riba, and inte	10 15 33 73 70	or more,
	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts- facts-and-circu	and-circumsta imstances" tes 	nces" test, chost. The organiz	eck this box ar ation qualifies	nd stop here. It as a publicly s 	Explain in upported ► □
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organizate Explain in Part IV how the organization m	tion meets the neets the "facts	facts-and-ci a-and-circums	ircumstances" tances" test. T	test, check th he organization	nis box and st in qualifies as a	op here. a publicly
• -	supported organization		 	460 466 47			▶ ∐
18	Private foundation. If the organization di instructions						

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

		* * * *	
(Complete only	if you checked the box	con line 9 of Part I or if the organization failed to qualify under Pa	art II.
If the organization	on fails to qualify under	r the tests listed below, please complete Part II.)	

	in the organization rane to quality			, р.са.сс сс			
	on A. Public Support	4) 200		(1)	10.0010	() 00//	
_	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees					1	
^	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an					. 1	
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
_	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		7/40/57/±16		Triband (CT)	7.5	
	line 6.)	494	140		VARIATE SERVICE		_
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	_					
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		<u></u>				
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he				· · · · ·	· · · · ·	▶ 🗀
Secti	on C. Computation of Public Support				·		
15	Public support percentage for 2011 (line			3, column (f))			%
16	Public support percentage from 2010 Sci			<u></u>	<u> </u>	16	<u>%</u>
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2011 (<u>%</u>
18	Investment income percentage from 2010	0 Schedule A,	Part III, line 17			18	%
19a	331/2% support tests-2011. If the organ	ization did not	check the box	k on line 14, a	nd line 15 is m	nore than 331/39	%, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2010. If the organization	zation did not d	heck a box on	line 14 or line	19a, and line 16	is more than 3	31/3%, and
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b, o	check this box	and see instruc	ctions 🕨 🔲

chedule A (r	-omi 990 or 990-E2) 2011	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
••		
	······································	
	······································	
	······································	
	······································	
		····

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

nansparent rish rund, inc	45-2865139
Part I Line 10- Grants and similar amounts paid	
Small Grants to Grassroot Nonprofit Organi ations in the US, China, and Vietnam 12107	
Total Grants and similar amounts paid 12107	
Part I Line 16 Other Expenses	
Wire Transfer Fees 434	
Office Supplies 161	
Licenses and Permits 45	
Total Other Expenses 640	
Part III What is the organi ation's primary exempt purpose?	
Transparent Fish Fund, inc. was founded to connect credible Chinese and East Asian grassroots NGC	Os with individuals from the West The
greater mission behind this work is to foster a sustainable long-term NGO culture in East Asia, and in	doing so, spread a global spirit of
philanthropy Identifying and partnering with the most promising grassroots NGOs in East Asia to p	provide them with long-term
fundraising, marketing, capacity building resources and support from Western nonprofit culture, II E	ducating the West on nonprofit
development in East Asia and ways to support and encourage the establishment of a sustainable NGC	Dinfrastructure abroad, and III
Facilitating financial accountability and transparency in East Asia nonprofit organications by requiring	g and disclosing partners financial
reports publicly. We firmly believe that accountability should not end when donations reach their inter-	nded recipient, but that it should
extend to ensuring the recipient uses financial contributions publicly	
······	
·····	