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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

20**12**

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

SCANNED APR 0

(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.

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. 2012, and ending , 20 A For the 2012 calendar year, or tax year beginning C Name of organization D Employer identification number B Check if applicable Address change 45-2885139 Transparent Fish Fund, Inc. Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 445 S San Antonio Rd Ste 204 650-924-1104 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number ▶ Los Altos, CA 94022 Application pending H Check ▶ ☐ if the organization is not G Accounting Method ☐ Cash ☑ Accrual Other (specify) ▶ required to attach Schedule B Website: ▶ www tfishfund org (Form 990, 990-EZ, or 990-PF) **527** if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more 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 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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 191686 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I \square Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 191686 2 2 Program service revenue including government fees and contracts 0 3 3 Membership dues and assessments 0 4 4 Investment income . 0 **5a** Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c C Gaming and fundraising events 1 Gross income from gaming (attach Schedule G if greater than Revenue 6a 0 Gross income from fundraising events (not including \$ o of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b 0 6c Less: direct expenses from gaming and fundraising events . . . 0 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 0 7a Gross sales of inventory, less returns and allowances . 7a DEC-SA Λ Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c c 0 R Other revenue (describe in Schedule O) 8 0 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 191686 10 Grants and similar amounts paid (list in Schedule O) 10 107474 Benefits paid to or for members 11 11 0 6N 12 Salaries, other compensation, and employee benefits . 12 0 α : 13 13 Professional fees and other payments to independent contractors 189 14 Occupancy, rent, utilities, and maintenance . . . 14 0 15 Printing, publications, postage, and shipping 15 1446 16 Other expenses (describe in Schedule O) . . . 16 17188 17 Total expenses. Add lines 10 through 16 17 126297 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 65389 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 65674 20 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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2012)

131063

Pal	t II	Balance Sheets (see the instructions f	or Part II)				_
		Check if the organization used Schedule	O to respond to ar			<u></u>	<u> </u>
					(A) Beginning of year	_	(B) End of year
22	Cas	h, savings, and investments			65674		131063
23		d and buildings				23	0
24	Othe	er assets (describe in Schedule O)		<i>.</i> . <u>L</u>		24	0
25	Tota	al assets			65674		131063
26		al liabilities (describe in Schedule O)				26	0
27	Net	assets or fund balances (line 27 of column			65674	27	131063
Par		Statement of Program Service Accomp					Expenses
		Check if the organization used Schedule	O to respond to ar	ny question in this	Part III 🔽	(Re	quired for section
What	is the	organization's primary exempt purpose?	See Schedule O				(c)(3) and 501(c)(4)
Desc	ribe th	ne organization's program service accomplis	shments for each o	f its three largest p	rogram services,		anizations and section 17(a)(1) trusts, optional
as m	easure	ed by expenses. In a clear and concise manefited, and other relevant information for ea	anner, describe the				others)
		ered with, performed project transparency and t		v training for over 55	NGO partners in		
		SA, China, Vietnam, and Burma Provided grant					
		partners in Beijing, Chengdu, and Lanzhou with			<u></u>		
	(Grant			ints, check here	▶ 🕖	288	107897
29	10.0						
25							
	(Grant		includes foreign gra	inte check here	▶ □	298	a
30	Gran			·			
30							
	(Grant	te \$ \ \ If this amount	includes foreign gra	ints check here	▶ □	30a	a
21		program services (describe in Schedule O)		ano, oncorriore .			<u>- </u>
J 1	(Grant		includes foreign gra	ints check here		31	a
32		program service expenses (add lines 28a t				32	
		program control expenses (and miss and					107007
Par		List of Officers, Directors, Trustees, and Key	Employees List each			struc	ctions for Part IV)
Par		List of Officers, Directors, Trustees, and Key Check if the organization used Schedule		n one even if not com	pensated (see the in		
Par		List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to a	n one even if not com ny question in this (c) Reportable	pensated (see the in Part IV (d) Health benefits,	Τ	<u> </u>
Par			O to respond to as (b) Average hours per week	n one even if not coming question in this (c) Reportable compensation	pensated (see the in Part IV (d) Health benefits, contributions to employ	ee (e	Estimated amount of
Par		Check if the organization used Schedule	O to respond to as	n one even if not com ny question in this (c) Reportable	pensated (see the in Part IV (d) Health benefits, contributions to employ	ee (e	<u> </u>
	t IV	Check if the organization used Schedule (a) Name and title	O to respond to as (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated (see the in Part IV	ee (e	Estimated amount of
Nanc	y Nguy	Check if the organization used Schedule	O to respond to at (b) Average hours per week devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated (see the in Part IV	ee (e) Estimated amount of other compensation
Nanc Presi	y Nguy dent	Check if the organization used Schedule (a) Name and title	O to respond to as (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated (see the in Part IV	ee (e	Estimated amount of
Nanc Presi Suk I	y Nguy dent Ko	Check if the organization used Schedule (a) Name and title	O to respond to at (b) Average hours per week devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated (see the in Part IV	ee (e) Estimated amount of other compensation
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	raii	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	100	<i>√</i>
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 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 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	35b 35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			اب_ا
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	,	✓,
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved	-	4 ()	•
39	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on line 9			
a	Initiation fees and capital contributions included on line 9	. .	. *	48
ь 40а	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4915 ▶ 0	ì		79
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	14.4	37.	
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		√
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	*		**:
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
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 1/2 / 200	√
41	List the states with which a copy of this return is filed ► California			
42a			4-1104	4
	Located at ► 445 S San Antonio Rd Ste 204, Los Altos, CA ZIP + 4 ►	940		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No √
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		14600	-
С	At any time during the calendar year, did the organization maintain an office outside the US?	42c		✓
43	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		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	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		_
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			<u> </u>
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1
				<u> </u>

								Yes	NO
46		he organization engage, directly or ir				ın opposi	tion		
	to ca	ndidates for public office? If "Yes," of	complete Schedule C	, Part I			. 46		<u> </u>
Part		Section 501(c)(3) organizations							
	_	All section 501(c)(3) organization	s must answer que	stions 47-49b and	52, and co	mplete th	e tables f	or lin	es
		50 and 51	•						
		Check if the organization used Sci	hedule O to respond	to any question in t	his Part VI				
								Yes	No
47	Did +	he organization engage in lobbying	activities or have a	section 501/h) electio	n in effect	during the	tax [1.55	
7,		? If "Yes," complete Schedule C, Par							/
	-	•						-	-
48		e organization a school as described in						ļ	\
49a		he organization make any transfers t			zation?				/
b		es," was the related organization a se						<u> </u>	1
50		plete this table for the organization's							
	empl	oyees) who each received more than	n \$100,000 of comper	nsation from the orga	nızation. If tl	nere is non	e, enter "N	lone.'	,
			(b) Average	(c) Reportable	(d) Health				
	(a)	Name and title of each employee paid more than \$100,000	hours per week	compensation	contributions benefit plans,		(e) Estimate other cor		
		paid more than \$100,000	devoted to position	(Forms W-2/1099-MISC)	comper		01101001		
None					 	-			
None									
					<u> </u>				
					-				
		•							
					1				
					<u> </u>				
f	Total	number of other employees paid ov	er \$100.000	▶ 0	•			Ċ	
51		plete this table for the organization		ensated independent	contractors	who eacl	received	more	than
٠.	\$100	,000 of compensation from the orga	inization If there is no	one, enter "None."	00				
(a)	Name a	and address of each independent contractor pa	iid more than \$100,000	(b) Type of ser	rice	(C) Compensat	ion	
None					-				
TAOTIE				i					
				1					
				-					
								_	
]					
d	Total	number of other independent contra	actors each receiving	over \$100,000	>		0		
52		he organization complete Schedule	-		and 4947(a	1)(1)			
-		exempt charitable trusts must attach			•	-,(·,	► ✓ Yes	з П	No
Under		s of perjury, I declare that I have examined this				beet of my k			
		s of perjury, I declare that I have examined this nd complete Declaration of preparer (otherstha					inowieuge all	o Dellel	, 11.13
	- · -		mi ku			3/18/	13		
Sian		Supporture of officer	1 X		l'Dat	-1 1 0 	<u> </u>		
Sign	-	Signature of officer	· /		Dat	•			
Here		Nancy Nguyen, President							
	ł								
		Type or print name and title							
		Type or print name and title Print/Type preparer's name	Preparer's signature		ate	Check	ıf PTIN		
Paid			Preparer's signature Andrea Root		ate /18/2013	Check Self-emplo	J # .]	09992	41
Paid Prep	arer	Print/Type preparer's name Andrea Root			/18/2013		J # .]		41
Paid Prep		Print/Type preparer's name Andrea Root	Andrea Root	3	/18/2013	self-emplo	yed Po	74534	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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 20**12**

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization Transparent Fish Fund, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c ☐ Type III–Functionally integrated **d** ☐ Type III–Non-functionally integrated **b** Type II e By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (v) Did you notify (vii) Amount of monetary (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (vi) Is the in col (i) listed in your organization in col the organization in organization (described on lines 1-9) support governing document? col (i) of your (i) organized in the above or IRC section. support? US? (see instructions)) Yes Nο Vac No Yes Nο (A) (B) (C) (D) (E)

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support					***	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	0	0	0	78421	191686	270107
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	_ 0	0	0	.0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	0	0		78421		270107
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on	<i>₹</i> 4. ₹3	i ĝ	*	*	* *	
	line 1 that exceeds 2% of the amount				- Sa.		
_	shown on line 11, column (f)	*	1	. *	*	<u> </u>	13794
6	Public support. Subtract line 5 from line 4			<u> </u>	<u>*</u>	δ	256313
	on B. Total Support	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2006 0	(b) 2009		78421		270107
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0		70421		0
9	Net income from unrelated business activities, whether or not the business is regularly carried on	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		ì 🕷 🐣		**		270107
12	Gross receipts from related activities, etc					12	0
13	First five years. If the Form 990 is for the		n's first, secor	nd, third, fourth	i, or fifth tax y	ear as a sectio	on 501(c)(3)
	organization, check this box and stop he			<u> </u>	· · · ·	<u> </u>	🕨 🗸
<u>Secti</u>	on C. Computation of Public Suppor					,	
14	Public support percentage for 2012 (line			11, column (f))		14	
15	Public support percentage from 2011 Sch					15	<u>%</u>
16a	331/3% support test—2012. If the organi				d line 14 is 33'	/3% or more, c	
	box and stop here. The organization qua			_			. > [
	331/2% support test—2011. If the organicheck this box and stop here. The organic	ızatıon qualıfie	s as a publicly	supported org	ganization .		. ▶ 🗆
17a	10%-facts-and-circumstances test—2010% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts- acts-and-circu	and-circumsta ımstances" te	ances" test, che st. The organiz	eck this box ar ation qualifies	nd stop here. E as a publicly s	Explain in upported
	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organizate Explain in Part IV how the organization in supported organization	tion meets the neets the "facts	e "facts-and-c s-and-circums 	rcumstances" stances" test. T	test, check the organization	his box and st on qualifies as a	op here. a publicly
18	Private foundation. If the organization dinstructions						
			<u> </u>	<u> </u>			

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.)

Co oti	on A. Dublio Support			/			
	on A. Public Support dar year (or fiscal year beginning in)	(=) 2000	(h) 2000	(c) 2010	(d) 2011	(e) 2012	(f) Total
Jaien 1	Gifts, grants, contributions, and membership fees	(a) 2008	(b) 2009	(6) 2010	(u) 2011	(e) 2012	(i) Total
•	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	İ]	
3	Gross receipts from activities that are not an		 			-	
	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.		1				
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					l i	
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_						-	
с 8	Add lines 7a and 7b	(4.3"	1 6 % 91 h 5 m	15 22° H. Jan	
•	line 6.)						
Secti	on B. Total Support	1	1 6 62 8000		0 99 886	1	
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
C	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						
10	Other income. Do not include gain or		+	<u> </u>			
12	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,		<u> </u>				
	and 12)						
14	First five years. If the Form 990 is for t		n's first, secon	d, third, fourth	i, or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop he		<u> </u>			· · · ·	<u>.</u> . ▶ □
	on C. Computation of Public Suppo					1 !	
15	Public support percentage for 2012 (line					15	
16 Secti	Public support percentage from 2011 Sc on D. Computation of Investment In			<u> </u>	· · · · ·	16	<u>%</u>
<u> 17</u>	Investment income percentage for 2012			v line 13 colu	mn (fl)	17	%
18	Investment income percentage for 2012 Investment income percentage from 201					18	
19a	331/3% support tests—2012. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2011. If the organi		_				
-	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d		-				

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).	Page 4
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2012

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 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.

Open to Public Inspection

45-2885139 Transparent Fish Fund, Inc. Part I Line 10 Grants and Similar Amounts Paid Grants to Grassroots NGOs 107474 Total Line 10 Grants and Similar Amounts Paid 107474 Part I Line 16 Other Expenses Bank Service Charges 3918 Licenses and Permits 80 Office Expense 75 Office Supplies 201 Travel 206 Advertising/Marketing 1274 Intern Gifts 52 Other Expenses 11382 Total Line 16 Other Expenses 17188 Part III What is the organization s primary exempt purpose? Transparent Fish Fund, Inc. was founded to connect credible Chinese and East Asian grassroots NGOs 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 provide them with long-term fundraising, marketing, capacity building resources and support from Western nonprofit culture, ii Educating the West on nonprofit development in East Asia and ways to support and encourage the establishment of a sustainable NGO infrastructure abroad, and iii Facilitating financial accountability and transparency in East Asia nonprofit organizations by requiring and disclosing partners financial reports publicly. We firmly believe that accountability should not end when donations reach their intended recipient, but that it should extend to ensuring the recipient uses financial contributions publicly