** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

АГ	OI LITE	and calendar year, or tax year beginning	enaing							
B C	heck if	C Name of organization		D Employer identifi	cation number					
	Addres	TRANSPARENTEM LTD.								
	Name change			47-51754	72					
F]Initial return ∏Fiṇal	Number and street (or P.O. box if mail is not delivered to street address) 347 FIFTH AVE., SUITE 1402-443	Room/suite	E Telephone numbe 646-685-						
	return/ termin			G Gross receipts \$	2,148,957.					
	ated ∏Amend	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10016		· · · · · · · · · · · · · · · · · · ·						
	⊒return ∏Applic	·	D	H(a) Is this a group re						
	⊥tiòn pendir	SAME AS C ABOVE								
			or 527	1 ' '						
	ax-exe Vebsit		01 327	1	list. See instructions					
			I Voor	H(c) Group exemption						
	K Form of organization: X Corporation Trust Association Other L Year of formation: 2015 M State of legal domicile: DE Part I Summary									
1 0		Briefly describe the organization's mission or most significant activities: THROU	ICH TN	I-DEPTH TNVE	STICATIONS					
Activities & Governance	'	AND STRATEGIC ENGAGEMENT, TRANSPARENTEM S	SPIIRS	COMPANTES T	O IMPROVE					
nar		Check this box if the organization discontinued its operations or dispose								
ver	l			1	5					
ဗိ	l	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			5					
δ S		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			20					
iţie	l				5					
ţį		Total number of volunteers (estimate if necessary)			0.					
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.					
		Not diffolded business taxable insome from 500 1,1 art i, into 11		Prior Year	Current Year					
4	8	Contributions and grants (Part VIII, line 1h)		4,128,867.	2,146,166.					
nue	l	Program service revenue (Part VIII, line 2g)		0.	0.					
Revenue	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		992.	61.					
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,170.	2,730.					
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,135,029.	2,148,957.					
	_	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)		0.	0.					
S	4-	Only in the second of the control of		2,269,112.	1,983,296.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 244, 96		0.	0.					
Kpe	ь	Total fundraising expenses (Part IX, column (D), line 25) 244, 96	66. \square							
Û		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		966,297.						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,235,409.	3,194,207.					
	19	Revenue less expenses. Subtract line 18 from line 12		899,620.	-1,045,250.					
let Assets or und Balances			Ве	ginning of Current Year	End of Year					
sets alan	20	Total assets (Part X, line 16)		2,234,391.	754,897.					
t As	21	Total liabilities (Part X, line 26)	<u> </u>	543,220.	108,976.					
<u>—</u> 正	22	Net assets or fund balances. Subtract line 21 from line 20		1,691,171.	645,921.					
	ırt II	Signature Block								
		lties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is					
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.						
		Signature of officer		 Date						
Sigr				Date						
Here	е	E. BENJAMIN SKINNER, PRESIDENT Type or print name and title								
		1	<u>a II</u>	Date Check	II PTIN					
Paid		Print/Type preparer's name TINA PEACHER Preparer's signature	kearter "	11/13/23 if						
	arer			self-employ	2-1853933					
-	Only		י שחדו		7 T033333					
USE	Jilly	Firm's address 10500 LITTLE PATUXENT PARKWAY, SU COLUMBIA, MD 21044) T T E /	•	0-884-0220					
Mari	the !	-		Filone no. 41	X Yes No					
ıvıdy	ւսսալի	RS discuss this return with the preparer shown above? See instructions			∟4≱∟ TeS LINO					

Form **990** (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
5	similar amounts as defined in Rev. Proc. 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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	14b	х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140	-25	
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_v
40	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,"	19		X
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
		_		

ı a	Triv Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J</i>	23	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		┢
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			٦,
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//	28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
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? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		١,,	
Pa	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 8	4		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	

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022) TRANSPARENTEM LTD. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 20							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
	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)?	4a		Х				
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 Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
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 contract?	7e		X				
f	3 7 3 7 71 7 7 3 7 1							
g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
_	sponsoring organization have excess business holdings at any time during the year?	8						
9 Sponsoring organizations maintaining donor advised funds.								
_	a Did the sponsoring organization make any taxable distributions under section 4966?							
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b						
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	-						
-	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.			7.7				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

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

	Check if Schedule O contains a response or note to any line in this Part VI			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			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	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 reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d fina	ncial	
	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 books and records			
	ELLEN SCHWARTZ - 646-954-2579			
	347 FIFTH AVE., SUITE 1402-443, NEW YORK, NY 10016			

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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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)			(D)	(E)	(F)				
Name and title	Average	Position (do not check more than one box, unless person is both an		Reportable	Reportable	Estimated				
	hours per week	box	, unle	ss pe id a d	rson i	is bot or/trus	h an tee)	compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	istee c	trustee		ao	pensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) E. BENJAMIN SKINNER	40.00	_	_	Ť						
PRESIDENT				Х				153,087.	0.	11,487.
(2) ANDREW KORFHAGE	40.00									
DIRECTOR OF STRATEGIC ENGAGEMENT						Х		135,218.	0.	14,945.
(3) DANIEL COHN	40.00								_	
CHIEF OF STAFF						Х		133,466.	0.	5,907.
(4) SHEELA AHLUWALIA	40.00							440.000		
DIRECTOR OF LABOR INVESTIGATIONS	40.00					Х		110,238.	0.	23,165.
(5) JONATHAN MEAD, DIRECTOR OF	40.00					٠,,		117 000	0	14 160
ENVIRONMENTAL INVESTIGATIONS	40.00					Х		117,082.	0.	14,162.
(6) DEBBIE LI	40.00					х		100 501	0.	9,450.
(7) EMILY MARTINEZ	1.00					^		109,501.	0.	9,450.
(7) EMILY MARTINEZ CO-CHAIR	1.00	Х		x				0.	0.	0.
(8) DAN VIEDERMAN	1.00			1				0.	0.	
CO-CHAIR		x		x				0.	0.	0.
(9) M. KYLE WRIGHT	1.00							-		
TREASURER		Х		х				0.	0.	0.
(10) NEHA MISRA	1.00									
DIRECTOR		Х						0.	0.	0.
(11) ARUNA KASHYAP	1.00									_
DIRECTOR		Х						0.	0.	0.

Form **990** (2022)

Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	,		$\overline{}$		(E)			
(A)	(B)	(C)			Position			1		(D)	(E)		_	(F)	
Name and title	Average hours per	(do not check mo			more	more than one rson is both an		Reportable compensation	Reportable compensation			timate ount			
	week		officer and a dire					from	from related			other	UI .		
	(list any	ctor						the	organizations			oensa	tion		
	hours for	r dire				peq		organization	(W-2/1099-MIS			om the			
	related	stee o	ustee			en sat		(W-2/1099-MISC/	1099-NEC)		orga	anizati	ion		
	organizations	al trus	onal tr		loyee	comp		1099-NEC)				l relat			
	below line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former				orga	nizatio	ons		
		Ĕ	Ë	₩	ş.	e <u>H</u>	요			-+					
-							_			\dashv					
										$\overline{}$					
										\rightarrow					
										\rightarrow					
										$\overline{}$					
										+					
1b Subtotal								758,592.		0.	79	9,1	16.		
c Total from continuation sheets to Part V	I, Section A							0.		0.			0.		
d Total (add lines 1b and 1c)								758,592.		0.	79	9,1	16.		
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wh	no r	eceived more than \$100	,000 of reportabl	е			-		
compensation from the organization											$\overline{}$	Yes	7 No		
2 Did the averagination list and former officers	alius akau kuu sak	1					ماما		Jamas au	П		res	NO		
3 Did the organization list any former officer,			•		•		_		•				Х		
line 1a? If "Yes," complete Schedule J for sFor any individual listed on line 1a, is the su											3				
and related organizations greater than \$15	-		-					•	irie organization		4	х			
5 Did any person listed on line 1a receive or a			•					********	dual for services						
rendered to the organization? If "Yes," com											5		Х		
Section B. Independent Contractors	•											•			
1 Complete this table for your five highest co	mpensated ind	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	pensa	ıtion fı	om			
the organization. Report compensation for	the calendar y	ear (endi	ng v	vith	or w	ithir	n the organization's tax	year.						
(A)								(B)			(C				
Name and business		 	<u> </u>		<u> </u>		_	Description of s	ervices		ompen	isatioi	n ——		
CHATILLON WEISS PLLC, 118		ノド(JKI	ונ	עא.	• ,		TECAT CEDUTC	E.C		100	- E	00		
STE. 100, MOUNT KISCO, NY 10549							+	LEGAL SERVIC	<u> </u>			<i>,</i> 5	00.		
							\dashv								

Form **990** (2022)

Total number of independent contractors (including but not limited to those listed above) who received more than

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\$100,000 of compensation from the organization

Pa	rt V	III	Statement of Revenue					
			Check if Schedule O contains a respor	se or note to any lir	ne in this Part VIII			
			·	·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	2:	b c d e f g h	Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f Solution in lines 1a-1f	Business Code	2,146,166.			sections 512 - 514
			All other program service revenue Total. Add lines 2a-2f					
	3 4 5		Investment income (including dividends, in other similar amounts) Income from investment of tax-exempt born Royalties	terest, and ad proceeds	61.			61.
		a b	Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c	(ii) Personal				
	7 :	d a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis					
Other Revenue	,	c d a	and sales expenses 7b Gain or (loss) 7c Net gain or (loss) Gross income from fundraising events (not including \$ of					
		b c	contributions reported on line 1c). See Part IV, line 18	8a 8b s				
	1	b c	Part IV, line 19 Less: direct expenses Net income or (loss) from gaming activities	9a 9b				
	ı	b		10a 10b				
Miscellaneous Revenue	11 :	a b	MISCELLANEOUS	Business Code 900099	2,730.			2,730.
Misce Rev		е	All other revenue		2,730.			0 501
	12		Total revenue. See instructions		2,148,957.	0.	0.	2,791.

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Part IX Statement of Functional Expenses	
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A	4).

_	Check if Schedule O contains a respons	(A)	(B)	(C) 1	(D)
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	164,574.	109,591.	40,787.	14,196
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,515,605.	1,009,632.	375,668.	130,305
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	54,924.	36,208.	13,573.	5,143 9,378
9	Other employee benefits	109,208.	72,768.	27,062.	
0	Payroll taxes	138,985.	93,018.	33,940.	12,027
1	Fees for services (nonemployees):				
а	Management				
	Legal	107,889.	32,928.	72,318.	2,643
	Accounting	45,695.	13,946.	30,629.	1,120
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A), amount, list line 11g expenses on Sch O.)	579,987.	554,844.	21,570.	3,573
12	Advertising and promotion	9,678.	2,954.	6,487.	237
3	Office expenses	25,429.	12,688.	10,920.	1,821
4	Information technology	10,056.	1,882.	7,065.	1,109
 I5	Royalties	, , , , ,	,	,	,
16	Occupancy	94,969.	67,037.	16,759.	11,173
17	Travel	141,617.	98,271.	8,625.	34,721
8	Payments of travel or entertainment expenses		70,2:20		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,750.		2,392.	1,358
20		377300		273321	1,550
.u 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,727.		3,727.	
23	, · · · · · · · · · · · · · · · · · · ·	33,835.	23,883.	5,971.	3,981
	Other expenses. Itemize expenses not covered	33,033.	23,003.	3,371.	3,301
<u>.</u> 4	above. (List miscellaneous expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	RECRUITMENT	63,672.	19,433.	42,679.	1,560
b	DUES AND SUBSCRIPTIONS	56,178.	39,656.	9,913.	6,609
C	STAFF DEVELOPMENT	28,570.	20,167.	5,042.	3,361
d	LICENSES AND REGISTRATI	5,859.		5,208.	651
	All other expenses	2,000		-,	
.5	Total functional expenses. Add lines 1 through 24e	3,194,207.	2,208,906.	740,335.	244,966
.5 :6	Joint costs. Complete this line only if the organization	-,,,	_,,	. 20,000	
	reported in column (B) joint costs from a combined				
	reported in conditing (D) point 605t5 Hotil & Conibilied				
	educational campaign and fundraising solicitation.		I		

Form 990 (2022) Part X Balance Sheet

<u>Par</u>	t X	Balance Sheet					
		Check if Schedule O contains a response or	note to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			538,574.	1	147,049
	2	Savings and temporary cash investments		384,995.	2	184,996	
	3	Pledges and grants receivable, net			1,250,000.	3	344,524
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of the	hese pers	ons		5	
	6	Loans and other receivables from other disqu	rsons (as defined				
		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
į;	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			55,690.	9	65,684
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	76,267.			
	b	Less: accumulated depreciation	10b	76,267.	3,727.	10c	0
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin	ie 11			12	
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			1,405.	15	12,644
	16	Total assets. Add lines 1 through 15 (must e	qual line (33)	2,234,391.	16	754,897
	17	Accounts payable and accrued expenses			178,149.	17	108,976
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	te Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or for	ormer offi	cer, director,			
≣		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	hese pers	ons		22	
_	23	Secured mortgages and notes payable to un	related th	rd parties		23	
	24	Unsecured notes and loans payable to unrela	ated third	parties	365,071.	24	0
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on lin	nes 17-24	. Complete Part X			
		of Schedule D			F 4 2 0 0 0	25	100 076
	26	Total liabilities. Add lines 17 through 25			543,220.	26	108,976
g		Organizations that follow FASB ASC 958, or	heck her	e X			
ğ		and complete lines 27, 28, 32, and 33.			1 (20 045		402 265
ala	27	Net assets without donor restrictions			1,628,845.	27	483,365
g	28	Net assets with donor restrictions			62,326.	28	162,556
들		Organizations that do not follow FASB ASC	C 958, ch	eck here			
<u>.</u>		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
ا ⊁	31	Retained earnings, endowment, accumulated			1 (01 101	31	CAE 001
ž	32	Total net assets or fund balances			1,691,171.	32	645,921
	33	Total liabilities and net assets/fund balances			2,234,391.	33	754,897. Form 990 (2022

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Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				Ш	
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments	1 2 3	2,14 3,19 1,04 1,69	8,9 4,2 5,2	07. 50.	
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	64	5,9	21.	
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				X	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule		2a	Yes	No X	
2a b	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e basis,				
3a	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
ou	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number 47-5175472 TRANSPARENTEM LTD.

Pa	irt I	Reason for Public 0	Charity Status.	(All organizations must o	omplete th	nis part.) S	See instructions.	
The	orgar	nization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)			
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6	Ш	A federal, state, or local government	vernment or governn	nental unit described in	section 17	⁷ 0(b)(1)(A)	(v).	
7	X	An organization that norma	lly receives a substa	intial part of its support t	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (Complete Part II.)						
8	Ш	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a land-grant	college
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the colleg	e or
		university:						
10		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	after June 30, 1975.
		See section 509(a)(2). (Cor	,				20/ 1/41	
11	\blacksquare	An organization organized a	•	•	•			
12		An organization organized a	•	•	•		•	• •
		more publicly supported or						Sheck the box on
-		lines 12a through 12d that Type I. A supporting orga						, aivina
а		the supported organization	•	•				
		organization. You must o			а ппајопцу (or trie dire	ctors or trustees or the s	supporting
b		Type II. A supporting org			tion with it	e eunnort	ed organization(s), by ha	wina
		control or management o	· ·					-
		organization(s). You mus			arric perse	nis triat of	ontrol of manage the sup	ported
c	. [☐ Type III functionally inte			in connec	tion with.	and functionally integrate	ed with
	<u></u>	its supported organization					•	
c		Type III non-functionally		· ·				zation(s)
		that is not functionally int					• • • • • •	• •
		requirement (see instruct	-	•	-		•	
e		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organiz	zation.		
f	Ent	er the number of supported o	organizations					
		vide the following information						
	((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Tota	al							

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	, 5100		,			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(-, -0.0	(-,	(-, ====	(-,	(-,	(-)
_	membership fees received. (Do not						
	include any "unusual grants.")	4553514.	3760168.	734,721.	4128867.	2146166.	15323436.
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	4553514.	3760168.	734,721.	4128867.	2146166.	15323436.
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)						10697012.
6	Public support. Subtract line 5 from line 4.						4626424.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	4553514.	3760168.	734,721.	4128867.	2146166.	15323436.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	120	4.54	100	450		
	and income from similar sources	130.	171.	199.	152.	61.	713.
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			200	200	2 720	2 400
	assets (Explain in Part VI.)			289.	389.	2,730.	3,408. 15327557.
11	• • • • • • • • • • • • • • • • • • • •		,				<u> тээггээг.</u>
12	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the		rst, second, third,	fourth, or fifth tax	year as a section t	o01(c)(3)	
500	organization, check this box and store ction C. Computation of Publ		rcentage				
	Public support percentage for 2022 (column (fl)		14	30.18 %
	Public support percentage from 2021					15	22.98 %
	33 1/3% support test - 2022. If the					<u> </u>	
	stop here. The organization qualifies						
h	33 1/3% support test - 2021. If the o						
_	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances to			=			v
b	10% -facts-and-circumstances tes	-		* * * * * * * * * * * * * * * * * * * *	-		
~	more, and if the organization meets the	_					
	organization meets the facts-and-circ				-		
18	Private foundation. If the organization						
_			,	, ,,	,		

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or 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						
·	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.)						
	• • • • • • • • • • • • • • • • • • • •	(=) 0010	(h) 0010	(=) 0000	(4) 0001	(-) 0000	(f) Total
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest,						
10	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses						
	and the line of 1075						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
_	check this box and stop here		-				<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2022 (line 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	
ŀ	33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

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Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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	9b		
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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
	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).	1		
Seci	ion D. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, 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.	3		
Sect	ion 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 yeafsee instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how 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.	2a		
	Did the activities described on line 2a, above, 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.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	dule A (Form 990) 2022 IRANSPARENTEM LID.			± / = 3 ± / 3 4 / 2 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complet	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2022

instructions).

emergency temporary reduction (see instructions).

	dule A (Form 990) 2022 IRANSPARENTEM			4	7-31/34/2 Page 7
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anızatıons _{(continu}	ued)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	• • •		1	
2	Amounts paid to perform activity that directly furthers exempted activity that directly further exempted activities acti	pt purposes of supported		2	
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
<u>10</u>	Line 8 amount divided by line 9 amount	T	T	10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				

Schedule A (Form 990) 2022

b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS REVENUE

2020 AMOUNT: \$ 289.

2021 AMOUNT: \$ 389.

2022 AMOUNT: \$ 2,730.

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

THE ORGANIZATION MEETS THE FACTS AND CIRCUMSTANCES TEST UNDER TREASURY REGULATION SECTION 1.170A-9(F)(3) BY THE FOLLOWING:

- 1. THE ORGANIZATION MEETS THE 10% SUPPORT TEST AS OVER 30% OF THE ORGANIZATION'S SUPPORT COMES FROM THE GENERAL PUBLIC AND GOVERNMENTAL UNITS.
- 2. THE ORGANIZATION IS ORGANIZED AND OPERATED TO ATTRACT NEW AND
 ADDITIONAL PUBLIC OR GOVERNMENTAL SUPPORT ON A CONTINUOUS BASIS. THE
 ORGANIZATION CONTINUES TO HAVE AND SEEK CONTRIBUTIONS AND SUPPORT FROM
 VARIOUS SOURCES TO SUPPORT OPERATIONS AND FULLFILL THE ORGANIZATION'S
 MISSION.
- 3. OTHER FACTS AND CIRCUMSTANCES SHOW THAT THE ORGANIZATION QUALIFIES AS A "PUBLICLY SUPPORTED" ORGANIZATION UNDER THE FACTS AND CIRCUMSTANCES TEST BY THE FOLLOWING:
- A. BY IMPACTING A BROAD CROSS-SECTION OF THE POPULATION EFFECTED BY ENVIRONMENTAL ABUSES IN GLOBAL SUPPLY CHAINS.
- B. REPRESENTATIVE GOVERNING BODY THE ORGANIZATION'S BOARD OF DIRECTORS

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
ARE HIGHLY RESPECTED INDIVIDUALS WHO ARE DEDICATED TO THE ORGANIZATION'S
MISSION.
C. PROGRAM ACCOMPLISHMENTS - DURING 2022 THE ORGANIZATION CONTINUED ITS
MISSION TO ILLUMINATE HUMAN AND ENVIRONMENTAL ABUSES IN MANUFACTURING
SUPPLY CHAINS IN ORDER TO SPUR ERADICATION OF THOSE ABUSES.

Schedule B

Schedule of Contributors

ontributors OMB No. 1545-0047

Department of the Treasury

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

2022

Internal Revenue Service Name of the organization Employer identification number TRANSPARENTEM LTD. 47-5175472 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

"N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ________\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering

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

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

TRANSPARENTEM LTD.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 300,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 20,000.	Person X Payroll

Name of organization

Employer identification number

TRANSPARENTEM LTD.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 396,586.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ 325,113.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$	Person X Payroll

Name of organization

Employer identification number

TRANSPARENTEM LTD.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$365,071.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page •

Name of organization

Employer identification number

TRANSPARENTEM LTD.

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Employer identification number Name of organization 47-5175472 TRANSPARENTEM LTD. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

TRANSPARENTEM LTD.

Employer identification number 47-5175472

Par			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(4) 2 51161 4411654 141165	(2) - 2.1.20 2.1.2 2.1.0.
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	L	sed funds
•	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		
		,	
Par			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing concerve	ation agreements during the year
′	Amount of expenses incurred in monitoring, inspecting, hand	diling of violations, and emorcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	0(b)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservat		
•	balance sheet, and include, if applicable, the text of the foot		
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furth	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$ <u></u>
			•
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2022

Pai	t III Organizations Maintaining C	ollections of Ar	t, His	torical Tr	easures,	or Other	Similar As	sets(continued)	_
3	Using the organization's acquisition, accession	on, and other record	s, chec	any of the	following tha	at make siç	nificant use o	f its	
	collection items (check all that apply):								
а	Public exhibition	d		Loan or exc	hange progra	am			
b	Scholarly research	е		Other					
С	Preservation for future generations								_
4	Provide a description of the organization's co	ollections and explain	n how th	ney further t	he organizati	ion's exem	pt purpose in	Part XIII.	
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's co	ollection?			Yes N	No
Pai	t IV Escrow and Custodial Arran							IV, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contribution	ns or other as	sets not ir	ncluded		
	on Form 990, Part X?							Yes N	No
b	If "Yes," explain the arrangement in Part XIII								
		•	•					Amount	
С	Beginning balance						1c		_
	Additions during the year								_
	Distributions during the year								_
f	Ending balance								_
	Did the organization include an amount on Fo							Yes N	No.
	If "Yes," explain the arrangement in Part XIII.								
	t V Endowment Funds. Complete if								_
	22	(a) Current year		rior year				ack (e) Four years bad	ck
1a	Beginning of year balance	,			,,,,	<u> </u>	, .	.,	—
b	Contributions								—
	Net investment earnings, gains, and losses								_
	Grants or scholarships								—
	Other expenditures for facilities								—
е									
	and programs								—
	Administrative expenses								—
_	End of year balance		- /!: 1	/-	-\\ - -				—
2	Provide the estimated percentage of the curr	ent year end balanc	-	g, column (a	a)) neid as:				
a	Board designated or quasi-endowment	0/	_%						
b	Permanent endowment	%							
С		%							
_	The percentages on lines 2a, 2b, and 2c short	•							
За	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held a	ind administe	ered for the	9	Vaa N	_
	organization by:							Yes N	
	(i) Unrelated organizations								—
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza							3b	—
4	Describe in Part XIII the intended uses of the		wment	funds.					
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answered								
	Description of property	(a) Cost or of			or other		cumulated	(d) Book value	
		basis (investr	nent)	basis	(other)	depr	eciation		
	Land								
	Buildings								
С	Leasehold improvements								_
d	Equipment				5,357.		65,357.		<u>) .</u>
	Other				0,910.		10,910.		<u>) .</u>
Tota	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part	X, colur	nn (B), line 1	10c.)			().

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 TRANSPARENT	EM LTD.	47	7-5175 4 72 _{Page}
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		•	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	T (1) 5
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			<u> </u>
(8)			<u> </u>
(9)			<u> </u>
Total. (Column (b) must equal Form 990, Part X, col. (B) line) 75.)		

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2022

Pai	rt XI	Reconciliation of Revenue per Audited Financial	Statements With Revenue	per Return	
		Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.		
1	Totalı	revenue, gains, and other support per audited financial statements	s	1	2,148,957
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net ur	nrealized gains (losses) on investments	2a		
b	Donat	ed services and use of facilities	2b		
С	Recov	veries of prior year grants	2c		
d	Other	(Describe in Part XIII.)	2d		
е	Add li	nes 2a through 2d		2e	0 .
3	Subtra	act line 2e from line 1		3	2,148,957
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		_
С	Add li	nes 4a and 4b		4c	0 .
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	2,148,957
Pa	rt XII	Reconciliation of Expenses per Audited Financia	l Statements With Expense	s per Retu	rn.
		Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.		
1	Total o	expenses and losses per audited financial statements		1	3,194,207
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donat	ed services and use of facilities	2a		
b	Prior y	/ear adjustments	2b		
С	Other	losses	2c		
d		(Describe in Part XIII.)			
е	Add li	nes 2a through 2d		2e	0 .
3	Subtra	act line 2e from line 1		3	3,194,207
4		nts included on Form 990, Part IX, line 25, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add li	nes 4a and 4b		4c	0 .
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)	5	3,194,207
Pa	rt XIII	Supplemental Information.			
Prov	ide the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; Part	V, line 4; Part	X, line 2; Part XI,
lines	2d and	I 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	de any additional information.		
PAI	RT X	, LINE 2:			
TR	ANSP	ARENTEM RECOGNIZES THE EFFECT OF	INCOME TAX POSITION	ONS ONLY	IF THOSE
PO	SITI	ONS ARE MORE LIKELY THAN NOT OF E	BEING SUSTAINED. TH	RANSPARI	ENTEM
BE]	LIEV	ES THAT IT HAS APPROPRIATE SUPPOR	T FOR ANY TAX POS	TIONS T	TAKEN, AND
AS	SUC	H, DOES NOT HAVE ANY UNCERTAIN TA	X POSITIONS THAT A	ARE MATE	ERIAL TO
THI	E FI	NANCIAL STATEMENTS.			

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

OMB No. 1545-0047
2022

Department of the Treasury
Internal Revenue Service

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

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Open to Public Inspection

339,979.

Name of the organization

EAST ASIA AND THE

BRUNEI, BURMA,

CAMBODIA

PACIFIC - AUSTRALIA,

Employer identification number

CONSULTING PAYMENTS TO

INVESTIGATORS AND

TRANSLATORS, LOCAL

TRAVEL, MEALS AND

TRANSPARENTEM LTD. 47-5175472

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (f) Total (a) Region (c) Number of (d) Activities conducted in the region émployees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors in the region recipients located in the region) of service(s) in the region in the region

PROGRAM SERVICES

SOUTH ASIA -				CONSULTING PAYMENTS TO	
AFGHANISTAN,				INVESTIGATORS AND	
BANGLADESH, BHUTAN,				TRANSLATORS, LOCAL	
INDIA, MALDIVES,	0	20	PROGRAM SERVICES	TRAVEL, MEALS AND	278,097.
EUROPE (INCLUDING				CONSULTING PAYMENTS TO	
ICELAND & GREENLAND)				INVESTIGATORS AND	
- ALBANIA, ANDORRA,				TRANSLATORS, LOCAL	
AUSTRIA, BELGIUM	0	7	PROGRAM SERVICES	TRAVEL, MEALS AND	2,253.
SUB-SAHARAN AFRICA -				CONSULTING PAYMENTS TO	
ANGOLA, BENIN,				INVESTIGATORS AND	
BOTSWANA, BURKINA				TRANSLATORS, LOCAL	
FASO,	0	0	PROGRAM SERVICES	TRAVEL, MEALS AND	465.
MIDDLE EAST AND					
NORTH AFRICA -					
ALGERIA, BAHRAIN,					
DJIBOUTI, EGYPT,	0	1			0.
3 a Subtotal	0	42			620,794.
b Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a					
and 3b)	0	42			620,794.

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

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2022

3 Enter total number of other organizations or entities

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) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
			recognized as charities by the or counsel has provided a sec			•				

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

ochedule i	(1 01111 330)	2022		
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 separately 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; don't 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3, COLUMN (E):

REGION: EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,

(E) SPECIFIC TYPES OF SERVICES IN REGION: CONSULTING PAYMENTS TO

INVESTIGATORS AND TRANSLATORS, LOCAL TRAVEL, MEALS AND HOTELS, ROUND TRIP

AIRFARE

(A) REGION:

SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,

(E) SPECIFIC TYPES OF SERVICES IN REGION: CONSULTING PAYMENTS TO

INVESTIGATORS AND TRANSLATORS, LOCAL TRAVEL, MEALS AND HOTELS, ROUND TRIP

AIRFARE

(A) REGION:

EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIU

(E) SPECIFIC TYPES OF SERVICES IN REGION: CONSULTING PAYMENTS TO

INVESTIGATORS AND TRANSLATORS, LOCAL TRAVEL, MEALS AND HOTELS, ROUND TRIP

AIRFARE

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,

(E) SPECIFIC TYPES OF SERVICES IN REGION: CONSULTING PAYMENTS TO

INVESTIGATORS AND TRANSLATORS, LOCAL TRAVEL, MEALS AND HOTELS, ROUND TRIP

AIRFARE

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

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

TRANSPARENTEM LTD.

 $Employer\ identification\ number \\ 47-5175472$

	·		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

232111 10-18-22

Schedule J (Form 990) 2022

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (F) Compensation (B)(i)-(D) in column (B)		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) E. BENJAMIN SKINNER	(i)	153,087.	0.	0.	6,167.	5,320.	164,574.	0.	
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) ANDREW KORFHAGE	(i)	135,218.	0.	0.	5,438.	9,507.	150,163.	0.	
DIRECTOR OF STRATEGIC ENGAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii) (i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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 Form 990-EZ

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

TRANSPARENTEM LTD.

Employer identification number 47-5175472

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CORPORATE POLICY AND PRACTICE, AND REMEDIATE HUMAN RIGHTS, LABOR, AND ENVIRONMENTAL ABUSES IN THEIR SUPPLY CHAINS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS REVIEWED BY THE BOARD TREASURER. THE FULL BOARD IS PROVIDED A COPY OF THE RETURN BEFORE IT IS SIGNED BY THE PRESIDENT AND FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL OFFICERS, BOARD MEMBERS AND STAFF ARE REQUIRED TO DISCLOSE ANY CONFLICTS AND SIGN A CONFLICT OF INTEREST POLICY WHEN THEY FIRST JOIN THE BOARD OR ORGANIZATION, AND EVERY YEAR AFTER. THE BOARD SECRETARY FOLLOWS UP AND ENFORCES COMPLIANCE WITH THE POLICY.

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

THE BOARD COMPENSATION COMMITTEE USES MARKET DATA FOR SIMILAR ORGANIZATIONS IN THE NEW YORK AREA, AS WELL AS THE 990S OF OTHER SIMILAR NON-PROFIT ORGANIZATIONS IN DETERMINING THE COMPENSATION FOR THE PRESIDENT, OFFICERS AND KEY EMPLOYEES. THE COMPENSATION COMMITTEE THEN RECOMMENDS THE COMPENSATION OF THE PRESIDENT, OFFICERS AND KEY EMPLOYEES TO THE BOARD, WHO WILL CONSIDER IT AND VOTE ON IT. THE LAST SUCH COMPENSATION REVIEW TOOK PLACE IN AUGUST 2021. THE ORGANIZATION HIRED A CONSULTING FIRM IN 2021 IN WHICH A COMPREHENSIVE COMPENSATION REVIEW WAS COMPLETED.

FORM 990, PART VI, SECTION C, LINE 19:

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization **Employer identification number** TRANSPARENTEM LTD. 47-5175472 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: PAYROLL SERVICE FEES: PROGRAM SERVICE EXPENSES 29,351. MANAGEMENT AND GENERAL EXPENSES 1,141. FUNDRAISING EXPENSES 189. TOTAL EXPENSES 30,681. CONTRACTED SERVICES: PROGRAM SERVICE EXPENSES 523,943. MANAGEMENT AND GENERAL EXPENSES 20,369. 3,374. FUNDRAISING EXPENSES TOTAL EXPENSES 547,686. IT SERVICES: PROGRAM SERVICE EXPENSES 1,550. MANAGEMENT AND GENERAL EXPENSES 60. FUNDRAISING EXPENSES 10. TOTAL EXPENSES 1,620. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 579,987. FORM 990, PART XII, LINE 2C: THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE YEAR.

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

2022
Open to Public Inspection

OMB No. 1545-0047

Name of the organization Employer identification number 47-5175472 TRANSPARENTEM LTD. Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) APPLIED RESEARCH SERVICES LLC - 32-0529508 300 DELAWARE AVENUE, SUITE 210-A PROCESSING CONTRACTOR WILMINGTON DE 19801 TRANSACTIONS DELAWARE 17,133.TRANSPARENTEM Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year. (a) (b) (c) (d) (e) (f) (g) Section 512(b)(13) Name, address, and EIN Legal domicile (state or **Exempt Code** Public charity Direct controlling Primary activity controlled of related organization section status (if section entity entity? foreign country) 501(c)(3)) Yes No

Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managin partner	(k) Percentage ownership
o K-1 (Form 1065)	Yes No	_ l
		<u> </u>
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sect 512(b contri enti	tion o)(13) rolled ity?
		country)		or tracty		400010		Yes	No
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No			
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?										
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity									
b Gift, grant, or capital contribution to related organization(s)										
c Gift, grant, or capital contribution from related organization(s)										
d	d Loans or loan guarantees to or for related organization(s)									
e Loans or loan guarantees by related organization(s)										
f	Dividends from related organization(s)				1f					
g Sale of assets to related organization(s)										
h	Purchase of assets from related organization(s)				1h					
i	Exchange of assets with related organization(s)				1i					
j	Lease of facilities, equipment, or other assets to related organization(s)				1j					
k	Lease of facilities, equipment, or other assets from related organization(s)				1k					
I Performance of services or membership or fundraising solicitations for related organization(s)										
m	m Performance of services or membership or fundraising solicitations by related organization(s)									
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
Sharing of paid employees with related organization(s)										
	• • • • • • • • • • • • • • • • • • • •									
р	Reimbursement paid to related organization(s) for expenses				1p					
	Reimbursement paid by related organization(s) for expenses				1q					
•	, , , , , , , , , , , , , , , , , , , ,									
r	Other transfer of cash or property to related organization(s)				1r					
	Other transfer of cash or property from related organization(s)				1s					
	If the answer to any of the above is "Yes," see the instructions for information on who n									
	(a)	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved					
(1)										
(2)										
(3)										
(U)										
(4)										
(5)										
(6)					_					
23216	3 09-14-22	44		Schedule R	(Form	n 990	2022			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partner 501 (c	all s sec. c)(3) s.?	(f) Share of total income	(g) Share of end-of-year assets	Dispi tio alloca	n) ropor- nate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr	al or Peroging owl	(k) centage nership
		ocanay)	360titoli3 3 12-3 14)	Yes	No		400000	Yes	No	(1 01111 1003)	Yes	No	
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