_{=orm} 990

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047
2021

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

and ending A For the 2021 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change PARTNERSHIP FOR TRANSPARENCY FUND, Name change 52-2262577 Initial return Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 1100 13TH STREET NW l8 0 0 240-650-8445 termin-ated 828,869. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return WASHINGTON, DC 20005 H(a) Is this a group return Applica-F Name and address of principal officer: TJAARDA STORM VAN LEEUWE Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) = 501(c)() ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.PTFUND.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 2000 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: TO ADVANCE INNOVATIVE Governance CITIZEN-LED APPROACHES TO IMPROVE GOVERNANCE, INCREASE TRANSPARENCY, Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 15 Number of voting members of the governing body (Part VI, line 1a) 15 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 4 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 17 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 636,124. 844,227. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -2.014.-15,358.Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 634,110. 828,869. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 129,853 520,506. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 167,830. 186,311. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 277,903. 153,620. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 451,303. 984,720. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 182,807. -155,851. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 1,121,894. 932,366. 20 Total assets (Part X, line 16) 348,348. 314,671. 21 Total liabilities (Part X, line 26) 773,546. 617,695. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign TJAARDA STORM VAN LEEUWEN, TREASURER Here Type or print name and title PTIN Date Print/Type preparer's name Preparer's signature 7.6.22 Meuss MEENA BISHNOI P01480769 Paid Firm's EIN **►** 52-1853933 Firm's name JM&M Preparer Firm's address 1730 RHODE ISLAND AVE, N.W., Use Only SUITE 800 WASHINGTON, DC 20036 Phone no. 202-296-3306 May the IRS discuss this return with the preparer shown above? See instructions X Yes

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	PTF ADVANCES INNOVATIVE CITIZEN-LED APPROACHES TO IMPROVE GOVERNANCE,
	INCREASE TRANSPARENCY, PROMOTE THE RULE OF LAW AND REDUCE CORRUPTION
	IN DEVELOPING AND EMERGING COUNTRIES. WE ARE AN ORGANIZATION OF OVER
	100 EXPERT ADVISORS, MOSTLY FORMER STAFF FROM MULTILATERAL AND
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	PTF USES A NETWORK OF EXPERT ADVISORS TO WORK WITH CIVIL SOCIETY
	ORGANIZATIONS (CSO) PARTNERS AND ITS REGIONAL AFFILIATES ON GOOD
	GOVERNANCE PROGRAMS INCLUDING TECHNICAL ASSISTANCE, NETWORKING
	SERVICES, KNOWLEDGE AND LEARNING AND STRATEGIC ADVICE. IN ADDITION TO
	CIVIL SOCIETY AND SOCIAL ACCOUNTABILITY, PTF AREAS OF EXPERTISE COVER
	GOVERNANCE, PROCUREMENT, LAW, HEALTH, EDUCATION AND INFRASTRUCTURE.
	TECHNICAL ASSITANCE AND ADVISORY SERVICES HAVE BECOME THE CORE OF PTF
	ACTIVITIES. PRO BONO CONTRIBUTIONS TO ITS WORK BY PROJECT ADVISORS
	INCLUDED OVER 4,100 HOURS IN 2021. AS PART OF THIS OVERALL EFFORT, PTF
	PROVIDES SMALL GRANTS (\$5,000-\$75,000) FROM ITS OWN RESOURCES TO
	SELECTED CSOS FOR PROJECTS THAT ARE IN LINE WITH PTF'S MISSION.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4:	Others are severed and force (Describe and Othersholds O.)
4d	Other program services (Describe on Schedule O.)
1-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 819,847.
<u>4e</u>	Total program service expenses ► 819,847. Form 990 (2021)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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			l
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			3,7
_	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			- V
_	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,	_		- V
_	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			x
•	Schedule D, Part III	8		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		22
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a		х
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
Ŭ	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		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI 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				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		37	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			- V
	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,			Х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		х
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		
19		19		Х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	200		
- 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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	1990 (2021) PARTNERSHIP FOR TRANSPARENCY FUND, INC. 52-2262 rt IV Checklist of Required Schedules (continued)	2577	Р	age 4
I di	onestrict of response constants		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			\ \ 7.
	Schedule K. If "No," go to line 25a	24a	-	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
al	any tax-exempt bonds?	24c 24d		
		240		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a	<u> </u>	
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Orbert Let De II	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see 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			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	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			١
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			- v
.=	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	\vdash	
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	х	
Pai	Note: All Form 990 filers are required to complete Schedule O	30		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in hex 2 of Form 1006 Enter 0 if not applicable	R	1	<u> </u>

					Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	8				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0				
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?			1c	X		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			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							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X				
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						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
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		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с						
6a	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		X				
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		<u> </u>				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			l				
	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year			l				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h						
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
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?								
9 Sponsoring organizations maintaining donor advised funds.								
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b						
10	Section 501(c)(7) organizations. Enter:	อม						
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:							
а	Gross income from members or shareholders 11a							
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						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
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							
	Enter the amount of reserves on hand			37				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
	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?								
If "Yes," see the instructions and file Form 4720, Schedule N. 16. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator organs in any							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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.	.,						
	,							

5 Form **990** (2021) 132005 12-09-21 2021.04000 PARTNERSHIP FOR TRANSPARENC 17445__1

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										
		1 1	1 -[Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15								
	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.		1 -								
	Enter the number of voting members included on line 1a, above, who are independent	1b	15								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh					37					
	officer, director, trustee, or key employee?			2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the					3,7					
	of officers, directors, trustees, or key employees to a management company or other person? \dots			3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form			5		X					
	5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
6	Did the organization have members or stockholders?			6	X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				37						
	more members of the governing body?			7a	X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	•			37						
	persons other than the governing body?			7b	X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye				37						
а	The governing body?			8a	X						
b	Each committee with authority to act on behalf of the governing body?			8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real			_		7.7					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	evenue Code.)			.,	·					
40			Г	40	Yes	No X					
	Did the organization have local chapters, branches, or affiliates?			10a		Α.					
D	If "Yes," did the organization have written policies and procedures governing the activities of such or the standard of the st			401-							
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		Х					
	Has the organization provided a complete copy of this Form 990 to all members of its governing box	ly before filing the	ioriii?	11a							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			100	Х						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a 12b	X						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")			120	21						
С	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 approv			17							
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•									
а	The organization's CEO, Executive Director, or top management official			15a		х					
	Other officers or key employees of the organization		r	15b		X					
~	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 arrange	ment with a									
	taxable entity during the year?			16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic										
	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, a	nd 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, c	onflict of interest p	olicy, and	d finar	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 bo	ooks and records									
	TJAARDA STORM VAN LEEUWEN - 240-650-8445										
	1100 13TH STREET NW. 800. WASHINGTON. DC 20005										

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See the instructions for the order in which to list the persons above.

(A)	(B)	Т		((2)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
Name and title	hours per		not c					compensation	compensation	amount of
	week		cer an					from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	or director				ted		organization	(W-2/1099-MISC/	from the
	related	stee (rustee		س ا	ben sa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee	Institutional trustee		Key employee	Highest compensated employee		1099-NEC)		and related
	below line)	divid	stituti	Officer	sy em	ghest	Former			organizations
(1) KARIN MILLETT	5.00	트	드	0	3	王ə	프			
MEMBER UNTIL 05/2021	3,00	x						22,013.	0.	0.
(2) FRANK VOGL	5.00				\vdash			22/0131	•	
CHAIR	3,00	x		х				0.	0.	0.
(3) TJAARDA STORM VAN LEEUWEN	20.00							0.	•	
TREASURER	2000	x		х				0.	0.	0.
(4) RICHARD STERN	20.00	+						0.0		
PRESIDENT		x		х				0.	0.	0.
(5) JEAN LOUIS SARBIB	5.00	 								
MEMBER		x						0.	0.	0.
(6) RAJAT NAG	5.00	\vdash								
MEMBER UNTIL 05/2021		x						0.	0.	0.
(7) DENNIS WHITTLE	5.00									
MEMBER UNTIL 05/2021		X						0.	0.	0.
(8) HASAN TULUY	5.00									
MEMBER		X						0.	0.	0.
(9) EYASU YIMER	5.00									
MEMBER		X						0.	0.	0.
(10) BILL CORCORAN	5.00									
MEMBER		X						0.	0.	0.
(11) HALEH BRIDI	5.00									_
MEMBER		Х						0.	0.	0.
(12) RICHARD HOLLOWAY	5.00									
MEMBER		Х						0.	0.	0.
(13) CHRIK POORTMAN	5.00									
MEMBER		Х						0.	0.	0.
(14) PIETRONELLA VAN DEN OEVER	5.00									
MEMBER		Х						0.	0.	0.
(15) SHRUTI SHAH	5.00]								_
MEMBER		Х						0.	0.	0.
(16) AVNEET KHOLI	5.00									
MEMBER AS OF 5/2021		Х						0.	0.	0.
(17) CASEY KESLO	5.00	1								_
MEMBER		Х						0.	0.	0. Form 990 (2021)

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								Y FUND, INC.	52-220	5257	77	Page 8
Part VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	ompensated Employe	es (continued)			
(A)	(B)	5 1 B 1 B						(D)	(E)		(F)	
Name and title	Average hours per		not c	heck i	more	than		Reportable	Reportable		Estima	
	week					is bot or/trus		compensation from	compensation from related		amour	
	(list any	ctor						the	organizations	С	ompen	
	hours for related	or dire	e e			ated		organization	(W-2/1099-MISC		from	
	organizations	rustee	l trust		ee	nbens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	- 1	organiz and rel	
	below	Individual trustee or director	Institutional trustee	<u>ا</u>	Key employee	est co oyee	-Be	10001420)		- 1	organiza	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former					
(18) NATHANIEL HELLER	5.00											•
MEMBER AS OF 5/2021		Х		Ш				0.	().		0.
		\vdash		Н						-		
		1										
			\vdash	Н		\vdash						
		1										
				Ш								
				Ш						\perp		
		_	\vdash	Н		\vdash				+		
		ł										
				Н						\dashv		
		1										
1b Subtotal								22,013.).		0.
c Total from continuation sheets to Part VI								0.).		0.
d Total (add lines 1b and 1c)							<u> </u>	22,013.	l .).		0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed at	oove	e) wł	no re	eceived more than \$100	0,000 of reportable			0
compensation from the organization											Ye	0 s No
3 Did the organization list any former officer,	director trust	ا مم	·0\/ ·	amal	lovo		hia	shoet componented one	alovoo on		16	3 140
line 1a? If "Yes," complete Schedule J for s			•		•		_		•		3	Х
4 For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	and	d oth	her compensation from	the organization	" -		
and related organizations greater than \$150										4	1	X
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	unr/	elat	ed organization or indiv	idual for services			
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch į	pers	son .					5	X
Section B. Independent Contractors									*			
1 Complete this table for your five highest co										ensatio	on from	
the organization. Report compensation for (A)	ine calendar y	eare	enai	ng w	VILII	Or W	Turiii	(B)	year.		(C)	
Name and business	address	NO	INC	3				Description of s	services	Com	pensat	ion
							_					
							\dashv					
							\dashv					
2 Total number of independent contractors (i	-	ot li	mite	d to		_	sted	d above) who received r	nore than			
\$100,000 of compensation from the organization	zation 🕨				(0						

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Page 9

Pa	rt VI	Ì	Statement of Revenue					
			Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c c c e f	No N	Il other contributions, gifts, grants, and imilar amounts not included above oncash contributions included in lines 1a-1f	277,186. 567,041.	844,227.			
<u> </u>	- 11	1 1	otal. Add lines 1a-1f	Business Code	044,227			
Program Service Revenue			Il other program service revenue					
	3	Ir o	nvestment income (including dividends, intere ther similar amounts)	st, and ►				
	4 5		ncome from investment of tax-exempt bond properties					
			ess: rental expenses 6b	(ii) i ereeriai				
	c		lental income or (loss) 6c					
	c	l N	let rental income or (loss)					
	7 a		ross amount from sales of (i) Securities	(ii) Other				
en	b) L	ess: cost or other basis nd sales expenses					
Revenue	c		Gain or (loss) 7c					
	d	l N	let gain or (loss)					
Other	8 a	a G in c	ross income from fundraising events (not nocluding \$ of ontributions reported on line 1c). See leart IV, line 18 8a					
	b		ess: direct expenses 8b					
			let income or (loss) from fundraising events					
		Ρ	art IV, line 19 9a					
			ess: direct expenses 9b					
		a G	let income or (loss) from gaming activities aross sales of inventory, less returns and allowances 10a					
) L	ess: cost of goods sold 10b let income or (loss) from sales of inventory	<u></u>				
<u>s</u>				Business Code				
Miscellaneous Revenue			BOOK SALES	451211	40.			40.
llan	b	_	OSS ON FOREIGN CURREN	900099	-15,398.			-15,398.
Be	C	_	Il other revenue					
Σ			ll other revenue	•	-15,358.			
	12		otal revenue. See instructions	ı	828,869.	0.	0.	-15,358.

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).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 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	E20 E06	520 F06		
	individuals. See Part IV, lines 15 and 16	520,506.	520,506.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	22 012	22 012		
_	trustees, and key employees	22,013.	22,013.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	140 727	64 016	70 500	6 1 1 1
7	Other salaries and wages	140,737.	64,016.	70,580.	6,141
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	10,830.	4,549.	5,845.	436
9	Other employee benefits	12,731.	6,168.	5,843.	592
10	Payroll taxes	14,731.	0,100.	3,311.	334
11	Fees for services (nonemployees):				
a	Management				
b	Legal	12,800.		12,800.	
С.	Accounting	12,000.		12,000.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	207,929.	192,555.	15,374.	
40	column (A), amount, list line 11g expenses on Sch 0.)	201,323.	194,333.	13,374.	
12	Advertising and promotion	16,100.	2,640.	13,460.	
13	Office expenses	1,330.	2,040.	1,330.	
14	Information technology	1,330.		1,330.	
15	Royalties	14,455.		14,455.	
16	Occupancy	7,863.	7,400.	463.	
17	Travel	7,003.	7,400.	±03•	
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Payments to affiliates				
21 22	Payments to affiliates				
23	· · · · · · · · · · · · · · · · · · ·	12,076.		12,076.	
23 24	Other expenses. Itemize expenses not covered	12,0,00		12,0700	
24	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 0.)				
а	DEVELOPMENT EXPENSES	4,900.			4,900
a h	DUES AND SUBSCRIPTIONS	450.		450.	-,,,,,
C		150.		1300	
d					
u e	All other expenses			+	
25	Total functional expenses. Add lines 1 through 24e	984,720.	819,847.	152,804.	12,069
26	Joint costs. Complete this line only if the organization	J G E , 1 Z G 6	01010	102,001	<u> </u>
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	I Tollowing GOT 30-2 (AGC 300-720)				Earm 990 (202

Form **990** (2021)

Form 990 (2021) Part X | Balance Sheet

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		917,434.	1	812,424
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		196,032.	3	111,901
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any curren				
		trustee, key employee, creator or founder, su	bstantial contributor, or 35%			
		controlled entity or family member of any of t	hese persons		5	
	6	Loans and other receivables from other disquared	ualified persons (as defined			
ets		under section 4958(f)(1)), and persons descr	bed in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges		7,728.	9	8,041
	10a	Land, buildings, and equipment: cost or other	er			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, lin	ne 11		12	
	13	Investments - program-related. See Part IV, li		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		700.	15	0
	16	Total assets. Add lines 1 through 15 (must e	equal line 33)	1,121,894.	16	932,366
	17	Accounts payable and accrued expenses		36,166.	17	52,442
	18	Grants payable		23,200.	18	148,447
	19	Deferred revenue		288,982.	19	113,782
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple	te Part IV of Schedule D		21	
es	22	Loans and other payables to any current or f	ormer officer, director,			
₽		trustee, key employee, creator or founder, su	ibstantial contributor, or 35%			
Liabilities		controlled entity or family member of any of t	hese persons		22	
_	23	Secured mortgages and notes payable to un			23	
	24	Unsecured notes and loans payable to unrel			24	
	25	Other liabilities (including federal income tax,	payables to related third			
		parties, and other liabilities not included on li	nes 17-24). Complete Part X			
				240 240	25	24.671
	26	Total liabilities. Add lines 17 through 25		348,348.	26	314,671
S		Organizations that follow FASB ASC 958,	check here 🕨 🔼			
n S		and complete lines 27, 28, 32, and 33.		772 546		C17 C0F
ala	27	Net assets without donor restrictions		773,546.	27	617,695
о В	28	Net assets with donor restrictions			28	
Ë		Organizations that do not follow FASB AS	C 958, check here			
o.		and complete lines 29 through 33.				
sts	29	Capital stock or trust principal, or current fur			29	
556	30	Paid-in or capital surplus, or land, building, o			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		772 546	31	(17 (05
ž	32	Total net assets or fund balances		773,546.	32	617,695
	33	Total liabilities and net assets/fund balances		1,121,894.	33	932,366 Form 990 (2021

Pa	rt XI Reconciliation of Net Assets			`		
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	82	8,8	<u>69.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,7		
3	Revenue less expenses. Subtract line 2 from line 1	3	-15			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	77	3,5	46.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain 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	61	7,6	95.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				X	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990 ((2021)	

SCHEDULE A

(Form 990)

Total

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization PARTNERSHIP FOR TRANSPARENCY FUND, INC. 52-2262577 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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	71		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and		` ,	, ,	, ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	486,805.	504,580.	732,894.	636,124.	844,227.	3204630.
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	406 005	F04 F00	720 004	626 104	044 007	2004620
4	Total. Add lines 1 through 3	486,805.	504,580.	732,894.	636,124.	844,227.	3204630.
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,						125 006
_	column (f)						135,906. 3068724.
	Public support. Subtract line 5 from line 4.						3000724.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2019	(a) 2010	(4) 2020	(a) 2021	(f) Total
	Amounts from line 4	(a) 2017 486, 805.	(b) 2018 504,580.	(c) 2019 732,894.	(d) 2020 636,124.	(e) 2021 844, 227.	(f) Total 3204630.
8	Gross income from interest.	100/0031	301/3001	75275310	03071210	011/22/1	32010301
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			5.	23.	40.	68.
11							3204698.
12	Gross receipts from related activities,	etc. (see instructiv	ons)			12	
13	First 5 years. If the Form 990 is for th					501(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2021 (line 6, column (f), c	divided by line 11,	column (f))		14	95.76 %
15	Public support percentage from 2020) Schedule A, Part	II, line 14			15	93.95 %
16a	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies	as a publicly supp	orted organization	·			▶ X
b	33 1/3% support test - 2020. 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	-			-		
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets the				-		. —
40	organization meets the facts-and-circ						_
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990) 2021

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
J	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
7 6	, ,						
ŀ	3 received from disqualified persons Amounts included on lines 2 and 3 received						
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						_
	Public support. (Subtract line 7c from line 6.)						
	··	1.10047	(1.) 0040	() 0040	/ n 0000	() 0004	(0 T))
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
	check this box and stop here						>
	ction C. Computation of Publ						
15	Public support percentage for 2021 (I	ine 8, column (f), o	divided by line 13,	column (f))		15	%
						%	
Se	ction D. Computation of Inves	stment Incom	e Percentage				_
17	Investment income percentage for 20	21 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	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	
k	33 1/3% support tests - 2020. 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						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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
1		
2		
За		
3b		
3с		
_		
4a		
4b		
4c		
_		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9с		
10a		
10b		

Ра	Triv 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		
	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			
0	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		<u> </u>	·
			Yes	No
1	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	_		
0	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,	2		
Sec	supervised, or controlled the supporting organization. Ition C. Type II Supporting Organizations			<u> </u>
-	tion of Type in supporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	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		
Sec	tion D. All Type III Supporting Organizations			<u> </u>
		-	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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		
Sec	tion 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 yea(see instructions)-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	istructio	\Box	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	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		
D	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	Oh		
2	these activities but for the organization's involvement. Parent of Supported Organizations, Answer lines 32 and 3h below.	2b		
3	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			
d	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		

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

Sec	tion 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			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally in	ntear:	ated Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continu	ıed)	
Sect	tion D - Distributions	Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide 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 the organization is responsive		
	(provide details in Part VI). See instructions.	8	
9	Distributable amount for 2021 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i_	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Schedule B (Form 990)

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

PARTNERSHIP FOR TRANSPARENCY FUND, INC.

52-2262577

Organization type (check one):							
Filers of	1	Section:					
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization					
		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					
Note: On	lly a section 501(c)(7	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special I	Rules						
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; line 1. Complete Parts I and II.					
	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 "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 \bigsim \frac{1}{2} \f						
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 requirements of Schedule B (Form 990).					

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

PARTNERSHIP FOR TRANSPARENCY FUND, INC.

52-2262577

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 201,030.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$18,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 232,196.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	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
5		\$ 20,000.	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.)

Name of organization Employer identification number

PARTNERSHIP FOR TRANSPARENCY FUND, INC.

52-2262577

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t 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

Name of organization **Employer identification number** 52-2262577 PARTNERSHIP FOR TRANSPARENCY FUND, INC. 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. `fŕom 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 (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 (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

Open to Public Inspection

Name of the organization

PARTNERSHIP FOR TRANSPARENCY FUND, INC.

Employer identification number 52-2262577

Par	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, Iir		Similar Funds o	or Accounts. Complete if the
	organization answered Tes off off 550,1 artiv, iii	(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year	. ,		.,
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		eld in donor advised	I 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			
	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes	s" on Form 990, Par	rt IV, line 7.
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 a h	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 contrib	ution in the form of	
	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			
	Number of conservation easements on a certified historic str			
d	Number of conservation easements included in (c) acquired			•
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or t	terminated by the o	rganization during the tax
	year ▶			
4	Number of states where property subject to conservation ea		<u> </u>	
5	Does the organization have a written policy regarding the pe			
_	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, ar	na enforcing conser	vation easements during the year
7	Amount of our areas in a ward in mountains in an action have	dliner of violetiens - end on	favaina aanaan atia	
7	Amount of expenses incurred in monitoring, inspecting, hand > \$	aling of violations, and en	lording conservatio	in easements during the year
8	Does each conservation easement reported on line 2(d) above	vo eatisfy the requiremen	ts of soction 170(h)	(4)(P)(i)
0				
9	and section 170(h)(4)(B)(ii)?			
3	balance sheet, and include, if applicable, the text of the footi		· ·	
	organization's accounting for conservation easements.	note to the organization s	ililariciai staterrieri	ts that describes the
Par	t III Organizations Maintaining Collections o	f Art. Historical Tre	easures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	·	,	
1a	If the organization elected, as permitted under FASB ASC 95		enue statement and	d balance sheet works
	of art, historical treasures, or other similar assets held for pul	•		
	service, provide in Part XIII the text of the footnote to its final	·		•
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	,		•
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
				. .
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A			•
а	Revenue included on Form 990, Part VIII, line 1			> \$
b	Assets included in Form 990, Part X			

132051 10-28-21

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Schedule D (Form 990) 2021

Schedule D (Form 990) 2021

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2021 PARTNERSHIP	FOR TRANSPAR	RENCY FUND, INC.	52-2262577 _{Page}
Part VII Investments - Other Securities.	1011 11111101111		32 2202377 Fage
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990. Part X. line	12.
(a) Description of security or category (including name of security)	(b) Book value		st or end-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"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 1	13.
(a) Description of investment	(b) Book value		st or end-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"	on Form 990, Part IV, line	11d. See Form 990, Part X, line	15.
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.			
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)			

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) 2021

(8)

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

2021
Open to Public Inspection

Name of the organization

Employer identification number

PARTNERSHIP FOR TRANSPARENCY FUND, INC. 52-2262577

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? ______X Yes _____ No.

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.) (b) Number of (e) If activity listed in (d) (a) Region (c) Number of (d) Activities conducted in the region (f) Total 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 recipients located in the region) of service(s) in the region in the region in the region IMPROVING THE TRANSPARENCY AND EFFECTIVENESS IN THE SUB-SAHARAN AFRICA 0 PROGRAM SERVICES RESPONSE TO COVID-19 243,080. EUROPE (INCLUDING ICELAND & GREENLAND) TRANSPARENCY, INCREASING THE INTEGRITY OF PUBLIC - ALBANIA, ANDORRA, AUSTRIA, BELGIUM 0 PROGRAM SERVICES PROCUREMENT. 160,926. SOUTH ASIA TMPROVING THE AFGHANISTAN, TRANSPARENCY AND BANGLADESH, BHUTAN, EFFECTIVENESS IN THE RESPONSE TO COVID-19. INDIA, MALDIVES 0 PROGRAM SERVICES 21,500. EAST ASIA AND THE TRANSPARENCY, TO PACIFIC - AUSTRALIA, IMPLEMENT A CLIMATE BRUNEI, BURMA, CHANGE AND ENVIRONMENTAL CAMBODIA 0 PROGRAM SERVICES GOVERNANCE PROGRAM. 85,000. SOUTH AMERICA -IMPROVING THE ARGENTINA, BOLIVIA, TRANSPARENCY AND BRAZIL, CHILE, EFFECTIVENESS IN THE RESPONSE TO COVID-19, COLUMBIA, ECUADOR 0 PROGRAM SERVICES 10,000. 3 a Subtotal 0 520,506. **b** Total from continuation 0. sheets to Part I c Totals (add lines 3a

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

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2021

520,506.

and 3b)

Schedule F (Form 990) 2021

Page 2

52-2262577

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. Part II

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)
			IMPROVING THE					
			TRANSPARENCY AND					
		SUB-SAHARAN	EFFECTIVENES IN THE					
		AFRICA	RESPONSE TO COVID-19.	17,500.WIRE	VIRE	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		ALBANIA, ANDORRA,	TRANSPARENCY	21,500.	WIRE	0.		
		EAST ASIA AND THE	TRANSPARENCY AND TO					
		PACIFIC -	IMPLEMENT A CLIMATE					
		AUSTRALIA,	CHANGE AND					
		BRUNEI, BURMA,	ENVIRONMENTAL	85,000.	WIRE	0		
		SUB-SAHARAN	ENHANCING EQUITY AND					
		AFRICA - ANGOLA,	GOOD GOVERNANCE IN					
		BENIN, BOTSWANA,	THE GHANA NATIONAL					
		BURKINA FASO,	DEVELOPMENT VACCINE	75,000.WIRE	VIRE	0		
		SOUTH AMERICA -	IMPROVING THE					
		ARGENTINA,	TRANSPARENCY AND					
		BOLIVIA, BRAZIL,	EFFECTIVENES IN THE					
		CHILE, COLUMBIA,	RESPONSE TO COVID-19.	10,000.	WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND &	INCREASING THE					
		GREENLAND) -	INTEGRITY OF PUBLIC					
		ALBANIA, ANDORRA,	PROCUREMENT.	139,426.WIRE	VIRE	0.		
		SUB-SAHARAN	STRENGTHENING THE					
		AFRICA - ANGOLA,	CAPACITY OF CSOS TO					
		BENIN, BOTSWANA,	PROMOTE TRANSPARENCY					
		BURKINA FASO,	AND ACCOUNTABILITY IN	100,403.	WIRE	0		
		SUB-SAHARAN	STRENGTHENING THE					
		AFRICA - ANGOLA,	CAPACITY OF CSOS TO					
		BENIN, BOTSWANA,	PROMOTE TRANSPARENCY					
		BURKINA FASO,	AND ACCOUNTABILITY IN	22,259.WIRE	VIRE	0		
10 10 4001 10 10 10 10 10 10 10 10 10 10 10 10	100000000000000000000000000000000000000	0,0 to dt 0,0 do botol 000itol		, ata oo aoio	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax Enter total number of other organizations or entities က ผ

Schedule F (Form 990) 2021

SEE PART V FOR COLUMN (D) DESCRIPTIONS 30

), INC. 52-2262577 Page 2_	is or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	
HeF(Form 990) PARTNERSHIP FOR TRANSPARENCY FUND,	Continuation of Grants and Other Assistance to Organizations or Entities Outside the U	
Schedu	Part II	,

(a) Name of organization (b) Region (c) Region (d) Purpose of (e) Armount (f) Mann grant (f) M	Part II Continuation o	of Grants and Other	Assistance to Organiza	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	United States.	Schedule F (Form 99	90), Part II, line 1)		
IMPROVING THE TRANSPARENCY AND EFFECTIVENESS IN THE RESPONSE TO COVID-19. IMPROVING THE TRANSPARENCY AND EFFECTIVENESS IN THE RESPONSE TO COVID-19. TRANSPARENCY TRANSP	Vame of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant		(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
ASIA RESPONSE TO COVID-19. IMPROVING THE TRANSPARENCY AND EFFECTIVENESS IN THE RESPONSE TO COVID-19. TRANSPARENCY TRANSPARENCY TRANSPARENCY				IMPROVING THE TRANSPARENCY AND FEFFCTIVENESS IN THE					
IMPROVING THE TRANSPARENCY AND EFFECTIVENESS IN THE RESPONSE TO COVID-19. 14, TRANSPARENCY 14, TRANSPARENCY 13,			SOUTH ASIA	RESPONSE TO COVID-19.	10,000.	VIRE	0.		
ASIA RESPONSE TO COVID-19. 14, IARAN TRANSPARENCY 14, TRANSPARENCY 13, TRANSPARENCY 13,				IMPROVING THE					
IARAN TRANSPARENCY 14, TRANSPARENCY 13,			SOUTH ASIA	EFFECTIVENESS IN THE RESPONSE TO COVID-19.	14,500,	VIRE	0		
TRANSPARENCY 13,			SUB-SAHARAN AFRICA	TRANSPARENCY	14,208.	/IRE	.0		
			SUB-SAHARAN AFRICA	TRANSPARENCY	13,710.	/IRE	.0		

Schedule F (Form 990) 2021 P.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2021
					hedule F (Fo
(g) Description of noncash assistance					Sc
(f) Amount of noncash assistance					_
(4)					
ner of ırsement					
(e) Manner of cash disbursement					
(d) Amount of cash grant					_
l ' ≂					_
(c) Number or recipients					
(b) Region					
assistance					-
(a) Type of grant or assistance					
"					

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 (Fori	n 990) 2021

Schedule F (Form 990) 2021 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 2:

THE PARTNERSHIP FOR TRANSPARENCY FUND PROVIDES GRANTS (TYPICALLY \$5,000 -\$75,000) TO CIVIL SOCIETY ORGANIZATIONS ("CSO") WORKING IN THEIR COUNTRIES TO FIGHT CORRUPTION AND PROMOTE TRANSPARENCY AND GOOD GOVERNANCE. PROJECTS USUALLY RUN FOR APPROXIMATELY ONE YEAR, AND SUCCESSFUL PROJECTS ARE OFTEN CONTINUED OR REPLICATED IN OTHER AREAS. PTF SUPPORTS PROJECTS THAT ADDRESS SPECIFIC INSTANCES OF CORRUPTION RATHER THAN AWARENESS-RAISING OR RESEARCH. WE ALSO ENCOURAGE POSITIVE ENGAGEMENT WITH THE PUBLIC AGENCY THAT IS THE OBJECT OF SCRUTINY. APPLICANTS MUST SEND A BRIEF CONCEPT NOTE DESCRIBING THE PROJECT TO INFO@PTFUND.ORG. BEFORE THE FUND CAN FUND A PROJECT, THE APPLICANT MUST SEND A COPY OF THEIR MOST RECENT AUDITED ACCOUNTS FOR EACH YEAR DURING THE TERM OF THE GRANT HEREUNDER, WITHIN 180 DAYS OF THE END OF EACH OF ITS FISCAL YEARS. SUCH FINANCIAL STATEMENTS SHALL BE ACCOMPANIED BY THE AUDITOR'S CERTIFICATION, WHICH SHALL BE IN FORM AND SUBSTANCE REASONABLY

AFTER THE PROJECT CONCEPT HAS BEEN APPROVED, AN ADVISOR WILL BE ASSIGNED TO HELP DEVELOP A PROJECT PLAN THAT INCLUDES A BUDGET AND A LOGFRAME. ONCE THE PROJECT HAS BEEN APPROVED, PTF WILL SEND A GRANT AGREEMENT TO BE SIGNED BY THE CSO. THE FIRST TRANCHE OF FUNDING WILL BE RELEASED AS SOON AS THE AGREEMENT HAS BEEN SIGNED BY BOTH PARTIES AND PTF RECEIVES THE CSO'S BANK WIRING INFORMATION.

SATISFACTORY TO PTF. SUCH AUDITED ACCOUNTS SHALL INCLUDE IN ITS NOTES OR

SCHEDULES A STATEMENT DISCLOSING THE PTF GRANT AND THE EXPENDITURES MADE

PART I, LINE 3, COLUMN (E):

THEREUNDER DURING THE RELEVANT PERIOD.

Part V | Supplemental Information

Schedule F (Form 990) 2021

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.

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: IMPROVING THE TRANSPARENCY AND EFFECTIVENESS IN THE RESPONSE TO COVID-19, AND STRENGTHENING THE CAPACITY OF CSOS TO PROMOTE TRANSPARENCY AND ACCOUNTABILITY IN PUBLIC INFRASTRUCTURE PROJECTS IN MALAWI.

PART II, COLUMN (D):

ENVIRONMENTAL GOVERNANCE PROGRAM.

REGION: EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA, (D) PURPOSE OF GRANT: TRANSPARENCY AND TO IMPLEMENT A CLIMATE CHANGE AND

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

(D) PURPOSE OF GRANT: ENHANCING EQUITY AND GOOD GOVERNANCE IN THE GHANA NATIONAL DEVELOPMENT VACCINE PROGRAM.

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, (D) PURPOSE OF GRANT: STRENGTHENING THE CAPACITY OF CSOS TO PROMOTE

TRANSPARENCY AND ACCOUNTABILITY IN PUBLIC INFRASTRUCTURE PROJECTS IN

MALAWI.

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

(D) PURPOSE OF GRANT: STRENGTHENING THE CAPACITY OF CSOS TO PROMOTE TRANSPARENCY AND ACCOUNTABILITY IN PUBLIC INFRASTRUCTURE PROJECTS IN MALAWI.

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

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.

2021
Open to Public Inspection

Name of the organization

PARTNERSHIP FOR TRANSPARENCY FUND, INC.

Employer identification number 52-2262577

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

PROMOTE THE RULE OF LAW AND REDUCE CORRUPTION IN DEVELOPING AND

EMERGING COUNTRIES. WE ARE AN ORGANIZATION OF OVER 100 EXPERT ADVISORS,

MOSTLY FORMER STAFF FROM MULTILATERAL AND BILATERAL DEVELOPMENT

AGENCIES AS WELL AS THE PRIVATE SECTOR.

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

BILATERAL DEVELOPMENT AGENCIES AS WELL AS THE PRIVATE SECTOR.

FORM 990, PART VI, SECTION A, LINE 6:

PTF'S MEMBERS ARE INDIVIDUALS OF MANY NATIONALITIES WHO HAVE CONTRIBUTED TO
THE WORK OF THE ORGANIZATION. THEY HAVE EXTENSIVE INTERNATIONAL DEVELOPMENT
AND GOVERNANCE EXPERIENCE.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS OF PTF HOLD AN ANNUAL MEETING AND MAY VOTE AT THIS EVENT, WHICH IS HELD VIA TELECONFERENCE, ON ELECTIONS FOR THE BOARD OF DIRECTORS AND ON MATTERS THAT MAY LEAD TO CHANGES IN PTF'S BASIC CHARTER.

FORM 990, PART VI, SECTION A, LINE 7B:

THE MEMBERS OF PTF MAY VOTE ON MATTERS THAT MAY LEAD TO CHANGES IN PTF'S BASIC CHARTER.

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

THE COMPLETED FORM 990 IS REVIEWED BY THE PRESIDENT, TREASURER AND THE

FINANCE MANAGER BEFORE IT IS SIGNED BY THE TREASURER AND FILED WITH THE

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

Schedule O (Form 990) 2021

132211 11-11-21

Schedule O (Form 990) 2021 Page **2**

Name of the organization PARTNERSHIP FOR TRANSPARENCY FUND, INC. Employer identification number 52-2262577

IRS.

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

ANY PTF PERSONNEL OR BOARD MEMBER WHO BECOMES AWARE OF A TRANSACTION OR RELATIONSHIP THAT COULD REASONABLY BE EXPECTED TO GIVE RISE TO A CONFLICT OF INTEREST, OR HAS QUESTIONS REGARDING A SITUATION THAT MAY GIVE RISE TO A CONFLICT OF INTEREST, MUST REPORT IT TO, OR CONSULT WITH, THE CHAIRMAN OF THE COMMITTEE. IF, AFTER CONSULTATION WITH THE AUDIT & GOVERNANCE COMMITTEE, A CONFLICT OR POTENTIAL CONFLICT IS DETERMINED TO EXIST, THE COMMITTEE FORMULATES THE APPROPRIATE MANNER OF ADDRESSING SUCH CONFLICT OR POTENTIAL CONFLICT, DEPENDING ON THE NATURE AND CIRCUMSTANCES OF THE SITUATION. IN CERTAIN CASES, FULL DISCLOSURE OF SUCH CONFLICT OR POTENTIAL CONFLICT MAY BE ADEQUATE. OTHER CASES MAY REQUIRE THE RECUSAL OF THE PTF PERSONNEL MEMBER FROM THE MATTER GIVING RISE TO THE CONFLICT OR POTENTIAL CONFLICT OF INTEREST. IN OTHER SITUATIONS, DISCIPLINARY ACTION AGAINST THE PTF PERSONNEL OR BOARD MEMBER MAY BE APPROPRIATE. ANY SUCH DISCIPLINARY ACTION WILL BE TAKEN BY THE BOARD ON THE RECOMMENDATION OF THE COMMITTEE.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PAYROLL FEES:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 1,874.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 1,874.

132212 11-11-21

Schedule O (Form 990) 202	1					Page 2
Name of the organization	PARTNERSHIE	FOR TRA	NSPAREN	CY FUND,	INC.	Employer identification number 52-2262577
CONSULTANTS:						
PROGRAM SERVIC	E EXPENSES					192,555.
MANAGEMENT AND	GENERAL EX	XPENSES .				13,500.
FUNDRAISING EX	PENSES					0.
TOTAL EXPENSES						206,055.
TOTAL OTHER FE	ES ON FORM	990, PAF	RT IX, L	INE 11G,	COL A	207,929.
FORM 990, PART	'XII, LINE	2C:				
THE ORGANIZATI	ON DID NOT	CHANGE I	TS OVER	SIGHT OR	SELECTIO	N PROCESS
DURING THE TAX	YEAR.					