

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

Form 990

Department of the Treasury Internal Revenue Service

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

Do not enter Social Security numbers on this form as it may be made public.

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

1812

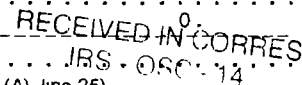
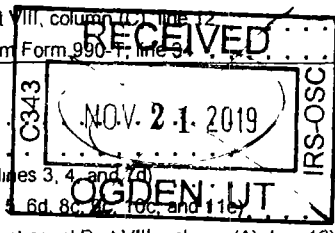
A For the 2018 calendar year, or tax year beginning 2018, and ending 20

Form header section containing organization name (FUND FOR POLICY REFORM, INC.), EIN (26-4351242), address (224 WEST 57TH STREET, NEW YORK, NY 10019), and principal officer (PATRICK GASPARD).

Form section K: Form of organization (X Corporation), L Year of formation (2009), M State of legal domicile (DE).

Part I Summary

Table with 22 rows detailing financial information: 1. Mission statement, 2-7. Governance and revenue metrics, 8-12. Revenue breakdown, 13-19. Expenses breakdown, 20-22. Net assets or fund balances.



OGDEN, UTAH

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.

Signature block for Margaret A. Bradshaw, Treasurer, dated 11-11-19.

Preparer information for Margaret A. Bradshaw, KPMG LLP, dated 11/15/19.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)

SCANNED JUN 23 2020

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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 (Code ) (Expenses \$ 137,029,057 including grants of \$ 135,383,760 ) (Revenue \$ ) INSTITUTIONAL GRANTS - INSTITUTIONAL GRANTS WERE PROVIDED TO SUPPORT THE GRANTEES' OPERATIONS AND ACTIVITIES WHICH ADVOCATE FOR THE REFORM OF LAWS AND REGULATIONS THAT AFFECT THE PUBLIC WELFARE.

4b (Code ) (Expenses \$ 2,747,946 including grants of \$ 585,000 ) (Revenue \$ ) REGIONAL PROGRAMS - REGIONAL PROGRAMS ENGAGE IN MUTIPLE ISSUES, SUCH AS DEMOCRATIC PRACTICE, EARLY CHILDHOOD & EDUCATION, ECONOMIC JUSTICE, ETC. ACROSS A DEFINED GEOGRAPHIC AREA.

4c (Code ) (Expenses \$ 561,293 including grants of \$ 74,211 ) (Revenue \$ ) THEMATIC PROGRAMS - THEMATIC PROGRAMS ENGAGE WITH A DEFINED SPECIFIC ISSUE, SUCH AS HUMAN RIGHTS INITIATIVE, ECONOMIC JUSTICE PROGRAM, PUBLIC HEALTH PROGRAM, ETC. ACROSS MULTIPLE GEOGRAPHIC AREAS ACROSS THE WORLD.

4d Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 140,338,296.

DEIJOCKB  
26-4351242

**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. . . . .		X
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. . . . .		X
4 <b>Section 501(c)(3) organizations.</b> 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. . . . .		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. . . . .		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. . . . .		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. . . . .		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. . . . .		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. . . . .		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. . . . .		X
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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. . . . .	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. . . . .	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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. . . . .		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. . . . .		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. . . . .	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. . . . .	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. . . . .		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. . . . .	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .		X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. . . . .	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 foreign organization? If "Yes," complete Schedule F, Parts II and IV. . . . .	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. . . . .		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). . . . .		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. . . . .		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III. . . . .		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. . . . .		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. . . . .	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS schedule requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V. [X]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax shelter transactions, foreign accounts, and charitable contributions.

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . .		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
6	Did the organization have members or stockholders? . . . . .	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body? . . . . .	X	
8b	b Each committee with authority to act on behalf of the governing body? . . . . .	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . . . .	X	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . .	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	X	
13	Did the organization have a written whistleblower policy? . . . . .	X	
14	Did the organization have a written document retention and destruction policy? . . . . .	X	
15a	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15b	a The organization's CEO, Executive Director, or top management official . . . . .		X
15b	b Other officers or key employees of the organization . . . . . If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
16b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed  NY,
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records 

TASHA NG 224 WEST 57TH STREET NEW YORK, NY 10019      212-548-0600

**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  X

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

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) Average hours per week (List any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1)GEORGE SOROS DIRECTOR/CHAIRMAN	.02 .07	X		X			0.	0.	515.	
(2)JONATHAN SOROS UNTIL 9/5/18 DIRECTOR	.02 .07	X					0.	0.	515.	
(3)ALEXANDER SOROS DIRECTOR	.02 .07	X					0.	0.	515.	
(4)ANDREA SOROS COLOMBEL DIRECTOR	.02 .09	X					0.	0.	515.	
(5)PIERRE MIRABAUD DIRECTOR	.02 0.	X					0.	0.	515.	
(6)ETHAN ZUCKERMAN UNTIL 10/3/18 DIRECTOR	.02 0.	X					0.	0.	515.	
(7)PATRICK GASPARD EX OFFICIO/PRESIDENT	.02 39.98	X		X			447.	797,079.	142,074.	
(8)MAIJA ARBOLINO TREASURER	2.80 37.20			X			24,563.	326,014.	108,161.	
(9)GAIL SCOVELL SECRETARY	3.37 36.63			X			33,034.	358,549.	107,977.	
(10)AURO SEAN NICHOLAS FRASER PROGRAM OFFICER	40.00 0.					X	102,146.	0.	14,598.	
(11)NICOLAS HERNANDEZ GONZALEZ PROGRAM OFFICER	40.00 0.					X	102,146.	0.	14,598.	
(12)ANGELICA PRIETO MARIA ZAMORA PROGRAM OFFICER	40.00 0.					X	102,146.	0.	14,598.	
(13)CHRISTOPHER STONE FORMER DIRECTOR/PRESIDENT	0. 0.					X	0.	1,008,299.	0.	
(14)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b>							364,482.	2,489,941.	405,096.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							364,482.	2,489,941.	405,096.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **5**



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b> 750,000,000					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____						
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		750,000,000				
<b>Program Service Revenue</b>	<b>2a</b> _____		<b>Business Code</b>				
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶		0				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . . ▶		521			521	
	<b>4</b> Income from investment of tax-exempt bond proceeds . ▶		0				
	<b>5</b> Royalties . . . . . ▶		0				
	<b>6a</b> Gross rents . . . . .	(i) Real					
		(ii) Personal					
	<b>b</b> Less rental expenses . . . . .						
	<b>c</b> Rental income or (loss) . . . . .						
	<b>d</b> Net rental income or (loss) . . . . . ▶		0				
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
	<b>b</b> Less cost or other basis and sales expenses . . . . .						
	<b>c</b> Gain or (loss) . . . . .						
	<b>d</b> Net gain or (loss) . . . . . ▶		0				
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>		0				
	<b>b</b> Less direct expenses . . . . . <b>b</b>		0				
	<b>c</b> Net income or (loss) from fundraising events . . . . . ▶		0				
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>		0				
	<b>b</b> Less direct expenses . . . . . <b>b</b>		0				
	<b>c</b> Net income or (loss) from gaming activities . . . . . ▶		0				
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>		0				
<b>b</b> Less cost of goods sold . . . . . <b>b</b>		0					
<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶		0					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> _____							
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . . ▶		0					
<b>12 Total revenue.</b> See instructions . . . . . ▶		750,000,521			521		

**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).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	76,110,284.	76,110,284.		
2 Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .	59,932,687.	59,932,687.		
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	0.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	495,653.	495,653.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	71,786.	71,786.		
9 Other employee benefits . . . . .	56,148.	55,738.	410.	
10 Payroll taxes . . . . .	35,421.	35,421.		
11 Fees for services (non-employees)				
a Management . . . . .	0.			
b Legal . . . . .	497,504.	17,932.	479,572.	
c Accounting . . . . .	45,814.	39,625.	6,189.	
d Lobbying . . . . .	0.			
e Professional fundraising services See Part IV, line 17, . . . . .	0.			
f Investment management fees . . . . .	0.			
g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	1,752,808.	1,626,749.	126,059.	
12 Advertising and promotion . . . . .	0.			
13 Office expenses . . . . .	79,545.	79,545.		
14 Information technology . . . . .	0.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	82,662.	28,716.	53,946.	
17 Travel . . . . .	126,245.	97,171.	29,074.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
19 Conferences, conventions, and meetings . . . . .	213,836.	80,931.	132,905.	
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	69,924.	69,357.	567.	
23 Insurance . . . . .	2,751.	2,751.		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a REIMB TO OPEN SOCIETY INTITU . . . . .	2,543,390.	1,186,527.	1,356,863.	
b TAX WITHHOLDING . . . . .	14,523.	14,523.		
c FOREX LOSS . . . . .	81,810.	10,167.	71,643.	
d NON-TRACKABLE SOFTWARE&IT EQ . . . . .	19,342.	17,989.	1,353.	
e All other expenses . . . . .	377,106.	364,744.	12,362.	
25 Total functional expenses. Add lines 1 through 24e . . . . .	142,609,239.	140,338,296.	2,270,943.	
26 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	8,381,855.	<b>1</b>	12,762,828.
	<b>2</b> Savings and temporary cash investments . . . . .	0.	<b>2</b>	0.
	<b>3</b> Pledges and grants receivable, net . . . . .	47,000,000.	<b>3</b>	151,850,000.
	<b>4</b> Accounts receivable, net . . . . .	0.	<b>4</b>	0.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,075.	<b>9</b>	19,498.
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 655,274.		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 73,428.	7,007.	<b>10c</b> 581,846.
	<b>11</b> Investments - publicly traded securities . . . . .	0.	<b>11</b>	0.
	<b>12</b> Investments - other securities See Part IV, line 11 . . . . .	0.	<b>12</b>	495,058,224.
	<b>13</b> Investments - program-related See Part IV, line 11 . . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets See Part IV, line 11 . . . . .	29,461.	<b>15</b>	74,730.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	55,419,398.	<b>16</b>	660,347,126.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	246,999.	<b>17</b>	332,681.
	<b>18</b> Grants payable . . . . .	24,327,011.	<b>18</b>	25,428,858.
	<b>19</b> Deferred revenue . . . . .	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	116,536.	<b>25</b>	1,407,229.
	<b>26 Total liabilities.</b> Add lines 17 through 25. . . . .	24,690,546.	<b>26</b>	27,168,768.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	30,728,852.	<b>27</b>	633,178,358.
	<b>28</b> Temporarily restricted net assets . . . . .	0.	<b>28</b>	0.
	<b>29</b> Permanently restricted net assets . . . . .	0.	<b>29</b>	0.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	30,728,852.	<b>33</b>	633,178,358.	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	55,419,398.	<b>34</b>	660,347,126.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	750,000,521.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	142,609,239.
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	607,391,282.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	30,728,852.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-4,941,776.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	633,178,358.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

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.

2018

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

FUND FOR POLICY REFORM, INC.

26-4351242

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7

Table with 1 column: Purpose(s) of conservation easements held by the organization (check all that apply). Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

Table with 1 column: If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items, 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.

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

Schedule D (Form 990) 2018

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10

- 1a Beginning of year balance
b Contributions
c Net investment earnings, gains, and losses
d Grants or scholarships
e Other expenditures for facilities and programs
f Administrative expenses
g End of year balance
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.

**Part VII Investments - Other Securities.**

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	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) QUANTUM ENDOWMENT CAYMAN FUND	495,058,224.	
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶	495,058,224.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total</b> (Column (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)	
<b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 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) PAYABLE TO OSI	1,407,229.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	1,407,229.

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final column for totals. Rows include: 1 Total revenue, gains, and other support per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1; 5 Total revenue Add lines 3 and 4c.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final column for totals. Rows include: 1 Total expenses and losses per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part IX, line 25; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part IX, line 25, but not on line 1; 5 Total expenses Add lines 3 and 4c.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

PART X, LINE 2

FPR INC. IS EXEMPT FROM FEDERAL INCOME TAXES, AS AN ORGANIZATION

DESCRIBED IN SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE. FPR INC.

RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE

MORE LIKELY THAN NOT OF BEING SUSTAINED.



**Part XIII** Supplemental Information *(continued)*

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**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **FUND FOR POLICY REFORM, INC.** Employer identification number: **26-4351242**

**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?  Yes  No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

**3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )**

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
<b>(1)</b> EUROPE	0	0	GRANTMAKING		34,046,497
<b>(2)</b> SUB-SAHARAN AFRICA	0	0	GRANTMAKING		20,078,440
<b>(3)</b> SOUTH ASIA	0	0	GRANTMAKING		5,807,750
<b>(4)</b> SOUTH AMERICA	1	6	PROGRAM SERVICES	STRENGTHEN DEMOCRACY	636,042
<b>(5)</b> NORTH AMERICA	1	4	PROGRAM SERVICES	STRENGTHEN DEMOCRACY	176,974
<b>(6)</b> CENTRAL AMERICA/CARIBBEAN	0	0	INVESTMENTS		495,058,224
<b>(7)</b> EAST ASIA AND THE PACIFIC	0	2	PROGRAM SERVICES	STRENGTHEN DEMOCRACY	144,729
<b>(8)</b> SOUTH ASIA	0	2	PROGRAM SERVICES	STRENGTHEN DEMOCRACY	908,632
<b>(9)</b>					
<b>(10)</b>					
<b>(11)</b>					
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Subtotal . . . . .	2	14			556,857,288
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c</b> Totals (add lines 3a and 3b)	2	14			556,857,288

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

Schedule F (Form 990) 2018

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	TO PROVIDE SUPPORT	30,249,456	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	TO PROVIDE SUPPORT	140,000	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	TO PROVIDE SUPPORT	1,450,988	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	TO PROVIDE SUPPORT	356,053	WIRE			
(5)			SOUTH ASIA	TO PROVIDE SUPPORT	5,807,750	WIRE			
(6)			SUB-SAHARAN AFRICA	TO PROVIDE SUPPORT	20,004,228	WIRE			
(7)			EUROPE/ICELAND/GREENLAND	TO PROVIDE SUPPORT	50,000	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	TO PROVIDE SUPPORT	1,800,000	WIRE			
(9)			SUB-SAHARAN AFRICA	TO PROVIDE SUPPORT	74,212	WIRE			
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 9.

3 Enter total number of other organizations or entities 0

**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16  
 Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  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  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  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  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  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  No

**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).

PROCEDURES FOR MONITORING THE USE OF GRANTS OUTSIDE THE UNITED STATES

THE ORGANIZATION ENTERS INTO GRANT AGREEMENTS WITH GRANTEEES THAT REQUIRE

REPORTING. THE ORGANIZATION REVIEWS REPORTS FROM GRANTEEES TO ENSURE THAT

THE FUNDS ARE BEING SPENT IN ACCORDANCE WITH THE GRANT AGREEMENTS.

ACCRUAL METHOD OF ACCOUNTING WAS USED TO REPORT PROGRAM SERVICE AND GRANT

EXPENDITURES ON SCHEDULE F.

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

FUND FOR POLICY REFORM, INC.

Employer identification number

26-4351242

**Part I General information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) OPEN SOCIETY POLICY CENTER 1730 PENNSYLVANIA AVE NW 7TH FL, DC 20006	52-2028955	501(C)(4)	62,000,000				TO PROVIDE GENERAL SUPPORT
(2) WORKING FAMILIES ORGANIZATION 1 METROTECH CTR N 11 FL, BROOKLYN, NY 11201	20-4994004	501(C)(4)	800,000				TO PROVIDE GENERAL SUPPORT
(3) AMERICAN CIVIL LIBERTIES UNION, INC 125 BROAD ST, 18TH FL, NEW YORK, NY 10004	13-3871360	501(C)(4)	7,750,000				TO PROVIDE GENERAL SUPPORT
(4) AMERICA VOTES 1155 CONNECTICUT AVE NW, SUITE 600, DC 20036	26-4568349	501(C)(4)	1,000,000				TO PROVIDE GENERAL SUPPORT
(5) THE DEMOCRACY INTEGRITY PROJECT 1360 BEVERLY RD, SUITE 300, MCLEAN, VA 22101	81-5223488	501(C)(4)	1,000,000				TO PROVIDE GENERAL SUPPORT
(6) AMERICAN BRIDGE 21ST CENTURY FOUNDATION 455 MASSACHUSETTS AVE NW 6TH FL, DC 20001	27-5278038	501(C)(4)	700,000				TO PROVIDE GENERAL SUPPORT
(7) CENTRO CIVICO, INC 143-145 E MAIN STREET, AMSTERDAM, NY 12010	22-2877236	501(C)(3)	234,126				TO PROVIDE GENERAL SUPPORT
(8) CHICAGO ASSOCIATION OF WOMEN IN LAW ENFORCE 12463 S WABASH AVE, CHICAGO, IL 60628	81-1445395	501(C)(3)	200,000				TO PROVIDE GENERAL SUPPORT
(9) COALITION OF BLACK TRADE UNIONISTS 1155 CONNECTICUT AVE, SUITE 500, DC 20036	52-1128179	501(C)(5)	150,000				TO PROVIDE GENERAL SUPPORT
(10) FRATERNAL ORDER OF POLICE 218 CAMDEN COUNTY PO BOX 1935, CAMDEN, NJ 08101	81-0713263	501(C)(8)	190,658				TO PROVIDE GENERAL SUPPORT
(11) HISPANIC FEDERATION 55 EXCHANGE PL 5TH FL, NEW YORK, NY 10005	13-3573852	501(C)(3)	952,000				TO PROVIDE GENERAL SUPPORT
(12) HISPANIC POLICE OFFICERS ASSOCIATION OF MIC 2 WOODWARD AVE, SUITE 1026, DETROIT, MI 48226	38-1227922	501(C)(5)	83,500				TO PROVIDE GENERAL SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

**3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2018)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

FUND FOR POLICY REFORM, INC.

Employer identification number

26-4351242

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NATIONAL ORGANIZATION OF BLACK WOMEN IN LAW PO BOX 14, SUNDERLAND, MD 20689	52-1453748	501(C)(3)	50,000				TO PROVIDE GENERAL SUPPORT
(2) NEW VENTURE FUND 1201 CONNECTICUT AVE NW, SUITE 300, DC 20036	20-5806345	501(C)(3)	1,000,000				TO PROVIDE GENERAL SUPPORT
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

5

3 Enter total number of other organizations listed in the line 1 table

9

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

Schedule I (Form 990) (2018)



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES

THE ORGANIZATION ENTERS INTO GRANT AGREEMENTS WITH GRANTEEES THAT REQUIRE

REPORTING. THE ORGANIZATION REVIEWS REPORTS FROM GRANTEEES TO ENSURE THAT

THE FUNDS ARE BEING SPENT IN ACCORDANCE WITH THE GRANT AGREEMENTS.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No 1545-0047

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

**2018**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

FUND FOR POLICY REFORM, INC.

26-4351242

**Part I Questions Regarding Compensation**

	Yes	No		
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)                 </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)			
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .</p>	<b>1b</b>			
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . . . .</p>	<b>2</b>			
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract  <input type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee			
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>				
<p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p>	<b>4a</b>	X		
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p>	<b>4b</b>	X		
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	X		
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>				
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>				
<p><b>a</b> The organization? . . . . .</p>	<b>5a</b>	X		
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	<b>5b</b>	X		
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>				
<p><b>a</b> The organization? . . . . .</p>	<b>6a</b>	X		
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	<b>6b</b>	X		
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. . . . .</p>	<b>7</b>	X		
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .</p>	<b>8</b>	X		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	<b>9</b>			

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CHRISTOPHER STONE FORMER DIRECTOR/PRESIDENT	(i)	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	1,008,299.	0.	1,008,299.	
2 MAIJA ARBOLINO TREASURER	(i)	24,152.	68.	3,893.	4,164.	32,620.	
	(ii)	320,550.	905.	4,559.	48,431.	426,118.	
3 GAIL SCOVELL SECRETARY	(i)	32,839.	82.	4,948.	4,633.	42,615.	
	(ii)	356,431.	891.	1,227.	44,691.	456,945.	
4 PATRICK GASPARD EX OFFICIO/PRESIDENT	(i)	412.	34.	53.	541.	1,041.	
	(ii)	734,492.	59,966.	2,621.	47,033.	938,559.	
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

**Part III Supplemental Information**

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

SCHEDULE J, PART I, LINE 3

FPR, INC. HAD FOUR EMPLOYEES LOCATED IN BOGOTA AND TWO EMPLOYEES LOCATED IN MEXICO DURING 2018. ALSO EMPLOYEES OF OPEN SOCIETY INSTITUTE, A RELATED SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, PERFORM SERVICES FOR FPR INC. FPR INC. REIMBURSED OPEN SOCIETY INTITUTE FOR THEIR SERVICES BASED ON THE TIME THEY SPEND ON FPR INC. MATTERS. THEIR COMPENSATION IS DETERMINED BY OPEN SOCIETY INSTITUTE, AND IS BASED ON MARKET COMPARABILITY DATA AND IS DOCUMENTED IN OPEN SOCIETY INSTITUTE'S RECORDS.

SCHEDULE J, PART I, LINE 4B

THE FOLLOWING 457(F) AMOUNTS WERE PAID OUT DURING THE YEAR: CHRISTOPHER STONE - \$274,285. THIS AMOUNT VESTED IN 2017 AND WAS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III) IN THE 2017 RETURN.

SCHEDULE J, PART I, LINE 7

DISCRETIONARY BONUSES ARE BASED ON PERFORMANCE.

SCHEDULE J, PART I, LINE 4A

THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT DURING 2018:

**Part III Supplemental Information**

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

CHRISTOPHER STONE - \$1,008,299.

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ

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

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

FUND FOR POLICY REFORM, INC.

Employer identification number

26-4351242

PART VI, SECTION C, LINE 19

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND  
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

PART VI, SECTION B, LINE 11B

THE FORM 990 IS PREPARED IN HOUSE AND REVIEWED BY LEGAL COUNSEL AND AN  
INDEPENDENT ACCOUNTING FIRM. THE FORM 990 IS CIRCULATED TO FPR INC'S  
BOARD PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

PART VI, SECTION B, LINE 12C

DIRECTORS, OFFICERS AND STAFF MUST DISCLOSE POTENTIAL CONFLICTS OF  
INTEREST; ALL OF THE ORGANIZATION'S TRANSACTIONS ARE SCREENED AGAINST ALL  
DISCLOSURES. RECUSAL IS REQUIRED WHEN A CONFLICT IS DISCOVERED.

PART VI, SECTION B, LINE 15

FPR INC. HAD SIX EMPLOYEES DURING 2018. ALSO EMPLOYEES OF OPEN SOCIETY  
INSTITUTE, A RELATED SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, PERFORM  
SERVICES FOR FPR INC. FPR INC. REIMBURSED OPEN SOCIETY INSTITUTE FOR  
THEIR SERVICES BASED ON THE TIME THEY SPEND ON FPR INC. MATTERS. THEIR  
COMPENSATION IS DETERMINED BY OPEN SOCIETY INSTITUTE, AND IS BASED ON  
MARKET COMPARABILITY DATA AND IS DOCUMENTED IN OPEN SOCIETY INSTITUTE'S  
RECORDS.

PART VI, SECTION A, LINE 2

GEORGE SOROS, JONATHAN SOROS, ALEXANDER SOROS AND ANDREA SOROS COLOMBEL

Name of the organization FUND FOR POLICY REFORM, INC.	Employer identification number 26-4351242
--	--

HAVE A FAMILY RELATIONSHIP.

GEORGE SOROS, JONATHAN SOROS, ALEXANDER SOROS, ANDREA SOROS COLOMBEL AND  
PATRICK GASPARD HAVE A BUSINESS RELATIONSHIP.

PART VI, SECTION A, LINE 7A

FUND FOR POLICY REFORM, A RELATED TAX-EXEMPT ORGANIZATION, IS THE SOLE  
MEMBER OF THE CORPORATION.

PART VI, SECTION A, LINE 7B

PURSUANT TO THE BY-LAWS, IN ADDITION TO APPOINTING THE CLASS B DIRECTORS,  
THE MEMBER DETERMINES THE TOTAL NUMBER OF DIRECTORS, APPROVES EXCEPTIONS  
TO THE TERM LIMITS FOR DIRECTORSHIPS, FILLS VACANCIES ON THE BOARD,  
APPROVES REMOVALS OF DIRECTORS AND APPROVES AMENDMENTS TO THE BY-LAWS.

PART VI, SECTION A, LINE 4

FPR, INC. MADE THE FOLLOWING SIGNIFICANT CHANGES SINCE THE FILING OF ITS  
LAST FORM 990: FPR AMENDED PROVISIONS OF ITS BYLAWS RELATED TO SUCCESSOR  
MEMBERSHIP ON THE BOARD OF DIRECTORS FOLLOWING THE LIFETIME OF THE  
CORPORATION'S INITIAL CLASS A DIRECTOR.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE MISSION OF THE FUND FOR POLICY REFORM, INC. ("FPR, INC.") IS TO  
PROMOTE SOCIAL WELFARE THROUGH ITS SUPPORT OF FEDERAL AND STATE  
LEGISLATION THAT ASSURES GREATER FAIRNESS IN POLITICAL, LEGAL AND  
ECONOMIC SYSTEMS AND SAFEGUARDS FUNDAMENTAL RIGHTS. IT CONDUCTS  
ACTIVITIES TO BRING ABOUT CIVIC BETTERMENTS AND SOCIAL IMPROVEMENTS

Name of the organization

FUND FOR POLICY REFORM, INC.

Employer identification number

26-4351242

ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

IN COMMUNITIES AROUND THE WORLD BY ADVOCATING THE REFORM OF LOCAL, STATE, FEDERAL OR FOREIGN LAWS OR REGULATIONS. IT ALSO CONDUCTS SUPPORTING ACTIVITIES THAT ARE CHARITABLE OR EDUCATIONAL TO PROMOTE SOCIAL WELFARE. FPR INC. MAKES GRANTS TO ORGANIZATIONS CARRYING OUT THESE PURPOSES AND OTHERWISE COOPERATES WITH OTHER ORGANIZATIONS AND/OR GOVERNMENTAL AGENCIES TO ACHIEVE THESE GOALS. FPR, INC. IS FUNDING INITIATIVES THAT INVOLVE PUBLIC WELFARE, DRUG POLICY, ALLEVIATION OF POVERTY, AND ELECTORAL REFORM.

ATTACHMENT 2FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

COLOMBIA

MEXICO

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SOCIAL SCIENCE BAHA 345 RAMCHANDRA MARG KATHMANDU NEPAL	CONSULTANT	505,000.
HOGAN LOVELLS BSTL COLUMBIA SQUARE 555 13 STREET NW WASHINGTON, DC 20004	LEGAL FEES	144,460.
LUCY WAYNE & ASSOCIATES LTD 100/A KABAR AYE PAGODA ROAD YANGON BAHAN BURMA	LEGAL FEES	106,676.
SOZE PRODUCTIONS, INC. 55 WASHINGTON STREET, SUITE 300	CONSULTANT	274,999.



Name of the organization FUND FOR POLICY REFORM, INC.	Employer identification number 26-4351242
--	--

ATTACHMENT 3 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
BROOKLYN, NY 11201  VELOCITY GLOBAL LLC 3011 BRIGHTON BLD, SUITE 900 DENVER, CO 80216	CONSULTANT	441,685.

**SCHEDULER  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

FUND FOR POLICY REFORM, INC.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

Employer identification number

26-4351242

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(1)	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	OPEN SOCIETY INSTITUTE 13-7029285 224 WEST 57TH STREET NEW YORK, NY 10019	CHARITABLE	NY	501(C)(3)	PF	N/A		X
(2)	FOUNDATION TO PROMOTE OPEN SOCIETY 26-3753801 224 WEST 57TH STREET NEW YORK, NY 10019	CHARITABLE	DE	501(C)(3)	PF	N/A		X
(3)	OPEN SOCIETY FUND, INC 13-3095822 224 WEST 57TH STREET NEW YORK, NY 10019	CHARITABLE	NY	501(C)(3)	PF	N/A		X
(4)	OPEN SOCIETY POLICY CENTER 52-2028955 224 WEST 57TH STREET NEW YORK, NY 10019	SOC WELFARE	DC	501(C)(4)		N/A		X
(5)	FUND FOR POLICY REFORM 35-7090597 C/O CHRISTIANA TRUST, 501 CARR WILMINGTON, DE 19809	SOC WELFARE	DE	501(C)(4)		N/A		X
(6)	ALLIANCE FOR OPEN SOCIETY INTERNATIONAL 81-0623035 224 WEST 57TH STREET NEW YORK, NY 10019	CHARITABLE	DE	501(C)(3)	7	OSI		X
(7)	SOROS ECONOMIC DEVELOPMENT FUND 13-3965896 224 WEST 57TH STREET NEW YORK, NY 10019	CHARITABLE	NY	501(C)(3)	PF	OSI		X

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

Schedule R (Form 990) 2018

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts I, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .		X
b Gift, grant, or capital contribution to related organization(s) . . . . .	X	
c Gift, grant, or capital contribution from related organization(s) . . . . .	X	
d Loans or loan guarantees to or for related organization(s) . . . . .		X
e Loans or loan guarantees by related organization(s) . . . . .		X
f Dividends from related organization(s) . . . . .		X
g Sale of assets to related organization(s) . . . . .		X
h Purchase of assets from related organization(s) . . . . .		X
i Exchange of assets with related organization(s) . . . . .		X
j Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
k Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
l Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		X
m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	X	
o Sharing of paid employees with related organization(s) . . . . .	X	
p Reimbursement paid to related organization(s) for expenses . . . . .	X	
q Reimbursement paid by related organization(s) for expenses . . . . .	X	
r Other transfer of cash or property to related organization(s) . . . . .		X
s Other transfer of cash or property from related organization(s) . . . . .		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) OPEN SOCIETY POLICY CENTER	B	62,000,000.	FMV
(2) OPEN SOCIETY INSTITUTE	M, N, O, P	2,543,390.	FMV
(3) OPEN SOCIETY INSTITUTE	Q	252,707.	FMV
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

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