(Rev. January 2020)

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

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

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service 2019, and ending A For the 2019 calendar year, or tax year beginning D Employer identification number Name of organization B Chack if poplicable 26-4351242 FUND FOR POLICY REFORM, INC. RECEIVED Doing business as change lephone number Number and street (or P O box if mail is not delivered to street add 224 WEST 57TH STREET 2) 548-0600 City or town, state or province, country, and ZIP or foreign postal country. Final return terminated 221,156,083. NEW YORK, NY 10019 oss receipts \$ is this a group return for subordinates? Yes X No PATRICK GASHARD H(a Name and address of principal officer 224 WEST 57TH STREET, NEW YORK, NY Are all subordinates inc If "No," attach a list (see instructions) X 501(c) (4) ◀ (insert no) 4947(a)(1) or Tax-exempt status 501(c)(3) Website. ▶ N/A H(c) Group exemption number L Year of formation 2009 M State of legal domicile DE Form of organization | X | Corporation Other > Association Part I Summary Briefly describe the organization's mission or most significant activities TO PROMOTE SOCIAL WELFARE WITHIN THE MEANING OF SEC.501(C)(4), INCLUDING FUNDING INITIATIVES RELATED TO Governance PUBLIC WELFARE, DRUG POLICY, ALLEVIATION OF POVERTY & CRIMINAL JUSTICE if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3. Number of independent voting members of the governing body (Part VI, line 1b) Activities & Ô. Total number of individuals employed in calendar year 2019 (Part V, line 2a)....... 6 4. Total number of volunteers (estimate if necessary) 0. 7a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 39 . Prior Year **Current Year** 750,000,000. 221,150,000. Contributions and grants (Part VIII, line 1h) Ō. Ω 521. 6,786,050. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d), 0. ٥. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 750,000,521. 227,936,050. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). . . 136,042,971. 203,291,421. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ō. n 14 659,008. 1,710,738. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). . 15 0 Ο. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 5,907,260. 6,137,060. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 142,609,239. 211,139,219 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . 16,796,831. 607,391,282 Revenue less expenses. Subtract line 18 from line 12 19 Beginning of Current Year End of Year 660,347,126. 743,199,508. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 27,168,768. 67,614,583. 21 633,178,358. 675,584,925. 22 Net assets or fund balances Subtract line 21 from line 20. 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 Sign Here TREASURER MAIJA ARBOLINO Type or print name and title Print/Type preparer's name Preparer's signature Date Check Paid 11/15/2020 MARGARET A BRADSHAW Marcoret a. self-employed P00501222 Preparer Firm's EIN ► 13-5565207 Firm's name ►KPMG Firm's address ▶8350 BROAD STREET MCLEAN, VA 22102 703-286-8399 XYes May the IRS discuss this return with the preparer shown above? (see instructions) No m **990** (2019) For Paperwork Reduction Act Notice, see the separate instructions.

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FUND FOR POLICY REFORM, INC.

For	rm 990 (2019) Pag
Р	art 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 ATTACHMENT 1
	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?
	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
	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 expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other
	the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 202,182,513 including grants of \$ 201,541,421) (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 \$4,929,141 including grants of \$1,750,000) (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 \$ 365,550 including grants of \$) (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.
4	Other areas (December of Cabadala O.)
40	Other program services (Describe on Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
40	(Expenses \$\frac{\text{including grants of \$}}{\text{Total program service expenses}} \bigsire \frac{207,477,204}{\text{.}}
154	Total program service expenses > 207, 477, 204.

Form **990** (2019)

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Page 3 **Checklist of Required Schedules** Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х 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............ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, Х assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 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 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х 8 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 Х Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 Х 10 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," 11a b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Х 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more Х 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets X reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.............. 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If 12b "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Х 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?......... 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 Х 14b foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Х Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)....... 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Х 19 Х 20a 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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

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Part	Checklist of Required Schedules (continued)		Yes	No
. 22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22_	l	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 Schedule J	23_	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a			_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	240		
	to defease any tax-exempt bonds?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
2J a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
~	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	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			х
	persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
•	Part IV instructions, for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If		-	
	"Yes," complete Schedule L, Part IV	28c		Х
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	ŀ		
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		Х
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	х	i
35.2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	-		
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			1
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	• • •	Yes	. X
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		res	NO
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1		İ
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		İ
C	reportable gaming (gambling) winnings to prize winners?	1c	х	İ
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Par	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			- 1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	L		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
ь	If "Yes," enter the name of the foreign country ▶ ATTACHMENT 2			1
	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?	<u>5</u> a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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).			1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	-	-	نــ ــ
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		
	If "Yes," indicate the number of Forms 8282 filed during the year		-	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			•
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	9a		*
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
	Section 501(c)(7) organizations. Enter			ŗ
	Thication root and depical contributions included on a direction, into 12 to 15 to 1	1		į
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			;
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			!
	Oroso medica from members of shareholders from the first from the	1		• •
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			ĺ
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			;
	Section 501(c)(29) qualified nonprofit health insurance issuers.			ŧ
	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			i
h	Enter the amount of reserves the organization is required to maintain by the states in which			[
~	the organization is licensed to issue qualified health plans]		
С	Enter the amount of reserves on hand			
14 a	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		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	l	X
	If "Yes," see 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		X
	If "Yes," complete Form 4720, Schedule O			
		Form	990	(2019)

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Part VI

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

Sect	ion 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 1a 4			
	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
b	Enter the number of voting members included on line 1a, above, who are independent	ļ.		- !
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			i
	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	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?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	Х	L
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			:
	the year by the following	-	٠	نــــا
а	The governing body?	8a_	_ 	
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 reached at			<u></u>
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	,	Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	ا ا	v	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	<u>x</u>	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		- X	-
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	426	Х	
	rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	х	
	describe in Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	14		<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a		x '
a	The organization's CEO, Executive Director, or top management official	15b		X
b	Other officers or key employees of the organization			-
4.0	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a	٠	х
	with a taxable entity during the year?			
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	i		'
	organization's exempt status with respect to such arrangements?	16b	-	
Secti	on 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	(Sec	tion 5	01(c)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	,500		J .(U)
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or	f inter	est n	olicy
	and financial statements available to the public during the tax year		P	J
20	State the name, address, and telephone number of the person who possesses the organization's books and record TASHA NG 224 WEST 57TH STREET NEW YORK, NY 10019	s Þ		
	TASHA NG 224 WEST 57TH STREET NEW YORK, NY 10019 212-548-0600			
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

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

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	box, office	Position not check more th, unless person is ter and a director/			is both an or/trustee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee		(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) PATRICK GASPARD	.02									
EX OFFICIO/PRESIDENT	39.98	х		х				483.	860,510.	163,827.
(2)GAIL SCOVELL	3.28									_
SECRETARY	36.72			х				33,152.	371,244.	110,930.
(3)MAIJA ARBOLINO	5.48						一			
TREASURER	34.52			Х			l	49,470.	311,490.	108,661.
(4) ANGELICA PRIETO MARIA ZAMORA	40.00						_			
PROGRAM OFFICER	0.					Х	•	124,219.	0.	15,839.
(5) NICOLAS HERNANDEZ GONZALEZ	40.00									_
PROGRAM OFFICER	0.					Х		107,221.	0.	15,426.
(6) AURO SEAN NICHOLAS FRASER	40.00							-		
PROGRAM OFFICER	0.					Х		103,669.	0.	15,294.
(7) GEORGE SOROS	.02									
DIRECTOR/CHAIRMAN	. 07	Х		Х				0.	0.	818.
(8) ALEXANDER SOROS	.02									
DIRECTOR	.07	Х	İ					0.	0.	818.
(9) ANDREA SOROS COLOMBEL	.02									
DIRECTOR	.09	Х		ľ				0.	0.	818.
(10) PIERRE MIRABAUD UNTIL 9/30/19	.02								~	
DIRECTOR	0.	Х						0.	0.	818.
(11)									•	
(12)	_									
(13)										
(14)										

Form **990** (2019)

JSA

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Page	8

orm 990 (20 Part VII	Section A. Officers, Directors, Tru	ıstees. Ke	v Em	olar	ve	es.	and	Hia	hest Compensat	ed Employees	(conti	nued)	Page 8
, VII	Name and title		e Position (do not check more than on box, unless person is both a officer and a director/truster				e than is both	one an tee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	om	(F) Estimated amount of other compensation	
	,	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS			ation ated
												_	
												_	
			-					_					
c Total f	tal	ection A .						* * *	418,214. 0. 418,214.	1,543,24	0.		,249 0 ,249
	umber of individuals (including but not able compensation from the organization				d a	bove	e) wh	o re	eceived more than	\$100,000 of			
Did th	e organization list any former offic	er, directo	or, or	tru	ıste	e, I	key (emp	oloyee, or highes	t compensated		Ye	s No
	ree on line 1a? If "Yes," complete Schedi y individual listed on line 1a, is the											3	X
organiz	zation and related organizations greated	eater than	\$15	0,0	007) If	"Ye	s,"	complete Schedu	le`J for such		4 X	_
Did an	y person listed on line 1a receive or vices rendered to the organization? If "Ye	accrue co es," comple	mpen te Sch	satı nedu	on i	fron I for	any such	un <i>per</i>	related organization	on or individual		5	x
l Comple	Independent Contractors ete this table for your five highest com- nsation from the organization Report of	pensated i compensati	ndepe on for	ende the	ent e ca	con	tracto	ors tear e	hat received more ending with or with	than \$100,000 nin the organiza	of tion's t	tax	- 1
,	(A) Name and business add	dress							(B) Description of se	ervices		(C) pensatio	n
ATTACH	MENT 3							#					
								_				.	
								\pm					_
more tl	number of independent contractors (in nan \$100,000 in compensation from th	ncluding bi e organiza	ut not	lım	nite	d to	tho:	se l	sted above) who	received			
4 1055 1 000 C	0686ME 720F		V	19	-7.	.5F			FPRI		F	om 99 0	0 (201 AGE

Form	990 (2	2019) FUND FOR POL	ICY REFORM,	INC.		26-43512	242 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response	or note to any l	ine in this Part \	/111		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Giffs, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1r Related organizations 1d Government grants (contributions) . 1e All other contributions, gifts, grants, and similar amounts and included above . Noncash contributions included in lines 1a-1f 1g \$	221,150,000		•		-
<u> </u>	<u>h</u>	Total. Add lines 1a-1f	<u>.</u> >	221,150,000			ļ
Program Service Revenue	ža b c d		Business Code				Ĭ
<u>~</u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f	<u></u>	0	·		
	3	Investment income (including dividends, in other similar amounts)	▶	6,786,050	•		6,786,050
	5	Income from investment of tax-exempt bond pr Royalties		0		· · · · · · · · · · · · · · · · · · ·	
	6a b	Gross rerits 6a Loss rental expenses bb Rental income or (loss) 6c	(II) Personal	-		•	}
	d	Net rental income or (loss)	▶	0			
evenue	7a b	Gross amount from sales of assets other than inventory 7a tensor other basis and sales exponses 7b Gain or (loss) 7c	(II) Other	٠.	,	•	
ď	d	Net gain or (loss)		0	, ,		<u>'</u>
Other Re		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 8a	0				
	ь	Less direct expenses 8b	0				
	c 9a	Net income or (loss) from fundraising events Gross income from gaming	<u></u>	0			
	b	activities See Part IV, line 19 9a Less direct expenses 9b	0 0				-
	10a	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances	0	0			,
	ь	Less cost of goods sold	0				
	c	Net income or (loss) from sales of inventory.		0			 .
ns			Business Code				<u></u>
ge a	11a						ļ
lar	b						
e Se	С						
Miscellaneous Revenue	d	'All other revenue					
		Total Add lines 11a-11d	<u></u> ▶	0			
	12	Total revenue. See instructions		2 227 936 050 L	I		6 786 050

FUND FOR POLICY REFORM, INC. Part IX Statement of Functional Expenses

Sectio	n.501(c)(3)	and 501/c\/4	organizations must	complete all columns	All other	organizations mus	t complete c	olumn (A)

	Check if Schedule O contains a resp				
Do	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B)	(C)	(D)
	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	106,881,222.	106,881,222.		
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	96,410,199.	96,410,199.		·
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	1,142,428.	1,142,428.		
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	102,783.	102,783.		
9	Other employee benefits	335,210.	195,984.	139,226.	
10	Payroll taxes	130,317.	31,075.	99,242.	
11	Fees for services (nonemployees)				··-
	Management	0.			
	Legal	682,331.	26,896.	655,435.	
c	Accounting	71,800.	65,774.	6,026.	
	Lobbying	0.			
	Professional fundraising services See Part IV, line 17.	0.			
1	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)	2,633,659.	1,143,578.	1,490,081.	
12	Advertising and promotion	0.			
13	Office expenses	79,887.	79,553.	334.	
14	Information technology	0.			
15	Royalties	, O.			
16	Occupancy	415,177.	415,177.		
17	Travel	352,186.	249,407.	102,779.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	199,022.	145,018.	54,004.	
20	Interest	0.			
21	Payments to affiliates,	0.			
22	Depreciation, depletion, and amortization	128,060.	125,546.	2,514.	
23	Insurance	16,846.	16,846.		
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e If				
	line 24e amount exceeds 10% of line 25, column	ļ			
	(A) amount, list line 24e expenses on Schedule O)				
-	REIMB TO OPEN SOCIETY INTITU	1,433,486.	377,679.	1,055,807.	
_	TAX WITHHOLDING	75,860.	33,525.	42,335.	
_	FOREX LOSS	6,243.	6,243.		
d	NON-TRACKABLE SOFTWARE&IT EQ	6,300.	6,300.		
е	All other expenses	36,203.	21,971.	14,232.	
_	Total functional expenses Add lines 1 through 24e	211,139,219.	207,477,204.	3,662,015.	
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 🕨 🔲 if				
	following SOP 98-2 (ASC 958-720)	0.			
JSA		_			Form 990 (2019)

Form 990 (2019) Part X Balance Sheet

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	12,762,828.	1	449,040.
2	Savings and temporary cash investments	0.	2	0
3	Pledges and grants receivable, net	151,850,000.	3	213,000,000
4	Accounts receivable, net	0.	4	0
5	Loans and other receivables from any current or former officer, director,			
"	trustee, key employee, creator or founder, substantial contributor, or 35%		1	
	controlled entity or family member of any of these persons	0.	5	0
6	Loans and other receivables from other disqualified persons (as defined		-	
6	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	- 0
١,	Notes and loans receivable, net	0.	7	0
8		0.	8	0
8	Inventories for sale or use	19,498.	9	1,331,624
9	Prepaid expenses and deferred charges	10, 100.	3	1,001,021
10 a				
١.	Sasie Complete at the Complete Title	581,846.	-	466,627
	2000 documented depresentation in the contract of the contract	0.		400,027
11	Investments - publicly traded securities		11	
12	Investments - other securities See Part IV, line 11	495,058,224.	12	527,934,190
13	Investments - program-related See Part IV, line 11,	0.	13	0
14	Intangible assets	0.	14	
15	Other assets See Part IV, line 11	74,730.	15	18,027
16	Total assets. Add lines 1 through 15 (must equal line 33)	660,347,126.	16	743,199,508
17	Accounts payable and accrued expenses,	332,681.	17	186,070
18	Grants payable	25,428,858.	18	67,428,513
19	Deferred revenue	0.	19	0
20	Tax-exempt bond liabilities	0.	20	0
21	Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	0
22	Loans and other payables to any current or former officer, director,			
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	22	0
23	Secured mortgages and notes payable to unrelated third parties	0.	23	0
24	Unsecured notes and loans payable to unrelated third parties	0.	24	0
25	Other liabilities (including federal income tax, payables to related third			
1	parties, and other liabilities not included on lines 17-24) Complete Part X			
	of Schedule D	1,407,229.	25	0
26	Total liabilities. Add lines 17 through 25	27,168,768.	26	67,614,583
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	633,178,358.	27	675,584,925
28	Net assets with donor restrictions,	0.	28	0
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
20	Capital stock or trust principal, or current funds		29	-
29 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
30	Retained earnings, endowment, accumulated income, or other funds		31	
31	Total net assets or fund balances	633,178,358.	32	675,584,925
32		660,347,126.		743,199,508
33	Total liabilities and net assets/fund balances	000,547,120.	33	Form 990 (2019

Part	XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI	<u> ;</u>	<u></u>	<u></u>	<u>.</u>	. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			36,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2			39,2	
3	Revenue less expenses Subtract line 2 from line 1	_3			96,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			78,3	
5	Net unrealized gains (losses) on investments	5		26,0	95,9	199.
6	Donated services and use of facilities	. 6 .		•		0.
. 7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		- 4	86,2	263.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	6	75,5	84,9	25.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII				<u></u>	Щ
					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," e	xplaır	ı ın			
	Schedule O			<u> </u>		
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 com-	piled	or			1
	reviewed 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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ed o	n a			
	separate basis, consolidated basis, or both					
	Separate basis X Consolidated basis Both consolidated and separate basis					لـــــا
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?.		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			1
	Schedule O			<u> </u>		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			l
	Single 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 und	ergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au			3b		
				C	aan.	(2010)

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SCHEDULE D (Form 990)

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.

20**19**

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990

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

Employer identification number Name of the organization 26-4351242 FUND FOR POLICY REFORM, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? 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 Yes No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ _ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB 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 If the organization elected, as permitted under FASB 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 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 FASB ASC 958 relating to these items

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

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

c Leasehold improvements......

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

418,014.

142,089.

106,888.

89,953

65,354

45,057

Þ

328,061.

76,735.

61,831.

466,627.

(1) Financia (2) Closely			IV, line 11b. See Form 990, Part X, line	12.
(2) Closely	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
	al derivatives			
	held equity interests			
(3) Other	THE PART OF THE CANADA FIRE	527 024 100		
	TUM ENDOWMENT CAYMAN FUND	527,934,190.	1	
(B) (C)				
(D)				-
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col (B) line 12) .	527,934,190.	<u> </u>	
Part VIII	Investments - Program Related.		N/ line 11a See Form 000 Bort V line	12
			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	
/4)				
(1) (2)		· · · ·		
(3)				
(4)	· · · · · · · · · · · · · · · · · · ·			
(5)				
(6)				
(7)				
(8)				
(9)		<u> </u>		
	(b) must equal Form 990, Part X, col (B) line 13) .	>		
Part IX	Other Assets. Complete if the organization answer	ed "Yes" on Form 990 Part	IV, line 11d. See Form 990, Part X, line	15.
		Description	(b) Book y	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)	B-1-101-1-1-1			
(7)	<u> </u>			
(8)				
(9)	mn (b) must equal Form 990, Part X, col (E	1) line 15)		
Part X	Other Liabilities.		IV, line 11e or 11f. See Form 990, Part	X.
	line 25.		,	•
	(a) Desc	ription of liability	(b) Book v	value
1	al income taxes			
(1) Federa (2)				
(1) Federa (2) (3) (4)		MIN. 18-1		
(1) Federa (2) (3) (4) (5)				
(1) Federa (2) (3) (4) (5) (6)				
(1) Federa (2) (3) (4) (5) (6) (7)				•
(1) Federa (2) (3) (4) (5) (6) (7) (8)				
(1) Federa (2) (3) (4) (5) (6) (7) (8) (9)	n (h) must equal Form 990 Part Y col. (R) line 2	5)		•
(1) Federa (2) (3) (4) (5) (6) (7) (8) (9)	n (b) must equal Form 990, Part X, col (B) line 2.			
(2) (3) (4) (5) (6) (7) (8) (9) Total (Column 2. Liability for	r uncertain tax positions. In Part XIII, provide t	he text of the footnote to the org	anization's financial statements that reports the tof the footnote has been provided in Part XIII	Х

Page	4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	า.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3-	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b C	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Part		rn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII)	2e	
е 3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
-	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Provide 2, Part PART	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, F XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional inform X, LINE 2 INC. IS EXEMPT FROM FEDERAL INCOME TAXES, AS AN ORGANIZATION	art V, lin nation	e 4, Part X, line
DESC	RIBED IN SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE. FPR INC.		
RECO	GNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE		
MORE	LIKELY THAN NOT OF BEING SUSTAINED.		
			
_			

Part XIII Supplemental Information (continued)

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

Name o	f the organization					Employer identific	ation number
FUND	FOR POLICY REFORM, I					26-43512	
Part	General Information o Form 990, Part IV, line 141		Outside the	United States. Compl	ete if the	organization a	answered "Yes" on
	For grantmakers Does the org						
	other assistance, the grantees'						X Yes No
a	award the grants or assistance?						X Yes No
	For grantmakers. Describe in I outside the United States	Part V the org	anızatıon's pro	ocedures for monitoring t	he use o	f its grants an	d other assistance
3 /	Activities per Region (The follow	ving Part I, line		e duplicated if additional sp	ace is nee	eded)	
	(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)	a pro describe	vity listed in (d) is gram service, e specific type of (s) in the region	(f) Total expenditures for and investments in the region
(1)	EUROPE	0	0	GRANTMAKING			22,540,144
(2)	SUB-SAHARAN AFRICA	0	0	GRANTMAKING			71,618,393
(3)	EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING			2,251,662
(4)	NORTH AMERICA	1	9	PROGRAM SERVICES	STRENGTH	EN DEMOCRACY	609,108
(5)	SOUTH AMERICA	_11	6	PROGRAM SERVICES	STRENGTH	EN DEMOCRACY	666,004
(6)	EAST ASIA AND THE PACIFIC	1	7	PROGRAM SERVICES	STRENGTH	EN DEMOCRACY	376,864
(7)	CENTRAL AMERICA/CARIBBEAN	0	0	INVESTMENTS			527,934,190
(8)	SOUTH ASIA	0	. 0	PROGRAM SERVICES	STRENGTH	EN DEMOCRACY	844,002
(9)	EUROPE	0	0	PROGRAM SERVICES	STRENGTH	EN DEMOCRACY	120,000
(10)							
(11)_							
(12)							
(13)							
(14)							
(15)_							
(16)			-				
(17)						·	
3a b	Subtotal	3	22				626,960,367
				1			1

Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2019

626,960,367

Schedule F (Form 990) 2019

EUROPE/ICELAND/GREENLAND EUROPE/ICELAND/GREENLAND EUROPE/ICELAND/GREENLAND EAST ASIA/PACIFIC SUPPORT TO PROVIDE SUB-SAHARAN AFRICA SUPPORT TO PROVIDE SUB-SAHARAN AFRICA SUPPORT TO PROVIDE EUROPE/ICELAND/GREENLAND SUPPORT TO PROVIDE SUPPORT TO PROVIDE SUPPORT TO PROVIDE SUPPORT TO PROVIDE SUPPORT TO PROVIDE SUPPORT TO PROVIDE SUPPORT TO PROVIDE SUPPORT TO PROVIDE SUPPORT TO PROVIDE SUPPORT TO PROVIDE SUPPORT	19,227,229			assistance	valuation (book, FMV, appraisal, othe
EUROPE/ICELAND/GREENLAND EAST ASIA/PACIFIC SUPPORT TO PROVIDE SUB-SAHARAN AFRICA SUPPORT TO PROVIDE SUB-SAHARAN AFRICA SUPPORT TO PROVIDE SUB-SAHARAN AFRICA SUPPORT TO PROVIDE SUB-SAHARAN AFRICA TO PROVIDE SUB-SAHARAN AFRICA TO PROVIDE SUPPORT TO PROVIDE TO PROVIDE TO PROVIDE	19,227,229				
EUROPE/ICELAND/GREENLAND SUPPORT TO PROVIDE EAST ASIA/PACIFIC SUPPORT TO PROVIDE SUB-SAHARAN AFRICA SUPPORT TO PROVIDE SUB-SAHARAN AFRICA SUPPORT TO PROVIDE SUB-SAHARAN AFRICA SUPPORT TO PROVIDE EUROPE/ICELAND/GREENLAND SUPPORT TO PROVIDE		WIRE			
EAST ASIA/PACIFIC SUPPORT TO PROVIDE SUB-SAHARAN AFRICA SUPPORT TO PROVIDE SUB-SAHARAN AFRICA SUPPORT TO PROVIDE SUB-SAHARAN AFRICA SUPPORT TO PROVIDE EUROPE/ICELAND/GREENLAND SUPPORT TO PROVIDE					
EAST ASIA/PACIFIC SUPPORT TO PROVIDE SUB-SAHARAN AFRICA SUPPORT TO PROVIDE SUB-SAHARAN AFRICA SUPPORT TO PROVIDE EUROPE/ICELAND/GREENLAND SUPPORT TO PROVIDE TO PROVIDE	2,459,405	WIRE			ļ <u>.</u>
SUB-SAHARAN AFRICA SUPPORT TO PROVIDE SUB-SAHARAN AFRICA SUPPORT TO PROVIDE EUROPE/ICELAND/GREENLAND SUPPORT TO PROVIDE TO PROVIDE					
SUB-SAHARAN AFRICA SUPPORT TO PROVIDE SUB-SAHARAN AFRICA SUPPORT TO PROVIDE EUROPE/ICELAND/GREENLAND SUPPORT TO PROVIDE TO PROVIDE	2,251,662	WIRE			
SUB-SAHARAN AFRICA SUPPORT TO PROVIDE EUROPE/ICELAND/GREENLAND SUPPORT TO PROVIDE		i			1
SUB-SAHARAN AFRICA SUPPORT TO PROVIDE EUROPE/ICELAND/GREENLAND SUPPORT TO PROVIDE	25,639,980	WIRE		<u></u>	
EUROPE/ICELAND/GREENLAND SUPPORT TO PROVIDE					
EUROPE/ICELAND/GREENLAND SUPPORT TO PROVIDE	45,978,413	WIRE		J	
TO PROVIDE					
	132,206	WIRE			
EUROPE/ICELAND/GREENLAND SUPPORT					
	721,304	WIRE			
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i i l					1
				<u> </u>	l
total number of recipient organizations listed above that are recognized as charities by the fore					7
e IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . total number of other organizations or entities					

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26-4351242

FUND FOR POLICY REFORM, INC.

Schedule F (Form 990) 2019

Part III can be duplicated if a	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash	(f) Amount of noncash	(g) Description of noncash	(h) Method of valuation
		recipients	casii giaiii	disbursement	assistance	assistance	(book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)		-	• · · · · <u>-</u> · · · ·				
(5)							
(6)						-	
(7)		-				-	
(8)					•		
(9)							
(10)							
(11)							
(12)						-	
(13)							
(14)		<u> </u>		<u> </u>			
(15)	-						
(16)						-	· · · · · ·
(17)						-	·- <u>-</u>
(18)							

Schedule F (Form 990) 2019

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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)	,
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 Irusts 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).	,
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)	>
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))
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))
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))

Schedule F (Form 990) 2019

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 GRANTEES THAT REQUIRE REPORTING. THE ORGANIZATION REVIEWS REPORTS FROM GRANTEES 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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22 ► Attach to Form 990

Open to Public Inspection ► Go to www irs gov/Form990 for the latest information

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

OMB No 1545-0047

FUND FOR POLICY REFORM, INC						26-435124	2
Part I General Information on Grants and	Assistanc	е					
1 Does the organization maintain records to su	bstantiate th	e amount of the	grants or assista	nce, the grantees	eligibility for the grant	s or assistance, and	
the selection criteria used to award the grants	s or assistanc	e?				l	X Yes No
2 Describe in Part IV the organization's proced	lures for mor	ntoring the use	of grant funds in the	e United States			
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	ernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipient th		-					
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 noncash assistance	(h) Purpose of grant or assistance
(1) OPEN SOCIETY POLICY CENTER							TO PROVIDE GENERAL
1730 PENNSYLVANIA AVE NW 7TH PL, DC 20006	52-2028955	501 (C) (4)	94,881,557				SUPPORT
(2) WORKING FAMILIES ORGANIZATION							TO PROVIDE GENERAL
1 METROTECH CTR N 11 FL, BROOKLYN, NY 11201	20-4994004	501(C)(4)	1,000,000				SUPPORT
(3) AMERICAN CIVIL LIBERTIES UNION, INC							TO PTOVIDE GENERAL
125 BROAD ST, 18TH FL, NEW YORK, NY 10004	13-3871360	501 (C) (4)	6,000,000				SUPPORT
(4) AMERICA VOTES							TO PROVIDE GENERAL
1155 CONNECTICUT AVE NW, SUITE 600, DC 20036	26-4568349	501(C)(4)	1,000,000				SUPPORT
(5) NEW ISRAEL FUND							TO PROVIDE GENERAL
6 EAST 39TH STREET #301, NEW YORK, NY 10016	94 - 2607722	501(C)(3)	1,000,000				SUPPORT
(6) INSTITUTE FOR STRATEGIC DIALOGUE							TO PROVIDE GENERAL
1000 JACKSON STREET, TOLEDO, OH 43604	27-1282489	501(C)(3)	750,000				SUPPORT
(7) SUSTAINABLE MARKETS FOUNDATION	j						TO PROVIDE GENERAL
45 WEST 36TH ST, 6TH FL, NEW YORK, NY 10018	13-4188834	501(C)(3)	750,000				SUPPORT
(8) TO SOMEONE, INC							TO SUPPORT SOCIAL
1405 W STREET NW #404, WASHINGTON, DC 20009	47-3091388	N/A	749,665				WELFARE
(9) TO SOMEONE, INC	j						TO SUPPORT SOCIAL
1405 W STREET NW #404, WASHINGTON, DC 20009	47-3091388	N/A	750,000				WELFARE
(10)							
	Ì						
(11)							
· -		L			_		
(12)							
2 Enter total number of section 501(c)(3) and c	jovernment o	organizations lis	ted in the line 1 tab	ole			3.

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) (2019)

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Page 2

Schedule I (Form 990) (2019)

(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 appraisel other)	(f) Description of non-cash assistance
				_	
					4778

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 GRANTEES THAT REQUIRE

REPORTING THE ORGANIZATION REVIEWS REPORTS FROM GRANTEES TO ENSURE THAT

THE FUNDS ARE BEING SPENT IN ACCORDANCE WITH THE GRANT AGREEMENTS

Schedule I (Form 990) (2019)

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SCHEDULE J (Form 990)

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

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FUND FOR POLICY REFORM, INC.

Employer identification number

26-4351242

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
	Propresionary openioning account.			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			لـــــا
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1 _b		
2	explain			
2	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line	_		
		2		
	1a ²	-		1
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization	4a	—	
a	Receive a severance payment or change-of-control payment?	4b	х	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	46 4c		x
С	Participate in, or receive payment from, an equity-based compensation arrangement?	40		1
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			ì
_	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			li
, 5				}
_	compensation contingent on the revenues of The organization?	5a		
a	Any related organization?	5b		X
b	If "Yes" on line 5a or 5b, describe in Part III	75		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
0				
_	compensation contingent on the net earnings of	6a		
a	The organization?	6b		X
b	If "Yes" on line 6a or 6b, describe in Part III	100		
_	,			لــــا
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	x	
	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
8	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	In Part III	8		x
	***************************************	-		<u> </u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9		
	Regulations section 53 4958-6(c)?	<u> </u>		

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

Schedule J (Form 990) 2019

26-4351242

Page 2

FUND FOR POLICY REFORM, INC

Schedule J (Form 990) 2019

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 o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	olher deferred compensation	benefils	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
MAIJA ARBOLINO	(0)	48,665	133.	672	7,405.	8,193	65,068.	
1TREASURER	(11)	306,420.	840	4,230	46,627	46,436.	404,553	
GAIL SCOVELL	(0)	32,882	80	190	4,953.	4,892	42,997.	
2SECRETARY	(m)	368,219	893	2,132	55,460	45,625	472,329	
PATRICK GASPARD	(0)	442	40	1	64	845	1,392	
3EX OFFICIO/PRESIDENT	- [m]	787,929	69,960	2,621	114,266.	48,652	1,023,428	
	(0)		·					
4	[(0)							
	(0)							
5	(m) [
	(0)							
6	(m) [
	(0)			· .				
7	(0)							
	(0)							
8	(0)							
	(i)							
9	(n) [
	(1)	<u> </u>						
0	(11)]			
	(1)							
1	(11)	·						
	(1)							
2	(11)							
	(1)							
3	(11)							
	(1)							
4	(11)				i			
	(0)							
5	(11)							
	(1)							
6	(0)							

Schedule J (Form 990) 2019

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FUND FOR POLICY REFORM, INC

Schedule J (Form 990) 2019

Page 3

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, FOUR EMPLOYEES LOCATED IN MEXICO AND FIVE EMPLOYEES LOCATED IN SEOUL DURING 2019 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 INDIVIDUALS PARTICIPATE IN A SECTION 457(F) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN ("THE PLAN") SPONSORED BY THE FILING ORGANIZATION OR A RELATED ORGANIZATION PATRICK GASPARD THE FOLLOWING 457(F) AMOUNTS WERE DEFERRED DURING YEAR AND REPORTED ON SCHEDULE J, PART II, COLUMN (C) PATRICK GASPARD - \$53,330 THE FOLLOWING 457(F) AMOUNTS BECAME VESTED IN OR PAID OUT DURING YEAR AND REPORTED ON SCHEDULE J, PART II, COLUMN (B) (III) PATRICK GASPARD - NONE

Schedule J (Form 990) 2019

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FUND FOR POLICY REFORM, INC

26-4351242

Schedule J (Form 990) 2019
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 7

DISCRETIONARY BONUSES ARE BASED ON PERFORMANCE

Schedule J (Form 990) 2019

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FPRI

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

its instructions is at www irs gov/form990 Inspection

Employer identification number

26-4351242

Name of the organization

FUND FOR POLICY REFORM, INC.

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 THIRTEEN EMPLOYEES DURING 2019. 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, ALEXANDER SOROS AND ANDREA SOROS COLOMBEL HAVE A FAMILY

Name of the organization
FUND FOR POLICY REFORM, INC.

PART VI, SECTION A, LINE 7B

Employer identification number 26-4351242

RELATIONSHIP.

GEORGE 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.

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 XI, LINE 9

PRESENT VALUE ADJUSTMENT TO GRANTS PAYABLE: (486,263)

PART V, 2A

FPR, INC. DOES NOT FILE FORM W-3, OPEN SOCIETY INSTITUTE, A RELATED SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, PERFORMS SERVICES FOR FPR INC.

13 FOERIGN EMPLOYEES WERE NOT REPORTED ON FORM W-3.

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

FPRI

Page 2

Schedule O (Form 990 or 990-EZ) 2019

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

ACTIVITIES TO BRING ABOUT CIVIC BETTERMENT AND SOCIAL IMPROVEMENTS
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 GOVERMENTAL AGENCIES TO ACHIEVE THESE GOALS. FPR, INC. IS
FUNDING INITIATIVES THAT INVOLVE PUBLIC WELFARE, DRUG POLICY,
ALLEVIATION OF POVERTY, AND ELECTORAL REFORM.

ATTACHMENT 2

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

COLOMBIA

MEXICO

KOREA, REPUBLIC OF (SOUTH)

ATTACHMENT 3

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
SOCIAL SCIENCE BAHA 345 RAMCHANDRA MARG KATHMANDU NEPAL	CONSULTANT	548,286.
LION'S HEAD GROUP, INC. 375 GREENWICH STREET NEW YORK, NY 10013	CONSULTANT	675,000.
AJAY K.SUD & ASSOCIATES F-3 SOUTH EXTENSION PART 1 NEW DELHI	LEGAL FEES	152,637.

Schedule O (Form 990 or 990-EZ) 2019

Page 2

Schedule O (Form 990 or 990-EZ) 2019

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

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

INDIA

GOKCE TUYLUOGLU

UNITED KINGDOM

LEGAL FEES

120,000.

3 KAYANI AVE, WOODBERRY DOWN LONDON

ATTACHMENT 4

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

ENDING

DESCRIPTION BOOK VALUE

PREPAID EXPENSES 72,337.

ADVANCES TO OSI 1,259,287.

TOTALS ____1,331,624.

FUND FOR POLICY REFORM, INC

26-4351242

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Go to 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

26-4351242

OMB No 1545-0047

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Part I (c) Legal domicile (state or foreign country) (f) Direct controlling entity (a)
Name, address, and EIN (if applicable) of disregarded entity (b) (e) End-of-year assets (1) (2) (3) (4) (5) (6)

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

(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)(1 controlled entity?	
					ļ		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 SOCIE	TY 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	х	
(4) OPEN SOCIETY POLICY CENTER	52-2028955							
224 WEST 57TH STREET	NEW YORK, NY 10019	SOC WELFARE	DC	501(C)(4)		N/A	х	
(5) FUND FOR POLICY REFORM	35-7090597			1			1	
C/O CHRISTIANA TRUST, 501 CARR	WILMINGTON, DE 19809	SOC WELFARE	DE	501(C)(4)		N/A	1	x
(6) ALLIANCE FOR OPEN SOCIETY INTERN.	ATIONAL 81-0623035							
224 WEST 57TH STREET	NEW YORK, NY 10019	CHARITABLE	DE	501 (C) (3)	7	osi		х
(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

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

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, 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	(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)						1		
(4)								
(5)								
(6)								
(7)								

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

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

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•	During the tax year, and the organization engage in any or the following transactions with one or mor	-			1	+							
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a								
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)				1e		X						
	2 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1 1	- 1							
f	Dividends from related organization(s)				1f	l	Х						
	Sale of assets to related organization(s)				1g		X						
•	Purchase of assets from related organization(s)				1h		X						
					11		<u> x</u>						
	Exchange of assets with related organization(s)												
1	Lease of facilities, equipment, or other assets to related organization(s)				1)	一	—						
					1k		х						
	Lease of facilities, equipment, or other assets from related organization(s)				11	-	<u>x</u>						
	Performance of services or membership or fundraising solicitations for related organization(s)				1	- x							
	Performance of services or membership or fundraising solicitations by related organization(s). \dots .				1m	x	—						
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) $\dots\dots$				1n	$\frac{\hat{x}}{x}$	—						
0	Sharing of paid employees with related organization(s)	. .			10	_^							
р	Reimbursement paid to related organization(s) for expenses	. .			1p	_x							
q	Reimbursement paid by related organization(s) for expenses				1q	Х							
-													
г	Other transfer of cash or property to related organization(s)				1r		x						
s	Other transfer of cash or property from related organization(s)				1s		X						
2	If the answer to any of the above is "Yes," see the instructions for information on who must complet	te this line, including cove	red relationships and trans	action thre	shold	S							
	(a)	(b)	(c)		(d)								
	Name of related organization	Transaction type (a-s)	Amount involved	Melhod	of dele		9						
	•	lype (a-s)		"""	unt mve	,,vcu							
							_						
(1)	OPEN SOCIETY POLICY CENTER	l B	94,881,557	FMV									
··/_													
(2)	OPEN SOCIETY INSTITUTE	M, N, O, P	1,433,486	FMV									
(2)	OPEN SOCIETY INSTITUTE	1.7.1,072		+			—						
	ODDN COCTEMY INCMIME	o	692,240	FMV									
(3)	OPEN SOCIETY INSTITUTE	- V	652,240	FIN									
(4)	to the same of the												
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		1											
(5)													
(5)							—						
(6)							_						

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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

(s) Name, address, and EIN of entity		(b) (c) Legal domicile (state or foreign country)				partners tion (c)(3) rations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disprepertionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
				from tax under sections 512-514)	Yes	No]	Yes	No	(, 5,1,1, 1000)	Yes	No		
(1)															
(2)			-												
(3)		-													
(4)															
(5)							<u> </u>				 				
(6)		-													
		-					<u> </u>								
		-													
(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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