Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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.

2016

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u> </u>	or tr	1e 201	b calendar year, or tax year begi	nning	, 2016, a	ina enaing		, 2	
R.	heck if a		C Name of organization				D Employer ide	ntification num	ber
-	_		FUND FOR POLICY REFORM	M			35-709	0597	
L	Addre		Doing business as						
L	Name	change	Number and street (or PO box if mail is	not delivered to street addre	ess) R	oom/suite	E Telephone nu	mber	
L	Initial	return	C/O CHRISTIANA TRUST,	501 CARR ROAD			(302) 57	1-6827	
L	Final termin	return/ nated	City or town, state or province, country, a	and ZIP or foreign postal co	de				
	Amen		WILMINGTON, DE 19809				G Gross receipt	s \$ 592	,681,981.
	Applic	cation ing	F Name and address of principal officer	CHRISTOPHER	STONE		H(a) Is this a gro subordinates		Yes X No
	_		C/O 501 CARR ROAD WIL	MINGTON, DE 19	809		H(b) Are all subord		Yes No
<u>_</u>	Tax-ex	empt st	atus 501(c)(3) X 501(c) (4_) 	4947(a)(1) or	527	If "No," atta	ch a list (see instru	ictions)
J	Websi	ite: 🕨	N/A				H(c) Group exem	ption number	
K	Form	of organ	ization Corporation X Trust	Association Other	>	L Year of form	ation 2015 M	State of legal d	omicile DE
Pa	art I	Su	mmary						
	1	Briefly	describe the organization's mission o	r most significant activiti	es TO PROM	OTE SOCIA	L WELFARE,	THE COM	MON
e	l	G00	D AND THE GENERAL WELFAI	RE OF PEOPLE IN	OMMUNIT	TIES IN TH	E WORLD.		
ğ									
/er	2	Check	this box I if the organization d	iscontinued its operation	ons or disposed	of more than 25	% of its net asset	s	
Governance	3	Numb	er of voting members of the governing	body (Part VI, line 1a)				3	2.
• ර			er of independent voting members of t					4	1.
Activities &			number of individuals employed in cale					5	0.
ξ	١.		number of volunteers (estimate if neces					6	3.
¥	7a	Total	unrelated business revenue from Part V	III, column (C), line 12				7a	0.
	b	Net u	nrelated business taxable income from	Form 990-T, line 34				7b	0.
			nrelated business taxable income from		RECEIVI		Prior Year	Cu	rent Year
ď	8		butions and grants (Part VIII, line 1h)				400,105,50	2. 46	,691,286.
ž	9		am service revenue (Part VIII, line 2g)	((@)(NOV 1.7. 2	017. 18		0.	0.
Revenue	10		ment income (Part VIII, column (A), lin		.MOA. 11.9. 5	65	5,293,86	0. 466	,756,331.
ď	11	Other	revenue (Part VIII, column (A), lines 5	6d 8c 9c 10c and 44	θ)			0.	0.
	12	Total	revenue - add lines 8 through 11 (mus	t equal Part VIII column		UT I	405,399,36	2. 513	,447,617.
	13	Grant	s and similar amounts paid (Part IX, col				17,500,00	00. 30	,200,000.
	14		its paid to or for members (Part IX, colu	(4) 1 4)				0.	0.
s	15		es, other compensation, employee ben				20,00	00.	37,520.
Expenses	16a		ssional fundraising fees (Part IX, columi					0.	0.
<u>ē</u>			fundraising expenses (Part IX, column (0.			_	
ŵ	l .		expenses (Part IX, column (A), lines 11	· · · · · · · · · · · · · · · · · · ·			13,94	13. 2	,965,206.
	18		expenses Add lines 13-17 (must equal				17,533,94	13. 33	,202,726.
	19		nue less expenses Subtract line 18 from				387,865,41	9. 480	,244,891.
es es							inning of Current	Year En	d of Year
and	20	Total	assets (Part X, line 16)			2,	408,705,69	4. 3,696	,475,474.
Ass	21		liabilities (Part X, line 26)				11,813,94		84,420.
Net Assets or Fund Balances	22		ssets or fund balances Subtract line 2	1 from line 20		2,	396,891,75	1.3,696	,391,054.
Pa	rt II		nature Block						
Und	der pe	nalties o	of perjury, I declare that I have examined the	is return, including accom	panying schedule	es and statements	, and to the best o	f my knowledg	e and belief, it is
true	, corre	ect, and	complete Declaration of preparer (other tha	n officer) is based on all inf	ormation of which	preparer has any	knowledge	 	
	C	nus	diana Trust Imme				111	15/17	
Sig	n 🔁	3//	Signature Designation 21150	E Broom Tour	1T-00		Date	-19//	
He	re 🗂	7 ->-	(Maint	E. Mooro, Trus	I LEX UM	cer			
			Type or print name and title						
		Print/	Type preparer's name	Preparer's signature		Date	Check	If PTIN	
Paic	I	MAR	GARET A BRADSHAW	Magnet a Brown	blaw	11/13/17	self-employ	/ed P00!	501222
	parer	Errm's	name ►KPMG LLP	<u> </u>			Firm's EIN ▶		
Use	Only		saddress >1676 INTERNATIONA	L DRIVE MCLEAN	VA 2210	12		703-286-8	
Mav	the I		cuss this return with the preparer show				, i none no		res No
			Reduction Act Notice, see the separa		<u> </u>			'''''	rm 990 (2016)

JSA 6E10101000 5604KI 720F





FUND FOR POLICY REFORM



_	n 990 (201	6)			Page 2
Pa		Statement of Program Service			
		escribe the organization's mission	esponse or note to any line in this Part	<u> </u>	<u>A</u>
•		CHMENT 1	•		
					
	prior Fo		ficant program services during the yea		Yes X No
	Did the services	organization cease conducting	, or make significant changes in ho		Yes X No
		describe these changes on Scheo		three levest program convers	a managered by
4	expense		rvice accomplishments for each of its (4) organizations are required to repo r each program service reported		
	(Code. IN 201		200,000 including grants of \$ 30,30 ORM MADE A GRANT OF \$30,200)
			TO SUPPORT THE GRANTEE'S OF	PERATIONS	
	AND AC	CTIVITIES WHICH PROMOTE	SOCIAL WELFARE.		
4h	(Code) (Expenses \$	including grants of \$) (Revenue \$	<u> </u>
	(0000 _) (L/\$0.000 \$, (
		 			•
40	(Code:) (Expenses \$	including grants of \$	\ (Revenue \$	
70	(0000) (Εχρείισεσ ψ	nicidding grants or \$\psi) (Nevende ψ	
					
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4d	-	rogram services (Describe in Sche		¢ \	
40	(Expens	es \$ including gr ogram service expenses ▶	ants of \$) (Revenue 30,200,000.	v)	
	. Julia Di				

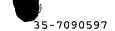
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FUND FOR POLICY REFORM



Form 990 (2016)

Page 3

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 3 Did the organization engage in direct or indirect political campalgin activities on behalf of or in opposition to candidates for public offers," If "Yes," complete Schedule C, Part I. 4 Section 501(c)(3) organizations. Did the organization engage in lobbring 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 smilar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. 5 Is 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 III. 5 Did the organization receive or hold a conservation easement, including assements to preserve open space, the environment, historic land seas, or historic structures? If "Yes," complete Schedule D, Part III. 5 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 inegations neserves? If "Yes," complete Schedule D, Part IV. 5 Did the organization report an amount for and, buildings, and equipment in Part X, line 10? If "Yes," virt. Yill, Yill, XII, XII, XII, XII, XII, XII, XII, X	Part	V Checklist of Required Schedules			
2 Si the organization required to complete Schedule 8. Schedule of Contributors (see instructions)? 3 Did the organization engage in direct or indirect political campalgin activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 5 Is the organization on section 501(c)(1), 501(c)(5), or 501(c)(6) organization that receives membership dius, assessments, or similar amounts as defined in Revenue Procedure 89-19? If "Yes," complete Schedule C, Part III. 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 7 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise of third similar funds or accounts for which donors have the right to provide advise of the funds or accounts for which donors have the right to provide advise of the funds or accounts for which donors have the right to provide advise of the funds or accounts for which donors have the representation of the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodiant or amounts of tised in Part X, or provide credit counseling, debt management, credit repar, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 9 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 19? If "Yes," complete Schedule D, Part VII. 9 Did the organization report an amount for investments-othe				Yes	No
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5 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 II. 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. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 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. 10 Did the organization, directly or through a related organization, hold assets in temporarity restricted endowments, permanent endowments, or quasi-endownents? If "Yes," complete Schedule D, Part V. 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI. 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 13 Did the organization report an amount for investments-other securities 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 VII. 14 Did the organization report an amount for other liabilities 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 VIII. 15 Did the organization report an amount for other liabilities 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 VIII. 16 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more o		·			.,,
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reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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		of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
bid the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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			
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		reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_	X
Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
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. 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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. 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			12a		X
Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	b	· · · · · · · · · · · · · · · · · · ·			
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					
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			14a	-	
foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	D				
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		the state of the s	146	y	
for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	45		140		
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	13		15		У
assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		13		
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)	10		16		х
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		10		
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	.,		17		х
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		''	-	
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			18		х
If "Yes," complete Schedule G, Part III	19				
	. •		19		х
				990	





Form 990 (2016) Page 4 Part IV Checklist of Required Schedules (continued) No Х 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 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Х 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25 a 25a Х 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? Х 25b 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.......... Х 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) X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 28c Х 29 X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Х 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Х 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, Х Х 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 Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 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...... Х 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

Form 990 (2016)

19? Note. All Form 990 filers are required to complete Schedule O





FUND FOR POLICY REFORM Form 990 (2016)

Page 5

Par				-
	Check if Schedule O contains a response or note to any line in this Part V			. X
	1. 1		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		l	
	Enter the number of Forms W-2G included in line to Enter -0- if not applicable			.
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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.			الــــــا
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)		~	
	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 in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		1	l
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		v	
	account) ⁹	4a	. X	
b	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		l	
	(FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	c-		x
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			ĺ
_	gifts were not tax deductible?	6b		-
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	70		^j
	and services provided to the payor?	7a 7b		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.0		\vdash
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		l
	required to file Form 8282?	10		
a	If "Yes," indicate the number of Forms 8282 filed during the year	7e		نـ نا
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		\vdash
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	 		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
_	sponsoring organization have excess business holdings at any time during the year?	<u> </u>		
9	Sponsoring organizations maintaining donor advised funds.	9a		ļ ³
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1 1		
b	against amounts due or received from them)	1		
12 =	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O			1
ь	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			
c	Enter the amount of reserves on hand]		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Page 6

Secti	on A. Governing Body and Management			Yes	No
		4- 3		res	NO
1a	Enter the number of voting members of the governing body at the end of the tax year	1a2			
	If there are material differences in voting rights among members of the governing body, or if the governing				1
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O	46 1	ļ		
b	Enter the number of voting members included in line 1a, above, who are independent	_1b	1		1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation or a business relationship or a business relationship or a business relationship or a business relationship or a business relation of the business relation of the business relationship or a business relation of the busines		2		X
	any other officer, director, trustee, or key employee?		-		 -
3	Did the organization delegate control over management duties customarily performed by or ur	ider the direct	3		х
	supervision of officers, directors, or trustees, or key employees to a management company or other		4	x	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi		5		х
5	Did the organization become aware during the year of a significant diversion of the organization's		6		X
6	Did the organization have members or stockholders?				
7a	Did the organization have members, stockholders, or other persons who had the power to el		7a		x
	one or more members of the governing body?		7 a		
b	Are any governance decisions of the organization reserved to (or subject to approval		7b		х
_	stockholders, or persons other than the governing body?		7.5		
8	Did the organization contemporaneously document the meetings held or written actions und	ertaken during	ļ		
	the year by the following		8a	X	~
а	The governing body?		8b	Х	
b	Each committee with authority to act on behalf of the governing body?		-55		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	be reached at	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Int			2.)	<u></u>
occi	on b. 1 onoics (This Soution B requests information about periode net requires 2) and the			Yes	No
40-	Did the organization have local chapters, branches, or affiliates?		10a		X
_	If "Yes," did the organization have written policies and procedures governing the activities of				
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt p		10b		
110			11a	Х	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990	ing the form.			
b 122	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	Х	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests				
b	rise to conflicts?		12b		Х
С	Did the organization regularly and consistently monitor and enforce compliance with the p				
·	describe in Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review at				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation			·———	
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arrangement			
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?	<u> </u>	16b		<u> </u>
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an	d 990-T (Section	501(c)(3)s	s only)
	available for public inspection. Indicate how you made these available. Check all that apply				
	Own website Another's website X Upon request Other (explain in Sc	hedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documer	ts, conflict of int	erest	polic	y, 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 TASHA NG 224 WEST 57TH STREET NEW YORK, NY 10019	books and record	s 🕨		
	TASHA NG 224 WEST 57TH STREET NEW YORK, NY 10019 212-548-060	<u> </u>			

Form **990** (2016)

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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII

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

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

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 -O- 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	orga	nıza	tion	cor	npen	sate	ed any current office	er, director, or trus	tee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direc	unles	Pos heck ss pe	more rson irect	than or Highest compensated	an	(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
(1)DANIEL EULE	1.00							_		
TRUSTEE	0.	Х						0.	0.	291.
(2)CHRISTOPHER STONE	1.00								551 050	145 505
TRUSTEE AND PRESIDENT	39.00	Х	-	Х			┝	0.	771,850.	145,525.
(3)CHRISTIANA TRUST	1.00		١.,				}	35 500		0
ADMINISTRATIVE TRUSTEE	0.	-	Х				<u> </u>	37,520.	0.	0.
(4)MAIJA ARBOLINO	1.00	-		.,					252 775	116 527
TREASURER	39.00		ļ	Х	-		-	0.	353,775.	116,537.
(5)GAIL SCOVELL SECRETARY	1.00	-		X				0.	338,046.	85,705.
	39.00	ļ	-		-			0.	338,046.	85,705.
(6)		1								
(7)										
(8)										
(9)										
(10)	-									
(11)										
(12)					_	_				
(13)						_		-		-
(14)		-					-			

Form 990 (2016)

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Part VII Section A. Officers, Directors, Tru	iotopo Ka	w Em	- nla			and b	امال	hast Compansat	od Employ	1005 /00	ntinuo		Page 8
Part VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r	not cl	Pos heck ss pe	C) sition more erson	n the st ha bot 2 Highest compensated	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportal compensation related organizat (W-2/1099-	ble on from d	Estr amo o comp fro orga and	(F) imated ount of ther ensation m the nization related	f on on d
	,	ustee	Itrustee		ee	npensated							
								i					
1b Sub-total							>	37,520.		671.	3.	48,0	058.
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)							>	37,520.			3.	48,0	
2 Total number of individuals (including but not reportable compensation from the organization	limited to t		liste				о ге	eceived more than	\$100,000	of			
												Yes	No
3 Did the organization list any former officemployee on line 1a? If "Yes," complete Sched											3		Х
4 For any individual listed on line 1a, is the	sum of re	portal	ble	com	nper	nsatio	n a	ind other compen	sation from	the	_		1
organization and related organizations gr											4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5		Х
Section B. Independent Contractors													
Complete this table for your five highest concompensation from the organization Report year.													
(A) Name and business ad	dress							(B) Description of s	ervices	С	(C) ompens	ation	
							+				_		
							+	 					
2 Total number of independent contractors (i	ncluding b	ut no	t lir	nite		n the	 Se	listed above) who	received				
more than \$100,000 in compensation from the	ne organiza	ition	• III	mic) .			TOUCHVEU				

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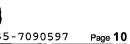
Form	990 (20	o16) FUND FOR PO	LICY REFORM	M		35-70909	597 Page 9
	t VIII				 -		
		Check if Schedule O contains a respons	se or note to an	v line in this Part V	W		
!		Chook ii Concould C contains a reopens		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns		46,691,286			
Program Service Revenue	2a b c d e f	All other program service revenue	Business Code	0			
	3 4 5	Investment income (including dividence and other similar amounts). ATTACHMENT Income from investment of tax-exempt bond Royalties	ds, interest, 3	243 0 0			243
	6a b c d 7a	Cross rents	▶ (II) Other	0.			
	c d	and sales expenses		466,756,088.			466,756,088
Other Revenue	8a b	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a Less direct expenses b Net income or (loss) from fundraising events.	0	0			
		Gross income from gaming activities See Part IV, line 19 a	0				
	С	Less direct expenses b Net income or (loss) from gaming activities. Gross sales of inventory, less		0			
		returns and allowances a Less cost of goods sold b	0				
		Net income or (loss) from sales of inventory Miscellaneous Revenue	<u> </u>	0			
	4.4			1			
	11a .						
	b			 			1
	С						
	۱ ـ	All albor rayanya	1	i	Ī	l	1

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466,756,331 Form **990** (2016)

0

513,447,617



Part IX	Statement	of Functional	Expenses
I GILIM	Otatomont	OI I WIIGHOUGH	- APOITOCO

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Do not include amounts reported on lines 6b, 7b, Bb, 9b, and 10b of Part VIII.	(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	30,200,000.	30,200,000.		
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	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,				
trustees, and key employees	37,520.		37,520.	
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.		1	
7 Other salaries and wages	0.			
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions	0.			
	0.			
9 Other employee benefits	0.			
Payroll taxes				
1 Fees for services (non-employees)	0.			
a Management	29,217.		29,217.	
b Legal	53,978.		53,978.	
c Accounting			33,376.	
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)	0.			
2 Advertising and promotion	0.			
3 Office expenses	0.			
4 Information technology	0.			
5 Royalties	0.			
6 Occupancy	0.			
7 Travel	0.			
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
9 Conferences, conventions, and meetings	0.			
Q Interest	2,876,441.		2,876,441.	
1 Payments to affiliates	0.			
2 Depreciation, depletion, and amortization	0.			
3 Insurance	1,162.		1,162.	
4 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)	1			
aTAX FILING FEE	4,408.		4,408.	
<u> </u>	1,100.			
b				
c				
d				
e All other expenses	22 202 726	30 300 000	3,002,726.	
5 Total functional expenses Add lines 1 through 24e 6 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	33,202,726.	30,200,000.	3,002,726.	
fundraising solicitation Check here following SOR 98 3 (ASC 958 730)				
following SOP 98-2 (ASC 958-720)	0.			Form 990

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Form 990 (2016)

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orm 99 Part	<u> </u>	Balance Sheet			Page 11
ui c	^	Check if Schedule O contains a response or note to any line in this F	Part X		
			(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing	20.	1	49,455.
:	2	Savings and temporary cash investments	0.	2	0.
;		Pledges and grants receivable, net		3	46,691,286.
		Accounts receivable, net		4	0.
	5	Loans and other receivables from current and former officers, directors,			
1		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L	0.	5	0.
(6	Complete Part II of Schedule L 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	_	6	0.
. ا <u>ي</u> د	7	Notes and loans receivable, net	0.	7	0.
ισ	8	Inventories for sale or use	0.	8	0.
7		Prepaid expenses and deferred charges		9	0.
l l				Ť	
''	v a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D			
	L	Less accumulated depreciation	┨	10c	0.
4.		Investments - publicly traded securities		11	0.
11		Investments - publicly traded securities Investments - other securities See Part IV, line 11			3,649,734,733.
12		Investments - other securities See Part IV, line 11		13	0.
13				14	0
14		Intangible assets		15	0
1:		Other assets See Part IV, line 11	2 100 505 504		
10		Total assets. Add lines 1 through 15 (must equal line 34)		_	84,420.
11		Accounts payable and accrued expenses		+	01,120.
18		Grants payable	-	19	0
19		Deferred revenue		20	0
20		Tax-exempt bond liabilities		_	0
2		Escrow or custodial account liability. Complete Part IV of Schedule D		21	
2	2	Loans and other payables to current and former officers, directors,	i		
Liabilities		trustees, key employees, highest compensated employees, and	I	22	0
<u> </u>	_	disqualified persons Complete Part II of Schedule L		22	0
4		Secured mortgages and notes payable to unrelated third parties			0
2		Unsecured notes and loans payable to unrelated third parties.	· 	24	
2	5	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X		25	0
	_	of Schedule D			84,420.
- 2	6	Total liabilities. Add lines 17 through 25		26	04,420.
S		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
8	_	-	2,396,891,751.		3,696,391,054.
<u>E</u> 2		Unrestricted net assets		+	0
g 2		Temporarily restricted net assets		+	0
[일	9	Permanently restricted net assets	·	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
<u>ي</u> 3	0	Capital stock or trust principal, or current funds		30	
388	1	Paid-in or capital surplus, or land, building, or equipment fund		31	
5 3	2	Retained earnings, endowment, accumulated income, or other funds		32	
2 3	3	Total net assets or fund balances	2,396,891,751.	33	3,696,391,054.
3	4	Total liabilities and net assets/fund balances	2,408,705,694.	34	3,696,475,474.

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Form **990** (2016)



FUND FOR POLICY REFORM



Form 99	90 (2016)				Pa	ge 12
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>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		13,4		
2	Total expenses (must equal Part IX, column (A), line 25)	2		33,2		
3	Revenue less expenses Subtract line 2 from line 1	_3	_	80,2		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		96,8		
5	Net unrealized gains (losses) on investments	5	8	20,2	63,4	23.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8	<u> </u>	-1,0	09,0)11.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	3,6	96,3	91,0	54.
Part	XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X .Accrual Other			ļ		
	If the organization changed its method of accounting from a prior year or checked "Other," of	explaii	חור	1		i
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con-	npiled	d or	İ		
	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	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited o	n a			
	separate basis, consolidated basis, or both.			ļ		
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	overs	ight		Į	
	of the audit, review, or compilation of its financial statements and selection of an independent ac	count	ant?	2c	<u> </u>	X
	If the organization changed either its oversight process or selection process during the tax year,	explai	n ın			}
	Schedule O]	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	et fort	h in			
	the Single Audit Act and OMB Circular A-133?			3a	ļ	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not un		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	ıdıts		3b	000	<u> </u>
				Form	990	(2016)



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. OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection

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. 1 Total number at end of year	Name	of the organization		Employer identification number
Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year	FUN	ID FOR POLICY REFORM		35-7090597
(a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of orinthutions to (during year) Aggregate value of orinthutions to (during year) Aggregate value of orinthutions (during year) Aggregate value of original year Aggregate value of original year Aggregate value of grants from (during year) Aggregate value of original year Aggregate value of original year Aggregate value of original year Aggregate value of year Aggregate value value Aggregate value value value Aggregate value value Aggregate value value value value value Aggregate value va	Pa			or Accounts.
2 Aggregate value of contributions to (during year) 4 Aggregate value of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organizations property, subject to the organization's exclusive legal control?				(b) Funds and other accounts
2 Aggregate value of contributions to (during year) 4 Aggregate value of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organizations property, subject to the organization's exclusive legal control?	1	Total number at end of year		
Aggregate value of grants from (during year). Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are 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? Partial Conservation Easements. 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 land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space Complete lines 2 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 a Total number of conservation easements on a certified historic structure easement on the last day of the tax year b Total acreage restricted by conservation easements. C Number of conservation easements not-uded in (c) acquired after 3/17/10s, and not on a historic structure instead in the National Register. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ No Winder of states where property subject to conservation easement is located ▶ Number of states where property subject to conservation easements is located ▶ Number of states where property subject to conservation easements is located ▶ No Boes the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in the servance of the conservation easements in the servance and expenses statement, and balance sheet, and include, if applicable, the tex of the footnote to the organization's accounting for con				
A Aggregate value at end of year				
Did the organization inform all donors and donor advisors in writing that the assets held in donor advised [Indis are the organization's property, subject to the organization's exclusive legal control? Indis are 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? 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 land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of open space 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 Total number of conservation easements. Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register. Number of states where property subject to conservation easements is located P Number of states where property subject to conservation easements is located P Number of states where property subject to conservation easements is located P No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Ps Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Ps Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l)) 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 organizations's accounting for conservati				
funds are the organization's property, subject to the organization's exclusive legal control?			advisors in writing that the assets held	t in donor advised
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c Number of conservation easements on a certified historic structure included in (a)	а	Total number of conservation easements		2a
c Number of conservation easements on a certified historic structure included in (a)	b	Total acreage restricted by conservation easements	S	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	С			2c
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(i) Revenue included in Form 990, Part VIII, line 1	b	works of art, historical treasures, or other similar public service, provide the following amounts relat	ar assets held for public exhibition, ed ing to these items	ducation, or research in furtherance of
		(i) Revenue included in Form 990, Part VIII, line 1		▶ \$
(ii) Assets included in Form 990, Part X				
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	2	· ·		
following amounts required to be reported under SFAS 116 (ASC 958) relating to these items				
a Revenue included in Form 990, Part VIII, line 1	а	Revenue included in Form 990, Part VIII, line 1		> \$
b Assets included in Form 990, Part X		Assets included in Form 990, Part X		Schedule D (Form 990) 2016



FUND FOR POLICY REFORM



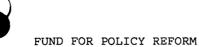
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_	lule D (Form 990) 2016									age Z
Par		<u> </u>								
3	Using the organization's acquisition	n, accession, and	other recor	ds, check	cany of the	following that	are a sign	nificant u	ise of	fits
	collection items (check all that appl	ly).		_						
а	Public exhibition		d	Loan	or exchange	programs				
b	Scholarly research		е	Other						
С	Preservation for future gener	rations	_	_						_
4	Provide a description of the organ		s and expla	ain how t	hey further	the organizatio	n's exemp	t purpos	e in f	Part
	XIII						·			
5	During the year, did the organization	on solicit or receive	donations o	f art. histo	orical treasur	es, or other sim	ular			
	assets to be sold to raise funds rath			· ·				Yes		No
Par	t IV Escrow and Custodial Ar				3					
	Complete if the organizat		es" on Forn	1 990. Pa	art IV. line 9	or reported a	an amoun	t on For	·m	
	990, Part X, line 21.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	, 5 5.			•••	
12	Is the organization an agent, truste	e custodian or oth	ner intermed	liary for c	ontributions	or other assets r	not			
1 a							-	Yes		No
L	included on Form 990, Part X?						· · · · · L	res	L	NO
D	If "Yes," explain the arrangement in	n Part XIII and com	ipiete trie io	lowing tat	ле.		Amount			
	D				-		Amount			
C	Beginning balance									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance									
	Did the organization include an am							Yes		No
	If "Yes," explain the arrangement in	n Part XIII Check I	here if the e	xplanation	has been pr	ovided on Part X	<u> </u>	<u></u>		
Par	t V Endowment Funds.									
	Complete if the organizat	ion answered "Ye	s" on Form	1 990, Pa	art IV, line 1	0				
		(a) Current year	(b) Prio	r year	(c) Two year	s back (d) Three	e years back	(e) Four	years t	back
1a	Beginning of year balance		_					ĺ		
b	Contributions									
	Net investment earnings, gains,									
·	and losses		1		ļ	1		}		
u	Grants or scholarships									
е	Other expenditures for facilities	I	ļ		1					
	and programs		 			-				
	Administrative expenses									
g	End of year balance				<u> </u>					—
2	Provide the estimated percentage			e (line 1g,	column (a))	held as				
a	Board designated or quasi-endown		 %							
b	Permanent endowment >									
С	Temporarily restricted endowment									
_	The percentages on lines 2a, 2b, a	•								
3a	Are there endowment funds not in	the possession of	the organiza	ation that	are held and	d administered for	or the	г	 T	
	organization by								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(1i)		
b	If "Yes" on line 3a(ii), are the relate	ed organizations list	ed as require	ed on Sch	edule R?			_3b		
4	Describe in Part XIII the intended i		ation's endo	wment fu	nds					
Par	t VI Land, Buildings, and Equ	ipment.	'	000 F	S-ut IV / II	44a Caa Fam	- 000 D-	-4 V 1!	. 40	
	Complete if the organiza Description of property		or other basis	11 990, F	or other basis			て 人, IITE d) Book va		
	Description of property	1 ' ' '	estment)	(b) Cost (c	other basis ((c) Accumulated depreciation	,	u) book va	lue	
1a	Land			,						
b	Buildings			1			1			
С	Leasehold improvements						1			
d	Equipment						 			
e	Other			 	+		 			
	I. Add lines 1a through 1e (Column		rm 000 Part	X colum	n (R) Jine 10	c) I				
1014	<u> Add iiiles ta tiirougit te (Colullill</u>	i (u) iliusi equal FUI	m sso, ran	A, COIGITI	יוווי, נטן יו	<i>'/</i>	<u>^ </u>			

Schedule D (Form 990) 2016

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Schedule D (Form 990) 2016

4			
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Pa	art VII	Investments - Other Securities.	d "Voc" on Form 000	, 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)	Financi	al derivatives		
		-held equity interests		
(3)	Other_	<u> </u>		
		NTUM ENDOWMENT CAYMAN LIMIT	2,595,758,248.	FMV
		ESTMENT IN FPR FINANCE LLC	1,053,921,087.	FMV
	(C) INV	ESTMENT IN FPR FINANCE LTD	55,398.	FMV
	(D)			
	(E)			
	(F)			
	(G)			
	(H)			
_		n (b) must equal Form 990, Part X, col (B) line 12) ▶	3,649,734,733.	
P	art VIII			
		Complete if the organization answere	d "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)			
Tot	al. (Colum	n (b) must equal Form 990, Part X, col (B) line 13)		
Р	art IX	Other Assets. Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11d See Form 990, Part X, line 15.
			escription	(b) Book value
(1)		-	
	2)			
	3)			
	4)			
	5)			
	6)			
	7)			
	8)			
_	9)			
		umn (b) must equal Form 990, Part X, col (B)	line 15)	
P	art X	Other Liabilities. Complete if the organization answere line 25.	d "Yes" on Form 990), Part IV, line 11e or 11f See Form 990, Part X,
1.		(a) Description of liability	(b) Book valu	ie
_	1) Fede	ral income taxes		
—	(2)			
	(3)			
	(4)			
_	(5)			
_	(6)			
	(7)			
_	(8)			
_	(9)			
		mn (b) must equal Form 990, Part X, col (B) line 25) ▶	
		to made again orm ood, ratting our popular 20	, - <u>1</u>	The second of th

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. JSA 6E1270 1000 5604KI 720F

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	FUND FOR POLICY REFORM	35-7090597
Schedul	le D (Form 990) 2016	Page 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.
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:	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII)	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	
4 a	Amounts included on Form 990, Part VIII, line 12, but not on line 1. Investment expenses not included on Form 990, Part VIII, line 7b	
a b	Other (Describe in Part XIII.)	
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		ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	
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	}
ь	Prior year adjustments	-
C	Other 10303	
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	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII)]
С	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
	Supplemental Information. Le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lin	ort V line 4. Bort V line
	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional infori	
	X, LINE 2	
	A, LINE 2	
FPR	IS EXEMPT FROM FEDERAL INCOME TAXES, AS AN ORGANIZATION DESCRIBED IN	
SECT	ION 501(C)(4) OF THE INTERNAL REVENUE CODE. FPR RECOGNIZES THE EFFECT	
OF I	NCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT	
OF B	BEING SUSTAINED. CONTRIBUTIONS RECEIVED BY FPR ARE NOT DEDUCTIBLE AS	
CITATO	TEADLE COMEDITATIONS INDED THE CHOSTON 170/C)	
CHAR	TITABLE CONTRIBUTIONS UNDER IRC SECTION 170(C).	

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Schedule D (Form 990) 2016

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Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2016

5604KI 720F

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. ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Inspection

Open to Public

Department of the Treasury Internal Revenue Service

	of the organization				Employer identifica	ition number
	FOR POLICY REFORM				35-709059	97
Part	General Information or Form 990, Part IV, line 14b		utside the U	nited States. Complete i	f the organization answer	ed "Yes" on
1	For grantmakers. Does the organ	nization mainta	in records to s	ubstantiate the amount of	its grants and other	
	assistance, the grantees' eligibilit				F	
9	grants or assistance?					Yes No
	For grantmakers. Describe in I assistance outside the United Sta	-	janization's pr	ocedures for monitoring	the use of its grants a	and other
3 /	Activities per Region (The follow					
	(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
(1)	CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		2,595,813,646
(2)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)			·			
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3 a	Sub-total	<u> </u>	 			2,595,813,646
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)					2,595,813,646

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

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Schedule F (Form 990) 2016

FUND FOR POLICY REFORM

Page 2 Schedule F (Form 990) 2016

Part | Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization

Enter total number of other organizations or entities. . . 3

Schedule F (Form 990) 2016

V 16-7.6F

FUND FOR POLICY REFORM

Schedule F (Form 990) 2016

Part | | Grants an

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	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							!
(17)				I			
(18)				i			
						Sche	Schedule F (Form 990) 2016

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Schedule F (Form 990) 2016

FUND FOR POLICY REFORM

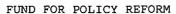


Page 4

35-7090597

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)	X	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, do not file with Form 990)		Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	X	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)	X	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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)		Yes	X No

Schedule F (Form 990) 2016





35-7090597

Page 5

Schedule F (Form 990) 2016

Part V Supplemental Information

Provide the 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)

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

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

▶ Attach to Form 990.

2016	Open to Public	Inspection

OMB No 1545-0047

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 35-7090597

FUND E	FUND FOR POLICY REFORM	35-7090597
Part	Part General Information on Grants and Assistance	
1 Do	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	
the	the selection criteria used to award the grants or assistance?	X Yes
2 De	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	
Part II	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	n 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	s needed.

1 (a) Name and address of organization or government	(a)	(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) FUND FOR POLICY REFORM, INC							PROMOTE SOCIAL
224 WEST 57TH STREET NEW YORK, NY 10019	26-4351242	501 (C) (4)	30,200,000				WELFARE
(2)							
(3)							
	<u> </u>						
(4)							
(5)					İ		
	<u> </u>						
(9)				ļ			
(2)					1		
(8)							
(6)							
(10)							
	ı—						
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government	government of	rganizations lis	organizations listed in the line 1 table.	e		A : : : : : : : : : : : : : : : : : : :	!
	sted in the line	1 table				A	1.
ı			l				

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

Schedule I (Form 990) (2016)

Page 2

FUND FOR POLICY REFORM

Schedule I (Form 990) (2016)

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 Part III

	(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
-						
2						
ı m						
4						
r.						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	nformation re	quired in Part I,	line 2, Part III, c	olumn (b), and any o	ther additional

THE TRUSTEES APPROVE GRANTS PURSUANT TO A GRANT AGREEMENT THAT REQUIRES

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

REPORTING.

Schedule I (Form 990) (2016)

FPR

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SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

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.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization FUND FOR POLICY REFORM Employer identification number 35-7090597

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	<u> </u>		.
	First-class or charter travel Housing allowance or residence for personal use		Ì	
	Travel for companions Payments for business use of personal residence	j]]	. !
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		- 1	
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)	1		
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			لـــــا
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all		-	
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		l
3	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			ı İ
	Compensation committee Written employment contract			i
	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	1		, (
•	organization or a related organization			اــــا
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	Ĺ
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			1
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			·
а	The organization?	5a		X
ь	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			, ;
	compensation contingent on the net earnings of			<u>-</u> -
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed		37	
_	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	X	<u> </u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	1		1
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe		ļ	
	ın Part III	8_	-	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			-
	Regulations section 53 4958-6(c)?	9	l	

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

Schedule J (Form 990) 2016

Page 2

Schedule J (Form 990) 2016

Individual

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 of 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)(t)-(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

		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	in column (B) reported as deferred on prior Form 990
CHRISTOPHER STONE	Ξ	0	0	0	0	291.	291.	
DENT	Ξ	708,071.	50,000.	13,779.	112,500.	32,734.	917,084.	
MAIJA ARBOLINO	Ξ	0	o	0	0	291.	291.	
	€	324,573.	26,580.	2,622.	49,352.	. 168, 894.	470,021.	
ELL	ε	0.	0	0	0	291.	291.	
3SECRETARY	(≘	310,541.	26,249.	1,256.	46,870.	38,544.	423,460.	
	ε							
4	Ξ							
	ε							
2	Ξ							
	Ξ							
. 9	Ξ							
	Ξ							
	Ξ							
	Ξ							
80	Ξ							
	Ξ							
6	Ξ							
	Ξ							
10	Ξ							
	Θ							
11.	Ξ							
	ε							
12	Ξ							
	€							
13	Ξ							
	€							
14	Ξ							
	€							
15	Ξ							
	ε							
16	Ξ							
							Sch	Schedule J (Form 990) 2016

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Schedule J (Form 990) 2016

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 HAS NO EMPLOYEES. EMPLOYEES OF OPEN SOCIETY INSTITUTE, A RELATED

SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, PERFROM SERVICES FOR FPR. OPEN

SOCIETY INTITUTE IS REIMBURSED BY FPR INDIRECTLY THROUGH FUND FOR POLICY

REFORM, INC., A RELATED 501(C)(4) TAX-EXEMPT ORGRANIZATION, FOR THEIR

SERVICES BASED ON THE TIME THEY SPEND ON FPR 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: CHRISTOPHER STONE. THE FOLLOWING

457(F) AMOUNTS WERE DEFERRED DURING YEAR AND REPORTED ON SCHEDULE J, PART

II, COLUMN(C): CHRISTOPHER STONE - \$54,750.00. THE FOLLOWING 457(F)

AMOUNTS BECAME VESTED IN OR PAID OUT DURING YEAR AND REPORTED ON SCHEDULE

J, PART II, COLUMN (B)(III): CHRISTOPHER STONE - NONE

V 16-7.6F

Page 3

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 (Form 990) 2016

Part ||| Supplemental Information

SCHEDULE J, PART I, LINE 7

DISCRETIONARY BONUSES ARE BASED ON PERFORMANCE.

FPR

Schedule J (Form 990) 2016

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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

OMB No 1545-0047
2016
Open to Public

Inspection

Internal Revenue Service
Name of the organization

FUND FOR POLICY REFORM

Employer identification number

35-7090597

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 SUBMITTED TO THE TRUSTEE FOR REVIEW PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

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 12C

PURSUANT TO THE CONFLICTS POLICY, ANY POTENTIAL CONFLICT OF INTEREST
WHICH COULD RESULT IN A DIRECT OR INDIRECT FINANCIAL OR PERSONAL BENEFIT
TO A TRUSTEE, OFFICER, OR STAFF MEMBER MUST BE DISCLOSED IN GOOD FAITH OR
KNOWN TO THE TRUSTEES AUTHORIZING A CONTRACT OR OTHER TRANSACTION. THE
INTERESTED INDIVIDUAL MAY PARTICIPATE IN THE INFORMATION-GATHERING STAGE
OF THE TRUSTEES' DISCUSSION BUT WILL RETIRE FROM THE ROOM IN WHICH THE
TRUSTEES ARE MEETING AND WILL NOT PARTICIPATE IN THE FINAL DELIBERATION
OR DECISION REGARDING SUCH CONTRACT OR OTHER TRANSACTION. SUCH
INTERESTED INDIVIDUAL MAY NOT VOTE ON SUCH CONTRACT OR OTHER TRANSACTION.
NO CONFLICTS HAVE BEEN REPORTED BY ANY TRUSTEE OR OFFICER, AND FPR HAS NO
STAFF MEMBERS.

PART VI, SECTION A, LINE 4

FPR MADE THE FOLLOWING SIGNIFICANT CHANGES TO ITS AGREEMENT OF TRUST

Name of the organization FUND FOR POLICY REFORM

Employer Identification number 35-7090597

SINCE THE FILING OF ITS LAST FORM 990:

- (I) AMENDED PROVISIONS RELATED TO THE SUCCESSOR CLASS B TRUSTEES, INCLUDING THEIR SUB-CLASSES AND TERMS;
- (II) AMENDED PROVISIONS RELATED TO EX-OFFICIO TRUSTEES.

ATTACHMENT 1

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

TO PROMOTE SOCIAL WELFARE, THE COMMON GOOD AND THE GENERAL WELFARE OF PEOPLE IN COMMUNITIES AROUND THE WORLD, EACH WITHIN THE MEANING OF SECTION 501(C)(4) OF THE CODE AND THE TREASURY REGULATIONS

PROMULGATED THEREUNDER, INCLUDING, BUT NOT LIMITED TO: (1) CONDUCTING ACTIVITIES FOR THE PURPOSE OF BRINGING ABOUT CIVIC BETTERMENTS AND SOCIAL IMPROVEMENTS IN COMMUNITIES AROUND THE WORLD; (2) ADVOCATING FOR THE REFORM OF LOCAL, STATE, FEDERAL OR FOREIGN LAWS OR REGULATIONS IN THE PUBLIC WELFARE; (3) CONDUCTING AND SUPPORTING ACTIVITIES THAT ARE CHARITABLE OR EDUCATIONAL OR PROMOTE THE SOCIAL WELFARE; (4) MAKING GRANTS AND MISSION-RELATED INVESTMENTS TO SUPPORT ORGANIZATIONS CARRYING OUT THE FOREGOING PURPOSES; (5)

COOPERATING WITH OTHER ORGANIZATIONS, WHETHER LOCAL, NATIONAL OR INTERNATIONAL, FOR THE FOREGOING PURPOSES; AND (6) CONDUCTING ANY OTHER ACTIVITIES THAT MAY BE NECESSARY, USEFUL OR DESIRABLE FOR THE FURTHERANCE OR ACCOMPLISHMENT OF THE FOREGOING PURPOSES.

ATTACHMENT 2

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

CURACAO

GERMANY

INDIA

SPAIN

Schedule O (Form 990 or 990-EZ) 2016

JSA 6E1228 1 000





Name of the organization
FUND FOR POLICY REFORM

35-7090597

ATTACHMENT 2 (CONT'D)

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

SWITZERLAND

UNITED KINGDOM

VENEZUELA

FORM 990, PART VIII - INVESTMENT INCOME			ATTACHMENT 3	
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
DIVIDEND	24	3.		243.
TOTALS	24			243.

Schedule O (Form 990 or 990-EZ) 2016

JSA 6E1228 1 000

SCHEDULE R (Form 990)

FUND FOR POLICY REFORM

Name of the organization Department of the Treasury Internal Revenue Service

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.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

OMB No 1545-0047

Employer identification number 35-7090597

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

	Name, address, and EIN (if	(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) FPR	(1) FPR FINANCE HOLDINGS LLC						
224 WES	224 WEST 57TH STREET	NEW YORK, NY 10019	INVESTMENT	DE		55,398. FPR	FPR
(2)							
3							
<u>4</u>							
(5)			i				
9							
Part II	Identification of Related Tax-Exempt Organization one or more related tax-exempt organizations du	x-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had mpt organizations during the tax year.	ne organization ans	wered "Yes" on Fo	rm 990, Part IV,	, line 34 because	ıt had

(a)		(a)	(2)	(g)	(0)	€	6)	
Name, address, and EIN of related organization	elated organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charty status (if section 501(c)(3))	Direct controlling entity	Section 512(b)(13) controlled entity?	12(b)(13) olled y?
							Yes	o N
(1) FUND FOR POLICY REFORM, INC	26-4351242							
224 WEST 57TH STREET	NEW YORK, NY 10019	SOC WELFARE	DE	501(C)(4)		FPR	×	
(2) OPEN SOCIETY INSTITUTE	13-7029285				i l			
224 WEST 57TH STREET	NEW YORK, NY 10019	CHARITABLE	NY	501(C)(3)	PF	N/A		×
(3) OPEN SOCIETY FUND, INC	13-3095822							
224 WEST 57TH STREET	NEW YORK, NY 10019	CHARITABLE	NY	501(C)(3)	PF	N/A		×
(4) OPEN SOCIETY POLICY CENTER	52-2028955							
224 WEST 57TH STREET	NEW YORK, NY 10019	SOC WELFARE	ЭC	501(C)(4)		N/A		×
(5) FOUNDATION TO PROMOTE OPEN SOCIETY	26-3753801							
224 WEST 57TH STREET	NEW YORK, NY 10019	CHARITABLE	DE	501 (C) (3)	PF	N/A		×
(6) ALLIANCE FOR OPEN SOCIETY INTERNATIONAL	IONAL 81-0623035							
224 WSET 57TH STREET	NEW YORK, NY 10019	CHARITABLE	DE	501 (C) 3)	7	OSI		×
(7) SOROS ECONOMIC DEVELOPMENT FUND	13-3965896							
224 WEST 57TH STREET	NEW YORK, NY 10019	CHARITABLE	NY	501 (C) (3)	PF	OSI		×

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

FPR

Schedule R (Form 990) 2016

Schedule R (Form 990) 2016 Part III Identification of Related Organizations Taxable	ted Organizations	s Taxable		nip Complete If	the organizatio	as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34	on Form 9	190, Part IV, II	ne 34	Page 2
Decause it had one or more related organizations treated as a partnership during the tax year. (a) (b) (c) (d) (d) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	more related org	(c) Legal domicile (state or foreign	S (reated as a post of the controlling entity	armersnip during (e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	Share of end-of- year assets	(h) (h) (laborationale alterational (h) (laborationale (laborationale) (laborationale)	(I) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	(k) Percentage ownership
(1) FPR FINANCE LLC 47-4672080 224 WEST 57TH STREET NEW YORK,	INVESTMENT	DE	FPR			1,053,921,087			e ×	0066 66
(3)										
(6)										
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization and line 34 because it had one or more related organizations treated as a corporation or trust during the tax year	ted Organizations	s Taxablated organic	e as a Corporati	ion or Trust. Cod as a corporat	omplete if the or	as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, nizations treated as a corporation or trust during the tax year	red "Yes" o	on Form 990,	Part IV,	
(a) Name, address, and EiN of related organization	of related organization		(b) Primary activity	(c) tunty 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	(9) Share of end-of-year assets	I I	age thip
(1) QUANTUM ENDOMMENT CAYMAN LIMITED 27 HOSPITAL ROAD GEORGE TOWN, C	2D CJ KY1-9008	FOREIGNUS	US	3	FPR	C CORP	907,744,416	2,690,400,560	60 100 0000	Yes No
]	CJ KY1-9008	FOREIGNU	ys	CJ	FPR	C CORP			100 0000	× 00000
(4)										
(6)										
JSA 6E1308 1 000							; ; ;	Schedi	ule R (Fo	Schedule R (Form 990) 2016

FPR

Part V

ŝ Schedule R (Form 990) 2016 Yes × × × 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 4 79 9 73 2 9 # PAGE FMV FMV FMV Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. 30,200,000. 545,990,452. 503,885,452 Amount involved Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. 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? (b) Transaction type (a-s) М ഗ Ω Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) FPR Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Gift, grant, or capital contribution to related organization(s) Name of related organization Other transfer of cash or property to related organization(s) QUANTUM ENDOWMENT CAYMAN LIMITED FUND FOR POLICY REFORM, INC. LLC FINANCE 5604KI 720F FPR JSA 6E1309 1 000 Ε (1) 3 (3) € 9 9

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

Part VI

(k) Percentage ownership Schedule R (Form 990) 2016 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 (J) General or managing partner? Yes No (t)
Code V - UBI
amount in box 20
of Schedule K-1
(Form 1065) (h) Disproportionate allocations? Yes No (g) Share of end-of-year assets (f) Share of total income (e)
Are all partners section 501(c)(3) organizations?
Yes No (d)
Predominant
income (related,
unrelated, excluded
from tax under
sections 512-514) (c)
Legal domicile
(state or foreign
country) (b)
Primary activity Name, address, and EIN of entity JSA 6E1310 1 000 4 9 <u></u> 6 (10) (11) (12) (14) (16) E 2 ව E 9 (13) (15)

V 16-7.6F

FPR





35-7090597

Schedule R (Form 990) 2016

Page 5

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2016