SCANNED JAN 0 3 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

Department of the Treasury Internal Revenue Service

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

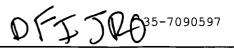
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	le 2018 calendar year, or tax year	Deginning	, 2018, an	ia enaing		, 20
Check if app	C Name of organization				D Employer ident	ification number
	FUND FOR POLICY RE	FORM		_		•
Addres change	Doing Business As			_ 	35-70905	
Name	* I	mail is not delivered to street address	s) Roo	m/suite	E Telephone num	
Initial r					(302) 571-	- 6827
Termin		ountry, and ZIP or foreign postal code			j	
Amend return	WIDNINGTON, DE 190				G Gross receipts	s 650,158,385
Applica pendin		cer PATRICK GASPA	ARD		H(a) Is this a group in subordinates?	etum for Yes X N
	C/O 501 CARR ROAD,	WILMINGTON, DE 198	809		H(b) Are all subordinate	es included? Yes N
Tax-exe	empt status 501(c)(3) X 501	(c) (4) ◄ (insert no)	4947(a)(1) or	5)27	If "No," attach a	list (see instructions)
Website	te: ▶ N/A				H(c) Group exemption	n number 🕨
Form of	of organization Corporation X Trust	t Association Other		L Year of fo	ormation 2015 M Sta	ite of legal domicile DE
art I	Summary					
1 8	Briefly describe the organization's miss	sion or most significant activities	TO PROMO	TE SOC	IAL WELFARE, T	HE COMMON
	GOOD AND THE GENERAL WE	LFARE OF PEOPLE IN	COMMUNITI	ES IN	THE WORLD.	
'						
2 (Check this box ▶ if the organiza	ition discontinued its operation	s or disposed of	more than	25% of its net assets	-
3 1	Number of voting members of the gove	erning body (Part VI, line 1a)			, 3	4.
	Number of independent voting member	rs of the governing body (Partiv	RECEIVE	ED : :	4	
5	Total number of individuals employed a	ın calendar year 2018 (Ra <u>r</u> t V, lır	ne 2a)		5	0.
6 1	Total number of volunteers (estimate if	necessary)	NOV 1 2 20	اڭا ورر	6	9.
7a	Total unrelated business revenue from I	Part VIII. column (C) In 1942	· · · · · · · · · · · · · · · · · · ·	IO)	72	
1	Net unrelated business taxable income	from Form 000 T line 34	· · · · · · · · · · · · · · · · · · ·		7t	
 -			GDEN, t	JT	Prior Year	Current Year
8	Contributions and grants (Part VIII, line	1h)			0	
	Program service revenue (Part VIII, line				0	
	Investment income (Part VIII, column (A			<u> </u>	37,716,714.	11,840,022
	Other revenue (Part VIII, column (A), lir				0	
	Total revenue - add lines 8 through 11			_	37,716,714.	11,840,022
	Grants and similar amounts paid (Part I)				100,000,000.	
	Benefits paid to or for members (Part IX				0.	
	Salaries, other compensation, employed				25,140.	
162 5	Professional fundraising fees (Part IX, c				0.	
	Total fundraising expenses (Part IX, cold			· · · · - -		`
47 6				-	338,797.	922,788
	Other expenses (Part IX, column (A), lin				100,363,937.	
	Total expenses Add lines 13-17 (must				-62,647,223.	
	Revenue less expenses Subtract line 1	8 from line 12	· · · · · · · · ·	_	Beginning of Current Year	
20 T 21 T 22 N	Tatal assists (Dart V. Iraa 40)			1	3,968,252,598.	
20 T	Total assets (Part X, line 16)			• • • • ⊢	47,250,141.	
21 T	Total liabilities (Part X, line 26)		· · · · · · · · ·	· · · ·	3,921,002,457.	
	Net assets or fund balances Subtract l	ine 21 from line 20	<u> </u>		3, 321, 002, 437.	3,213,094,909
art II	Signature Block				-1	
e, correct	alties of perjury, I declare that I have examin ct, and complete set and a first er (other	er than officer is based on all inform	nying schedules all nation of which pre	eparer has a	nts, and to the best of my any knowledge	knowledge and belief, it is
	. 177				21 / 12	-/2010
ın	Sugar In	THE TOTAL	-		(1 / 1S	10017
re	Leonard Jankauskas	Мe			Daie	
_	AVP Trust Ta Van	/				
	P Type or print trains and tide)ote		DTIN
-+	Print/Type preparer's name	Preparer's signature		Date	Check if	PTIN
.	•• •		24044 ニー 1.1	11/15/19	self-employed	P00501222
i	MARGARET A BRADSHAW	Magnet a. Brock	<u>, </u>			
i parer	MARGARET A BRADSHAW Firm's name ► KPMG	<u> </u>				-5565207
parer Only	MARGARET A BRADSHAW Firm's name ► KPMG	TREET MCLEAN, VA 22	102			-5565207 3-286-8399

PAGE 1

_	orm 990 (2018)	Page 2
P	Part III Statement of Program Service Accomplishments	ات
1	Check if Schedule O contains a response or note to any line in this Part III	. X
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	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
4	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as meas expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported	
4a	A (Code) (Expenses \$ 750,000,000 including grants of \$ 750,000,000.) (Revenue \$) IN 2018, FUND FOR POLICY REFORM MADE THREE GRANTS IN THE AGGREGATE AMOUNT OF \$750,000,000 TO FUND FOR POLICY REFORM INC. TO SUPPORT	
	THE GRANTEE'S OPERATIONS AND ACTIVITIES WHICH PROMOTE SOCIAL WELFARE.	
4b	(Code) (Expenses \$including grants of \$) (Revenue \$)	
4c	(Code) (Expenses \$including grants of \$) (Revenue \$)	
	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	
	Total program service expenses ▶ 750,000,000.	
JSA 8E10	020 1 000 Form 990 5604KI 720F V 18-7.6F FPR F	(2018) PAGE 2



1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	· 1	┿-	X
2 3	Did the organization required to complete <i>Scriedule B, Scriedule or Contributors</i> (see instructions)?	. 2	-	+^
•	candidates for public office? If "Yes," complete Schedule C, Part I	. 3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	. 📑	 	+
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	. 4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	. 5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		1	
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>		1	\ ,
9	complete Schedule D, Part III	8	1	X
3	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		1	†
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			ľ
	complete Schedule D, Part VI	11a	<u> </u>	X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more		l	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	-
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			X
ч	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>^</u>
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	444		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	 	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b	Х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
	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	444	X	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b	<u> </u>	-
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	··•	<u> </u>	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
	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	18		Х
	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	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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	21	х	
	voncado governmenton carria Colonia (A) line 17 il 188 COMDIENE SCREONE I PARS L'ANA II	: 27	••	ı

Form 990 (2018)

Page	4

Par	t IV 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			١.,
••	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		l .	İ
24-	employees? If "Yes," complete Schedule J	23	X	
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	24-		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		<u> </u>
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	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	27		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)	l ,		١
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			v
_	Schedule L, Part IV	28b		Х
C	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	20-		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		^
•	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	-		
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	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		İ	v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37_		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19° Note . All Form 990 filers are required to complete Schedule O	20	x	
Part		38		—
ı arı	Check if Schedule O contains a response or note to any line in this Part V			X
	Check in concount C contains a response of note to any line in this Fait V	· · · i	Yes	No No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c	х	
104			990	2018)

Га	Statements Regarding Other IRS Filings and Tax Compliance (Continued)			
			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.			
	otationis, filed for the calendar year chaing with or within the year covered by this return.	┥	}	
D	of f at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	 -	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4a	X	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ATTACHMENT 2	- 4 a		
N	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5.2	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year]		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12		ľ	
11	entropy in the control of the contro			
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders	1 1	ļ	
	Gross income from other sources (Do not net amounts due or paid to other sources	i l		
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	İ	
	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.		ľ	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which	. 1		
	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		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	, 1		
	excess parachute payment(s) during the year?	15		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	\perp	X
	If "Yes," complete Form 4720, Schedule O		200	
		Form	990 (2018)

35-7090597 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sect	tion A. Governing Body and Management				
		_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u>	4			
	If there are material differences in voting rights among members of the governing body, or	1			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	ľ	ļ		
b	Enter the number of voting members included in line 1a, above, who are independent	2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation	nship with	ŀ		
	any other officer, director, trustee, or key employee?		2	X	
3	Did the organization delegate control over management duties customarily performed by or under	the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other per	rson? L	3		<u>X</u>
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 asset	ts?	5		<u>X</u>
6	Did the organization have members or stockholders?		6	I	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect of				.,
	one or more members of the governing body?	⊢	7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by)		[l	v
	stockholders, or persons other than the governing body?		7b	-	<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken	en during			
	the year by the following		_	x	
а	The governing body?	· · · · · ⊢	8a	$\frac{\hat{x}}{x}$	
b	Each committee with authority to act on behalf of the governing body?	· · · · · ⊢	8b	^	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rethe organization's mailing address? If "Yes," provide the names and addresses in Schedule O	eached at	9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal				
3000	on B. 1 dices (11113 decitor B requests information about policies not required by the internal	ricvenue o		Yes	No
40-	Did the organization have local chapters, branches, or affiliates?	T-	I 0a		X
10a	If "Yes," did the organization have written policies and procedures governing the activities of such	⊢			
U	affiliates, and branches to ensure their operations are consistent with the organization's exempt purpositions.	· .	юь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the		11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990				_
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	1	2a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that of				
_	rise to conflicts?	· 14	2b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy?	If "Yes."			
	describe in Schedule O how this was done		2c		
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and ap	proval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and	decision?		İ	
а	The organization's CEO, Executive Director, or top management official	<u> 1</u>	5a		X
b	Other officers or key employees of the organization	1	5b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			ł	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra		_		v
	with a taxable entity during the year?		6a		<u>x</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to ev				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe				
`aati	organization's exempt status with respect to such arrangements?		6b		
	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed Control 990 is required to be f		O = -4		344-3
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, (3)s only) available for public inspection. Indicate how you made these available. Check all that apply	and 990-1 (Secti	on 50) I (C)
	Own website Another's website X Upon request Other (explain in Schedule	e O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	•	act n	olicu	and
. J	financial statements available to the public during the tax year	milior of inter	est b	oncy,	ailu
20		and records	•		
	State the name, address, and telephone number of the person who possesses the organization's books TASHA NG 224 WEST 57TH STREET NEW YORK, NY 10019				
				200	

Form **990** (2018)

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	office or dir	unles	Pos neck s pe	erson	e 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	.02									
TRUSTEE	0.	Х						0.	0.	1,781.
(2)PATRICK GASPARD	.02									
TRUSTEE AND PRESIDENT	39.98	Х		Х				0.	797,526.	143,340.
(3)GAIL SCOVELL	.02									
TRUSTEE AND SECRETARY	39.98	Х		Х				0.	391,583.	109,243.
(4)MICHAEL VACHON	.02									
TRUSTEE	39.98	Х						0.	0.	1,781.
(5)CHRISTIANA TRUST	.02									
ADMINISTRATIVE TRUSTEE	0.		X					20,000.	0.	0.
(6)MAIJA ARBOLINO	.02									
TREASURER	39.98			Х				0.	350 , 577.	109,427.
(7)CHRISTOPHER STONE	0.									
FORMER TRUSTEE/PRESIDENT	0.						Х	0.	1,008,299.	<u> </u>
(8)										
(9)		-								
(10)										
(11)										
(12)										
(13)										
(14)				\dashv						
								_		

Form 990 (2018)

JSA

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and I	Hig	hest Compensat	ed Employe	es (c	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle: er and	Pos heck ss pe	rson	e than o	an tee)	(D) Reportable compensation from the	(E) Reportable compensation related organizatio	from ns	(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-M	IISC)	from the organization and related organizations
									_		
											- 1111
	: 								·		
							_				
1b Sub-total							٠ 🔻	20,000.	2,547,9	85.	365,572 0
c Total from continuation sheets to Part VII, Se							>	20,000.	2,547,9	- 1	365,572
2 Total number of individuals (including but not I reportable compensation from the organization				d at	00V6	e) who	re	ceived more than	\$100,000 of		
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations gre	sum of repeater than	ortab \$15	le c 0,00	om,	pen <i>If</i>	satior <i>"Yes</i>	n ar	nd other compens	ation from the	ne ch	
individual	accrue cor	npen	satio	on f	rom	any	unr	elated organization	n or individu	al	4 X
for services rendered to the organization? If "Ye Section B. Independent Contractors	s," complet	e Sch	edu	le J	for	such	pers	son		•	X
1 Complete this table for your five highest compoundation from the organization Report of year											
(A) Name and business addi	ress							(B) Description of se	vices		(C) ompensation
ATTACHMENT 3	_		_				1				
								_	_		
2 Total number of independent contractors (in more than \$100,000 in compensation from the				ited		thos	e lis	sted above) who	received		
SA E1055 1 000 5604KI 720F		V	18-	-7.	6F			FPR			Form 990 (2018 PAGE 8

Pa	rt VI						
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Check if Schedule O contains a res	sponse or note to ar	ny line in this Part V (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Membership dues		0			
Program Service Revenue	2a b c d e f	All other program service revenue	Business Code	0			
	3 4 5 6a b		idends, interest, ond proceeds .	8,385 0 0			8,385
	c d 7a b	Rental income or (loss)	63.	0.			
Other Revenue		Net gain or (loss)	▶	11,831,637			11,831,637
0	С	Net income or (loss) from fundraising ever Gross income from gaming activities See Part IV, line 19	nts ▶	0			
	С	Less direct expenses	es >	0			
	b c	Less cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue	b 0 /b	0			
	11a b c d e	All other revenue		0.			11,840,022
-	•	Town to veride. Occ matructions		22,010,022			12,030,022

Part IX Statement of Functional Expenses	
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)	
Check if Schedule O contains a response or note to any line in this Part IX	[

FUND FOR POLICY REFORM

Oricck in ochequie o contains a resp	onse of note to any in	e in this Part ix	<u> </u>	<u> </u>
Do not include amounts reported on lines 6b, 7b, 8b, 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	750,000,000.	750,000,000.		
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	20,000.		20,000.	
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.			•
	0.			
7 Other salaries and wages				
8 Pension plan accruals and contributions (include	0.			
section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes				
11 Fees for services (non-employees)	0.			
a Management	832,622.		832,622.	
b Legal	·		65,728.	
c Accounting	65,728.		05,128.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17,	0.			····
f Investment management fees	0.			
9 Other (If line 11g amount exceeds 10% of line 25, column	_			
(A) amount, list line 11g expenses on Schedule O)	0.			
12 Advertising and promotion	0.			
13 Office expenses	0.			
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	0.			<u> </u>
17 Travel	389.		389.	
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
9 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
l3 Insurance	19,598.		19,598.	
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 ()				
aTAX FILING FEE	4,393.		4,393.	-
bSOFTWARE LICENSE FEE /	11.		11.	-
c POSTAGE	7.		7.	-
dWIRE FEES	40.		40.	
<u> </u>				
e All other expenses	750,942,788.	750,000,000.	942,788.	<u> </u>
25 Total functional expenses. Add lines 1 through 24e 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		730,000,000.	372,700.	
following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

Par	ואן	Check if Schedule O contains a response or note to any line in this F	Part X		
		Check if Correcting a response of field to diff fine in the f	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0.	1	0.
- 1	2	Savings and temporary cash investments		2	224,861.
ľ	3	Pledges and grants receivable, net		3	0.
	4	Accounts receivable, net		4	0.
	5	Loans and other receivables from current and former officers, directors,			
	•	trustees, key employees, and highest compensated employees			
	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		5	0.
ets	7	Notes and loans receivable, net		7	0.
Assets	8	Inventories for sale or use		8	0.
•	9	Prepaid expenses and deferred charges		9	0.
	-	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b	o.	10c	0.
.	11	Investments - publicly traded securities		11	0.
	12	Investments - other securities See Part IV, line 11			3,358,882,102.
	13	Investments - program-related See Part IV, line 11		13	
- 1	14	Intangible assets		14	0.
- 1	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	16	0 065 405 454
_	17	Accounts payable and accrued expenses	221 221	17	
	18	Grants payable	1 2 2 2 2 2 2 2	18	151,850,000.
1	19	• •	· · · · · · · · · · · · · · · · · ·	19	0.
		Deferred revenue		20	0.
-	20	Tax-exempt bond liabilities	<u> </u>	21	0.
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	<u> </u>
ië	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and	0.		0.
画。		disqualified persons Complete Part II of Schedule L		22	0.
4	23	Secured mortgages and notes payable to unrelated third parties		23	0.
	24	Unsecured notes and loans payable to unrelated third parties	· ·	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X	15 160		10 615
		of Schedule D	15,160. 47,250,141.	25	19,615. 152,012,565.
	26	Total liabilities. Add lines 17 through 25	47,250,141.	26	152,012,565.
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	3,921,002,457.		3,213,094,909.
ea 2	28	Temporarily restricted net assets	0.	28	0.
밑	29	Permanently restricted net assets	0.	29	0.
		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			,
2 3	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
• •	32	Retained earnings, endowment, accumulated income, or other funds		32	
<u>آ</u> ۾	33	Total net assets or fund balances	3,921,002,457.	33	3,213,094,909.
- 1	34	Total liabilities and net assets/fund balances	3,968,252,598.	34	3,365,107,474.
			<u> </u>	•	Form 990 (2018)

orm 9	90 (2018)				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_		11,8		
2	Total expenses (must equal Part IX, column (A), line 25)	2		750,9		
3	Revenue less expenses Subtract line 2 from line 1	3	-7	39,1	.02,	766.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,9	21,0		
5	Net unrealized gains (losses) on investments	5		31,1	95,2	218.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments					0.
9	Other changes in net assets or fund balances (explain in Schedule O)					0.
10						
_	33, column (B))	10	3,2	13,0	94,9	909.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
_					Yes	No
1						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O					v
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?					Х
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both					ι
	Separate basis Consolidated basis Both consolidated and separate basis				x	
b	Were the organization's financial statements audited by an independent accountant?			2b	^	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both	ed o	n a			
						,
						!
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of		-	2c		Х
	of the audit, review, or compilation of its financial statements and selection of an independent acc			20		
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	חור			ŀ
_	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set			3a		х
L	the Single Audit Act and OMB Circular A-133?			Ja		
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not und required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		ıne	3ь		
	required addit of addits, explain why in ochedule o and describe any steps taken to didengo such add	a I LO		JUU		

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.

► 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

Employer identification number

FUI	ND FOR POLICY REFORM	35-7090597
Pa	ort I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	<u></u>
5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes . No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	other purpose
	conferring impermissible private benefit?	Yes No
Pa	art II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	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	a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	
	easement on the last day of the tax year	Held at the End of the Tax Year
а		la l
b		tb
С	trained of content and contents of a continue metallic and action and actions and actions and actions and actions and actions and actions are actions and actions and actions are actions as actions are actions and actions are actions and actions are actions at actions and actions are actions as actions are actions at a constant actions are actions as actions are actions as action	c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
		d
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	ed by the organization during the
_	tax year ►	
4	Number of states where property subject to conservation easement is located >	handlan af
5	Does the organization have a written policy regarding the periodic monitoring, inspection	
•	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conser	vation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cons	convertion essements during the year
•		servation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	170/b)/4)/B)/i)
•	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and ex	coense statement and
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	
	organization's accounting for conservation easements	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its rev	enue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, educat public service, provide, in Part XIII, the text of the footnote to its financial statements that described to the footnote to its financial statements.	tion, or research in furtherance of
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its reve	
b	works of art, historical treasures, or other similar assets held for public exhibition, educat	
	public service, provide the following amounts relating to these items	
	(i) Revenue included on 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 ass	ets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	•
а	Revenue included on Form 990, Part VIII, line 1	
<u>b</u>	Assets included in Form 990, Part X	▶ \$ ·

FPR

FUND FOR POLICY REFORM

	dule D (Form 990) 2018							-				Page 2
Pa	rt III Organizations Maintain											
3	Using the organization's acquisition	on, acces	ssion, and	other reco	rds, chec	k any d	of the	follov	ving that a	are a sigi	nificant use	e of its
	collection items (check all that app	oly)			_							
а	Public exhibition			d	Loan	or exch	ange	progra	ms			
b	Scholarly research			e	_ Other							
C	Preservation for future gene											
4	Provide a description of the orga	nızatıon's	collection	s and expl	ain how	they fu	rther	the or	ganızatıon	's exemp	t purpose	ın Part
	XIII											
5	During the year, did the organization											
	assets to be sold to raise funds rat			ained as pa	art of the	organız	ation	s colle	ction?	<u> l</u>	Yes	No
Pa	rt IV Escrow and Custodial A							_				
	Complete if the organiza	ation ans	swered "Ye	es" on For	m 990, F	Part IV,	, line	9, or r	eported a	ın amou	nt on Forn	n
	990, Part X, line 21											
1 a	Is the organization an agent, truste											—
	included on Form 990, Part X?									L	Yes [No
b	If "Yes," explain the arrangement i	n Part XI	II and com	plete the fo	llowing tal	ble						
										Amount	·	
C	Beginning balance											
d	Additions during the year										_	
e	Distributions during the year									-		
f	Ending balance						1f	- 41 - 1				
	Did the organization include an am										Yes	— No
	If "Yes," explain the arrangement i	n Paπ XI	II Check n	ere if the e	xpianation	nas be	en pr	ovided	on Part All	<u> </u>		
Pa	rt V Endowment Funds. Complete if the organization	ation and	wered "V	es" on For	m 990 F)/I the	lıne	10				
	Complete if the organiza		rrent year	(b) Prid			o year		(d) Three y	ware back	(e) Four yea	are back
		(a) Cu	Trent year	(0) FIR	n year	(0,	o yeur	o buon	(u) Timee)	- Dack	(e) i oui yea	- Dack
1 a	Beginning of year balance										_	
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships							-				
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses					-					ı	
g	End of year balance				- // 4-		- /->>		L			
2	Provide the estimated percentage Board designated or quasi-endown				e (line 19,	Column	1 (a))	neid as				
b	Permanent endowment		•	_~								
-	Temporarily restricted endowment		%									
·	The percentages on lines 2a, 2b, a			100%								
3a	Are there endowment funds not in				ation that	are hel	d and	d admir	nistered for	the		
	organization by	•		J							Ye	s No
	(i) unrelated organizations										3a(i)	
	(ii) related organizations										3a(ii)	\top
b	If "Yes" on line 3a(ii), are the relate										3b	
4	Describe in Part XIII the intended i	uses of th	ne organiza	ition's endo	wment fur	nds						
Pa	rt VI Land, Buildings, and Equ	uipment			000	D (D /		44- 4		000 D		
	Complete if the organize	ation ans			(b) Cost				sumulated		ות א, ווחפ ו) Book value	
	Description of property			r other basis stment)		ther)	2010		eciation		, book value	
1a	Land						\Box					
b	Buildings											
С	Leasehold improvements										- •	
d	Equipment			=			\perp					
е	Other	<u></u>										
Tota	I. Add lines 1a through 1e (Column	(d) mus	t equal Forr	n 990, Part	X, columi	n (B), Iır	ne 10	:)	<u></u> ▶			
										Sched	ule D (Form 9	390) 2018 [°]

Schedule D (Form 990) 2018

Part VII Investments - Other Securities.	red "Yes" on Form 990	Part IV, line 11b See Form 990, Part X, line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENT IN FPR FINANCE LLC	1,157,659,701.	FMV
(B) INVESTMENT IN FPR FINANCE LTD	65,773.	FMV
(C) QUANTUM ENDOWMENT CAYMAN FUND	2,201,156,628.	FMV
(D)		
(E)		<u> </u>
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	3,358,882,102.	
Part VIII Investments - Program Related. Complete if the organization answer	red "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)		
		
(6)		
(7)		
(8)		
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶	<u> </u>	
Part IX Other Assets.	, 1	
	ed "Yes" on Form 990.	Part IV, line 11d. See Form 990, Part X, line 15
	Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (E	3) line 15)	<u></u>
Part X Other Liabilities. Complete if the organization answer line 25	ed "Yes" on Form 990,	Part IV, line 11e or 11f. See Form 990, Part X,
1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) PAYABLE TO OSI	19,6	15.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		<u> </u>
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 2	5) ▶ 19,63	15.

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 Schedule D (Form 990) 2018

JSA 8E1270 1 000 5604KI 720F

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

X

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	per Return.
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	
b Donated services and use of facilities	
c 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	I
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 4a	
b Other (Describe in Part XIII)	
c Add lines 4a and 4b	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	s per Return.
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	1 1
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIII)	20
e Add lines 2a through 2d	1 0 1
3 Subtract line 2e from line 1	
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)	
b Other (Describe in Part XIII)	4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	
Part XIII Supplemental Information.	<u> </u>
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b	
2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add	itional information
PART X, LINE 2	
FPR IS EXEMPT FROM FEDERAL INCOME TAXES, AS AN ORGANIZATION DESCRIBE	ED IN
SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE. FPR RECOGNIZES THE I	EFFECT
OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN	N NOT
OF BEING SUSTAINED. CONTRIBUTIONS RECEIVED BY FPR ARE NOT DEDUCTIBE	LE AS
CHARITABLE CONTRIBUTIONS UNDER IRC SECTION 170(C).	
	

JSA 8E1271 1 000

Schedule D (Form 990) 2018

Part XIII Supplemental Information (continued)

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

FUN	D FOR POLICY REFORM				35-70905	97
Par	General Information of Form 990, Part IV, line 14		Outside the	United States. Comple	ete if the organization	answered "Yes" or
1	For grantmakers. Does the organssistance, the grantees' eligibility grants or assistance?	ity for the gran	ts or assistance	e, and the selection criteria	a used to award the	Yes No
	For grantmakers. Describe in outside the United States					nd other assistance
	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	0.	0	INVESTMENTS		2,201,222,401.
(2)						
(3)					_	
(4)						
(5)						
(6)						
(7)						
			•			
(8)						
(9)			· · · ·			
(10)						-
(11)						
<u>(12)</u>						
(13)						
(14)						
(15)	. =					
(16)						
(17)						
3a b	Subtotal Total from continuation sheets to Part I					2,201,222,401
С	Totals (add lines 3a and 3b)					2,201,222,401.

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

Schedule F (Form 990) 2018

35-7090597

Schedule F (Form 990) 2018

Part | Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

Pa	ecipient who receiv	ed more than \$5,000 P	art II can be d	uplicated if additic	nal space is	needed		
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)							_	
(5)								
(9)								
(2)								
(8)								
(6)								
(10)								:
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
2 Enter total number of recipient organizations listed above that	anizations listed above	e that are reconniced as charities by the foreign country, reconniced as the towns	harities by the	oa vaturo corato	Vet as baciano	1000		

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities. 3

Schedule F (Form 990) 2018

JSA

35-7090597

Schedule F (Form 990) 2018

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 Part III

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Sch	Schedule F (Form 990) 2018

FPR

Pag	ıe	4

Part	IV Foreign Forms			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes, the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)		Yes	□ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)		Yes	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)	3.7	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 US Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X	Yes	□ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	. 🗆	Yes	X No

Schedule F (Form 990) 2018

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)

SCHEDULEI (Form 990)

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

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

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

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Part I General Information on Grants and Assistance

FUND FOR POLICY REFORM

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public

Inspection

Employer identification number

35-7090597

Ŷ

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

Part II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	omestic Org nat received	panizations and more than \$5,0	d Domestic Gov	ernments. Com e duplicated if a	ganizations and Domestic Governments. Complete if the organization are more than \$5,000 Part II can be duplicated if additional space is needed	ation answered "Ye	es" on Form 990,
	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) FUND	(1) FUND FOR POLICY REFORM, INC							PROMOTE SOCIAL
224 K	224 WEST 57TH STREET NEW YORK, NY 10019	26-4351242	501 (C) (4)	750,000,000				WELFARE
(5)								
(3)								
(4)								
					-			
(2)								
(9)								
(7)								
(8)								
(6)								
(10)								
(11)								
(12)								
	(C)(C)(C)							
י בוופ	Entier total number of section 501(c)(3) and government organizations listed in the line 1 table	government o	rganizations list	ed in the line 1 tab			▲ :: :: ::	
	Eliter total number of other organizations listed in the line	ed in the line	Table				•].
For Paper	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ions for Form 99					Sche	Schedule I (Form 990) (2018)

JSA 8E12881000 5604KI 720F

Schedule I (Form 990) (2018)

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

						The state of the s
	(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						
3						
4						
5						
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,	ine 2, Part III, c	olumn (b), and any o	ther additional

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

THE TRUSTEES APPROVE GRANTS PURSUANT TO A GRANT AGREEMENT THAT REQUIRES

REPORTING.

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

Internal Revenue Service Name of the organization

Department of the Treasury

FUND FOR POLICY REFORM

Employer identification number 35-7090597

Par	rt I Questions Regarding Compensation			
			Yes	No
1a	a Check the appropriate box(es) if the organization provided any of the fo	llowing to or for a person listed on Form		
	990, Part VII, Section A, line 1a Complete Part III to provide any relevan	it information regarding these items		
	First-class or charter travel Housing allow	vance or residence for personal use		
	Travel for companions Payments for	business use of personal residence		
	- 	alal club dues or initiation fees		
	Discretionary spending account Personal serv	vices (such as maid, chauffeur, chef)	ļ	
b	If any of the boxes on line 1a are checked, did the organization follo	ow a written policy regarding payment		
	or reimbursement or provision of all of the expenses described explain	above? If "No," complete Part III to		
2	Did the organization require substantiation prior to reimbursing	or allowing expenses incurred by all	_	_
	directors, trustees, and officers, including the CEO/Executive Director	r, regarding the items checked on line		
	1a?			
3	Indicate which, if any, of the following the filing organization used to esta	ablish the compensation of the		
	organization's CEO/Executive Director Check all that apply Do not che related organization to establish compensation of the CEO/Executive D	eck any boxes for methods used by a		
		oyment contract	ı	
		n survey or study		
		he board or compensation committee	İ	
4	During the year, did any person listed on Form 990, Part VII, Section A			
4	organization or a related organization	, line ra, with respect to the filling		
а				
b	Participate in, or receive payment from, a supplemental nonqualified reti	rement plan?	X	<u> </u>
С	Participate in, or receive payment from, an equity-based compensation a	arrangement?4c	Ш	Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable	le amounts for each item in Part III		
	0.1 (1.704/1/0) 704/1/4 (1.704/1/00) (1.704/1/00)			ŀ
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must 6			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the orga	anization pay or accrue any	İ	
	compensation contingent on the revenues of			- X
a	•		\rightarrow	$\frac{1}{x}$
b	Any related organization?		+	+ ^
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organic	anization pay or accrue any		
•	compensation contingent on the net earnings of	and an arrangement of the second of the seco		
а				X
	_		_	X
-	If "Yes" on line 6a or 6b, describe in Part III		1	
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 69 lf "Yes," describe in Part III			X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pur	suant to a contract that was subject		
	to the initial contract exception described in Regulations section	1 53 4958-4(a)(3)? If "Yes," describe		
	ın Part III			Х
9	If "Yes" on line 8, did the organization also follow the rebuttable			
	Regulations section 53 4958-6(c)?			
For Pa	Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (F	orm 99	90) 2018

Schedule J (Form 990) 2018

35-7090597

Page 2

Schedule J (Form 990) 2018

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

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

		3	2000 0000 71 0 741	00				
		(b) breakdown of	(b) Breakdown of VV-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)(ı)-(D)	in column (B) reported as deferred on prior Form 990
PATRICK GASPARD	ε	0	0	0	0	1,781.	1,781.	
TRUSTEE AND PRESIDENT	€	734,904.	.000,09	2,622.	94,500.	47,059.	939,085.	
MAIJA ARBOLINO	(1)	0	0	0	0	1,781.	1,781.	
2 TREASURER	(11)	344,702.	973.	4,902.	55,566.	52,080.	458,223.	
GAIL SCOVELL	ε	0	0	0	0	1,781.	1,781.	
TRUSTEE AND SECRETARY	(1)	389,270.	973.	1,340.	58,653.	48,809.	499,045.	
CHRISTOPHER STONE	(i)	0	0	0	0	0.	0	
FORMER TRUSTEE/PRESIDENT	€	0	0	1,008,299.	0	0.	1,008,299.	
	Ξ							
\$	€							
	Ξ							
9	(ii)							
	(1)							
7	€							
	€							
8	€							
	(1)							
6	(ii)							
	(1)			,				
10	€							
	(i)							
11	€							
	€							
12	€							
	€							
13	€							
	€							
14	€							
	€							
15	€							
	€							
16	(ii)					•		
							Sch	Schedule J (Form 990) 2018

8E12911000 5604KI 720F

Schedule J (Form 990) 2018

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 3

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

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

SOCIETY INSTITUTE 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 457(F) AMOUNTS WERE PAID OUT DURING THE YEAR : CHRISTOPHER

THIS AMOUNT VESTED IN 2017 AND WAS REPORTED ON SCHEDULE STONE - \$274,285.

J, PART II, COLUMN (B)(III) IN THE 2017 RETURN.

SCHEDULE J, PART I, LINE 4A

THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT DURING 2018:

CHRISTOPHER STONE - \$1,008,299.

FPR

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.

2018
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.

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 TRUSTEES 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 A, LINE 4

FPR MADE THE FOLLOWING SIGNIFICANT CHANGES TO ITS AGREEMENT OF TRUST SINCE THE FILING OF ITS LAST FORM 990: FPR AMENDED PROVISIONS OF ITS AGREEMENT OF TRUST RELATED TO SUCCESSOR MEMBERSHIP ON THE BOARD OF TRUSTEES.

PART VI, SECTION A, LINE 2

PATRICK GASPARD AND GAIL SCOVELL HAVE A BUSINESS RELATIONSHIP.

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

Name of the organization

FUND FOR POLICY REFORM

Employer identification number

35-7090597

ATTACHMENT 1 (CONT'D)

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

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

CAYMAN ISLANDS

CURACAO

INDIA

NETHERLANDS

SPAIN

SWITZERLAND

UNITED KINGDOM

ATTACHMENT 3

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

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

SIMPSON THACHER BARTLETT LLP 425 LEXINGTON AVE NEW YORK, NY 10017 LEGAL FEES

822,770.

Schedule O (Form 990 or 990-EZ) 2018

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.

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

35-7090597

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

FUND FOR POLICY REFORM

Department of the Treasury Internal Revenue Service Name of the organization

	(a) Name, address, and EIN (if applicable) of disregarded entity	plicable) 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	FPR FINANCE HOLDINGS LLC						
224 WE:	224 WEST 57TH STREET	NEW YORK, NY 10019	INVESTMENT	DE		65,773. FPR	FPR
(2) FPR	(2) FPR MANAGER LLC						
1209 0	1209 ORANGE STREET	WILMINGTON, DE 19801	INVESTMENT	DE			FPR
(3)							
(4)							
(5)							
ľ							
(9)							
Part II	Identification of Related Tax-Exempt Organizations. one or more related tax-exempt organizations during	Exempt Organizations. Complete if the progenizations during the tax year	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had the tax year	rered "Yes" on Fo	orm 990, Part IV	', line 34, because	it had

it had	
4, because	
/, line 34,	
90, Part I\	
n Form 9	
ered "Yes" o	
anizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one during the tax year	
rganizatio	
nplete if the oax year	
. Complete the tax year	I
unizations. Complete I	
mpt Orga rganizatio	
d Tax-Exe exempt o	
of Related	
ification or more re	
l ident	
II.	

(a) Name, address, and EIN of related organization	lated organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?) 12(b)(13) 5lled 3/?
							Yes	N _o
(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							<u> </u>
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	DE	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	ONAL 81-0623035							
224 WEST 57TH STREET	NEW YORK, NY 10019	CHARITABLE	OE	501(C)3)	7	ISO		×
(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	he Instructions for Form 990.					Schedule R (Form 990) 2018	R (Form 9	90) 2018

FPR

Schedule R (Form 990) 2018

(h) (i) Percentage Section 512(b)(13) (k) Percentage ownership 0066 66 Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Inne 34, because it had one or more related organizations treated as a corporation or trust during the tax year (j) General or managing partner? Yes No 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 × amount in box 20 of Schedule K-1 (Form 1065) (g) Share of (i) Code V - UBI (f) Share of total (h) Disproportorate allocators? ž × Yes (g) Share of end-of-year assets 1,157,659,701 Type of entity (f) Share of total (b) (c) (d)
Primary activity Legal domicile Direct controlling (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512 - 514) (d)
Direct controlling
entity FPR (c) Legal domicile foreign country) (state or B (a)
Name, address, and EIN of related organization (b) Primary activity INVESTMENT 224 W S7TH STREET NEW YORK, NY (1) FPR FINANCE LLC 47-4672080 (a) Name, address, and EIN of related organization Part III Part IV (2) ල (4) 0 (9) (5)

			(state or foreign country)	entity	(C corp, S corp, or trust)	ncome	end-of-year assets ownership 312(b)(13) controlled	ownership	controlled entity?
									Yes No
(1) QUANTUM ENDOWMENT CAYMAN FUND LIMITED FOREIGNUS	GNUS								
27 HOSPITAL ROAD GEORGE TOWN, CJ KY1-9008	ī	INVESTMENT	CJ	FPR	C CORP	269,450,208	2,255,593,402 100 0000	100 0000	×
(2) FPR FINANCE LTD FOREIGNUS	GNUS								
27 HOSPITAL ROAD GEORGE TOWN, CJ KY1-9008	Ĩ	INVESTMENT	S	FPR	C CORP		65,773	100.0000	×
(3) QUANTUM ENDOWMENT CAYMAN LIMITED FOREIGNUS	GNUS			i i					
27 HOSPITAL ROAD GEORGE TOWN, CJ KY1-9008	Ĩ	INVESTMENT	CJ	FPR	C CORP	149, 737, 573	1,161,243,966 100 0000	100 0000	×
(4)									
(5)									
(9)									
(2)									
								-	
							Schedule R (Form 990) 2018	Rorm 9	0) 2018

V 18-7.6F

FPR

31

PAGE

Yes No Method of determining × × amount involved 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 £ 19 9 s 2 4 ÷ 1a 4 19 1e 두 7 FMV FMVTransactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 750,000,000. 650,150,000 Amount involved 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) В S Lease of facilities, equipment, or other assets from related organization(s) 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) Other transfer of cash or property from related organization(s), (a) Name of related organization QUANTUM ENDOWMENT CAYMAN FUND LIMITED Exchange of assets with related organization(s). FUND FOR POLICY REFORM, INC. Part V Ε ۵ 3 ~ (3) <u>₹</u>

×

 $\times |\times|$

9

(2)

Schedule R (Form 990) 2018

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

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	anization See instri	rctions regardin	ng exclusion for c	certain in	regarding exclusion for certain investment partnerships	ships			•			
(a) Name, address, and EIN of entity	(b) Primary activity	l	(d) Predominant	(e) Are all partn	(f) Share of	(g) Share of	(h)	1	(I) Code V - UBI	Gen		(k) Percentage
		(state or foreign country)	income (related, unrelated, excluded	section 501(c)(3)		end-of-year assets	allocations?		amount in box 20 of Schedule K-1	man	managing partner?	ownership
			sections 512-514)	Yes No	5 0		Yes	ş	(60)	Yes	Š	
(1)												
(2)												
(3)								\uparrow				
											•	
(4)												
(5)												
(9)												
(7)												
(8)												
(6)												
(10)												
(11)												
(12)												
(13)												
(14)												
(15)												
(16)								,				
									Sch	1) (For	Schodule B (Form 990) 2018

Schedule R (Form 990) 2018

PAGE 33

Schedule R (Form 990) 2018

Page 5

Part VII Supplemental Information

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