(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Open to Public

Inspection

OMB No 1545 0047

ΑI	or th	e 2019	calendar year, or tax year beginning	, 2019	, and ending			, 20
_		-	C Name of organization			D Employer	identific.	ation number
В (Check if a	applicable	FUND FOR POLICY REFORM	<u> </u>		35-70	09059	7
	Addr		Doing business as			I		
	Name	e change	Number and street (or P.O. box if mail is n	not delivered to street address)	Room/suite	E Telephone	number	
	Initia	i ielurn	C/O CHRISTIANA TRUST,5	01 CARR ROAD	<u> </u>	(302)	571-6	5827
		return/ i	City or town state or province country, a	nd ZIP or toreign postal code				
	Amer	nded	WILMINGTON, DE 19809			G Gross rece	apts \$	72,182,935
		ecation	F Name and address of principal officer	PATRICK GASPARD		H(a) is this a subordin		n for Yes X No
_		•	C/O 501 CARR ROAD, WIL	MINGTON, DE 19809		H(b) Are all su		nchadeo? Yes No
ī	Tax ex	kempt st	latus 501(c)(3) X 501(c) (4) (insert no.) 4947(a)(1)	or 527(11-No	allach a	ist (see instructions)
Ĵ	Webs	rte 🕨	N/A			H(c) Group e	ירטוקייםג	umber 🕨
ĸ	Form	of organ	nization Corporation X Trust	Association Other > /	L Year of fo	rmation 2015	M State	of legal domicite DE
P	art J	Su	ımmary					
	1	Briefly	y describe the organization's mission or	most significant activities TO PR	OMOTE SOCT	AL WELFAR	E TH	F COMMON
ø			D AND THE GENERAL WELFAR		ITIES IN T	HE WORLD		
anc								
Governance	2	Check	k this box 🕨 📗 if the organization di	scontinued its operations or dispos	ed of more than	25% of its net as	sets	
é	3	Numb	per of voting members of the governing l	body (Part VI, line 1a)			3 '	4
ಿಕ	4	Numb	per of independent voting members of the	ne governing body (Part VI line 1b)			4	2
ties	5		number of individuals employed in cale				5	0
Activities	6	Total	number of volunteers (estimate if necess	arv)			6	8
Ą	7a	Total	unrelated business revenue from Part VI	II, column (C), lineRFCFIVI	ED		7a	0
	b	Netu	nrelated business taxable income from F	orm 990-T, line 39			7b	
•				28	20 8	Prior Year		Current Year
, ,	8	Confr	ibutions and grants (Part VIII, line 1h)	[꽃] NOV 17 20	20 [2]		Ô	15,889,241
ž	9		am service revenue (Part VIII, line 2g)		&		0	0
Revenue	10	-	tment income (Part VIII, column (A), line	s 3, 4, and (d) OGDEN.	I IT	11,840,	022	56,293,694
œ	11		revenue (Part VIII column (A), lines 5,				0	0
	12	Total	revenue - add lines 8 through 11 (must	equal Part VIII column (A), line 12)	<u> </u>	11,840,	022	72,182,935
	13		is and similar amounts paid (Part IX colu			750,000,	000	230,000,000
	14	Benef	fits paid to or for members (Part IX colur	mn (A), line 4)			0	0
ø,	15	Saları	ies, other compensation employee bene-	fits (Part IX, column (A), lines 5~10)		20,	000	20,000
Expenses	16a	Profe	ssional fundraising fees (Part IX column	(A), line 11e)			0	0
xpe	b	Total	fundraising expenses (Part IX column (E	D), line 25) ▶	D [
Ш	17	Other	expenses (Part IX, column (A), lines 11a	a 11d, 11f-24e)		922,	788	363,737
	18	Total	expenses Add lines 13-17 (must equal	Part IX, column (A), line 25)	. [_	750,942,	788	230,383,737
	19	Rever	nue less expenses Subtract line 18 from	line 12		-739,102,	766	-158,200,802
9					{ <u>B</u>	eginning of Curre	nt Year	End of Year
let Assets or und Balance:	20	Total	assets (Part X, line 16)	•	. [3	3,365,107,	474	3,440,144,756
AS	21	Total	liabilities (Part X, line 26)		- <u>L</u>	152,012,	565	213,254,930
<u>5</u> 5	22	Net a	ssets or fund balances. Subtract line 21	from line 20.		3,213,094,	909	3,226,889,826
	irt II		gnature Block					
Un	der pe	natues o	of perjury, I declare that I have examined this complete Declaration of preparer (other han withington savings rund	s return including accompanying sched	dules and statemen	nts and to the bea	st of my	knowledge and belief it is
···	e com	ect and	Wilmington Savings Fund	Society FSB	non preparer nas a	III KIIOWIEGGE		
		.	6 Pal	200			1.1	0.3000
Sig			Sid Pallure of office			Date		
He	re	\ .	Deonard Jankauskas III		_ _			
_		<u> </u>	TypAV Firm Linus Foliax Manager					
Par	-	Print	Type preparer's name	Preparer's signature	Dale	Check	! " !	PTIN
	o parer		GARET A BRADSHAW	Margret a. Bradelan	JT 11/12/20			P00501222
	parer ∍Only	. Firm:	s name KPMG	U		FirmsEIN		5565207
		Firm	s address >8350 BROAD STREET			Phone no	703	-286-8399
Ма	y the	IRS d	liscuss this return with the preparer	shown above? (see instructions)			y Yes No
For	Pape	rwork	Reduction Act Notice, see the separate	e instructions				Form 990 (2019)





For	m 990 (2019)	Page 2
Ρ	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission ATTACHMENT 1	
_	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	Yes X No
2	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program	
J	services?	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allered to total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$230,000,000 including grants of \$230,000,000) (Revenue \$)
	IN 2019, FUND FOR POLICY REFORM MADE ONE GRANT OF \$230,000,000 TO FUND FOR POLICY REFORM INC. TO SUPPORT THE GRANTEE'S OPERATIONS	
	AND ACTIVITIES WHICH PROMOTE SOCIAL WELFARE.	
	AND ACTIVITIES WHICH PROMOTE SOCIAL WELFARE.	
	(Code) (Expenses \$including grants of \$) (Revenue \$	
40	(Code/(Expenses #micloding grants of #/(Notes to #	/
4c	(Code) (Expenses \$including grants of \$) (Revenue \$)
		- 1
4d	Other program services (Describe on Schedule O)	
_	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 230,000,000.	

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BDFIJOA



Рa	rt	Checklist of Required Schedules			
				Yes	No
1		Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
		complete Schedule A	1		X
2		Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3		Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
		candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4		Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		ŀ	
		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		X
6		Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
		have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
		"Yes," complete Schedule D, Part I	6		X
7		Did the organization receive or hold a conservation easement, including easements to preserve open space,			
		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8		Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
		complete Schedule D, Part III	8_	ļ	X
9		Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
		custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
		debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10		Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
		or in 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			
		Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			.,
		complete Schedule D, Part VI	11a		Х
		Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more		,,	
		of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
		Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	١		, ,
		of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
		Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	l		
		reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	Х
		Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	^	
		Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		, .	
		the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12		Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1.0		
		Schedule D, Parts XI and XII	12a		Х
		Was the organization included in consolidated, independent audited financial statements for the tax year? If	406	x	
		"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13		Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
		Did the organization maintain an office, employees, or agents outside of the United States?	14a		
		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	14b	x	
4 5		Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	170		
15		for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
46		Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		
16		assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17		Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	- 		
17		Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
10		Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	 		
18		Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
40		Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
19		If "Yes," complete Schedule G, Part III	19		x
20		Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
		If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
		Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	_	
21		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
		uomesto government on Fart IA, column (A), illie 1711-765, complete schedule 1, Farts Faho II			L



Pari	V 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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	х	
24 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		24a		х
	through 24d and complete Schedule K If "No," go to line 25a			
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key		-	
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
28				
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	20-		x
_	"Yes," complete Schedule L, Part IV	28a		<u>x</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	-	Λ.
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			v
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	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	1		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			-
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
		51	$\vdash \dashv$	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	x	
	19? Note: All Form 990 filers are required to complete Schedule O	30		
Part				Ū
	Check if Schedule O contains a response or note to any line in this Part V		· · · ·	. X
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a 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	



Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.	~	_	1
` 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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		l
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.	4a	Х	1
ь	If "Yes," enter the name of the foreign country ► ATTACHMENT 2			
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			. !
5 a	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		Х
		5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		х
_	organization solicit any contributions that were not tax deductible as charitable contributions?	- Va		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	c h		
	gifts were not tax deductible?	6b		
	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	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		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h_		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			لىب
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			<u>`</u>
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	- 1	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	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			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			1
	Gross income from other sources (Do not net amounts due or paid to other sources			
D				
40 -	against amounts and or received normalization for the contract of the contract	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	124		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	ısa		
	Note: See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	Ì		
	Enter the amount of reserves on hand			
	Did the organization received any payments to meet taming our mass as my time tan year	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N	Ţ	Ţ	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O			
		Form	990	(2019

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Sect	ion A. Governing Body and Management			
			Yes	No
1.	Enter the number of voting members of the governing body at the end of the tax year 1a 4			
ıa	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			1
_	committee, explain on Schedule O Enter the number of voting members included on line 1a, above, who are independent			
ь	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2		2	X	
•	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		x
	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		x
6	Did the organization have members or stockholders?			\vdash
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		x
	one or more members of the governing body?			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		x
	stockholders, or persons other than the governing body?			Ī
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following.	8a	_x	
a	The governing body?	8b	<u>x</u>	
b	Each committee with authority to act on behalf of the governing body?	0.0		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sacti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue)	L
Secu	on B. Policies (This Section B requests information about policies not required by the internal Nevertue	0000	Yes	No
4.0	Dut the construction have been been been been as official and	10a		x
_	Did the organization have local chapters, branches, or affiliates?			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	- · · · ·		\vdash
ь	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? If "No," go to line 13			-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	х	
_	rise to conflicts?	1		
С		12c	Х	
40	describe in Schedule O how this was done	13		х
13	· · · · · · · · · · · · · · · · · · ·	14	Х	
14	Did the organization have a written document retention and destruction policy?			\vdash
15	Did the process for determining compensation of the following persons include a review and approval by			l i
	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a		X
a		15b		х
b	Other officers or key employees of the organization			<u> </u>
40				1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		x
	with a taxable entity during the year?			
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			!
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			·
	List the states with which a copy of this Form 990 is required to be filed ▶	-		
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(\$00	tion 5	(01/0)
18	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	1060		(0)
	Own website Another's website X Upon request Other (explain on Schedule O)			
40		f into	oct -	oliov
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	i iiilei	c si þ	oncy,
00	and financial statements available to the public during the tax year.	c L		
20	State the name, address, and telephone number of the person who possesses the organization's books and record Tasha NG 224 WEST 57TH STREET NEW YORK, NY 10019 212-548-0600	o ►		
JSA		, Form	990	(2019)

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Page 7

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form, 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unle: er an	Pos heck ss pe	rson	e than or Highest compensated employee	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) PATRICK GASPARD	. 02									
TRUSTEE AND PRESIDENT	39.98	х		x				o.	860,993.	165,251.
(2)GAIL SCOVELL	.02				_					
TRUSTEE AND SECRETARY	39.98	х		х				0.	404,396.	112,354.
(3)MAIJA ARBOLINO	.02									
TREASURER	39.98			x				0.	360,960.	110,084.
(4) CHRISTIANA TRUST	.02									
ADMINISTRATIVE TRUSTEE	0.		х					20,000.	0.	0.
(5)MICHAEL VACHON	.02									
TRUSTEE	0.	Х						0.	0.	2,242.
(6) DANIEL EULE	. 02									
TRUSTEE	0.	Х						0.	0.	2,242.
(7)										
(8)										
(9)									-	
(10)							-			
(11)		<u>.</u> .								
(12)							-			
(13)									_	
(14)						-				

Form 990 (2019)

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Form 990 (2019)

FUND FOR POLICY REFORM

Part VII Section A. Officers, Directors, Tru	istees, Ke	y En	plo	ye	es,	and I	Hig	hest Compensat	ed Emplo	yees (c	ontınue	ed)	
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	١			sition			Reportable	Reporta			timate	
	hours per week (list any	١,				e than c is both		compensation	compensati			ount o	of
	hours for	office				or/trust		from the	relate organiza			pensat	tion
	related	Individual trustee or director	ins	Q	Ş.	High	Fo	organization	(W-2/1099		fr	om the	;
`	organizations	d lvd.	를	Officer	en	ploy	Former	(W-2/1099-MISC)	`	´	_	anızatı	
	below dotted line)	당 E	ona		Key employee	e co						i relate Inizatio	
		last	5		yee	# m					0.9.		
		e e	institutional trustee			Highest compensatemployee							
			"			e e							
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			_	_			<u> </u>						
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									_				
								20 000	1 606	240			
1b Sub-total							•	20,000.	1,626	0.		92,	173
c Total from continuation sheets to Part VII, Se								20,000.	1,626			92	173
d Total (add lines 1b and 1c)							7 6					72,	
reportable compensation from the organization		0.		u ai	0046	<i>5)</i> W 110	, ,	ceived more mair	9100,000	J1			
								 				Yes	No
3 Did the organization list any former office	er directo	r or	tru	iste	e 1	kev e	mn	lovee or highest	compens	ated			
employee on line 1a? If "Yes," complete Schedu											3		Х
4 For any individual listed on line 1a, is the s													
organization and related organizations gre													
ındıvıdual											4	_X	
5 Did any person listed on line 1a receive or													
for services rendered to the organization? If "Ye	s," complet	e Sch	edu	le J	for	such	per	son	<u></u>	· · <u>.</u>	5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest components compensation from the organization Report or compensation.													
year	Jiiiperisaik	וטו וונ	ıne	Cai	enu	iai ye	ai e	ending with or with	iii tile orga	iiiizatioi	is lax		
							Т	(0)			(0)		
(A) Name and business addr	ress							(B) Description of se	vices	C	(C) ompens	ation	
ATTACHMENT 3							╫						
							╁						
	•						\top			-			
							\top						
2 Total number of independent contractors (in				iited	i to	thos	e li	sted above) who	received				_
more than \$100,000 in compensation from the	e organizat	ion 🕨	•			1							

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Part VIII Statement of Revenue

		Check if Schedule O contains a resp	onse or note to a	ny line in this Part V	<u>/III_. </u>	<u> </u>	<u> </u>
			,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S S	1a	Federated campaigns 1a	1		-		į
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership dues 1b		1			i i
S S	ŀ	· -		1			ļ
ts, Ar	C	Fundraising events 1c		1			l i
ar	a	Related organizations 1d	-	-			
s, mi	е	Government grants (contributions) 1e		ŀ			1
Sign	f	All other contributions, gifts, grants,]
e it		and similar amounts not included above . 1f	15,889,241				1
Ę <u>ę</u>	g	Noncash contributions included in					1
o d		lines 1a-1f <u>1g</u>	\$				1
ة ت	h	Total. Add lines 1a-1f	<u>. , , ,</u>	15,889,241	<u> </u>		<u> </u>
			Business Code				1
e	2a						
ه چ	ь					_	
S T							
am ve	ء ا					-	1
gra	a		-				
Program Service Revenue	e		·				4
ш.	f	All other program service revenue					+
	g	Total Add lines 2a-2f		0			1
	3	Investment income (including dividends	i, interest, and				
		other similar amounts)	_	56,293,694			56,293,694
	4	Income from investment of tax-exempt bor	nd proceeds . >	0			
	5	Royalties		0			
		(ı) Real	(II) Personal				1
	6a	Gross rents 6a					1 1
	ь	Less rental expenses 6b]		,	
	С	Rental income or (loss) 6c]			
	d	Net rental income or (loss)		0			
	7a	Gross amount from (i) Securities	(II) Other				i
	"	sales of assets					
-		other than inventory 7a		,			
4		· · · · · · · · · · · · · · · · · · ·					
ğ	b	Less cost or other basis					l i
er Revenue	1	and sales expenses 7b					
Re		Gain or (loss)					-1
ē	d	Net gain or (loss)	<u></u>	_ 0			
Oth	8á	Gross income from fundraising					
٦		events (not including \$					
		of contributions reported on line					'
		1c) See Part IV, line 18	0				1
	ь	Less direct expenses 8t	0				, ;
	С	Net income or (loss) from fundraising event	s >	0			
	9a	Gross income from gaming					1
		activities See Part IV, line 19 9a	. 0				
	ь	Less direct expenses 9t	0				1
	c	Net income or (loss) from gaming activitie		0			
							1
	10a	Gross sales of inventory, less returns and allowances	a 0				!
		1		1			'
	b	Less cost of goods sold	-	0	<u>-</u>		
	٠	Net Income of (loss) from sales of inventory.		U .			
sn			Business Code				
اد <u>د</u>	11a						
e a	b		.				
<u>`</u> €	С						
Miscellaneous Revenue	d	All other revenue					
	е	Total. Add lines 11a-11d		0			
	12	Total revenue. See instructions	<u></u> ▶	72,182,935			56,293,694

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Page **10**

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	onse or note to any line	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
_			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	230,000,000.	230,000,000.		
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	, o.			
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	1			
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	0.			
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	0.			
11	Fees for services (nonemployees)				
а	Management	0.			
b	Legal	196,170.		196,170.	. ,
c	Accounting	142,280.		142,280.	
d	Lobbying	0.			
е	Professional fundraising services See Part IV, line 17,	0.			
1	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.			
12	Advertising and promotion	0.			., .,
13	Office expenses	0.			
14	Information technology	0.			
15	Royalties	0.			•
16	Occupancy	0.			
17	Travel	0.			
18	Payments of travel or entertainment expenses				•
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.		,	
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	24,665.		24,665.	
23	Insurance	0.			·
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
-	TAX FILING FEE	537.		537.	
	SOFTWARE LICENSE FEE	25.		25.	
c	WIRE FEES	60.		60.	
d	·				<u>. </u>
	All other expenses		000 000 000	262 725	
	Total functional expenses Add lines 1 through 24e	230,383,737.	230,000,000.	383,737.	, <u> </u>
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and foods are supported to the complete this line only if the control of t	-	·		•
	fundraising solicitation Check here ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	0.			
	TOTOWING SUP 90-2 (ASC 930-120)				Form 990 (2019)



Form 990 (2019)

35-7090597

2 Savings and temporary cash investments. 2 Savings and temporary cash investments. 3 Pledges and grants receivable, net. 4 Accounts receivable, net. 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 6 Loans and other receivables from other disqualified persons (as defined under section 4958()(1)), and persons described in section 4958(c)(3)(B). 7 Notes and loans receivable, net. 9 Prepaid expenses and deferred charges. 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D. 11 Investments - program-related See Part IV, line 11. 12 Investments - other securities See Part IV, line 11. 13 Investments - program-related See Part IV, line 11. 14 Intangible assets. 15 Other assets See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses. 18 Grants payable. 19 Deferred revenue. 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability Complete Part IV of Schedule D. 22 Loans and other payables to any current or former officer, director, trusties, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 10 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability Complete Part IV of Schedule D. 22 Loans and other payables to any current or former officer, director, trusties, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 22 Controlled entity or family member of any of these persons. 3 Secured mortgages and notes payable to unrelated third parties. 4 Unsecured notes and loans payable to unrelated third parties. 5 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of	Pa	art X	Balance Sheet			(
1 Cash - non-interest-bearing 0 1 2 2 98,584 3 Pledges and grants receivable, net 0 3 4 4 4 4 5 4 5 5 6 6 6 6 6 6 6 6			Check if Schedule O contains a response or note to any line in this P	Part X		
2 Savings and temporary cash investments. 2 Savings and temporary cash investments. 3 Pledges and grants receivable, net. 4 Accounts receivable, net. 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 7 Notes and loans receivable, net. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part Vi of Schedule D. 11 Investments - potgram-related See Part IV, line 11 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets Sed Part IV, line 11 17 Accounts payable and accrued expenses. 18 Grants payable 19 Deferred revenue, 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability Complete Part IV of Schedule D. 22 Loans and other payables to any current or former officer, director, trusties, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 9 Captilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 20 Tax-exempt bond liabilities not included on lines 17-24). Complete Part X of Schedule D. 21 Controlled entity or family member of any of these persons. 22 Secured mortgages and notes payable to unrelated third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 21 Controlled entity or family member of any of these persons. 22 Controlled entity or family member of any of these persons. 3 Secured mortgages and notes payable to unrelated third parties. 4 Use of the particular trusties an						1 ','
3 Pledges and grants receivable, net 0 3 4		1	Cash - non-interest-bearing	0.	1	0.
3 Pledges and grants receivable, net. 4 Accounts receivable, net. 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B), 7 Notes and loans receivable, net. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part Vol of Schedule D. 11 Investments - publicly traded securities. 12 Investments - program-related See Part IV, line 11. 13 Investments - program-related See Part IV, line 11. 14 Intangible assets. 15 Other assets See Part IV, line 11. 16 Other assets See Part IV, line 11. 17 Accounts payable and accrued expenses. 18 Grants payable and accrued expenses. 19 Deferred revenue. 20 Tax-exempt bond liabilities. 21 Loans and other payable to unrelated third parties. 22 Loans and other payable to unrelated third parties. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 26 Total liabilities. Add lines 17 through 25. 27 Total liabilities. Add lines 17 through 25. 28 Total liabilities. Add lines 17 through 25. 29 Total liabilities. Add lines 17 through 25. 3 Total liabilities. Add lines 17 through 25. 3 Total liabilities. Add lines 17 through 25. 3 Total liabilities. Add lines 17 through 25. 4 Total liabilities. Add lines 17 through 25.		2	Savings and temporary cash investments,	224,861.	2	98,584.
4 Accounts receivable, net. 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 7 Notes and loans receivable, net. 9 Prepaid expenses and deferred charges. 10a Land, buildings, and equipment cost or other basis Complete Part IV of Schedule D. 11 Investments - publicly traded securities. 12 Investments - other securities See Part IV, line 11. 13 Investments - publicly traded securities. 14 Intangible assets. 15 Other assets See Part IV, line 11. 16 Other assets See Part IV, line 11. 17 Accounts payable and accrued expenses. 18 Grants payable. 19 Deferred revenue. 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability Complete Part IV of Schedule D. 22 Loans and other payable to unrelated third parties. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 26 Total liabilities Add lines 17 through 25. 27 Total liabilities. Add lines 17 through 25. 28 Total liabilities. Add lines 17 through 25.	٠			0.	3	0.
5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f(1)), and persons described in section 4958(c)(3)(B). 7 Notes and loans receivable, net. 8 Inventories for sale or use. 9 Prepaid expenses and deferred charges 10 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D. 11 Investments - publicly traded securities. 12 Investments - publicly traded securities. 13 Investments - program-related See Part IV, line 11. 14 Intangible assets. 15 Other assets See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses. 18 Grants payable and accrued expenses. 19 Deferred revenue. 20 Tax-exempt bond liabilities. 21 Causs and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 21 Other liabilities (including federal income tax, payables to related third parties, and other liabilities (including federal income tax, payables to related third parties, and other liabilities (including federal income tax, payables to related third parties, and other liabilities (including federal income tax, payables to related third parties, and other liabilities (including federal income tax, payables to related third parties, and other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25. 27 Total liabilities. Add lines 17 through 25.				0.	4	0.
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons					-	!
controlled entity or family member of any of these persons	1		· ·			
6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1)), and persons described in section 4958(c)(3)(B). 7 Notes and loans receivable, net. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part IV, line 11. 11 Investments - publicly traded securities See Part IV, line 11. 12 Investments - other securities See Part IV, line 11. 3,358,882,102. 13 Investments - program-related See Part IV, line 11. 14 Inlangible assets. 0 14 Inlangible assets. 0 14 Intangible assets See Part IV, line 11. 15 Other assets See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 33). 3,365,107,474. 16 Accounts payable and accrued expenses. 16 Grants payable. 17 Accounts payable and accrued expenses. 18 Grants payable. 19 Deferred revenue. 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability Complete Part IV of Schedule D. 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 22 Secured mortgages and notes payable to unrelated third parties. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25. 15 Total liabilities. Add lines 17 through 25. 15 Total liabilities. Add lines 17 through 25.				0.	5	0.
under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 7 Notes and loans receivable, net. 7 Notes and loans receivable, net. 9 Prepaid expenses and deferred charges. 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D. 11 Investments - publicly traded securities. 12 Investments - publicly traded securities. 13 Investments - program-related See Part IV, line 11. 14 Intangible assets. 15 Other assets See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 33). 17 Accounts payable and accrued expenses. 18 Grants payable. 19 Deferred revenue. 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability Complete Part IV of Schedule D. 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 22 Unsecured notes and loans payable to unrelated third parties. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25. 27 Total liabilities. Add lines 17 through 25. 28 Total liabilities. Add lines 17 through 25. 29 Total liabilities. Add lines 17 through 25.	-					
7 Notes and loans receivable, net				0.	6	0.
Note	<u>v</u>		, , , , , , , , , , , , , , , , , , ,	0.	i	0.
10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D. 10b Less accumulated depreciation. 11 Investments - publicly traded securities. 12 Investments - other securities See Part IV, line 11. 13 Investments - program-related See Part IV, line 11. 14 Intangible assets. 15 Other assets See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses. 18 Grants payable and accrued expenses. 19 Deferred revenue. 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability Complete Part IV of Schedule D. 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 22 Unsecured notes and loans payable to unrelated third parties. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25. 27 Total liabilities. Add lines 17 through 25. 28 Total liabilities. Add lines 17 through 25. 29 Total liabilities. Add lines 17 through 25. 20 Total liabilities. Add lines 17 through 25.	se			0.	8	0.
10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	As				9	0.
basis Complete Part VI of Schedule D						ł
b Less accumulated depreciation			- I I			
11 Investments - publicly traded securities 0 11 12 12 14 14 15 17 18 18 18 18 18 18 18				0.	10c	0.
12 Investments - other securities See Part IV, line 11 3,358,882,102 12 3,440,044,269 13 Investments - program-related See Part IV, line 11 0 13 0 14 Intangible assets 0 14 0 15 Other assets See Part IV, line 11 6,000,511 15 1,990 16 Total assets. Add lines 1 through 15 (must equal line 33) 3,365,107,474 16 3,440,144,756 17 Accounts payable and accrued expenses 142,950 17 238,891 18 Grants payable 151,850,000 18 213,000,000 19 Deferred revenue 0 19 0 20 Tax-exempt bond liabilities 0 20 0 21 Escrow or custodial account liability Complete Part IV of Schedule D 0 21 0 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0 22 0 23 Secured mortgages and notes payable to unrelated third parties 0 23 0 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 19,615 25 16,033 26 Total liabilities. Add lines 17 through 25 152,012,565 26 213,254,930						0.
13 Investments - program-related See Part IV, line 11.				3,358,882,102.	12	3,440,044,269.
14 Intangible assets	- 1				13	0.
15 Other assets See Part IV, line 11	- 1			0.	 	0.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1		•	6,000,511.	15	1,903.
17 Accounts payable and accrued expenses		!		3,365,107,474.	16	3,440,144,756.
18 Grants payable			· · · · · · · · · · · · · · · · · · ·	142,950.	17	238,891.
19 Deferred revenue				151,850,000.	18	213,000,000.
Tax-exempt bond liabilities			· ·	0.	19	0.
21 Escrow or custodial account liability Complete Part IV of Schedule D				0.	20	0.
Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons				0.	21	.0.
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	S				_	
Unsecured notes and loans payable to unrelated third parties	iği					
Unsecured notes and loans payable to unrelated third parties	abi			0.	22	0.
Unsecured notes and loans payable to unrelated third parties	=	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1	25	Other liabilities (including federal income tax, payables to related third			
26 Total liabilities. Add lines 17 through 25		/	parties, and other liabilities not included on lines 17-24). Complete Part X			
O I I I I I I I I I I I I I I I I I I I			of Schedule D		25	16,039.
Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.		26	Total liabilities. Add lines 17 through 25	152,012,565.	26	213,254,930.
	seo					
27 Net assets without donor restrictions	la l	27	Net assets without donor restrictions	3,213,094,909.	27	3,226,889,826.
28 Net assets with donor restrictions	8			0.	28	0.
Organizations that do not follow FASB ASC 958, check here	Fund		Organizations that do not follow FASB ASC 958, check here ▶			,
20 Capital stock or trust principal or current funds					29	
30 Paid-in or capital surplus, or land, building, or equipment fund	ets					
31 Retained earnings, endowment, accumulated income, or other funds	SS		· · · · · · · · · · · · · · · · · · ·			
			•	3,213,094,909.		3,226,889,826.
<u> </u>	ž					3,440,144,756.

Form **990** (2019)

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	90 (2019)	_		_	Page	<u> 12</u>
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				[X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	72	2,18	32,93	35.
2	Total expenses (must equal Part IX, column (A), line 25)	2	230	38,	33,73	37.
3	Revenue less expenses Subtract line 2 from line 1	3	-158	3,20	00,80)2.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,213	3,09	4,90	9.
5	Net unrealized gains (losses) on investments	5	10	0,27	72,92	26.
6	Donated services and use of facilities	6		-		0.
7	Investment expenses	7	•			0.
8	Prior period adjustments	8	_		_	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	16:	1,72	22,79	3.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line	П	···			
	32, column (B))	10	3,226	, 88	9,82	26.
Part		1				
	Check if Schedule O contains a response or note to any line in this Part XII				[
						No.
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					1
	If the organization changed its method of accounting from a prior year or checked "Other," e	xolaın	-in			
	Schedule O	F			1	
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		-	2a		X
20	If "Yes," check a box below to indicate whether the financial statements for the year were con			-		
	reviewed on a separate basis, consolidated basis, or both.	iplica	01			
	Separate basis Consolidated basis Both consolidated and separate basis					
			-	2b	x -	
D	Were the organization's financial statements audited by an independent accountant?		•• ⊢	-		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both	tea or	' a			-
	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 over			2c		х
	the audit, review, or compilation of its financial statements and selection of an independent accounta		·· ⊢		-+	 -
	If the organization changed either its oversight process or selection process during the tax year, ex	(piain	on			
	Schedule O		. -	-		
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for			,_		х
_	Single Audit Act and OMB Circular A-133?		•• ⊢	a		Λ_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und required audit or audits, explain why on Schedule O and describe any steps taken to undergo such as			вь		

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SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete If the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number

FUI	ND FOR POLICY REFORM	35-7090597
Pa	rt 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.	
	(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	
5	Did the organization inform all donors and donor advisors in writing that the assets held i	n donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	i 1 1 1
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant ful	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for ar	
	conferring impermissible private benefit?	
Pa	rt 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 (for example, recreation or education) Preservation of	of a historically important land area
		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 form of a conservation
	easement on the last day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminate of conservation easements modified, transferred, released, extinguished, or terminate of conservation easements modified, transferred, released, extinguished, or terminate of conservation easements modified, transferred, released, extinguished, or terminate of conservation easements modified, transferred, released, extinguished, or terminate of conservation easements modified transferred, released, extinguished, or terminate of conservation easements modified transferred t	nated by the organization during the
	tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	on, handling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of	conservation easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	nservation easements during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	n 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ıı)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	al statements that describes the
	organization's accounting for conservation easements	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other Complete if the organization answered "Yes" on Form 990, Part IV, line 8	Similar Assets.
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education, or	statement and balance sheet works
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	ese items
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta	atement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or rese	arch in furtherance of 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 a	ssets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items	
a	Revenue included on Form 990, Part VIII, line 1	
<u> b </u>	Assets included in Form 990, Part X	<u></u>

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

Schedule D (Form 990) 2019

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Sche	dule D (Form 990) 2019										age 2
Pa	rt III Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	asure	s, or Othe	er Similar As	sets (c	ontinue	d)	
3	Using the organization's acquisition	on, accession, and	other record	ds, check	any c	f the follo	wing that ma	ike sign	ıfıcant u	se of	ıts
	collection items (check all that app										
а	Public exhibition	••	a 🗆	Loan c	r exch	ange progr	am				
b	Scholarly research		e	Other		0 , 0					
c	Preservation for future gene	rations						-			_
4	Provide a description of the organ		s and expla	in how t	hev fu	rther the o	organization's	exempt	purpose	e in I	Part
7	XIII	mzation o conconom	o and explo		,		, ga,	оло _Р .	p = , p = = .		
_	During the year, did the organization	on collect or receive	donations o	fart histo	orical tr	ASCURAC O	r other similar				
5	assets to be sold to raise funds rath								Yes		No
- Do	· · · · · · · · · · · · · · · · · · ·		airieu as pa	TOI THE C	nganiz	ation's con	ection	· · ·	163		-110
FE	rt IV Escrow and Custodial A Complete if the organiza	ition answered "Vi	es" on Forr	n 000 P	Part I\/	line Q or	reported an	amour	t on Fo	rm	
	990, Part X, line 21	illoit allswelled Te	55 0111 011	11 330, 1	aitiv,	III 6 3, 01	reported arr	amour	it on i o		
_						ar ath	or coots not				
1 a	Is the organization an agent, truste							г	¬ _v	\Box	NI.
	included on Form 990, Part X?							∟	Yes	Ш	No
b	If "Yes," explain the arrangement i	n Part XIII and com	piete the foi	owing tab	oie.	r					
							<i>_</i>	Amount			
С	Beginning balance					1c					
d	Additions during the year										
е	Distributions during the year										
f	Ending balance					1f					
2a	Did the organization include an am								Yes	\sqcup	No
b	If "Yes," explain the arrangement i	n Part XIII. Check h	ere if the ex	planation	has be	en provide	d on Part XIII	<u></u>			
Pa	rt V Endowment Funds.										
	Complete if the organiza	ation answered "Yo	es" on Fori	n 990, F							
		(a) Current year	(b) Prior	year	(c) Tw	o years back	(d) Three yea	rs back	(e) Four y	ears b	ack
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains,										
Ů	and losses							ł			
а	Grants or scholarships							1			
· ·	Other expenditures for facilities										
-	and programs										
£	Administrative expenses							İ			
f -	· •										
g	End of year balance Provide the estimated percentage	of the oursest was	and halana	/l/20 1a	column	\(\alpha\) bold (
2 a	Board designated or quasi-endown		%	(iiiie ig,	COIGITII	i (a)) ilelu a	25				
h	Permanent endowment ►		_,~								
	Term endowment ▶										
·	The percentages on lines 2a, 2b, a	. ' -	100%								
3 -	Are there endowment funds not in			tion that	are hel	d and adm	unistered for th	ne			
Ja	organization by	the possession of t	ne organiza	tion that	are ne	a ana aan	iiiiistorea ioi ti		[Y	es	No
	(i) Unrelated organizations								3a(i)	-	_
	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related								3b		
D	` *	-							30		
4	Describe in Part XIII the intended in		anon's endo	vment tur	ius						
Pa	rt VI Land, Buildings, and Equ Complete if the organiz	ation answered "Y	es" on For	m 990. F	Part IV	, line 11a	. See Form 9	90, Pa	rt X, lıne	e 10.	
	Description of property	(a) Cost o	r other basis	(b) Cost o	or other ba	asıs (c) A	Accumulated		Book valu		
			stment)	(0	ther)	de	preciation				
1 a	Land										
b	Buildings		_						 -		
С	Leasehold improvements										
d	Equipment	f'									
<u>e</u>	Other	<u>]</u>									
Tota	II. Add lines 1a through 1e (Column	(d) must equal Fori	m 990, Part.	X, columr	n (B), Iır	ne 10c)	▶				



35	-7090597

FUND FOR POLICE	CY REFORM	35-	7090597
Schedule D (Form 990) 2019			Page
Part VII Investments - Other Securities.			5
Complete if the organization answered	d "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 valua Cost or end-of-year mark	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) INVESTMENT IN FPR FINANCE LLC	0	FMV	
(B) INVESTMENT IN FPR FINANCE LTD	0	FMV	
(C) QUANTUM ENDOWMENT CAYMAN FUND	2,186,532,511.	FMV	
(D) QUANTUM ENDOWMENT CAYMAN LTD	1,176,110,119.	FMV	
(E) FPR INVESTMENTS LTD	77,401,639.	FMV	
(F)			
(G)	-		
(H)	2 440 044 060		
Total (Column (b) must equal Form 990, Part X, col (B) line 12)	3,440,044,269.		
Part VIII Investments - Program Related. Complete if the organization answered	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 valua Cost or end-of-year mark	
(1)			
(2)			
(3)			
(4)	<u> </u>		
(5)			
(6)			
(7)			
(8)	-		
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) .			
Part IX Other Assets.			
Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11d See Form 990	, Part X, line 15.
(a) De	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)	·	· · ·	
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B)	line 15)	<u> </u>	
Part X Other Liabilities. Complete if the organization answered line 25.	d "Yes" on Form 990), Part IV, line 11e or 11f. See For	m 990, Part X,
	otion of liability		(b) Book value
(1) Federal income taxes	· · · · · · · · · · · · · · · · · · ·		-

1	(a) Description of liability		(b) Book value
(1)	Federal income taxes		
(2)	PAYABLE TO OSI		16,039.
(3)			
(4)	~		
(5)			
(6)			
(7)			
(8)		\perp	
(9)			
Total	I (Column (b) must equal Form 990, Part X, col (B) line 25)	>	16,039.

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

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Schedu	le D (Form 990) 2019		Page 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	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		
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	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)	1	
	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.		
4	Total expenses and losses per audited financial statements	1	
1	Amounts included on line 1 but not on Form 990, Part IX, line 25		
2			
a	Dottated Services and use of lacinities 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	1 1	
ь	Phot year adjustments		
C	Other losses		
d	Other (Describe in Part XIII)	_	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	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	
Part	XIII Supplemental Information.		
Provide	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, F XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, II	ne 4, Part X, line
		iation	
PART	X, 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	EING SUSTAINED. CONTRIBUTIONS RECEIVED BY FPR ARE NOT DEDUCTIBLE AS		
CHAR	ITABLE CONTRIBUTIONS UNDER IRC SECTION 170(C).		
		_	
	•		

Schedule D (Form 990) 2019 FUND FOR POLICY

Part XIII Supplemental Information (continued)

SCHEDULE F (Form 990)

Name of the organization

Statement of Activities Outside the United States

Employer identification number

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

35-7090597 FUND FOR POLICY REFORM General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

	Form 990, Part IV, line 14	0				
1	For grantmakers. Does the orgother assistance, the grantees' award the grants or assistance?	eligibility for t	he grants or a	assistance, and the selec		Yes No
2	For grantmakers. Describe in I outside the United States	Part V the org	anization's pro	cedures for monitoring t	the use of its grants and	d other assistance
3	Activities per Region (The follow	ving Part I, line	3 table can be	duplicated if additional sp	ace is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	CENTRAL AMERICA/CARIBBEAN	0	0	INVESTMENTS		3,440,044,269
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)	1 884 - 1					
(11)	. 					
(12)						
(13)						
(14)	***					
(15)		_	·			
(16)						
(17)						
3 a	Subtotal					3,440,044,269
b	Total from continuation					
С	sheets to Part I					3,440,044,269

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

35-7090597

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, oth
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(0)									
1)	·								-
12)									
3)									
4)									
i5) i6)								1	
2 Ente	r total number of recipient ne IRS, or for which the gra	organizations listed above						_1	

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35-7090597

Page 3

Schedule F (Form 990) 2019 Part III

Grants and Other Assistance to Individuals Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 16
Part III can be duplicated if additional space is needed (e) Manner of cash disbursement (g) Description of noncash assistance (h) Method of valuation (book, FMV, appraisal, other) (c) Number of recipients (f) Amount of noncash assistance (d) Amount of cash grant (a) Type of grant or assistance (b) Region __(1)______ _(2)____ (3) (4) (5) (6) (7) (8) _(9) (10) (11) (12) <u>(13)</u> (14) (15) (16) (17)

Schedule F (Form 990) 2019

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Schedule F (Form 990) 2019

Part	V Foreign Forms			
1	Was the organization a US 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 US 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, 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)	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)	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) 2019

Page 5

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)

SCHEDULE I (Form 990)

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22 ► Attach to Form 990 ► Go to www irs gov/Form990 for the latest information

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury

Manie Oi	the orga	a1112411011		
FUND	FOR	POLICY	REFORM	

Employer identification number 35-7090597

Pa	rt I	General Information on Grants and Assistance	
1		es the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and selection criteria used to award the grants or assistance?	☐ No
2	Des	scribe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	

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

(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
						PROMOTE SOCIAL
26-4351242	501(C)(4)	230,000,000				WELFARE
					<u>. </u>	
			,			
			-			
			\			
	-					
	·					
		(b) EIN (c) IRC section (if applicable) 26-4351242 501(C) (4)	(if applicable) grant	(if applicable) grant cash assistance 26-4351242 501 (C) (4) 230,000,000	26-4351242 501(C)(4) 230,000,000	26-4351242 501(C) (4) 230,000,000

3 Enter total number of other organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule I (Form 990) (2019)

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35-7090597

Page 2

Part III can be duplicated if addition	nal space is needed	_		T	
(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
1887-1-187					

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 I (Form 990) (2019)

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SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

35-7090597 FUND FOR POLICY REFORM Part I Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef) Discretionary spending account 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 1b 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 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization. Х 4a x Participate in, or receive payment from, a supplemental nonqualified retirement plan?.......... 4b x Participate in, or receive payment from, an equity-based compensation arrangement?.......... 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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 5a Х Х If "Yes" on line 5a or 5b, describe in Part III 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 Х 6a х If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed X Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe Х If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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35-7090597

Schedule J (Form 990) 2019

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

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

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

			(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
TREASURER	(A) Name and Title				reportable		benefits	(B)(ı)-(D)	in column (B) reported as deferred on pnor Form 990
### A	MAIJA ARBOLINO	(1)	0	0	0	0	2,242	2,242	
2TRUSTEE AND SECRETARY (i) 401,101 973 2,322 60,413 49,699 514,508 PATRICK GASPARD (i) 0 0 0 0 0 2,242 2,242 37RUSTEE AND PRESIDENT (ii) 788,371 70,000 2,622 114,330 48,679 1,024,002 48,679 1,0	1TREASURER		355,085	973	4,902	54,032	53,810	468,802	
PATRICK GASPARD 3TRUSTEE AND PRESIDENT (II) 788,371 70,000 2,622 114,330 48,679 1,024,002 4 (III) 4 (III) 5 (III) 6 (III) 7 (GAIL SCOVELL	(1)	0	0.	0	0		2,242	
3TRUSTEE AND PRESIDENT (II) 788,371 70,000 2,622 114,330 48,679 1,024,002 (II) (III) (IIII) (IIII) (IIII) (IIII) (IIII) (IIIII) (IIIII) (IIIIII) (IIIIIIII	2TRUSTEE AND SECRETARY	(u)	401,101	973	2,322	60,413			
Color Colo	PATRICK GASPARD	(1)	0.	0.	0			2,242	
4 (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	3TRUSTEE AND PRESIDENT	(11)	788,371	70,000	2,622	114,330	48,679	1,024,002	
5 (0) (0) (0) (0) (0) (0) (0) (0) (0) (0)		(1)							
5	4	(u)							
6 (i) (i) (ii) (iii) (ii		(1)							
6 (u) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	5								
7 (t) (t) (t) (t) (t) (t) (t) (t) (t) (t)		(0)							
7 (i) (i) (ii) (ii) (iii) 6									
8 (II) (II) (III)									
8 (I) (I) (I) (II) (II) (III)	7								
(i) (ii) (iii)									
9 (I) (I) (II) (II) (III) 8						· · · · · ·			
10									
10 (I) (I) (II) (II) (III) (II	9	_							
11 (i) (ii) (iii)									
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(i)									
12 (I) (I) (II) (II) (III) (II	11								
13 (I) (II) (II) (III) (
13 (u) (u) (u) (u) (u) (u) (u) (u) (u) (u)	12								
14 (I) (I) (I) (I) (I) (I) (I) (I) (I) (I)									
14 (I) (I) (II) (II) (III) (II	13	_							
15 (u) (u) (u) (u) (u) (u) (u) (u) (u) (u)									
15 (1) (1) (1)	14								
(0)									
	15	_							
16 (1)									
Schedule J (Form 990) i	16	(n)							

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35-7090597 FUND FOR POLICY REFORM

Schedule J (Form 990) 2019

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

Schedule J (Form 990) 2019

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

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

Employer identification number

FUND FOR POLICY REFORM

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 2

PATRICK GASPARD AND GAIL SCOVELL HAVE A BUSINESS RELATIONSHIP.

PART V, LINE 2A

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 ORGANIZATION, 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.

PART XI, LINE 9

SUMMARIZED BALANCE OF \$161,722,793 CONSISTS OF THE FOLLOWING:

FPR

Page 2

Schedule O (Form 990 or 990-EZ) 2019

Name of the organization

FUND FOR POLICY REFORM

Employer identification number 35-7090597

RETURN OF UNSPENT FUNDS FROM PRIOR YEAR \$8,850,000

PREVIOUSLY TAXED INCOME \$130,012,344

RETURN OF CAPITAL \$22,860,449

PART VI, SECTION B, LINE 12C

PURSUANT TO THE CONFLICTS POLICY, ANY POTENTIAL CONFLICT OF INTEREST THAT

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.

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 BETTERMENT AND SOCIAL IMPROVEMENTS IN COMMUNITIES AROUND THE WORLD; (2) ADVOCATING FOR THE REFORM OF LOCAL, STATE, FEDERAL OR FOREIGN LAWS OR

FPR

Schedule O (Form 990 or 990-EZ) 2019

Page 2

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

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

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

174,099.

35-7090597

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

FUND FOR POLICY REFORM

35-7090597

Name, address, and E	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	
(1) FPR FINANCE HOLDINGS LL	ic .					
224 WEST 57TH STREET	NEW YORK, NY 10019	INVESTMENT	DE		0	FPR
(2) FPR MANAGER LLC						
1209 ORANGE STREET	WILMINGTON, DE 19801	INVESTMENT	DE		0	FPR
(3)						
(4)						
(5)						
6)			1	-		1

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had Part II one or more related tax-exempt organizations during the tax year (a) (b) (c) (d) (g) Section 512(b)(13) Direct controlling Name, address, and EIN of related organization Primary activity Legal domicile (state Public charity status (if section 501(c)(3)) entity or foreign country) Yes No FUND FOR POLICY REFORM, INC 26-4351242 NEW YORK, NY 10019 224 WEST 57TH STREET SOC WELFARE DE 501(C)(4) FPR OPEN SOCIETY INSTITUTE 13-7029285 224 WEST 57TH STREET NEW YORK, NY 10019 CHARITABLE NY 501(C)(3) PF N/A Х OPEN SOCIETY FUND, INC 13-3095822 NEW YORK, NY 10019 224 WEST 57TH STREET CHARITABLE NY 501(C)(3) PF N/A х 52-2028955 OPEN SOCIETY POLICY CENTER 224 WEST 57TH STREET NEW YORK, N/A x SOC WELFARE DΕ 501(C)(4) (5) FOUNDATION TO PROMOTE OPEN SOCIETY 26-3753801 224 WEST 57TH STREET NEW YORK, NY 10019 PF N/A Х (6) ALLIANCE FOR OPEN SOCIETY INTERNATIONAL CHARITABLE DE 501(C)(3) 81-0623035 NEW YORK, NY 10019 224 WEST 57TH STREET osi CHARITABLE DΕ 501(C)3) (7) SOROS ECONOMIC DEVELOPMENT FUND

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Schedule R (Form 990) 2019

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224 WEST 57TH STREET

V 19-7 5F

CHARITABLE

13-3965896

NEW YORK, NY 10019

FPR

NY

501(C)(3)

PF

OSI

35-7090597

Page 2 Schedule R (Form 990) 2019 Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Part III because it had one or more related organizations treated as a partnership during the tax year (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512 - 514) (a) arne, address, and EIN of related organization (c) Legal domicile (state or (d) Direct controlling (f) Share of total income (k) (b) Primary activity (g) Share of end-of-(h) (i) Code V - UBI (j) General or Percentage amount in box 20 of Schedule K-1 entity foreign (Form 1065) Yes No Yes No (1) FPR FINANCE LLC 47-4672080 224 W 57TH STREET NEW YORK, NY INVESTMENT DE FPR (2) (3) (4) (5) (6) (7) Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Part IV line 34, because it had one or more related organizations treated as a corporation or trust during the tax year

(h) rcentage (a)
Name, address, and EIN of related organization (f) Share of lotal (g) Share of end-of-year assets (i) Section 512(b)(13) controlled (c) state or foreig entity Coorp Scorp, or trust income country) Yes No (1) QUANTUM ENDOWMENT CAYMAN FUND LIMITED FOREIGNUS 27 HOSPITAL ROAD GEORGE TOWN, CJ KY1-9008 INVESTMENT СJ FPR C CORP 111,207,745 2,236,683,813 100 0000 (2) FPR INVESTMENTS LTD FOREIGNUS 27 HOSPITAL ROAD GEORGE TOWN, CJ KY1-9008 INVESTMENT СJ FPR C CORP 77,401,639 100 0000 (3) QUANTUM ENDOWMENT CAYMAN LIMITED FOREIGNUS 58,864,382 1,176,175,613 100 0000 FPR C CORP 27 HOSPITAL ROAD GEORGE TOWN, CJ KY1-9008 INVESTMENT CJ (4) FPR FINANCE LTD FOREIGNUS 27 HOSPITAL ROAD GEORGE TOWN, CJ KY1-9008 INVESTMENT СJ FPR C CORP (5) (6) (7)

Schedule R (Form 990) 2019

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35-7090597

Schedule R (Form 990) 2019

Page 3

Part V	Transactions With Related Organizations. Complete if the organization answers	wered "Yes" on Form 990, Parl	IV, line 34, 35b, or 36				
Note C	omplete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 Du	ring the tax year, did the organization engage in any of the following transactions with one	e or more related organizations list	ed in Parts II-IV?				
a Re	ceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.				1a		X
b Gıf	t, grant, or capital contribution to related organization(s)				1b	Х	
c Gıf	t, grant, or capital contribution from related organization(s),				1c		_X
d Loa	ans or loan guarantees to or for related organization(s)				16		Х
	ans or loan guarantees by related organization(s)				1e		Х
	• • • • • • • • • • • • • • • • • • • •				_		
f Div	ridends from related organization(s) ,				1f		Х
	le of assets to related organization(s)				19		Х
h Pu	rchase of assets from related organization(s)				1h		Х
ı Exc					<u>1i</u>		Х
j Lea	ase of facilities, equipment, or other assets to related organization(s)				11		_x
					-	-	
k Lea	ase of facilities, equipment, or other assets from related organization(s)				1k		Х
I Per	rformance of services or membership or fundraising solicitations for related organization(s))			11		Х
m Pe	rformance of services or membership or fundraising solicitations by related organization(s).				1m	_X	
n Sha	aring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
o Sha	aring of paid employees with related organization(s)				10	Х	
						-	
p Re	imbursement paid to related organization(s) for expenses				1p	х	
q Re	imbursement paid by related organization(s) for expenses				19		Х
					-		
r Oth	ner transfer of cash or property to related organization(s)				1r		Х
	ner transfer of cash or property from related organization(s)				1s	Х	
2 If th	he answer to any of the above is "Yes," see the instructions for information on who must			action thre		S	
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method	(d) of dete	rmınır	10
	realite of related organization	type (a-s)	/ III O III III O II		int invo		
				—			
		1_					
(1) FU	IND FOR POLICY REFORM, INC.	В	230,000,000	FMV			
		_					
(2) QU	JANTUM ENDOWMENT CAYMAN FUND LIMITED	S	155,150,000	FMV			
		_	T				
(3) QU	JANTUM ENDOWMENT CAYMAN LIMITED	S	54,000,000	FMV			
		<u> </u>					
(4) FF	PR INVESTMENTS LTD	В	70,889,241	FMV			
(5)				+			
(6)				1		000:	0045
JSA			Sc	hedule R (I	rorm 9	990)	2019

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Schedule R (Form 990) 2019

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets

	(n) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	501	tion c)(3) atlons?	(f) Share of total income	(g) Share of end-of-year assels	Disprop	h) eortionate alions?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	aging ner?	(k) Percentage ownership
				sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)														İ
(2)		-												
(3)		1												
(4)										-				
(5)					-									-
	<u></u>				<u> </u>									
(8)														
(9)														
														-
(11)											<u></u>			
(12)					-									
(13)				<u> </u>										
(14)								-						
(15)														

Schedule R (Form 990) 2019

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Schedule R (Form 990) 2019

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Part VII

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