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**Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

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

Inspection

A F	or th	e 201	3 calendar year, or tax year beginning , 2013, and endi	ng			
ъ.			C Name of organization		D Employer ide		mber
_	heck if ap		FUND FOR POLICY REFORM, INC		26-4353	1242	
	Addre chang		Doing Business As				
	Name	Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone nur				ımber	
L	Initial	return	C/O DANIEL EULE, 888 SEVENTH AVE, 33 FL.		( )		_ <del></del>
L	Termi	nated	City or town, state or province, country, and ZIP or foreign postal code	į			
	Amen		NEW YORK, NY 10106		G Gross receipt	ts \$ 19	<del>3</del> ,500,000.
	Applic pendii	cation	F Name and address of principal officer MICHAEL VACHON		H(a) Is this a grou subordinates?	p return for	Yes X No
		•	888 SEVENTH AVENUE, 33RD FLOOR NEW YORK, NY 10106		H(b) Are all subords		Yes
ī	Tax-ex	empt st	tatus 501(c)(3) X 501(c) (4 ) ◀ (insert no ) 4947(a)(1) or 5:	27	If "No," attaci	h a list (see instr	ructions)
J	Websi	te. 🕨	N/A		H(c) Group exemp	otion number	•
K	Form o	of orgar	nization X Corporation Trust Association Other > L Year	of format	ion 2009 <b>M</b>	State of legal of	domicile DE
Р	art I		mmary				
	1		y describe the organization's mission or most significant activities TO PROMOTE S			WITHIN	THE
93	Ì		NING OF SEC. 501(C)(4), INCLUDING FUNDING INITIATIV				
Governance		PUB	LIC WELFARE, DRUG POLICY, ALLEVIATION OF POVERTY &	ELECT	CORAL REFO	DRM	
Ver	2	Check	k this box 🕨 🔲 if the organization discontinued its operations or disposed of more th	nan 25%	of its net assets	5.	
	3	Numb	per of voting members of the governing body (Part VI, line 1a)		<i>.</i> .	3	3.
රේ ග	4		per of independent voting members of the governing body (Part VI, line 1b)			4	3.
Ë	5		number of individuals employed in calendar year 2013 (Part V, line 2a)			5	0
Activities &	6		number of volunteers (estimate if necessary)			6	
ĕ	7a	Total	unrelated business revenue from Part VIII, column (C), line 12			7a	0
5- A			nrelated business taxable income from Form 990-T, line 34			7b	0
2016					Prior Year	Cu	rrent Year
~a	8	Contr	ibutions and grants (Part VIII, line 1h)	,		0	C
ena	9		am service revenue (Part VIII, line 2g)	. [		0	
Revenue	10	Invest	tment income (Part VIII, column (A), lines 3, 4, and 7d)	,	<b>-</b> 3,282,48	32	,099,749.
Пì	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	
	12	Total	revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		-3,282,48	3	,099,749.
i i	13	Grant	s and similar amounts paid (Part IX, column (A), lines 1-3)		16,187,00	0. 19	,500,000.
2			fits paid to or for members (Part IX, column (A), line 4)			0	C
Ś	15		ies, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0	C
ins.	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)			0	C
Exp	р ь	Total	fundraising expenses (Part IX, column (D), line 25) ▶0				
ш	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		37,90		32,251.
	18	Total	expenses Add lines 13-17 (must equal Part IX, column (A) (ine 25) (ED.		16,224,90		,532,251.
	119	Rever	nue less expenses Subtract line 18 from line 12		19,507,38	321	,632,000.
s or			(영) NOV 2 0 2014 [연]	Begin	ning of Current Y		nd of Year
set	20	Total	assets (Part X, line 16)	5	39,406,07		773,192.
d As	21	Total	liabilities (Part X, line 26)		28,21		16,215.
<u> 2</u> 2	20 21 22	Net as	ssets or fund balances. Subtract line 21 from line 20.00 [ ] [ ]	5	39,377,85	2. 919	,756,977.
	irt II		gnature Block		<del></del>		·
Un	der per e. corre	nalties o	of perjuer. I declare that I have examined this return, including accompanying schedules and state complete. Declaration of preparer other than officer) is based on all information of which preparer h	ements, a	and to the best of	my knowledg	e and belief, it is
		T			4. /	120	111
Sig	ın		Can van		10/3	30/201	7
He			Signature of differences		Data		
•••			True to not home and title				
		Print/	Type or print hame and title  /Type preparer's name Preparer's supplication Date		<del></del>	DTIAL	
Paid	d	ļ.		0/201	Check	If PTIN	044004
Pre	parer		CEM II C. MAY	700		- P00	844084
Use	Only				Firm's EIN		
NA no	i tha II		s address >888 SEVENTH AVENUE, 33RD FLOOR NEW YORK, NY 10106		Phone no	1	
			scuss this return with the preparer shown above? (see instructions)	<u></u>			Yes No
ror	rapei	WOLK	Reduction Act Notice, see the separate instructions.			- 5 F	orm <b>990</b> (2013)
JSA						<i>→</i> (	213-200

For	rm 990 (2013)	Page 2
P	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 SCHEDULE 0	
	BOILEDONS O	
_		
2		X No
2	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? X Yes	No
4	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as meast expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	(Code ) (Expenses \$ 18,000,000. including grants of \$ 18,000,000. ) (Revenue \$ 1N 2013, THE FUND FOR POLICY REFORM ("FPR") MADE GRANTS OF	
	\$18,000,000 TO OPEN SOCIETY POLICY CENTER INC. ("OSPC") TO SUPPORT	
	THE GRANTEE'S OPERATIONS AND ACTIVITIES WHICH ADVOCATE FOR THE	
	REFORM OF LAWS AND REGULATIONS THAT AFFECT THE PUBLIC WELFARE.	
4b	(Code)(Expenses \$1,000,000. including grants of \$1,000,000. )(Revenue \$) IN 2013, THE FUND FOR POLICY REFORM ("FPR") MADE GRANTS OF \$1,000,000 TO AMERICA VOTES TOOLS FUND TO SUPPORT THE GRANTEE'S OPERATIONS AND ACTIVITIES WHICH ADVOCATE FOR THE REFORM OF THE ELECTORAL PROCESS AND ADVANCE PROGRESSIVE POLICIES INCLUDING BALLOT INITIATIVE-RELATED WORK.	
4c	(Code ) (Expenses \$ 500,000. including grants of \$ 500,000. ) (Revenue \$ ) IN 2013, THE FUND FOR POLICY REFORM ("FPR") MADE GRANTS OF	
	\$500,000 TO ONEACTION TO SUPPORT THE GRANTEE'S OPERATIONS AND ACTIVITIES WHICH ADVOCATE FOR POLICIES AND PROGRAMS THAT FIGHT	
	POVERTY AND PREVENTABLE DISEASE, PARTICULARLY IN AFRICA.	
4d	Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )	
	Total program service expenses ► 19,500,000.	
JSA 020 2	990 Form 990	0 (2013)

Par	t IV Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1		
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Ĺ	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,			
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	1		
		5	'	х
_	Part III			<del></del>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	1		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			x
	"Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	1		١.,
	complete Schedule D, Part III	8	<u> </u>	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	1		
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	1		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9_	<u> </u>	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	1		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable		200	
а	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
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	1		<u> </u>
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
	Did the organization'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		x
40 -		<del>- ' ' '</del>		<del></del>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	120		х
	complete Schedule D, Parts XI and XII	12a	<del> </del>	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	406	ĺ	x
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<del> </del>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	├	$\frac{\lambda}{X}$
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	├──	<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		}	ļ
	fundraising, business, investment, and program service activities outside the United States, or aggregate	١	J	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	<del> </del>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			١
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	·	20a		X
b		20b		
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Part	Checklist of Required Schedules (continued)	1	Vaa	No
			Yes	No_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	х	
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22		22		Х
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	44		
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	23		Х
	employees? If "Yes," complete Schedule J	25		
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	24b	-	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	to defease any tax-exempt bonds?			
d	2 id the organization act as a constant is a constant in the c	24d		
25 a	1777	25-		Х
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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?			Х
	If "Yes," complete Schedule L, Part L	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			х
	disqualified persons? If so, complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			Х
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	00-		х
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			х
	Schedule L, Part IV.	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			X
	was an officer, director, trustee, or direct or indirect owner? If "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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			X
	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			х
	Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			٠.
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	١	v	İ
	or IV, and Part V, line 1	34	X	<b> </b> -
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			l .
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			İ
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			,,
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	ı	, <i>,</i>	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	l

	Check if Schedule O contains a response or note to any line in this Part V	<del></del>		.  X
	5 to the number of the Box 2 of Form 1006. Enter 0 if not applicable [13]	(###£	Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3		1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		监	200
		1c	Marie .	<b>43</b> .i.
	reportable gaming (gambling) winnings to prize winners?	2		1
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 25 did the experience file all required federal employment tay returns?	2b	34 1 34 E	2394
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			Mr.
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1. 1 - 1. 4	X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	30		┢
	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		х	
	account)?	4a	A CONTRACTOR	72.7X
b	If "Yes," enter the name of the foreign country: ► <u>ATTACHMENT 2</u>			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	_	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	_	χ
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1		١.
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	-10-0-07-	-
	Organizations that may receive deductible contributions under section 170(c).			1
<b>a</b>	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		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			1
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			9
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the 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			3.3
h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter.			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
U	against amounts due or received from them )			
_	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			144
	Section 501(c)(29) qualified nonprofit health insurance issuers.	132		1124
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			1 7
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			
	Enter the amount of reserves on hand	1550	<b>23.89</b> *	(A)
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	×
		14b	i	1

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

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	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O			tions
	Check if Schedule O contains a response or note to any line in this Part VI	• • •		X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u>	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	\$		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1	}	
_	any other officer, director, trustee, or key employee?	2	Х	
2	Did the organization delegate control over management duties customarily performed by or under the direct	<del></del>		
3		3		Х
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4		Х
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?			X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	l _		х
	one or more members of the governing body?	7a		Λ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			х
	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following		.,	
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	9.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
			_	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
-	rise to conflicts?	12b	х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15		<del>                                     </del>		
13	Did the process for determining compensation of the following persons include a review and approval by	1		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	37 / A	
a	The organization's CEO, Executive Director, or top management official		N/A N/A	
b	Other officers or key employees of the organization	150	N/A	
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			х
	with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
Coat	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_NY/			<b>-</b>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(	c)(3)s	only)
	available for public inspection Indicate how you made these available Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year		-	
20	State the name, physical address, and telephone number of the person who possesses the books and records of to organization > CHRISTOPHER NAUNTON 888 SEVENTH AVENUE, 33 FL NEW YORK, NY 10106 212-320-5520	ne		

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JSA

Form 990 (2013)

Part VII

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

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

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

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

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (C) Position (F) (B) (D) (E) (do not check more than one **Estimated** Name and Title Average Reportable Reportable hours per compensation box, unless person is both an compensation from amount of from related other week (list any officer and a director/trustee) compensation hours for the organizations Officer Individual employee Highest Institutional key employee from the organization (W-2/1099-MISC) related director organization organizations (W-2/1099-MISC) and related compensated below dotted organizations trustee l trustee line) (1)GEORGE SOROS CHAIRMAN/DIRECTOR Х X N/A 1 N/A (2)GARY GLADSTEIN TREASURER/DIRECTOR Х Х N/A N/A (3)MICHAEL VACHON SECRETARY/DIRECTOR Х X N/A N/A (4) (6)\_\_\_\_\_ (11)(13)

Part VII Section A. Officers, Directors, T	rustees, Ke	y En	plo	yee	es,	and F	ligi	hest Compensat	ed Employe	es (c	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted	Position (do not check more than o box, unless person is both officer and a director/trust			ck more than one person is both an a director/trustee			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportabl compensation related organizatio (W-2/1099-M	e from	(F) Estimated amount of other compensation from the organization and related
	line)	Individual trustee or director	Institutional trustee		ployee	Highest compensated employee					organizations
								_			
		1									
1b Sub-total							<b>&gt;</b>			0	0
d Total (add lines 1b and 1c)	<u></u> .						<u></u>	(		0	0
2 Total number of individuals (including but no reportable compensation from the organization)			liste 0	ed a	bov	e) who	о ге	eceived more than	\$100,000 of		
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche											Yes No
4 For any individual listed on line 1a, is the organization and related organizations of individual	reater than	portal า \$1	ole ( 50,0	com	per 7 /i	nsatio	n a s,"	nd other compen complete Schedu	sation from tile J for si	the uch	4 X
5 Did any person listed on line 1a receive of for services rendered to the organization? If "	or accrue co										5 X
Section B. Independent Contractors	res, comple	ie sci	7601	110	, 101	Sucii	per	3011		••-	1 5 1 1 1
Complete this table for your five highest co- compensation from the organization Report year											
(A) Name and business a	ddress							(B) Description of s	ervices	C	(C) Compensation
							+				· · -
							+				
O Tabel number of redesendent control	/im =1,		<b>4</b> 1:	- i -	د ام	A 4h -	1	loted charal	5000005		
2 Total number of independent contractors							se i	iisted above) who	received		

Form 990 (	2013) FUND FOR PC	DLICY REFOR	M, INC		26-43512	242 Page <b>9</b>
Part VI						[]
	Check if Schedule O contains a respon	nse or note to ar	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	Federated campaigns		0			
Program Service Revenue  t d e t d	All other program service revenue Total. Add lines 2a-2f	Business Code	0			
3 4 5 6a b c d 7a	Investment income (including dividends, interest other similar amounts)	roceeds	0 0 0			-2 099 749
b c 10a	Net income or (loss) from fundraising events.  Gross income from gaming activities  See Part IV, line 19		-2,099,749. 0			-2,099,749
11a b c	All other revenue					

-2,099,749.

-2,099,749.

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 respo				
_		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and general expenses	Fundraising expenses
_			expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21.	19,500,000.	19,500,000.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	o			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the		İ		
	United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,	-			
	trustees, and key employees	0			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	٨			
_	persons described in section 4958(c)(3)(B)	<del></del>	-		
7	Other salaries and wages	<del></del>			
8	Pension plan accruals and contributions (include section				
	401(k) and 403(b) employer contributions)	0			<del></del>
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	0			· · · · · · · · · · · · · · · · · · ·
b	Legal	15,822.		15,822.	***************************************
C	: Accounting	0			
d	I Lobbying	0			
	Professional fundraising services See Part IV, line 17.	0			
1	Investment management fees	0_			
	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	14,690.		14,690.	
12	Advertising and promotion	O			
13	Office expenses	Q			
14	Information technology	Q			
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	Q			
21	Payments to affiliates	O			
22	Depreciation, depletion, and amortization	0			
23	Insurance	0			
24	I				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	STATE FILING FEES	1,525.		1,525.	
b	CT CORP	214.		214.	
c	·				
d	·				
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	19,532,251.	19,500,000.	32,251.	
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here ▶ if				
_	following SOP 98-2 (ASC 958-720)	o			
JSA 3E10	)52 1 000				Form 990 (2013)

Part X	Balance Sheet	4 V		
	Check if Schedule O contains a response or note to any line in this Pa	(A)	· · ·	(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing		1	(
2	Savings and temporary cash investments	129,064.	2	84,810
3	Pledges and grants receivable, net	q	3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees	j	l	
		þ	5	(
6	Loans and other receivables from other disqualified persons (as defined under section			
i	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers		l	
	and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L.	d	6	(
بر ا <u>ن</u> د	Notes and loans receivable, net	d	7	
Assets 8 2			8	
7	Inventories for sale or use	<del></del>	9	
9	· · · · · · · · · · · · · · · · · · ·		-	
10 a	Land, buildings, and equipment cost or			
	other basis Complete Part VI of Schedule D	d	40-	(
	Less accumulated depreciation		10c	
11	Investments - publicly traded securities		11	919,688,382.
12	Investments - other securities See Part IV, line 11			
13	Investments - program-related See Part IV, line 11		13	(
14	Intangible assets		14	(
15	Other assets See Part IV, line 11	0	15	(
16	Total assets. Add lines 1 through 15 (must equal line 34)	539,406,071.	16	919,773,192.
17	Accounts payable and accrued expenses	28,219.	17	16,215.
18	Grants payable		18	
19	Deferred revenue	q	19	
20	Tax-exempt bond liabilities	q	20	C
စ္က 21	Escrow or custodial account liability Complete Part IV of Schedule D	q	21	C
21 22 22 22 22 22 22 22 22 22 22 22 22 2	Loans and other payables to current and former officers, directors,		•	
ᅙ	trustees, key employees, highest compensated employees, and		ŀ	
ן בֿ	disqualified persons Complete Part II of Schedule L	þ	22	C
23	Secured mortgages and notes payable to unrelated third parties [	d	23	C
24	Unsecured notes and loans payable to unrelated third parties	q	24	C
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	d	25	C
26	Total liabilities. Add lines 17 through 25	28,219.	26	16,215.
<u> </u>	Organizations that follow SFAS 117 (ASC 958), check here  and			
န္မ	complete lines 27 through 29, and lines 33 and 34.			
ğ   27	Unrestricted net assets		27	
<u>e</u> 28	Temporarily restricted net assets		28	
27 28 29 29	Permanently restricted net assets		29	
5 -0	Organizations that do not follow SFAS 117 (ASC 958), check here X and			
- o	complete lines 30 through 34.	1		
	Constal stack or trust prepared or ourroat funds	d	30	(
2 30 2 31	Paid-in or capital surplus, or land, building, or equipment fund	<del></del>	31	
% 31 <b>4</b> 32	Retained earnings, endowment, accumulated income, or other funds	539,377,852.	32	919,756,977.
= 1	· · · · · · · · · · · · · · · · · · ·			919,756,977.
	Total helphylyce and not assets/fund helphone	539, 377, 852.	33	
34	Total liabilities and net assets/fund balances	339,400,0/1.	34	919,773,192. Form <b>990</b> (2013)

Form **990** (2013)

orm 99	00 (2013)				Pa	ge 1 <u>2</u>
Part	XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1				749.
2	Total expenses (must equal Part IX, column (A), line 25)	2				251.
3	Revenue less expenses Subtract line 2 from line 1	3				000.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			-	352.
5	Net unrealized gains (losses) on investments	5	4 (	02,0	11,	125.
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 in Schedule O)	9				0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	91	L9,7	56,	977.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			-		Yes	No
1	Accounting method used to prepare the Form 990 CashX Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	cplain	ın			
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		ļ	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed or	na			
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	ight				
	of the audit, review, or compilation of its financial statements and selection of an independent accour			2c	ļ	
	If the organization changed either its oversight process or selection process during the tax year, e	xplaın	ı ın			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set					۱.,
	the Single Audit Act and OMB Circular A-133?			3a_		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits		3b		L

Form **990** (2013)

## SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

JSA 3E1268 2 000 4091AM M174

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection Employer identification number

FUI	ND FOR POLICY REFORM, INC	26-4351242
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Ad Complete if the organization answered "Yes" to Form 990, Part IV, line 6	counts.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in d	lonor advised
•	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any c	
	conferring impermissible private benefit?	
Pa	Conservation Easements. Complete if the organization answered "Yes" to Form	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education)	an historically important land area
		a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	he form of a conservation
	easement on the last day of the tax year	Held at the End of the Tax Year
_	Tabel a such as of second visit a consequent	2a
a		2b
b		2c
۲. C	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	20
d	historic structure listed in the National Register	24
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	
3		led by the organization during the
4	tax year ▶  Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, han	
•	violations, and enforcement of the conservation easements it holds?	- 1 1 1 1
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ease	
•	<b>&gt;</b>	ee ceg and you.
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easement	s during the year
	<b>&gt;</b> \$	•
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sec	tion 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	I statements that describes the
	organization's accounting for conservation easements	<del></del>
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other Complete if the organization answered "Yes" to Form 990, Part IV, line 8	Similar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its re works of art, historical treasures, or other similar assets held for public exhibition, education public service, provide, in Part XIII, the text of the footnote to its financial statements that described in the control of the service of the footnote to its financial statements.	evenue statement and balance sheet ation, or research in furtherance of ribes these items
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revieworks of art, historical treasures, or other similar assets held for public exhibition, education public service, provide the following amounts relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	ssets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	<b>.</b>
а	Revenues included in Form 990, Part VIII, line 1	<b>&gt;</b> \$
_b_	Assets included in Form 990, Part X	
For I	Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2013

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Schedule D (Form 990) 2013

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

	2
Page	J

Part VII	Investments - Other Securities.	d "Voe" to Fee 000	Dart IV line 44h Can Farm 000	Dod V. Eng. 40
	Complete if the organization answered	<del></del>	T	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1) Financia	al derivatives			
(2) Closely	-held equity interests			
(3) Other				
(A) QUA	NTUM ENDOWMENT IRELAND LTD	919,688,382.	F	UND NAV
(B) (C)				
(D)				
(E)				
(F)	·			
(G)				
<u>(H)</u>				
	n (b) must equal Form 990, Part X, col. (B) line 12.)	919,688,382.		
Part VIII	Investments - Program Related.			
	Complete if the organization answered	1 "Yes" to Form 990,	Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valual Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
_(7)				
(8)				
_(9)				
	n (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.			
	Complete if the organization answered	<del></del>	, Part IV, line 11d. See Form 990,	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				· ···
(5)			· · · · · · · · · · · · · · · · · · ·	
(6)		<del></del> -		- 112
(7) (8)				*
(9)				
	ımn (b) must equal Form 990, Part X, col (B) i	lino 15 )		
Part X	Other Liabilities.	<i>ine 15)</i>	· · · · · · · · · · · · · · · · · · ·	
PailA	Complete if the organization answered line 25.	d "Yes" to Form 990,	, Part IV, line 11e or 11f See Forr	n 990, Part X,
1.	(a) Description of liability	(b) Book value		· ACCOMMONDED
	rat income taxes	(b) book value		
(2)	ar meetine taxes	-		
(3)				
(4)			The second secon	
(5)				
(6)			The state of the s	
(7)				
(8)				
(9)				

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII JSA 3E1270 1 000 4091AM M174

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

Schedule D (Form 990) 2013

JSA 3E1271 1 000 Schedule D (Form 990) 2013

Part XIII Supplemental Information (continued)

## **SCHEDULE F** (Form 990)

## **Statement of Activities Outside the United States**

OMB No 1545-0047

2013

**Open to Public** 

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

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

Pari	General Information Form 990, Part IV, line 1		Outside the l	Jnited States. Complete	if the organization answe	erea "Yes" on
1	For grantmakers. Does the orga	anization mainta	in records to s	substantiate the amount of	its grants and other	
	assistance, the grantees' eligibil	ity for the grant	ts or assistance	e, and the selection criteri	a used to award the	
	grants or assistance?				l	Yes No
	For grantmakers. Describe in		ganization's pi	rocedures for monitoring	the use of its grants a	and other
	assistance outside the United St	ates				
3	Activities per Region (The follo	wing Part I, line			ace is needed)	·
	(a) Region	(b) Number of offices in the	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
(1)	EUROPE			INVESTMENTS		919,688,382.
(2)						
(3)						
(4)						
(5)	. 4 5 4 7					
(6)						
(7)						
(8)						
(9)						
		-				
(10)						
(11)		-				
(12)			<del></del>			
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total	· · · · · · · · · · · · · · · · · · ·				919,688,382.
b	Total from continuation					
	sheets to Part I					
C	Totals (add lines 3a and 3b)					919,688,382.

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

Schedule F (Form 990) 2013

FUND FOR POLICY REFORM, INC

	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed	(b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (g) Amount of (h) Description valuation section and EIN grant cash grant dishursement assistance assistance
יובחחום ב (בחווו פפת) לחום	Grants and Other Assistan	Part IV, line 15, for any recik	(a) Name of organization
רוופחחום ב	Part II		-

arty me 15, 101 any templem who techniques of the contract of								At the there of
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(b) wethor or valuation (book, FMV, appraisal, other)
(1)			į					
(2)								
(3)								
(4)								
(5)								
(9)								
(1)								
(8)								
(6)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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

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Schedule F (Form 990) 2013

FUND FOR POLICY REFORM, INC

Schedule F (Form 990) 2013 Part III

Page 3 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 Part III can be duplicated if additional space is needed.

Part III can be duplicated if additional space is needed.	itional space is needed.			i			
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
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(9)							
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ched	fule F (Form 990) 2013		Page <b>4</b>
Par	t IV 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)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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)	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)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2013

# Part V

**Supplemental Information** 

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region); Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable Also complete this part to provide any additional information (see instructions)

SCHEDULE (Form 990) FUND FOR POLICY REFORM,

Department of the Treasury Name of the organization Internal Revenue Service

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

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

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2013

Open to Public

Employer Identification number 26-4351242 å

TO PROMOTE SOCIAL WELFARE PURSUE ELECTORAL REFORM ADVOCATE POLICIES TO FIGHT (h) Purpose of grant or assistance Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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. X Yes 5 13 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, tippraisal, other) (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant 18,000,000 500,000 1,000,000 SEC. 501(C)(4) SEC. 501(C)(4) SEC. 501(C)(4) (c) IRC section if applicable the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance 02-0544768 26-4568349 52-2028955 (b) EIN 1 (a) Name and address of organization or government (1) OPEN SOCIETY POLICY CENTER, INC. WASHINGTON, DC WASHINGTON, DC (3) AMERICA VOTES WASHINGTON DC (2) ONE ACTION Part II € <u>(</u>2 <u>(6)</u> (6) -(10) <u>(8</u>

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Schedule I (Form 990) (2013)

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

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

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2013) Part III

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
<b>-</b>						
2						
3						
4						
2						
9						
7						
art IV	Supplemental Information. Complete this part		ide the informat	tion required in	Part I, line 2, Part III,	to provide the information required in Part I, line 2, Part III, column (b), and any other additional

SCHEDULE I, PART 1, LINE 2

THE ORGANIZATION REVIEWS PERIODIC REPORTS FROM THE GRANTEES TO ENSURE

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

ALL REPORTS HAVE BEEN RECEIVED.

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

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization

FUND FOR POLICY REFORM,

Employer identification number 26-4351242

PART VI, SECTION A, QUESTION 2:

GEORGE SOROS

BUSINESS RELATIONSHIP

GARY GLADSTEIN

BUSINESS RELATIONSHIP

MICHAEL VACHON

BUSINESS RELATIONSHIP

PART VI, SECTION A, QUESTION 8B:

THERE ARE NO COMMITTEES.

PART VI, SECTION B, QUESTION 11B:

A COPY OF THE FINAL VERSION OF FORM 990 WAS PROVIDED TO EACH BOARD MEMBER BEFORE IT WAS FILED. NO COMMENTS WERE RECEIVED.

PART VI, SECTION B, QUESTION 12C:

THE BOARD HAS SEEN AND APPROVED THE CONFLICTS OF INTEREST POLICY AND HAS AND WILL CONTINUE TO COMPLY. IN ADDITION, FPR MONITORS THE CONFLICTS OF INTEREST POLICY BY REQUIRING EACH DIRECTOR TO COMPLETE AN ANNUAL STATEMENT LISTING ANY CONFLICTS. NO CONFLICTS HAVE BEEN REPORTED BY ANY DIRECTOR, AND FPR HAS NO REASON TO DOUBT THE VALIDITY OF THE ANNUAL STATEMENTS.

PART VI, SECTION C, QUESTION 19:

THE ORGANIZATION MAKES A COPY OF ITS GOVERNING DOCUMENTS AND OTHER MATERIALS THAT WERE ATTACHED TO ITS FORM 1024 AND 990 AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization

FUND FOR POLICY REFORM, INC

Employer identification number 26-4351242

PART III, LINE 3:

FPR NO LONGER HAS AN INITIATIVE ON CLIMATE CHANGE.

ATTACHMENT 1

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

THE MISSION OF THE FUND FOR POLICY REFORM ("FPR") IS TO PROMOTE SOCIAL WELFARE THROUGH ITS SUPPORT OF FEDERAL AND STATE LEGISLATION THAT ASSURES GREATER FAIRNESS IN POLITICAL, LEGAL AND ECONOMIC SYSTEMS AND SAFEGUARDS FUNDAMENTAL RIGHTS. FPR MAKES GRANTS TO ORGANIZATIONS CARRYING OUT THESE PURPOSES AND OTHERWISE COOPERATES WITH OTHER ORGANIZATIONS AND/OR GOVERNMENTAL AGENCIES TO ACHIEVE THESE GOALS. FPR IS FUNDING INITIATIVES THAT INVOLVE PUBLIC WELFARE, DRUG POLICY, ALLEVIATION OF POVERTY, AND ELECTORAL REFORM.

ATTACHMENT 2

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

SWITZERLAND

UNITED KINGDOM

CURACAO

CHINA

**GERMANY** 

INDIA

MAURITIUS

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

FUND FOR POLICY REFORM, INC

►Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

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

Open to Public

OMB No 1545-0047

Employer identification number

26-4351242

Part I	Identification of Disregarded Entities Complete If th	e organization answered "Yes" on Form 990, Part IV, line 33.	ered "Yes" on Fo	rm 990, Part IV	', line 33.		
	(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling
(1)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
(2)							
(3)							
(5)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
(6)							
Part II	Identification of Related Tax-Exempt Organizations (one or more related tax-exempt organizations during the	Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had the tax year	ganization answei	red "Yes" on Fo	orm 990, Part IV,	line 34 because i	it had
	(a) Name, address, and EiN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) 7 512 ntroll
(1)							Yes

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

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Schedule R (Form 990) 2013

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Schedule R (Form 990) 2013

(I) Section 512(b)(13) controlled entity? Page 2 **Schedule R (Form 990) 2013** (k) Percentage ownership ownership (h) Percen-tage N/A(j) General or managing partner? Yes No Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year (g) Share of end-of-year assets Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) N/A (f) Share of total income (h) Oleproportorete ellocatore? Yes No N/A (g) Share of end-ofyeer assets (e)
Type of entity
(C corp. S corp, or line 34 because it had one or more related organizations treated as a corporation or trust during the tax year trust) (f) Share of total (d)
Direct controlling
entity income N/A (e)
Predominant
Income (related,
unrelated,
excluded from
tax under
sections 512-514) (c) Legal domicile (state or foreign country) (b) Primary activity (d) Direct controlling N/A (c) Legal domicile (state or foreign country) (a) Name, address, and EIN of related organization (b) Primary activity (a)
Name, address, and EIN of
related organization (1) SEE ATTACHMENT SEE ATTACHMENT JSA 3E1308 1 000 Part III Part IV (Z) 린 [2] <u>ල</u> <u>@</u> <u>(5)</u> <u>4</u> <u>©</u> (<u>2</u>) 45 ଭ୍ 

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

Schedule R (Form 990) 2013 Method of determining Yes × amount involved If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds Ξ 9 <del>1</del>8 9 <del>1</del> Lease of facilities, equipment, or other assets from related organization(s) CASH 19,500,000 Performance of services or membership or fundraising solicitations by related organization(s)................. Amount involved During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts I-IV? Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity. Transaction type (a-s) 18 Performance of services or membership or fundraising solicitations for related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) SHARES Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule QUANTUM ENDOWMENT IRELAND LIMITED-REDEMPTION OF Other transfer of cash or property from related organization(s) (a)
Name of related organization Gift, grant, or capital contribution to related organization(s) Loans or loan guarantees to or for related organization(s) Exchange of assets with related organization(s)... Sale of assets to related organization(s) JSA 3E1309 1 000 ۵ Ε ပ σ **=** 0 ۵ ۵ \_ 딉 **1** 9 <u>ම</u> 2 ପ୍ର

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

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

Section of the sectio	שמווובמווסון סכב ווופנו	actions regarding	פאכותאוסוו וסו	ceitaili ilives	illielli partilell	Stilps	ĺ				
(a) Name, address, and EIN of entry	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			section 512-514)	Yes No			Yes	No No	Yes	S.	
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Schedule R (Form 990) 2013

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#### Supplemental Information Part VII

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

## FORM 990, SCHEDULE R. PART III - IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A PARTNERSHIP

PARTNERSHIP	EIN	PRIMARY ACTIVITY	LEGAL DOMICILE
ARCM US FEEDER FUND LTD C/O ASIA RESEARCH AND CAPITAL MANAGEMENT LTD 4802 CHEUNG KONG CTR , 2 QUEEN'S ROAD CENTRAL HONG KONG	98-1042010	INVESTMENT	HONG KONG
ARCM US FEEDER FUND II LTD C/O ASIA RESEARCH AND CAPITAL MANAGEMENT LTD 4602 CHEUNG KONG CTR , 2 QUEEN'S ROAD CENTRAL HONG KONG	98-1139429	INVESTMENT	HONG KONG
AVALLONE II LLC C/O SOROS FUND MANAGEMENT LLC 888 SEVENTH AVENUE, 33RD FLOOR NEW YORK, NY 10106	N/A	INVESTMENT	DELAWARE
CHARLAMONT TRADING LTD FLEMMING HOUSE, WICKHAMS CAY, P O BOX 662 ROAD TOWN, TORTOLA (BRITISH VIRGIN ISLANDS)	N/A	INVESTMENT	BRITISH VIRGIN ISLANDS
CMDTY OFFSHORE FUND II LP C/O MAPLES CORPORATE SERVICES LIMITED P O BOX 309, UGLAND HOUSE GRAND CAYMAN KY1-1104, CAYMAN ISLANDS	98-1132373	INVESTMENT	CAYMAN ISLANDS
CMDTY MASTER FUND II LP C/O CMDTY CAPITAL MANAGEMENT, LP 40 WEST 5/TH STREET 14TH FLOOR, SUITE 1420 NEW YORK, NY 10019	30-0797811	INVESTMENT	CAYMAN ISLANDS
CORVEX PARTNERS II LP C/O SOROS FUND MANAGEMENT LLC 888 SEVENTH AVENUE, 33RD FLOOR NEW YORK, NY 10106	27-5044605	INVESTMENT	DELAWARE
CORVEX QP CO-INVESTMENT LP 712 FIFTH AVENUE, 23RD FLOOR NEW YORK, NY 10019	98-1088164	INVESTMENT	CAYMAN ISLANDS
DACECROFT LIMITED C/O SOROS FUND MANAGEMENT LLC 888 SEVENTH AVENUE, 33RD FLOOR NEW YORK, NY 10106	N/A	INVESTMENT	CYPRUS
DB SPECIAL OPPORTUNITIES OFFSHORE LLC CORPORATION TRUST CENTER 1209 ORANGE STREET WILMINGTON, DELAWARE 19801	N/A	INVESTMENT	DELAWARE
DYNAMO BRASIL XIII LLC CAO SOROS FUND MANAGEMENT LLC 888 SEVENTH AVENUE, 33RD FLOOR NEW YORK, NY 10106	N/A	INVESTMENT	DELAWARE
DV3 HOLDINGS LLC C/O SOROS FUND MANAGEMENT LLC 888 SEVENTH AVENUE, 33RD FLOOR NEW YORK, NY 10106	20-0061767	INVESTMENT	DELAWARE
FOREST HILLS TRADING LTD CITCO BUILDING, WICKHAMS CAY, PO BOX 662 ROAD TOWN, TORTOLA (BRITISH VIRGIN ISLANDS)	98-0121767	INVESTMENT	BRITISH VIRGIN ISLANDS
GRANVILLE CAPITAL CORP KAYA FLAMBOYAN 9 WILLEMSTAD, CURACAO (NETHERLANDS ANTILLES)	46-0521397	INVESTMENT	BRITISH VIRGIN ISLANDS
HARBINGER CAPITAL PARTNERS FUND II, LP 450 PARK AVENUE, 30TH FLOOR NEW YORK, NY 10022	94-3471888	INVESTMENT	DELAWARE
JK&B CAPITAL IV QIP, LP TWO PRUDENTIAL PLAZA 180 N STETSON AVE SUITE 4500 CHICAGO, IL 60601	36-4446434	INVESTMENT	
KALREZ LIMITED  C/O SOROS FUND MANAGEMENT LLC  888 SEVENTH AVENUE, 33RD FLOOR NEW YORK, NY 10106	N/A	INVESTMENT	CYPRUS

## FORM 990, SCHEDULE R, PART III -- IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A PARTNERSHIP

PARTNERSHIP	EIN	PRIMARY ACTIVITY	LEGAL DOMICILE
MARGATE CAPITAL LP C/O SOROS FUND MANAGEMENT LLC 888 SEVENTH AVENUE, 33RD FLOOR NEW YORK, NY 10106	68-0599053	INVESTMENT	CAYMAN ISLANDS
MEDICA III INVESTMENTS (SF) LP 4 HASADNAOT STREET HERZILIA ISRAEL, ISRAEL	98-0498515	INVESTMENT	ISRAEL
MOSBY CAPITAL LLC C/O SOROS FUND MANAGEMENT LLC 888 SEVENTH AVENUE, 33RD FLOOR NEW YORK, NY 10106	N/A	INVESTMENT	DELAWARE
MW GO II (US) FUND 103 SOUTH CHURCH STREET, HARBOUR PLACE 4TH FLOOR, P O BOX 1034, KY1-1102 GRAND CAYMAN, CAYMAN ISLANDS	33-1226098	INVESTMENT	CAYMAN ISLANDS
Q RE HOLDINGS, LP C/O SOROS FIJND MANAGEMENT.LLC 888 SEVENTH AVENUE, 33RD FLOOR NEW YORK, NY 10106	98-0681961	INVESTMENT	BERMUDA
QEG RABBICO N V KAYA FLAMBOYAN 9 WILLEMSTAD, CURACAO (NETHERLANDS ANTILLES)	N/A	INVESTMENT	CURACAO
QE INTERNATIONAL (L) LIMITED LEVEL 1, LOT 7, BLOCK F SAGUKING COMMERCIAL BUILDING JALAN PATAU-PATAU, LABUAN FT 87000 MALAYSIA	N/A	INVESTMENT	LABUAN
QEIL MM LP 87 MARY STREET, GEORGE TOWN GRAND CAYMAN KY1-9001, CAYMAN ISLANDS	98-0702253	INVESTMENT	CAYMAN ISLANDS
QE INVESTMENTS HOLDINGS LIMITED C/O CITCO FUND SRVCS (IRELAND) LTD CUSTOM HOUSE PLAZA, BLOCK 6 DUBLIN 1, IRELAND	98-1132551	INVESTMENT	IRELAND
QP ASTRA HOLDING LP C/O SOROS FUND MANAGEMENT LLC 888 SEVENTH AVENUE, 33RD FLOOR NEW YORK, NY 10106	27-4346723	INVESTMENT	DELAWARE
QP BAM LLC CORPORATION TRUST CENTER 1209 ORANGE STREET WILMINGTON, DELAWARE 19801	N/A	INVESTMENT	DELAWARE
QP CP PARTNERS C/O SOROS FUND MANAGEMENT LLC 888 SEVENTH AVENUE, SUITE 3300 NEW YORK, NY 10106	61-1733238	INVESTMENT	BRITISH VIRGIN ISLANDS
QP CP PARTNERS II C/O SOROS FUND MANAGEMENT LLC 888 SEVENTH AVENUE, SUITE 3300 NEW YORK, NY 10106	47-1072866	INVESTMENT	CAYMAN ISLANDS
QP GP LLC C/O SOROS FUND MANAGEMENT LLC 888 SEVENTH AVENUE, 33RD FLOOR NEW YORK, NY 10106	N/A	INVESTMENT	DELAWARE
QP INVESTIMENTOS LLC CORPORATION TRUST CENTER 1209 ORANGE STREET WILMINGTON, DELAWARE 19801	N/A	INVESTMENT	DELAWARE
QP INVESTMENTS (M) LIMITED ROGERS HOUSE 5 PRESIDENT JOHN KENNEDY STREET PORT LOUIS, MAURITIUS	98-0545515	INVESTMENT	MAURITIUS
QP MORTGAGE LLC CORPORATION TRUST CENTER 1209 ORANGE STREET WILMINGTON, DELAWARE 19801	N/A	INVESTMENT	DELAWARE
QP MM INDIA LP 190 ELGIN AVENUE, GEORGE TOWN GRAND CAYMAN KY1-9005, CAYMAN ISLANDS	98-0545208	INVESTMENT	CAYMAN ISLANDS
QP SPECIAL SITUATIONS LLC C/O SOROS FUND MANAGEMENT LLC 888 SEVENTH AVENUE, 33RD FLOOR NEW YORK, NY 10106	N/A	INVESTMENT	ANGUILLA

## FORM 990, SCHEDULE R, PART III - IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A PARTNERSHIP

PARTNERSHIP	EIN	PRIMARY ACTIVITY	LEGAL DOMICILE
QP VENTURES LLC C/O SOROS FUND MANAGEMENT LLC 888 SEVENTH AVENUE, 33RD FLOOR NEW YORK, NY 10106	N/A	INVESTMENT	
QPCF HOLDINGS LTD C/O SOROS FUND MANAGEMENT LLC 888 SEVENTH AVENUE, 33RD FLOOR NEW YORK, NY 10106	N/A	INVESTMENT	CAYMAN ISLANDS
QPE LLC C/O SOROS FUND MANAGEMENT LLC 888 SEVENTH AVENUE, 33RD FLOOR NEW YORK, NY 10106	N/A	INVESTMENT	DELAWARE
QPKM LP C/O SOROS FUND MANAGEMENT LLC 888 SEVENTH AVENUE, 33RD FLOOR NEW YORK, NY 10106	27-5044605	INVESTMENT	DELAWARE
QPRB LLC KAYA FLAMBOYAÑ 9 WILLEMSTAD, CURACAO (NETHERLANDS ANTILLES)	98-0445 <u>8</u> 52	INVESTMENT	ANGUILLA
QPTF LLC C/O SOROS FUND MANAGEMENT LLC 888 SEVENTH AVENUE, SUITE 3300 NEW YORK, NY 10106	N/A	INVESTMENT	DELAWARE
QUANTUM CHINA FUND LTD KAYA FLAMBOYAN 9 WILLEMSTAD, CURACAO (NETHERLANDS ANTILLES)	N/A	INVESTMENT	CAYMAN ISLANDS
QUANTUM EMEA FUND LTD KAYA FLAMBOYAN 9 WILLEMSTAD, CURACAO (NETHERLANDS ANTILLES)	98-0508168	INVESTMENT	CAYMAN ISLANDS
QUANTUM EMERGING GROWTH PARTNERS CV C/O CURACAO INTERNATIONAL TRUST CO KAYA FLAMBOYAN 9 WILLEMSTAD, CURACAO UC	98-0121767	INVESTMENT	CURACAO
QUANTUM INDIA FUND LTD C/O SOROS FUND MANAGEMENT LLC 888 SEVENTH AVENUE, 33RD FLOOR NEW YORK, NY 10106	N/A	INVESTMENT	CAYMAN ISLANDS
QUANTUM INDUSTRIAL PARTNERS LDC KAYA FLAMBOYAN 9 WILLEMSTAD, CURACAO (NETHERLANDS ANTILLES)	98-0139748	INVESTMENT	CAYMAN ISLANDS
QUANTUM MBS LTD FLEMMING HOUSE, WICKHAMS CAY, P O BOX 662 ROAD TOWN, TORTOLA (BRITISH VIRGIN ISLANDS)	98-0587818	INVESTMENT	CAYMAN ISLANDS
QUANTUM PARTNERS LP KAYA FLAMBOYAN 9 WALKER HOUSE 87 MARY STREET GEORGETOWN, GRAND CAYMAN, KY1-9005	N/A	INVESTMENT	CAYMAN ISLANDS
QUANTUM STRATEGIC PARTNERS (M) LIMITED C/O ROGERS HOUSE, 5, PRESIDENT JOHN KENNEDY STREET PORT LOUIS, MAURITIUS	98-0121767	INVESTMENT	MAURITIUS
QUANTUM STRATEGIC PARTNERS LTD (F <i>INI</i> A SSP OFFSHORE C/O SOROS FUND MANAGEMENT LLC 888 SEVENTH AVENUE, 33RD FLOOR NEW YORK, NY 10106	20-8645877	INVESTMENT	CAYMAN ISLANDS
QSPCF, LP C/O SOROS FUND MANAGEMENT LLC 888 SEVENTH AVENUE, SUITE 3300 NEW YORK, NY 10106	N/A	INVESTMENT	DELAWARE
REYNO OVERSEAS S A. C/O CITCO B V I LIMITED FLEMMING HOUSE, WICKHAMS CAY P O BOX 662 ROAD TOWN, TORTOLA BRITISH VIRGIN ISLANDS	N/A	INVESTMENT	BRITISH VIRGIN ISLANDS
SF RE FUND HOLDINGS CG, LLC C/O SOROS FUND MANAGEMENT LLC 888 SEVENTH AVENUE, 33RD FLOOR NEW YORK, NY 10106	N/A	INVESTMENT	DELAWARE

## FORM 990, SCHEDULE R. PART III - IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A PARTNERSHIP

PARTNERSHIP	EIN	PRIMARY ACTIVITY	LEGAL DOMICILE
SF REALTY LLC C/O SOROS FUND MANAGEMENT LLC 888 SEVENTH AVENUE, 33RD FLOOR NEW YORK, NY 10106	N/A	INVESTMENT	DELAWARE
SHIRE CREEK INVESTMENTS LIMITED KAYA FLAMBOYAN 9 WILLEMSTAD, CURACAO (NETHERLANDS ANTILLES)	N/A	INVESTMENT	BRITISH VIRGIN ISLANDS
SOROS CCP HOLDINGS LLC C/O SOROS FUND MANAGEMENT LLC 888 SEVENTH AVENUE, 33RD FLOOR NEW YORK, NY 10106	98-0121767	INVESTMENT	DELAWARE
SSP ENERGY LTD C/O SOROS FUND MANAGEMENT LLC 888 SEVENTH AVENUE, 33RD FLOOR NEW YORK, NY 10106	98-1082035	INVESTMENT	CAYMAN ISLANDS
SSP RESOURCES LP CO MOURANT CAYMAN CORPORATE SVCS HARBOUR CENTER, 42 NORTH CHURCH STREET P O BOX 1348 GRAND CAYMAN, CAYMAN ISLANDS KY1-1108	98-0676755	INVESTMENT	CAYMAN ISLANDS
SUNAPEE CAPITAL LLC C/O SOROS FUND MANAGEMENT LLC 888 SEVENTH AVENUE, 33RD FLOOR NEW YORK, NY 10106	N/A	INVESTMENT	DELAWARE
VIVA RIO MARLIN BRAZIL VALUE FUND LLC C/O MARLIN-GESTAO DE RECURSOS-LTDA RUE DIAS FERREIRA, 190 SUITE 502 LEBLON-RIO DE JANEIRO-RJ, BRAZIL 22431-050	N/A	INVESTMENT	BRAZIL

## FORM 990, SCHEDULE R. PART IV - IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A CORPORATION OR TRUST

CORPORATION/TRUST	EIN	PRIMARY ACTIVITY	LEGAL DOMICILE	TYPE OF ENTITY
AVALLONE LLC CAO SOROS FUND MANAGEMENT LLC 888 SEVENTH AVENUE, 33RD FLOOR NEW YORK, NY 10106	N/A	INVESTMENT	DELAWARE	C CORP
DV HOLDINGS LTD C/O SOROS FUND MANAGEMENT LLC 888 SEVENTH AVENUE, 33RD FLOOR NEW YORK, NY 10108	N/A	INVESTMENT	BRITISH VIRGIN ISLANDS	C CORP
DV HOLDINGS II LTD C/O SOROS FUND MANAGEMENT LLC 888 SEVENTH AVENUE, 33RD FLOOR NEW YORK, NY 10108	N/A	INVESTMENT	BRITISH VIRGIN ISLANDS	C CORP
T RE (BERMUDA) LTD CANON'S COURT, 22 VICTORIA STREET HAMILTON, HM 12, BERMUDA	98-0653855	INVESTMENT	BERMUDA	C CORP
QP CAMBO HOLDINGS LTD FLEMMING HOUSE, WICKHAMS CAY, P O BOX 662 ROAD TOWN, TORTOLA (BRITISH VIRGIN ISLANDS)	98-1042581	INVESTMENT	CAYMAN ISLANDS	C CORP
QP ENCORE HOLDINGS LLC CO SOPOS FUND MANAGEMENT.LLC 888 SEVENTH AVENUE, 33RD FLOOR NEW YORK, NY 10108	45-2657621	INVESTMENT	DELAWARE	C CORP
OP HOLDINGS LLC CO SOROS FUND MANAGEMENT LLC 888 SEVENTH AVENUE, 33RD FLOOR NEW YORK, NY 10106	90-0595497	INVESTMENT	DELAWARE	C CORP
QP SFM CAPITAL HOLDINGS LIMITED FLEMMING HOUSE, WICKHAMS CAY, P O BOX 662 ROAD TOWN, TORTOLA (BRITISH VIRGIN ISLANDS)	46-0520979	INVESTMENT	BRITISH VIRGIN ISLANDS	C CORP
QP VELA LTD WALKER HOUSE, 87 MARY STREET GEORGE TOWN, GRAND CAYMAN, CJ KY1-9005	N/A	INVESTMENT	CAYMAN ISLANDS	C CORP
QPB HOLDINGS LTD 33 SIR JOHN ROGERSON'S QUAY DUBLIN, IRELAND	98-1150590	INVESTMENT	CAYMAN ISLANDS	C CORP
QPCF GP LTD WALKER HOUSE, 87 MARY STREET GEORGE TOWN, GRAND CAYMAN, CJ KY1-9005	N/A	INVESTMENT	CAYMAN ISLANDS	C CORP
OPGT LLC C/O SOROS FUND MANAGEMENT LLC 888 SEVENTH AVENUE, SUITE 3300 NEW YORK, NY 10108	46-3635080	INVESTMENT	DELAWARE	C CORP
RIVENDALE INVESTMENTS LTD 87 MARY STREET, GEORGE TOWN GRAND CAYMAN KY1-9001, CAYMAN ISLANDS	98-0676198	INVESTMENT	CAYMAN ISLANDS	C CORP
S RE LTD CANON'S COURT, 22 VICTORIA STREET HAMILTON, BERMUDA	N/A	INVESTMENT	BERMUDA	C CORP
Q RE INTERMEDIARY HOLDINGS LTD (F/K/A T RE INTERMEDIARY HOLDINGS LTD) CANON'S COURT, 22 VICTORIA STREET HAMILTON, BERMUDA	N/A	INVESTMENT	BERMUDA	C CORP
QUANTUM (M) LIMITED ROGERS HOUSE 5 PRESIDENT JOHN KENNEDY STREET PORT LOUIS, MAURITIUS	98-0564705	INVESTMENT	MAURITIUS	C CORP
QUANTUM INDUSTRIAL HOLDINGS LTD KAYA FLAMBOYAN 9 WILEMSTAD, CURACAO	98-0139749	INVESTMENT	BRITISH VIRGIN ISLANDS	C CORP
QUOTA RABBICO N V KAYA FLAMBOYAN 9 WILEMSTAD, CURACAO	N/A	INVESTMENT	CURACAO	C CORP
FOREST HILLS BLOCKER LTD FLEMMING HOUSE WICKHAMS CAY, P.O. BOX 682 ROAD TOWN TORTOLA (BRITISH YIRGIN ISLANDS)	N/A	INVESTMENT	BRITISH VIRGIN ISLANDS	C CORP
SSP RESOURCES GP LTD HABBOUR CENTER, 42 NORTH CHURCH STREET P O BOX 1348 GRAND CAYMAN, CAYMAN ISLANDS KY1-1108	98-0121767	INVESTMENT	CAYMAN ISLANDS	C CORP
SSP RESOURCES NAIROBI HOLDINGS B V (F/K/A ANDREEVSKY JV B V ) FRED ROESKESTRAAT 123 AMSTERDAM, NL 1076 EE	N/A	INVESTMENT	CURACAO	C CORP

# Form **8868**

(Rev January 2014)

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev 1-2014)

Internal Revenu	•	► Information about Form 88	368 and its	instructions is at www.irs			
If you are	filing for an	Automatic 3-Month Extension, o	complete c	only Part I and check the	nis box		► X
• If you are	filing for an	Additional (Not Automatic) 3-Me	onth Exten	sion, complete only P	art II (on page 2 of this	form)	
Do not comp	olete Part II u	inless you have already been gra	nted an au	tomatic 3-month exten	sion on a previously file	ed Form 8868	8
a corporatio 8868 to red Return for	n required to quest an ext Transfers A	You can electronically file Form of file Form 990-T), or an addition ension of time to file any of the ssociated With Certain Personal letails on the electronic filing of the	nal (not au forms liste Il Benefit (	tomatic) 3-month exter ed in Part I or Part II w Contracts, which mus	nsion of time You can with the exception of F t be sent to the IRS	electronical form 8870, I in paper fo	ly file Form Information ormat (see
		Month Extension of Time. Or					
		o file Form 990-T and requesting			<del></del>	molete	
•	•						▶ □
All other cor	porations (i	ncluding 1120-C filers), partnersh	ips, REMIC	S, and trusts must use	Form 7004 to request a	n extension o	of time
to file ıncom	e tax returns	).			Enter filer's identify	ing number, se	e instructions
T	Name of ex	empt organization or other filer, see in	structions.		Employer identification i	number (EIN) o	or
Type or	ļ				į		
print		OR POLICY REFORM, INC			26-43512	42	
File by the due date for		eet, and room or suite no. If a P.O. bo			Social security number (	SSN)	
filing your		VIEL EULE, 888 SEVENTH			<u>L </u>		
retum See instructions	1 -	r post office, state, and ZIP code. For	a toreign au	oress, see instructions.			
	<u> </u>	RK, NY 10106					1011
Enter the Re	eturn code fo	or the return that this application i	is for (file a	a separate application for	or each return)		. 01
Application			Return	Application		<del></del>	Return
Application Is For			Code	Is For		1	Code
Form 990 or	Form 990-1		01	Form 990-T (corporation	tion)		07
Form 990-Bl			02	Form 1041-A	8011)	<del>-,</del>	08
Form 4720 (			03	Form 4720 (other tha	an individual)		09
Form 990-PF			04	Form 5227			10
		) or 408(a) trust)	05	Form 6069	<del></del>		11
Form 990-T			06	Form 8870			12
The books	s are in the	care of ▶ CHRISTOPHER NA	UNTON				
Telephone  If the orga  If this is for the whole	e No ► anization do or a Group R e group, che	es not have an office or place of leturn, enter the organization's for the ck this box	business in business in ur digit Gro f it is for pa	FAX No. ► 646 73.  The United States, che pup Exemption Number	1-5520 ck this box (GEN)	If th	
		atic 3-month (6 months for a cor		equired to file Form 990	0-T) extension of time		
· · · · · · · · · · · · · · · · · · ·		08/15 , 20 14 _, to file the				above The e	xtension is
		's return for:					
		ar 20 <u>13</u> or					
▶	tax year be	ginning	, 20	, and ending		, 20	
	-	red in line 1 is for less than 12 m counting period	onths, ched	ck reason. Initial r	eturn Final retu	ırn	
		is for Form 990-BL, 990-PF, 99	90-Т, 4720	, or 6069, enter the	tentative tax, less an	у	
		lits See instructions		<del></del>	·	3a \$	0
		is for Form 990-PF, 990-T,		<del>-</del>		d	
		ents made. Include any prior yea				3b \$	0
		act line 3b from line 3a. Include		ent with this form, if re	equired, by using EFTP:	1 1	
		Tax Payment System). See instru-		<del></del>		3c \$	0
-	are going to	make an electronic funds withdrawa	I (direct deb	it) with this Form 8868, s	ee Form 8453-EO and Fo	rm 8879-EO fo	or payment
instructions.							

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

**If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box	Form 8868 (Re	ev 1-2014)				Page 2
Part   Additional (Not Automatic) 3-Month Extension, complete only Part I (on page 1)    Part   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).    Enter filer's identifying number, see instructions	<ul> <li>If you are</li> </ul>	filing for an Additional (Not Automatic) 3-M	onth Exten	sion, complete only Part I	and check this box	X
Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).    Name of exempt organization or other filer, see instructions	Note. Only o	complete Part II if you have already been gra	nted an au	tomatic 3-month extension	on a previously filed Form 8868.	
Type or print  FUND FOR POLICY REFORM, INC  File y the files y the result of the print of the files are instructions  FUND FOR POLICY REFORM, INC  FUND FOR POLICY REFORM, INC  City, from a post office, state, and room of subt no. If a P.O. box, see instructions  C/O. DANTEL EULE, 888 SEVENTH AVE, 33 FL.  City, from a post office, state, and zip code. For a foreign address, see instructions.  NEW YORK, NY 10106  Enter the Return code for the return that this application is for (file a separate application for each return)	• If you are	filing for an Automatic 3-Month Extension,	complete o	only Part I (on page 1)		
Name of exempt organization or other filer, see instructions	Part II	Additional (Not Automatic) 3-Month E	xtension c	of Time. Only file the orig	inal (no copies needed).	
Type or print FUND FOR POLICY REFORM, INC Number, street, and room or suite no. If a P O. box, see instructions C/O DANIEL EULE, 888 SEVENTH AVE, 33 FL.  (*Colling sport return, See  **Politics state, and room or suite no. If a P O. box, see instructions C/O DANIEL EULE, 888 SEVENTH AVE, 33 FL.  (*Collin, bown or post office, state, and 2IP code, For a foreign address, see instructions.  **REW YORK, NY 10106  **Enter the Return code for the return that this application is for (file a separate application for each return)				Eı	nter filer's identifying number, see	instructions
Fine by the de date for filling your content of the Poblic R REFORM, INC.    File by the de date for filling your content of the Poblic R REFORM, INC.   Social secunly number (SSN)		Name of exempt organization or other filer, see in	structions		Employer identification number (El	N) or
Fine by the de date for filling your content of the Poblic R REFORM, INC.    File by the de date for filling your content of the Poblic R REFORM, INC.   Social secunly number (SSN)	Type or					
Number, street, and room or suite no. If a P O. box, see instructions		FUND FOR POLICY REFORM, INC			26-4351242	
due date for lifting year fortunations.    C/O DANIEL EUILE, 818 SEVENTH AVE, 33 FL.		Number, street, and room or suite no. If a P O. bo	x, see instru	ctions	Social security number (SSN)	
filing your levelum. See instructions.    City, town or post office, state, and ZIP code. For a foreign address, see instructions.   New YORK, NY 10106		C/O DANIEL EULE, 888 SEVENTH	AVE, 3	3 FL.		
SEM YORK, NY 10.106   Interior Return code for the return that this application is for (file a separate application for each return)	filing your	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.		
Return   S For   Code   S Form   S For		NEW YORK, NY 10106				
Return   S For   Code   S Form   S For	Enter the Re	turn code for the return that this application	is for (file a	a separate application for ea	ach return)	01
Section   Code   Section   For   Code   Section   For   Section   For   Section   S						
Form 990 or Form 990-EZ Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (individual) 03 Form 4720 (individual) 03 Form 4720 (individual) 03 Form 4720 (individual) 04 Form 5227 10 Form 990-PF Form 990-PF 04 Form 6069 11 Form 990-T (trust other than above) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  The books are in the care of ▶ CRRISTOPHER NAUNTON Telephone No. ▶ 212 320-5520 Fax No. ▶ 646 Form 527 Fax No. ▶ 646 Form 6069 If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶ ☐ If it is for part of the group, check this box ▶ ☐ If this is for part of the group, check this box ▶ ☐ If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Initial return ☐ Final return Ghange in accounting period Thange in accounting period That detail why you need the extension ADDITIONAL TIME IS NEEDED TO COMPILE THE INFORMATION NECESSARY TO FILE A COMFLETE AND ACCURATE RETURN.  Ba If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  Ba If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made, Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.  C Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFFPS (Electronic Federal Tax Payment System). See instructions.  Signature A Title ▶ CPA  Title ▶ CPA  Date ➤  Title ▶ CPA  Date ➤  Tax Payment System).			Code	1		
Form 990-BL  Form 4720 (individual)  Form 4720 (individual)  Germ 4720 (individual)  Form 990-F  Germ 990-F  Germ 990-T (see, 401(a) or 408(a) trust)  Form 990-T (see, 401(a) or 408(a) trust)  Form 990-T (trust other than above)  Form 890-T (trust other than above)  Fo		r Form 990-F7				
Form 4720 (individual)  Form 990-PF  OA Form 5227  10  Form 990-PF  OB Form 6870  11  Form 990-PF  OB Form 8870  12  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  The books are in the care of ▶ CHRISTOPHER NAUNTON  Telephone No. ▶ 212 320-5520  Fax No. ▶ 646 731-5520  If the organization does not have an office or place of business in the United States, check this box ▶  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If the organization does not have an office or place of business in the United States, check this box ▶  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If the organization does not have an office or place of business in the United States, check this box ▶  If this is for part of the group, check this box ▶  If the organization of the whole group, check this box ▶  If the state in the care of part of the group, check this box						7-7
Form 990-PF					dividual)-	
Form 990-T (sec. 401(a) or 408(a) trust)  Form 990-T (trust other than above)  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  The books are in the care of ▶ CHRISTOPHER NAUNTON  Telephone No. ▶ 212 320-5520 Fax No. ▶ 646 731-5520  If the organization does not have an office or place of business in the United States, check this box ▶					umdual)	
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Fax No. ► 646 731–5520  If the organization does not have an office or place of business in the United States, check this box				datomatic o month exten	islan on a previously mear on	- 5000.
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for the whole group, check this box ▶	_	•				s ie
It with the names and EINs of all members the extension is for.  4 I request an additional 3-month extension of time until 11/17, 20 14.  5 For calendar year 2013, or other tax year beginning ,20 ,and ending ,20.  6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period  7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO COMPILE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.  8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.  c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  8c \$ 0  Signature and Verification must be completed for Part II only.  Under penalties of perjury I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and bellet, it strue, correct, and complete, and that I am authorized to prepare this form.  Title P Date P 728/201 4						
4 I request an additional 3-month extension of time until		-	·=	it of the group, check this t	Jox and atte	icira
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