See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2012 calendar year, or tax year beginning ________________, 2012, and ending ________________, 20__

B Check if applicable

<table>
<thead>
<tr>
<th>Address change</th>
<th>Name change</th>
<th>Initial return</th>
<th>Terminated</th>
<th>Amended return</th>
<th>Application pending</th>
</tr>
</thead>
</table>

C Name of organization

<table>
<thead>
<tr>
<th>FUND FOR POLICY REFORM, INC</th>
</tr>
</thead>
</table>

D Employer identification number

| 26-4351242 |

E Telephone number

| ( ) - |

F Name and address of principal officer

<table>
<thead>
<tr>
<th>MICHAEL VACHON</th>
</tr>
</thead>
</table>

G Gross receipts

| $13,600,055.00 |

H(a) Is this a group return for affiliates?

| No |

H(b) Are all affiliates included?

| No |

I Tax-exempt status

| 501(c)(3) |

J Website: □ N/A

K Form of organization

| X Corporation |

L Year of formation

| 2009 |

DE State of legal domicile

Part I

1 Briefly describe the organization's mission or most significant activities

TO PROMOTE SOCIAL WELFARE WITHIN THE MEANING OF SECTION 501(C)(4), INCLUDING FUNDING INITIATIVES RELATED TO CLIMATE CHANGE, DRUG POLICY, ALLEVIATION OF POVERTY, AND ELECTORAL REFORM.

2 Check this box □ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

| 3 |

4 Number of independent voting members of the governing body (Part VI, line 1b)

| 3 |

5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)

| 5 |

6 Total number of volunteers (estimate if necessary)

| 6 |

7a Total unrelated business revenue from Part VIII, column (C), line 12

| 0 |

7b Net unrelated business taxable income from Form 990-T, line 34

| 0 |

Revenue

<table>
<thead>
<tr>
<th>Contributions and grants (Part VIII, line 1h)</th>
</tr>
</thead>
<tbody>
<tr>
<td>500,000,000.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program service revenue (Part VIII, line 2g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>-622,280.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total revenue - add lines 8 through 11</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>499,377,720.00</td>
<td>-3,282,483.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grants and similar amounts (Part IX, column (A), lines 1-3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8,500,000.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benefits paid to or for members (Part IX, column (A), line 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Professional fundraising expenses (Part IX, column (A), line 11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total fundraising expenses (Part IX, column (D), line 12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>775,761.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other expenses (Part X, column (A), lines 13a-13f)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total expenses - add lines 17 through 23</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>9,275,761.00</td>
<td>16,224,900.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Revenue less expenses Subtract line 18 from line 12</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>490,101,959.00</td>
<td>-19,507,383.00</td>
</tr>
</tbody>
</table>

Part II

Net Assets or Fund Balances

<table>
<thead>
<tr>
<th>Total assets (Part X, line 16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>501,558,543.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total liabilities (Part X, line 25)</th>
</tr>
</thead>
<tbody>
<tr>
<td>45,460.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Net assets or fund balances Subtract line 21 from line 20</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>501,513,083.00</td>
<td>539,377,852.00</td>
</tr>
</tbody>
</table>

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on information of which preparer has any knowledge.

Signature of officer

| Mark C. Moore |

Type of print name and title

| Treasurer |

Date

| 11/12/13 |

Paid Preparer Use Only

Print/Type preparer's name

| MARK C. MOORES |

Preparer's signature

| WMAWMOORES |

Date

| 11/12/2013 |

Check if self-employed

| X |

PTIN

| P00844084 |

For Paperwork Reduction Act Notice, see the separate instructions.
Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission
ATTACHMENT 1 - SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 
   If "Yes," describe these new services on Schedule O.

   Yes □ No X

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? 
   If "Yes," describe these changes on Schedule O.

   Yes □ No X

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

   4a (Code ______)(Expenses $ 7,987,000, including grants of $ 7,987,000.)(Revenue $ ______)
   IN 2012, THE FUND FOR POLICY REFORM ("FPR") MADE GRANTS OF 
   $7,987,000 TO CLIMATE POLICY INITIATIVE ("CPI") TO (I) EVALUATE NATIONAL AND INTERNATIONAL REGULATORY PERFORMANCE IN THE AREA OF CLIMATE CHANGE, PARTICULARLY PERTAINING TO THE REGULATION OF CARBON EMISSIONS AND CARBON FINANCE MARKETS, AND (II) UTILIZE THESE FINDINGS TO EDUCATE REGULATORS, INVESTORS, AND THE GENERAL PUBLIC WITH RESPECT TO REGULATORY EFFECTIVENESS AND AVENUES FOR IMPROVED POLICY IMPLEMENTATION.

   4b (Code ______)(Expenses $ 5,200,000, including grants of $ 5,200,000.)(Revenue $ ______)
   IN 2012, THE FUND FOR POLICY REFORM ("FPR") MADE GRANTS OF $5,200,000 TO OPEN SOCIETY POLICY CENTER INC. ("OSPC") TO SUPPORT THE GRANTEE'S OPERATIONS AND ACTIVITIES WHICH ADVOCATE FOR THE REFORM OF PUBLIC WELFARE LAWS.

   4c (Code ______)(Expenses $ 1,500,000, including grants of $ 1,500,000.)(Revenue $ ______)
   IN 2012, THE FUND FOR POLICY REFORM ("FPR") MADE A GRANT OF $1,500,000 TO DRUG POLICY ACTION TO SUPPORT THE GRANTEE'S OPERATIONS AND ACTIVITIES WHICH ADVOCATE FOR THE REFORM OF FEDERAL, STATE AND LOCAL LAWS ON DRUG POLICY.

   4d Other program services (Describe in Schedule O) ATTACHMENT 2
   (Expenses $ 1,500,000, including grants of $ 1,500,000.)(Revenue $ ______)

   4e Total program service expenses $ 16,187,000.
### Checklist of Required Schedules

<table>
<thead>
<tr>
<th>1</th>
<th>Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If &quot;Yes,&quot; complete Schedule A</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If &quot;Yes,&quot; complete Schedule C, Part I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>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 &quot;Yes,&quot; complete Schedule C, Part II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>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 &quot;Yes,&quot; complete Schedule C, Part III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>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 &quot;Yes,&quot; complete Schedule D, Part I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If &quot;Yes,&quot; complete Schedule D, Part II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Did the organization maintain collections of works of art, historical treasures, or other similar assets? If &quot;Yes,&quot; complete Schedule D, Part III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>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 &quot;Yes,&quot; complete Schedule D, Part IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If &quot;Yes,&quot; complete Schedule D, Part V</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>If the organization's answer to any of the following questions is &quot;Yes,&quot; then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 11
- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | Yes | No | 11a |
- 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 |  | No | 11b |
- 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 |  | No | 11c |
- Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX |  | No | 11d |
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X |  | No | 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 |  | No | 11f |

#### 12
- Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | Yes | No | 12a |
- Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | Yes | No | 12b |

#### 13
- Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | Yes | No | 13 |

#### 14
- Did the organization maintain an office, employees, or agents outside of the United States? | Yes | No | 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 | Yes | No | 14b |

#### 15
- Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts I and IV | Yes | No | 15 |

#### 16
- Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | Yes | No | 16 |

#### 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) | Yes | No | 17 |

#### 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 | Yes | No | 18 |

#### 19
- Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | Yes | No | 19 |
- Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | Yes | No | 20a |
- If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | Yes | No | 20b |
21 Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.  

22 Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.  

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.  

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K if "No," go to line 25.  

24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  

24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  

24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  

25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  

25b 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.  

26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.  

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.  

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)  

28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  

28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  

28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.  

29 Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M.  

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.  

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.  

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  

35b 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.  

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.  

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.  

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.
Part V  Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V. ......................................................... X

1a Enter the number reported in Box 3 of Form 1096  Enter -0- if not applicable. .................................................. 1a
b Enter the number of Forms W-2G included in line 1a  Enter -0- if not applicable. .................................................. 1b

1c Did the organization comply with backup withholding rules for reportable payments to vendors and
reportable gaming (gambling) winnings to prize winners?  ...................................................................................... 1c

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
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
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. 3b

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority
over, a financial account in a foreign country (such as a bank account, securities account, or other financial
account)? ......................................................... 4a
b If "Yes," enter the name of the foreign country  ......................................................................................

See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b

6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the
organization solicit any contributions that were not tax deductible as charitable contributions? 6a
b If "Yes," did the organization include with every solicitation an express statement that such contributions or
gifts were not tax deductible? 6b

7 Organizations that may receive deductible contributions under section 170(c).
a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods
and services provided to the payor?  ...................................................................................... 7a
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b

c 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  ........................................................................ 7d

e 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

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h

8 Sponsoring organizations maintaining donor advised funds 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

9 Sponsoring organizations maintaining donor advised funds.
a Did the organization make any taxable distributions under section 4966?  ................................................................ 9a
b Did the organization make a distribution to a donor, advisor, or related person?  ................................................................ 9b

10 Section 501(c)(7) organizations. Enter

10a Initiation fees and capital contributions included on Part VIII, line 12  ........................................................................ 10a
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  ................................................................ 10b

11 Section 501(c)(12) organizations. Enter

11a Gross income from members or shareholders
b Gross income from other sources (Do not net amounts due or paid to other sources
against amounts due or received from them)  ......................................................................................

11b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a
b 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.
a Is the organization licensed to issue qualified health plans in more than one state?  ................................................................ 13a

Note. See the instructions for additional information the organization must report on Schedule O
b Enter the amount of reserves the organization is required to maintain by the states in which
the organization is licensed to issue qualified health plans  ...................................................................................... 13b
c Enter the amount of reserves on hand  ...................................................................................... 13c

14a Did the organization receive any payments for indoor tanning services during the tax year?  ................................................................ 14a
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  ................................................................ 14b
Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Check if Schedule O contains a response to any question in this Part VI: x

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year

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 any other officer, director, trustee, or key employee?

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

b Each committee with authority to act on behalf of the governing body?

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

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code)

10a 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, branches, and affiliates to ensure their operations are consistent with the organization's exempt purposes?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

b 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 rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

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 organization's exempt status with respect to such arrangements?

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: NY

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3) 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 interest 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 the organization:

CHRISTOPHER HAUGHTON 888 SEVENTH AVENUE, 33 FL NEW YORK, NY 10019 212-320-5520

Form 990 (2012)
### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question 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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) GEORGE_SOROS</td>
<td>CHAIRMAN/DIRECTOR</td>
<td>X</td>
<td>X</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>(2) GARY GLADSTEIN</td>
<td>TREASURER/DIRECTOR</td>
<td>X</td>
<td>X</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>(3) MICHAEL VACHON</td>
<td>SECRETARY/DIRECTOR</td>
<td>X</td>
<td>X</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(11)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(13)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(14)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part VII  Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
</table>

| 1b Sub-total | ➪ |
| c Total from continuation sheets to Part VII, Section A | ➪ |
| d Total (add lines 1b and 1c) | ➪ |

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ➪ 0

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.

### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ➪ 0
### Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII.

- **(A) Total revenue**
- **(B) Related or exempt function revenue**
- **(C) Unrelated business revenue**
- **(D) Revenue excluded from tax under sections 512, 513, or 514**

#### Contributions, Gifts, Grants, and Other Similar Amounts

<table>
<thead>
<tr>
<th>(a)</th>
<th>1a</th>
<th>Federated campaigns</th>
<th>1a</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b</td>
<td>Membership dues</td>
<td>1b</td>
</tr>
<tr>
<td></td>
<td>c</td>
<td>Fundraising events</td>
<td>1c</td>
</tr>
<tr>
<td></td>
<td>d</td>
<td>Related organizations</td>
<td>1d</td>
</tr>
<tr>
<td></td>
<td>e</td>
<td>Government grants (contributions)</td>
<td>1e</td>
</tr>
<tr>
<td></td>
<td>f</td>
<td>All other contributions, gifts, grants, and similar amounts not included above</td>
<td>1f</td>
</tr>
<tr>
<td></td>
<td>g</td>
<td>Noncash contributions included in lines 1a-1f</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>h</td>
<td>Total, Add lines 1a-1f</td>
<td>$</td>
</tr>
</tbody>
</table>

#### Program Service Revenue

<table>
<thead>
<tr>
<th>(a)</th>
<th>2a</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e</td>
<td></td>
</tr>
<tr>
<td></td>
<td>f</td>
<td>All other program service revenue</td>
</tr>
<tr>
<td></td>
<td>g</td>
<td>Total, Add lines 2a-2f</td>
</tr>
</tbody>
</table>

#### Investment Income (including dividends, interest, and other similar amounts)

**Attachment 4 - Schedule 15.**

- **(i) Real**
- **(ii) Personal**

#### Royalties

- **(i) Securities**
- **(ii) Other**

#### Gross amount from sales of assets other than inventory

- **(a) See Part IV, line 19**
- **(b) Less cost or other basis**
- **(c) Gain or (loss)***

#### Net gain or (loss)***

#### Gross income from fundraising events (not including $ of contributions reported on line 1c)

- **(a) See Part IV, line 18**
- **(b) Less direct expenses**
- **(c) Net income or (loss) from fundraising events**

#### Gross income from gaming activities

- **(a) See Part IV, line 19**
- **(b) Less direct expenses**
- **(c) Net income or (loss) from gaming activities**

#### Gross sales of inventory, less returns and allowances

- **(a) See Part IV, line 19**
- **(b) Less cost of goods sold**
- **(c) Net income or (loss) from sales of inventory**

#### Miscellaneous Revenue

<table>
<thead>
<tr>
<th>(a)</th>
<th>11a</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d</td>
<td>All other revenue</td>
</tr>
<tr>
<td></td>
<td>e</td>
<td>Total, Add lines 11a-11d</td>
</tr>
</tbody>
</table>

#### Total revenue, See instructions

- **(a) See Part IV, line 19**
- **(b) Less cost of goods sold**
- **(c) Net income or (loss) from sales of inventory**

- **Total, Add lines 11a-11d**

- **Total revenue, See instructions**
### 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 to any question in this Part IX...

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

<table>
<thead>
<tr>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Grants and other assistance to governments and organizations in the United States (See Part IV, line 21)</td>
<td>16,187,000.</td>
<td>16,187,000.</td>
<td></td>
</tr>
<tr>
<td><strong>2</strong> Grants and other assistance to individuals in the United States (See Part IV, line 22)</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3</strong> Grants and other assistance to governments, organizations, and individuals outside the United States (See Part IV, lines 15 and 16)</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4</strong> Benefits paid to or for members</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5</strong> Compensation of current officers, directors, trustees, and key employees</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6</strong> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7</strong> Other salaries and wages</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8</strong> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>9</strong> Other employee benefits</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>10</strong> Payroll taxes</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>11</strong> Fees for services (non-employees)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Management</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Legal</td>
<td>8,936.</td>
<td>8,936.</td>
<td></td>
</tr>
<tr>
<td>c. Accounting</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Lobbying</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Professional fundraising services (See Part IV, line 17)</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Investment management fees</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Other if line 11g amount exceeds 10% of line 25, column (A) amount (list line 11g expenses on Schedule O)</td>
<td>26,694.</td>
<td>26,694.</td>
<td></td>
</tr>
<tr>
<td><strong>12</strong> Advertising and promotion</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>13</strong> Office expenses</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>14</strong> Information technology</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>15</strong> Royalties</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>16</strong> Occupancy</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>17</strong> Travel</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>18</strong> Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>19</strong> Conferences, conventions, and meetings</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>20</strong> Interest</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>21</strong> Payments to affiliates</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>22</strong> Depreciation, depletion, and amortization</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>23</strong> Insurance</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>24</strong> Other expenses (Itemize expenses not covered above) (lump miscellaneous expenses in line 24e) (If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)</td>
<td>1,525.</td>
<td>1,525.</td>
<td></td>
</tr>
<tr>
<td>a. STATE FILING FEES</td>
<td>1,525.</td>
<td>1,525.</td>
<td></td>
</tr>
<tr>
<td>b. CT CORP</td>
<td>745.</td>
<td>745.</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. All other expenses</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>25</strong> Total functional expenses. Add lines 1 through 24e</td>
<td>16,224,900.</td>
<td>16,187,000.</td>
<td>37,900.</td>
</tr>
<tr>
<td><strong>26</strong> 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).</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>2,771,150</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees’ beneficiary organizations (see instructions) Complete Part II of Schedule L</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>9</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D</td>
<td>10a</td>
</tr>
<tr>
<td>10b</td>
<td>Less accumulated depreciation</td>
<td>10b</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td>11</td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities See Part IV, line 11</td>
<td>498,787,393</td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related See Part IV, line 11</td>
<td>13</td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Other assets See Part IV, line 11</td>
<td>15</td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>501,558,543</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>45,460</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>18</td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>19</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability Complete Part IV of Schedule D</td>
<td>21</td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L</td>
<td>22</td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>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</td>
<td>25</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>45,460</td>
</tr>
</tbody>
</table>

#### Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Unrestricted net assets</td>
</tr>
<tr>
<td>28</td>
<td>Temporarily restricted net assets</td>
</tr>
<tr>
<td>29</td>
<td>Permanently restricted net assets</td>
</tr>
</tbody>
</table>

#### Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X and complete lines 30 through 34.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Capital stock or trust principal, or current funds</td>
</tr>
<tr>
<td>31</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
</tr>
<tr>
<td>32</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
</tr>
<tr>
<td>33</td>
<td>Total net assets or fund balances</td>
</tr>
<tr>
<td>34</td>
<td>Total liabilities and net assets/fund balances</td>
</tr>
</tbody>
</table>
### Part XI  Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12) &lt; 1 &lt;-3,282,483.</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25) &gt; 2 &gt;16,224,900.</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses Subtract line 2 from line 1 &gt; 3 &gt;-19,507,383.</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) &gt; 4 &gt;501,513,083.</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments &gt; 5 &gt;57,372,152.</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities &gt; 6 &gt;0</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses &gt; 7 &gt;0</td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments &gt; 8 &gt;0</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O) &gt; 9 &gt;0</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) &gt; 10 &gt;539,377,852.</td>
</tr>
</tbody>
</table>

### Part XII  Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>&amp;nbsp; Cash</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>&amp;nbsp; Accrual</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&amp;nbsp; Other</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>&amp;nbsp; If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&amp;nbsp; Separate basis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&amp;nbsp; Consolidated basis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&amp;nbsp; Both consolidated and separate basis</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>&amp;nbsp; If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&amp;nbsp; Separate basis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&amp;nbsp; Consolidated basis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&amp;nbsp; Both consolidated and separate basis</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes&quot; to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>&amp;nbsp; If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
<td>3a</td>
</tr>
<tr>
<td></td>
<td>&amp;nbsp; If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b</td>
<td></td>
</tr>
</tbody>
</table>
**Capital Gains and Losses**

**Part I**

Short-Term Capital Gains and Losses - Assets Held One Year or Less

<table>
<thead>
<tr>
<th>(a) Description of property</th>
<th>(b) Date acquired</th>
<th>(c) Date sold</th>
<th>(d) Sales price</th>
<th>(e) Cost or other basis</th>
<th>(f) Gain or (loss) for the entire year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b

2. Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824

3. Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts

4. Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2011 Capital Loss Carryover Worksheet

5. Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back

**Part II**

Long-Term Capital Gains and Losses - Assets Held More Than One Year

<table>
<thead>
<tr>
<th>(a) Description of property</th>
<th>(b) Date acquired</th>
<th>(c) Date sold</th>
<th>(d) Sales price</th>
<th>(e) Cost or other basis</th>
<th>(f) Gain or (loss) for the entire year</th>
</tr>
</thead>
<tbody>
<tr>
<td>6a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-3,282,538</td>
</tr>
</tbody>
</table>

- Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b

7. Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824

8. Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts

9. Capital gain distributions

10. Gain from Form 4797, Part I

11. Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2011 Capital Loss Carryover Worksheet

12. Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back

-3,282,538
**Schedule D (Form 1041) 2012**

### Part III

**Summary of Parts I and II**

**Caution:** Read the instructions before completing this part.

<table>
<thead>
<tr>
<th>Part</th>
<th>(1) Beneficiaries' (see instr)</th>
<th>(2) Estate's or trust's</th>
<th>(3) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>Net short-term gain or (loss)</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Net long-term gain or (loss):</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Total for year</td>
<td>14a</td>
<td>-3,282,538</td>
</tr>
<tr>
<td></td>
<td>b Unrecaptured section 1250 gain (see line 18 of the wrksh )</td>
<td>14b</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c 28% rate gain</td>
<td>14c</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Total net gain or (loss). Combine lines 13 and 14a</td>
<td>15</td>
<td>-3,282,538</td>
</tr>
</tbody>
</table>

**Note:** If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.

### Part IV

**Capital Loss Limitation**

| 16   | Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of:  |
|      | a The loss on line 15, column (3) or  |
|      | b $3,000  |
| 16   | 3,000  |

**Note:** If the loss on line 15, column (3), is more than $3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss Carryover Worksheet in the instructions to figure your capital loss carryover.

### Part V

**Tax Computation Using Maximum Capital Gains Rates**

**Form 1041 filers.** Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

**Caution:** Skip this part and complete the Schedule D Tax Worksheet in the instructions if
- Either line 14b, col (2) or line 14c, col (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

**Form 990-T trusts.** Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions if either line 14b, col (2) or line 14c, col (2) is more than zero.

| 17   | Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)  |
|      | 17                      |
| 18   | Enter the smaller of line 14a or 15 in column (2) but not less than zero,  |
|      | 18                      |
| 19   | Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)  |
|      | 19                      |
| 20   | Add lines 18 and 19  |
| 21   | If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0-;  |
|      | 21                      |
| 22   | Subtract line 21 from line 20 If zero or less, enter -0-;  |
| 23   | Subtract line 22 from line 17 If zero or less, enter -0-;  |
| 24   | Enter the smaller of the amount on line 17 or $2,400,  |
| 25   | Is the amount on line 23 equal to or more than the amount on line 24?  |
|      | Yes. Skip lines 25 and 26, go to line 27 and check the "No" box  |
|      | No. Enter the amount from line 23  |
| 26   | Subtract line 25 from line 24  |
| 27   | Are the amounts on lines 22 and 26 the same?  |
|      | Yes. Skip lines 27 thru 30, go to line 31  |
|      | No. Enter the smaller of line 17 or line 22  |
| 28   | Enter the amount from line 26 (If line 26 is blank, enter -0-);  |
| 29   | Subtract line 28 from line 27  |
| 30   | Multiply line 29 by 15% (15)  |
| 31   | Figure the tax on the amount on line 23. Use the 2012 Tax Rate Schedule for Estates and Trusts (see the Schedule G Instructions in the instructions for Form 1041)  |
|      | 31                      |
| 32   | Add lines 30 and 31  |
| 33   | Figure the tax on the amount on line 17. Use the 2012 Tax Rate Schedule for Estates and Trusts (see the Schedule G Instructions in the instructions for Form 1041)  |
|      | 33                      |
| 34   | Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36)  |
|      | 34                      |

**Schedule D (Form 1041) 2012**

JSA
12F1220 2 000

4091AM M174 V 12-7F
<table>
<thead>
<tr>
<th>Description of property (Example 100 sh 7% preferred of Z Co.)</th>
<th>Date acquired (mo., day, yr.)</th>
<th>Date sold (mo., day, yr.)</th>
<th>Sales price</th>
<th>Cost or other basis (see instructions)</th>
<th>Gain or (loss)</th>
</tr>
</thead>
<tbody>
<tr>
<td>QUANTUM ENDOWMENT IRELAND LIMITED</td>
<td>6/30/2009</td>
<td>VARIOUS</td>
<td>13,600,000.</td>
<td>16,882,538.</td>
<td>-3,282,538.</td>
</tr>
</tbody>
</table>

**6b Total.** Combine the amounts in column (f). Enter here and on Schedule D, line 6b.                      -3,282,538.
SCHEDULE D
(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. See separate instructions.

Name of the organization:

FUND FOR POLICY REFORM, INC

Employer Identification number:

26-4351242

Part I
Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? □ Yes □ No

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? □ Yes □ No

Part II
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)
   □ Preservation of a historically important land area
   □ Preservation of a certified historic structure
   □ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
   2a Held at the End of the Tax Year
   2b
   2c
   2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated 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, handling of violations, and enforcement of the conservation easements it holds? □ Yes □ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 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 financial statements that describes the organization's accounting for conservation easements.

Part III
Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
   (i) Revenues included in Form 990, Part VIII, line 1
   (ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
   a Revenues included in Form 990, Part VIII, line 1
   b Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the instructions for Form 990.
Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
   a Public exhibition  
   b Scholarly research  
   c Preservation for future generations  
   d Loan or exchange programs  
   e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  
   ☐ Yes  ☐ No

Part IV  Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  
   ☐ Yes  ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

2a Did the organization include an amount on Form 990, Part X, line 21?  
   ☐ Yes  ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V  Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

1a Beginning of year balance  
   (a) Current year  
   (b) Prior year  
   (c) Two years back  
   (d) Three years back  
   (e) Four years back

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
   a Board designated or quasi-endowment  
   b Permanent endowment  
   c Temporarily restricted endowment  

   The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
   (i) unrelated organizations
   (ii) related organizations

   ☐ Yes  ☐ No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule B?  
   ☐ Yes  ☐ No

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI  Land, Buildings, and Equipment. See Form 990, Part X, line 10

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total: Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).
### Part VII  Investments - Other Securities. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category</th>
<th>(b) Book value</th>
<th>(c) Method of valuation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QUANTUM ENDOWMENT IRELAND LTD</td>
<td>539,277,007</td>
<td>FUND NAV</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total (Column (b) must equal Form 990, Part X, col (B) line 12)</td>
<td>539,277,007</td>
<td></td>
</tr>
</tbody>
</table>

### Part VIII  Investments - Program Related. See Form 990, Part X, line 13

<table>
<thead>
<tr>
<th>(a) Description of investment type</th>
<th>(b) Book value</th>
<th>(c) Method of valuation</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
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<tr>
<td>(6)</td>
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<td>(7)</td>
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<td>(8)</td>
<td></td>
<td></td>
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<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total (Column (b) must equal Form 990, Part X, col (B) line 13) 

### Part IX  Other Assets. See Form 990, Part X, line 15

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
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<td>(5)</td>
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<td>(7)</td>
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<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td>(10)</td>
<td></td>
</tr>
</tbody>
</table>

Total (Column (b) must equal Form 990, Part X, col (B) line 15)

### Part X  Other Liabilities. See Form 990, Part X, line 25

1. Description of liability | (b) Book value
---------------------------|----------------|
(1) Federal income taxes   |                |
(2)                         |                |
(3)                         |                |
(4)                         |                |
(5)                         |                |
(6)                         |                |
(7)                         |                |
(8)                         |                |
(9)                         |                |
(10)                        |                |
(11)                        |                |

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

2. FIN 48 (ASC 740) Footnote 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.
### Part XI  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Net unrealized gains on investments</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>b Donated services and use of facilities</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>c Recoveries of prior year grants</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII)</td>
<td>2d</td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3</td>
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<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1</td>
<td></td>
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<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)</td>
<td>5</td>
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</table>

### Part XII  Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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<table>
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<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
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<td>Amounts included on line 1 but not on Form 990, Part IX, line 25</td>
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<td>a Donated services and use of facilities</td>
<td>2a</td>
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<td></td>
<td>b Prior year adjustments</td>
<td>2b</td>
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<td></td>
<td>c Other losses</td>
<td>2c</td>
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<tr>
<td></td>
<td>d Other (Describe in Part XIII)</td>
<td>2d</td>
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<td>e Add lines 2a through 2d</td>
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<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3</td>
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<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1</td>
<td></td>
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<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
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<tr>
<td></td>
<td>b Other (Describe in Part XIII)</td>
<td>4b</td>
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<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
<td>4c</td>
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<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</td>
<td>5</td>
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</tbody>
</table>

### Part XIII  Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.
**SCHEDULE F**
*(Form 990)*

**Statement of Activities Outside the United States**

- Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.
- Attach to Form 990. See separate instructions.

### Part I

**General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1. **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [ ] Yes [ ] No

2. **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3. **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

<table>
<thead>
<tr>
<th>(a) Region</th>
<th>(b) Number of offices in the region</th>
<th>(c) Number of employees, agents, and independent contractors in region</th>
<th>(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)</th>
<th>(e) If activity listed in (d) is a program service, describe specific type of service(s) in region</th>
<th>(f) Total expenditures for and investments in region</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) EUROPE</td>
<td></td>
<td></td>
<td>INVESTMENTS</td>
<td></td>
<td>539,277,007.</td>
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<td>(17)</td>
<td>Sub-total, . . . . . . . . . . . .</td>
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<td>539,277,007.</td>
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<td>3a</td>
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</tr>
<tr>
<td>b</td>
<td>Total from continuation sheets to Part I</td>
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</tr>
<tr>
<td>c</td>
<td>Totals (add lines 3a and 3b)</td>
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<td>539,277,007.</td>
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</tbody>
</table>

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

Schedule F (Form 990) 2012
### Grants and Other Assistance to Organizations or Entities Outside the United States

Complete if the organization answered "Yes" to 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.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of organization</th>
<th>(b) IRS code section and S.I.N (if applicable)</th>
<th>(c) Region</th>
<th>(d) Purpose of grant</th>
<th>(e) Amount of cash grant</th>
<th>(f) Manner of cash disbursement</th>
<th>(g) Amount of non-cash assistance</th>
<th>(h) Description of non-cash assistance</th>
<th>(i) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
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</table>

2. 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.

3. Enter total number of other organizations or entities.
### Part III Grants and Other Assistance to Individuals Outside the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Region</th>
<th>(c) Number of recipients</th>
<th>(d) Amount of cash grant</th>
<th>(e) Manner of cash disbursement</th>
<th>(f) Amount of non-cash assistance</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Method of valuation (book, FMV, appraisal, other)</th>
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<td>Description</td>
<td>Yes</td>
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<tr>
<td>1</td>
<td>Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If &quot;Yes,&quot; the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).</td>
<td>☐ Yes</td>
<td>☒ No</td>
<td></td>
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<tr>
<td>2</td>
<td>Did the organization have an interest in a foreign trust during the tax year? If &quot;Yes,&quot; 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).</td>
<td>☐ Yes</td>
<td>☒ No</td>
<td></td>
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<tr>
<td>3</td>
<td>Did the organization have an ownership interest in a foreign corporation during the tax year? If &quot;Yes,&quot; 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).</td>
<td>☒ Yes</td>
<td>☐ No</td>
<td></td>
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<tr>
<td>4</td>
<td>Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If &quot;Yes,&quot; 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).</td>
<td>☒ Yes</td>
<td>☐ No</td>
<td></td>
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<tr>
<td>5</td>
<td>Did the organization have an ownership interest in a foreign partnership during the tax year? If &quot;Yes,&quot; 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).</td>
<td>☒ Yes</td>
<td>☐ No</td>
<td></td>
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<tr>
<td>6</td>
<td>Did the organization have any operations in or related to any boycotting countries during the tax year? If &quot;Yes,&quot; the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).</td>
<td>☐ Yes</td>
<td>☒ No</td>
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</tr>
</tbody>
</table>
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 I
(Form 990)

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

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

Attach to Form 990.

**FUND FOR POLICY REFORM, INC**

**Employer Identification number**: 26-4351242

<table>
<thead>
<tr>
<th>Part I</th>
<th>General Information on Grants and Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</td>
</tr>
<tr>
<td>2.</td>
<td>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</td>
</tr>
</tbody>
</table>

| Part II | 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. |

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section for applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) CLIMATE POLICY INITIATIVE</td>
<td>26-4129153</td>
<td>SEC. 501(C)(3)</td>
<td>7,987,000</td>
<td>RESEARCH ME CARBON EMISSIONS</td>
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<tr>
<td>SF, CA 94104</td>
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<tr>
<td>(2) OPEN SOCIETY POLICY CENTER, INC</td>
<td>52-2028955</td>
<td>SEC. 501(C)(4)</td>
<td>5,200,000</td>
<td>TO PROMOTE SOCIAL WELFARE</td>
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<td>WASHINGTON, DC</td>
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<tr>
<td>(3) ONE ACTION</td>
<td>02-0544768</td>
<td>SEC. 501(C)(4)</td>
<td>500,000</td>
<td>ADVOCATE POLICIES TO FIGHT POVERTY</td>
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<td>(4) DRUG POLICY ACTION</td>
<td>52-1951197</td>
<td>SEC. 501(C)(4)</td>
<td>1,500,000</td>
<td>TO ADVOCATE FOR DRUG POLICY REFORM</td>
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<tr>
<td>NEW YORK, NY</td>
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<tr>
<td>(5) AMERICA VOTES</td>
<td>26-4588349</td>
<td>SEC. 501(C)(4)</td>
<td>1,000,000</td>
<td>TO PURSUE ELECTORAL REFORM</td>
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<tr>
<td>WASHINGTON, DC</td>
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| (7)                                               |         |                  |                        |                                 |                                  |                                  |                                  |
| (8)                                               |         |                  |                        |                                 |                                  |                                  |                                  |
| (9)                                               |         |                  |                        |                                 |                                  |                                  |                                  |
| (10)                                              |         |                  |                        |                                 |                                  |                                  |                                  |
| (11)                                              |         |                  |                        |                                 |                                  |                                  |                                  |
| (12)                                              |         |                  |                        |                                 |                                  |                                  |                                  |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table: 1.
3 Enter total number of other organizations listed in the line 1 table: 4.

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

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book FMV, appraisal, other)</th>
<th>(f) Description of non-cash assistance</th>
</tr>
</thead>
<tbody>
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<td>1</td>
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</tbody>
</table>

Part IV  Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, 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.
PART VI, SECTION A, QUESTION 2:

GEORGE SOROS     BUSINESS RELATIONSHIP

GARY GLADSTEIN   BUSINESS RELATIONSHIP

MICHAEL VACHON   BUSINESS RELATIONSHIP

PART VI, SECTION A, QUESTION 4:

THE BYLAWS WERE AMENDED TO MAKE ADDITIONAL CHANGES TO REQUIREMENTS FOR SUCCESSOR DIRECTORS.

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.

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 CLIMATE CHANGE,
DRUG POLICY, ALLEVIATION OF POVERTY, AND ELECTORAL REFORM.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>GRANTS</th>
<th>EXPENSES</th>
<th>REVENUE</th>
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</thead>
<tbody>
<tr>
<td>ONE ACTION</td>
<td>500,000.</td>
<td>500,000.</td>
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</tr>
<tr>
<td>AMERICA VOTES TOOLS</td>
<td>1,000,000.</td>
<td>1,000,000.</td>
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<tr>
<td><strong>TOTALS</strong></td>
<td><strong>1,500,000.</strong></td>
<td><strong>1,500,000.</strong></td>
<td>**         **</td>
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</tbody>
</table>

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

SWITZERLAND

UNITED KINGDOM

CURACAO

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

GERMANY

INDIA

MAURITIUS

FORM 990, PART VIII - INVESTMENT INCOME

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>(A) TOTAL REVENUE</th>
<th>(B) RELATED OR EXEMPT REVENUE</th>
<th>(C) UNRELATED BUSINESS REV.</th>
<th>(D) EXCLUDED REVENUE</th>
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</thead>
<tbody>
<tr>
<td>HSBC</td>
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TOTALS 55 55
### Part I: Identification of Disregarded Entities

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN (if applicable) of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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</tbody>
</table>

### Part II: Identification of Related Tax-Exempt Organizations

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 512(b)(13) controlled entity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
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</tbody>
</table>
### Part III
**Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year)

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) SEE ATTACHMENT 1</td>
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<td>N/A</td>
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</tbody>
</table>

### Part IV
**Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) SEE ATTACHMENT 2</td>
<td></td>
<td></td>
<td>N/A</td>
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<td>Yes No</td>
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</table>
Part V  Transactions With Related Organizations (Complete if the organization answered “Yes” to Form 990, Part IV, line 34, 35b, or 36.)

<table>
<thead>
<tr>
<th></th>
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<th>No</th>
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<td>1b</td>
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<td>1c</td>
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</tbody>
</table>

2  If the answer to any of the above is “Yes,” see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of other organization</th>
<th>(b) Transaction type (a-c)</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
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<tbody>
<tr>
<td>(1)</td>
<td>QUANTUM ENDOWMENT IRELAND LIMITED—REDEMPTION OF SHARES</td>
<td>1S</td>
<td>13,600,000</td>
<td>CASH</td>
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</tbody>
</table>
**Part VI Unrelated Organizations Taxable as a Partnership**

(Complete if the organization answered "Yes" on Form 990, Part IV, line 37)

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

<table>
<thead>
<tr>
<th>(A) Name, address, and EIN of entity</th>
<th>(B) Primary activity</th>
<th>(C) Legal domicile (state or foreign country)</th>
<th>(D) Predominant income (related, unrelated, excluded from tax under section 512-514)</th>
<th>(E) Are all partners section 501(c)(3) organizations? Yes/No</th>
<th>(F) Share of total income</th>
<th>(G) Share of end-of-year assets</th>
<th>(H) Disproportionate allocations? Yes/No</th>
<th>(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(J) General or managing partner? Yes/No</th>
<th>(K) Percentage ownership</th>
</tr>
</thead>
<tbody>
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</table>
Part VII Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
<table>
<thead>
<tr>
<th>PARTNERSHIP</th>
<th>EIN</th>
<th>PRIMARY ACTIVITY</th>
<th>LEGAL Domicile</th>
</tr>
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<tbody>
<tr>
<td>AVALONK II LLC C/O SOROS FUND MANAGEMENT LLC</td>
<td>N/A</td>
<td>INVESTMENT</td>
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<tr>
<td>888 SEVENTH AVENUE, 33RD FLOOR</td>
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<tr>
<td>NEW YORK, NY 10106</td>
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<tr>
<td>BRAHMA LONG EQUITY LTD C/O SOROS FUND MANAGEMENT LLC</td>
<td>98-1032956</td>
<td>INVESTMENT</td>
<td>DELAWARE</td>
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<td>AMSTERDAM, NL 1079 EE</td>
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Form 8868
(Rev January 2013)
Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Department of the Treasury
Internal Revenue Service

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box .
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only.
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print
Name of exempt organization or other filer, see instructions
FUND FOR POLICY REFORM, INC
Employer identification number (EIN) or Employer identification number (EIN) or
26-4351242
Social security number (SSN)
C/O DANIEL EULE, 888 SEVENTH AVE, 33 FL.
City, town or 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)

Application Is For
Return Code
Form 990 or Form 990-EZ 01
Form 990-BL 02
Form 4720- (individual) 03
Form 990-PF 04
Form 990-T (sec 401(a) or 408(a) trust) 05
Form 990-T (trust other than above) 06

Application Is For
Return Code
Form 990-T (corporation) 07
Form 1041-A 08
Form 4720 09
Form 5227 10
Form 6069 11
Form 8870 12

The books are in the care of
CHRISTOPHER NAUNTON

Phone 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 the whole group, check this box
and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until _______________ 08/15/2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year 2012 or tax year beginning _______________ 20 ___, and ending _______________, 20 ___.

2 If the tax year entered in line 1 is for less than 12 months, check reason
Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions
3b If this application is for Form 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
3c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form 8868 (Rev 1-2013)

JSA
2F8054 2 000
4091AM M174
V 12-7F
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box. 

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

**Part II** Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

| Name of exempt organization or other filer, see instructions | Employer identification number (EIN) or
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>FUND FOR POLICY REFORM, INC</td>
<td>26-4351242</td>
</tr>
</tbody>
</table>
| Number, street, and room or suite no. If a P.O. box, see instructions | Social security number (SSN)
| C/O DANIEL EULE, 888 SEVENTH AVE, 33 FL. | |
| City, town or 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) 

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<thead>
<tr>
<th>Application Is For</th>
<th>Return Code</th>
<th>Application Is For</th>
<th>Return Code</th>
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<tr>
<td>Form 990-BL</td>
<td>02</td>
<td>Form 1041-A</td>
<td>06</td>
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<tr>
<td>Form 4720 (individual)</td>
<td>03</td>
<td>Form 4720</td>
<td>09</td>
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<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 5227</td>
<td>10</td>
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<tr>
<td>Form 990-T (sec. 401(a) or 408(a) trust)</td>
<td>05</td>
<td>Form 6069</td>
<td>11</td>
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<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870</td>
<td>12</td>
</tr>
</tbody>
</table>

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 the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members of the extension for.

4 I request an additional 3-month extension of time until 11/15/2013.
5 For the calendar year 2012, or other tax year beginning , 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 Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 8a $

8b If this application is for Form 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 8b $

8c 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 $

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 belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  CPA  Date 8/1/2013