Department of the

Treasury

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Do not enter social security numbers on this form as it may be made public

2018

DLN: 93493225012989 OMB No 1545-0047

> Open to Public Inspection

Interna	l Revenue Service					
A F	or the <b>2019</b> c	alendar year, or tax year beginning 01-01-2018 , and ending 12-3	1-2018			
	ck if applicable	C Name of organization FOREIGN POLICY RESEARCH INSTITUTE		D Employer ı	dentıfı	cation number
	dress change me change			23-173199	8	
	tial return	Doing business as				
☐ Fin-	al return/terminated			E Telephone n	umhar	
	nended return	Number and street (or P O box if mail is not delivered to street address) Room/sui 1528 WALNUT STREET NO 610	ite	·		
⊔ Ар	plication pending	City or town, state or province, country, and ZIP or foreign postal code		(215) 732-	3//4	
		PHILADELPHIA, PA 19102		<b>G</b> Gross receip	tc # 7	072 020
		F Name and address of principal officer	H(a) Interes			072,333
		ALAN LUXENBERG		a group returi inates?	n for	□Yes <b>☑</b> No
		1528 WALNUT STREET NO 610   PHILADELPHIA, PA   19102	H(b) Are all			
	x-exempt status		include	ed?	,	☐ Yes ☐No
	·	✓ 501(c)(3) ☐ 501(c)( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527	H(c) Group	" attach a list	•	•
א ע	ebsite:▶ WW	WW FPRI ORG	in(e) Group	exemption nu	IIIDEI	
K Forr	n of organization	✓ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of format	ion 1970 <b>M</b>	State	of legal domicile DE
K TOIT	ii oi organizacion	Corporation in Trust in Association in Other				
Pa	rtl Sum	mary		•		
		scribe the organization's mission or most significant activities	ON H.C. FOREIC	'N DOLTOV		
ce	nighes i	QUALITY SCHOLARSHIP AND NONPARTISAN POLICY ANALYSIS FOCUSED C	JN U 5 FOREIG	SN POLICY		
E E						
Activities & Governance				_		
65	2 Check th 3 Number	is box $ ightlesh$ if the organization discontinued its operations or disposed of m of voting members of the governing body (Part VI, line 1a) $\cdot$	nore than 25%	of its net asse	ts   <b>3</b>	46
<b>≈</b> 5	1	of independent voting members of the governing body (Part VI, line 1b)			4	46
<u> 16</u> 5		5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)				13
Ĭ		nber of volunteers (estimate if necessary)			6	75
Acı		elated business revenue from Part VIII, column (C), line 12			7a	0
	l	lated business taxable income from Form 990-T, line 34			7ь	0
		·		r Year	<del>                                     </del>	Current Year
2.	8 Contribut	cions and grants (Part VIII, line 1h)		2,271,469		1,616,432
Ě	9 Program	service revenue (Part VIII, line 2g)		346,331		349,776
Ravenue	10 Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		-1,058		2,969
ш	11 Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		67,115		67,084
	12 Total rev	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,683,857	1	2,036,261
	13 Grants a	nd similar amounts paid (Part IX, column (A), lines 1–3 )		0		0
	14 Benefits	paid to or for members (Part IX, column (A), line 4)		0		0
£	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)		835,819		925,768
SUE	<b>16a</b> Professio	onal fundraising fees (Part IX, column (A), line 11e)		0		0
Expenses	<b>b</b> Total fund	raising expenses ( <b>Part</b> IX, column (D), line 25) ▶ <u>176,574</u>				
ш	17 Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,613,422		1,554,106
	18 Total exp	enses Add lines 13-17 (must equal Part IX, column (A), line 25)		2,449,241		2,479,874
	<b>19</b> Revenue	less expenses Subtract line 18 from line 12		234,616	+	-443,613
Net Assets or Fund Balances			Beginning o	of Current Year		End of Year
alar	20 Total ass	ets (Part X, line 16)		1,914,290		1,462,433
AB		ullities (Part X, line 26)		302,267	+	294,023
ξĒ		ts or fund balances Subtract line 21 from line 20		1,612,023	+	1,168,410
		ature Block		_,,		_,, 100,
Unde	penalties of p	erjury, I declare that I have examined this return, inclu				
	edge and belie nowledge	f, it is true, correct, and complete Declaration of prepa				
uny K	I i					
	*****	*				
Sign		ure of officer				
Here	GLOIK	GE C BURGWIN ASST TREASURER/DIR FINANCE r print name and title				

Preparer's signature

May the IRS discuss this return with the preparer shown above? (see instru For Paperwork Reduction Act Notice, see the separate instructions.

Firm's name CLIFTONLARSONALLEN LLP

Firm's address ▶ 610 W GERMANTOWN PIKE STE 400

PLYMOUTH MEETING, PA 19462

Print/Type preparer's name

Paid

Preparer **Use Only** 

Form	990 (2018)					Page <b>2</b>
Pa	rt III Statement	of Program Serv	ice Accomplis	hments		
	Check If Sche	edule O contains a res	sponse or note to a	any line in this Part III .		🗹
1	Briefly describe the o	organization's mission	า			
POLI	CY ANALYSIS FOCUSE	D ON CRUCIAL FORE	IGN POLICY AND I	NATIONAL SECURITY CHA	IGHEST QUALITY SCHOLARSHI ALLENGES FACING THE UNITED H THE LENS OF HISTORY, GEO	STATES WE EDUCATE
2	Did the organization	undertake any signif	icant program serv	vices during the year whi	ch were not listed on	
	the prior Form 990 o	or 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe the	ese new services on S	Schedule O			
3	Did the organization	cease conducting, or	make significant	changes in how it conduc	ts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Sche	dule O			
4	Section 501(c)(3) an		itions are required	to report the amount of	rgest program services, as me grants and allocations to other	
4a	(Code	) (Expenses \$	1,430,738	including grants of \$	0 ) (Revenue \$	58,294 )
	See Additional Data	, , , ,	, ,			, ,
4b	(Code	) (Expenses \$	333,988	ıncludıng grants of \$	0 ) (Revenue \$	178,655 )
	See Additional Data					
4c	(Code	) (Expenses \$	111,681	including grants of \$	0 ) (Revenue \$	167,304 )
	See Additional Data					
	(Code	) (Expenses \$	200,350	including grants of \$	) (Revenue \$	8,163 )
	FELLOW DAVID EISENH AND ITS ROLE IN THE VEURASIA THE INSTITUPRESENTED TO HIGH-SWEEK-LONG STUDY TRIPOVIDES THE KNOWLOF FOREIGN POLICY AN STUDY OF AMERICA AN WITH LOCAL SCHOOLS INSTITUTIONS AND IDE WESTERN INSTITUTION	IOWER, AIMS TO CONTIS WORLD RECURRING HIS TES ARE PRESENTED BY ICHOOL TEACHERS FROM IPS FOCUSED ON ASIA, EDGE AND SERVICES OF ID INTERNATIONAL RELUD THE WEST HAS BEGUI AND THE PRODUCTION EAS THAT SHAPE AMERIS, AS WELL AS A SERIE	BUTE TO THE MORE E STORY INSTITUTES AI DISTINGUISHED SCI 4 AROUND THE COUN WITH A TOUR OF SEC 5 ITS FELLOWS AND S ATIONS BUILDING O N AN AMBITIOUS PRO OF MATERIALS AIMEI CAN POLITICAL LIFE S OF EDUCATIONAL S	FFECTIVE TEACHING OF HIS DODRESS AMERICAN MILITARY HOLARS FROM FPRI AND ELS TRY, WHOSE LODGING AND CONDARY SCHOOL TEACHERS OF WHOSE TO ORGANIZATION OUR TWENTY YEARS OF WORAM IN CIVIC EDUCATION OF AT SCHOOL AUDIENCES, THROUGH THE DEVELOPMENS OF WORAMS ON THROUGH THE DEVELOPMENS OF WORAMS ON THROUGH THE DEVELOPMENS ON THE OUR TO PROGRAMS ON THE OUR TO THE OUR TO THE OUR TO THE OUR	NNING HISTORIAN WALTER A MCD FORY AND TO THE PUBLIC DISCOUR INTORY AND TO THE PUBLIC DISCOUR HISTORY AND TOPICS CONCERNING WE	RSE OVER AMERICA'S IDENTITY WAG THE MIDDLE EAST, AND EKEND-LONG SEMINARS Y FPRI FPRI HAS INITIATED APAN IN 2016 AND 2018 FPRI PERTISE IN VARIOUS ASPECTS S, FPRI'S CENTER FOR THE NCLUDES BOTH PARTNERSHIPS STANDING OF THE PORTANT AMERICAN AND TONES OF AMERICAN LIBERTY,
4d	Other program servi	ces (Describe in Sche	edule O )			
	(Expenses \$	200,350 ।।	ncluding grants of	\$	) (Revenue \$	8,163 )
4e	Total program serv	vice expenses ▶	2,076,7	57		

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12a

**12**b

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14a

14b

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Yes

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Nο

Nο

Nο

No

Nο

Nο

Nο

Νo

No

Νo

Nο

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Pa	tiV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🕏	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🕏	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🗳	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🥞	11c		No
d	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 🕏	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 2	11f	Yes	

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

If "Yes," complete Schedule D, Parts XI and XII 🐕

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

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Par	tiV Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	tV Statements Regarding Other IRS Filings and Tax Compliance			

Yes

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61

0

1a

1b

No

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

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

 ${f c}$  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. . . . . . . . Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

12a

13a

14a

14b

15

Nο

Nο

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12b

13b

13c

19

20

Form **990** (2018)

Sa, 8b, or 10b below, describe the circumstances, processes, or changes in Sched Check if Schedule O contains a response or note to any line in this Part VI		ructions		 	<b>✓</b>
Section A. Governing Body and Management					
				Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a		46		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					

						res	NO
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		46			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		46			
2	Did any officer, director, trustee, or key employee have a family relationship or a busines officer, director, trustee, or key employee?			h any other	2		No
3			3		No		
4	Did the organization make any significant changes to its governing documents since the	prior F	orm 990 wa	as filed? .	4		No

	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
	1b	46	- 1	
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?		2	No
3	Did the organization delegate control over management duties customarily performed by or under the of officers, directors or trustees, or key employees to a management company or other person?	direct supervision	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990	) was filed? .	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's asset	:s? .	5	No
6	Did the organization have members or stockholders?	[	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appo	oint one or more		
	members of the governing body?		7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	, , , , , , , , , , , , , , , , , , ,	7b	No
	persons other than the governing body?			

	•					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	46			
				1		
2	Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other process.			3		No
4	Did the organization make any significant changes to its governing documents since the	prior F	orm 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization	nızatıo	n's assets?	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the power members of the governing body?			7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) persons other than the governing body?			7b		No
8	Did the organization contemporaneously document the meetings held or written actions the following $% \left( 1\right) =\left( 1\right) \left( $	undert	aken during the year by			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule C</i>			9		No
Se	ction B. Policies (This Section B requests information about policies not requ	ired b	y the Internal Revenu	e Code	≘.)	
			,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		No
b	If "Yes," did the organization have written policies and procedures governing the activitie	es of s	uch chapters, affiliates,			

	of officers, directors or trustees, or key employees to a management company or other person?			NO
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenui	- Code	۱, ۱	
	Televis Dr. F. eller C. (1776) Coccion D. Foquesco Milarination about politica Portion Colonia, 1776 Coccion at 1776 Marie 1776 Mari		·· /	
	The second of th		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No No
10a				
10a b	Did the organization have local chapters, branches, or affiliates?	10a		
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c	Yes Yes Yes Yes Yes	

, a	members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	_
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?			

			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
}	Did the organization have a written whistleblower policy?	13	Yes	
ŀ	Did the organization have a written document retention and destruction policy?	14	Yes	
;	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	ı
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
ā	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?	16b		

U	Describe in Schedule O the process, it 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	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶ PA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

policy, and financial statements available to the public during the tax year

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION 1528 WALNUT STREET NO 610 PHILADELPHIA, PA 19102 (215) 732-3774

compensated employees, and former such persons

Part VII

Page 7

	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors			
	Check if Schedule O contains a response or note to any line in this Part VII			
n	and Independent Contractors			

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
   List all of the organization's current key employees, if any See instructions for definition of "key employee"
   List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

   List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100
- List all of the organization's **former** officers, key employees, or 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

Lightharpoonup Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (A) (B) (C) (D) (F) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation director/trustee) organization (Wany hours organizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest compensated employee Individual trustee or director Officer Former organizations MISC) related Institutional Trustee below dotted organizations employee line) See Additional Data Table

Form 990 (2018)										Page <b>8</b>	
Part VII Section A. Officers, Direct	tors, Trustees	, Key l	Empl	loye	es,	and I	High	nest Compensate	d Employees (cor	ntinued)	
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	1 ()	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations	
See Additional Data Table											

1b Sub-Total	 	 	▶		

1b Sub-Total						•				
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)			<u></u>			<b>&gt;</b>		347,310	0	44,847

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 $\triangleright$ 1			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
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	4	Yes	
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	-		Ne

3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
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 I for such individual	1	Vas	
		4	Yes	
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 1 for such person	_		No.

	line 1a? If "Yes," complete Schedule J for such individual	3		No					
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								
	municual	4	Yes						
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	5		No					
Se	Section B. Independent Contractors								

			4 res						
5	services rendered to the organization?If "Yes," complete Schedule J for such person								
Se									
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								
	(A) Name and business address Description of services								

		5		1/10					
S	ection 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								
	(A) (B) Name and business address Description of set	rvices	(C) Compens						

(A) Name and business address	(B) Description of services	(C) Compensation

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2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Part		Etatoment of	Bayanya								raye <b>3</b>
ran	VII	Statement of Check if Schedul		a rosn	anca ar nata t	a any lina in t	bio Dort VIII				
		CHECK II SCHEGGI	e o contains	a resp	onse of flote to	(	(A) revenue	Rel e: fu	(B) ated or xempt nction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1	a Federated campaig	ns	1a	I			re	venue		512 - 514
nts nts		<b>b</b> Membership dues		1b	<u> </u>						
is a		c Fundraising events		10 1c	<u> </u> 						
tributions, Gifts, Grants Other Similar Amounts		d Related organizatio		<u> </u>	<u> </u>						
iji je		_		1d	<u> </u>						
s, (		e Government grants (co		1e	1						
Contributions, Gifts, Grants and Other Similar Amounts		f All other contributions, and similar amounts no	, gifts, grants, ot included	1f	1,616,	432					
but the		above			, ,	<u> </u>					
		g Noncash contribution in lines 1a - 1f \$	ons included	36	5,67 <u>8</u>						
Cont		h Total. Add lines 1a	-1f		🔸		1,616,432				
					Bus	ness Code	1,010,432				
골	<b>2</b> a	MEMBERSHIPS & PARTN	IERS			928120	2	28,428	228	,428	
ž A	ŀ	PUBLICATIONS					1	.00,114	100	,114	
Service Revenue		c LECTURES & SEMINARS				511120		21,234	21	,234	
T MC	Ì					713990					
33	c	ı ————		_							
Program		•		_							
₹og	f	· All other program se	rvice revenue			349,776				•	
	g	Total. Add lines 2a-2	2f	•	<u> </u>						
		Investment income (ii similar amounts)			interest, and c	other	4,77	7			4,777
		Income from investme			ond proceeds	•					
		Royalties				▶	62,64	0	62,640		
			(ı) Rea		(II) Persor	nal					
	6a	Gross rents									
		<b>b</b> Less rental expenses									
	•	c Rental income or (loss)									
		d Net rental income o	r (loss)								
			(i) Securit		(II) Othe	r					
	<b>7</b> a	Gross amount from sales of	.,								
		assets other		34,870	1						
		than inventory									
	ı	b Less cost or other basis and		36,678	i i						
		sales expenses C Gain or (loss)		-1,808							
		d Net gain or (loss)				<u>▶</u>	-1,80	8			-1,808
		Gross income from fi									
ne		(not including \$ contributions reporte		of							
Other Revenue		See Part IV, line 18			1						
Re	ı	<b>b</b> Less direct expense	s	Ь							
ē	•	c Net income or (loss)	from fundrais	sing ev	ents	<u> </u>					
÷ O	9a	Gross income from g See Part IV, line 19		es							
_		occ raitiv, inte 15		а							
	ı	<b>b</b> Less direct expense	s	b							
	•	c Net income or (loss)	from gaming	activit	ies	<u> </u>					
	10	aGross sales of invent returns and allowand									
		returns and anowand	.65	а							
	ı	<b>b</b> Less cost of goods s	sold	b							
		C Net income or (loss)		inven	tory	<u> </u>					
		Miscellaneous			Business C	ode					
	11	LaOTHER INCOME			Ġ	900099	3,87	1			3,871
	ı	MERCHANDISE REVE	ENUE		٥	900099	57	3			573
	•	c						1			
		d All other revenue .			<del> </del>			+			
	•	<b>e Total.</b> Add lines 11a	-11d			<b>&gt;</b>	4,44	4			
	12	<b>2 Total revenue.</b> See	Instructions			<b>.</b>					
						-	2,036,26	1	412,416	<u> </u>	0 7,413 Form <b>990</b> (2018)

C ď

e All other expenses

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Form 990 (2018)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	nizations must comp	elete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		·		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	392,157	177,497	121,680	92,980
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	424,061	421,793	1,329	939
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	15,039	14,955	35	49
9 Other employee benefits	35,504	30,528	2,516	2,460
<b>10</b> Payroll taxes	59,007	41,641	9,688	7,678
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal				
c Accounting	19,562	12,421	5,287	1,854
<b>d</b> Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	7,688	5,599	1,941	148
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,034	2,561	1,090	383
12 Advertising and promotion	84,727	37,839		46,888
13 Office expenses	81,176	63,223	15,339	2,614
<b>14</b> Information technology	49,177	33,155	14,392	1,630
15 Royalties				
<b>16</b> Occupancy	121,415	85,962	22,826	12,627
<b>17</b> Travel	218,535	212,862	4,292	1,381
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	220,736	212,342	6,967	1,427
<b>20</b> Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,918	10,824	4,733	361
23 Insurance	14,532	9,881	4,321	330
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
a HONORARIA & STIPEND	654,862	653,602	1,260	
h SUBS & MEMBERSHIPS	12.697	3.836	6.036	2.825

49,047

2,479,874

46,236

2,076,757

2,811

176,574

Form **990** (2018)

226,543

Form 990 (2018)

14

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16

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34

Liabilities 22

Fund Balances

Assets or

Net

Intangible assets . . . . .

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Other assets See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here > \quad \text{and complete lines 30 through 34.}

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

**Total assets.**Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

		Check if Schedule O contains a response or not	e to an	y line in this Part IX			🗆
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing	956,463	1	582,744		
	2	Savings and temporary cash investments .	228,581	2	287,443		
	3	Pledges and grants receivable, net	615,400	3	496,878		
	4	Accounts receivable, net	72,295	4	64,724		
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L		5			
Assets	7	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L.  Notes and loans receivable, net	(c)(3)(B), and f section 501(c)(9) structions) Complete		6		
88	8	Inventories for sale or use				8	
A	9	Prepaid expenses and deferred charges			14,185	9	10,335
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 139,31					
	ь	Less accumulated depreciation	10b	132,961	22,273	<b>10</b> c	6,354
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV, line	[		12		
	13	Investments—program-related See Part IV, line		13			

14

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22 23

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28

29

30

31 32

33

34

13,955

1,462,433

107,764

186,259

294,023

51,818

1,116,592

1,168,410

1,462,433

Form **990** (2018)

5.093

1,914,290

122,348

179,919

302,267

-24,429

1,636,452

1,612,023

1,914,290

Form	990 (2018)				Page <b>12</b>
Pai	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	Total construct (south and Dath)(III ashore (A) by 42)			2	026 261
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,036,261
2	Total expenses (must equal Part IX, column (A), line 25)	2			479,874
3	Revenue less expenses Subtract line 2 from line 1	3			443,613
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	612,023
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1.	168,410
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
-	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed eseparate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	ngle	3a		No

Audit Act and OMB Circular A-133?

За

**b** If "Yes," 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 Зb Form **990** (2018)

## Additional Data

Software ID:

Software Version:

**EIN:** 23-1731998

Name: FORFIGN POLICY RESEARCH INSTITUTE

Form 990 (2018)

## Form 990, Part III, Line 4a:

RESEARCH FPRI BRINGS THE INSIGHTS OF SCHOLARSHIP TO BEAR ON THE DEVELOPMENT OF POLICIES THAT ADVANCE U.S. NATIONAL INTERESTS ABROAD, ADDING PERSPECTIVE TO EVENTS BY FITTING THEM INTO LONGER-RANGE PATTERNS, AND DEVELOPING ALTERNATIVE POLICIES TO DEAL WITH PRESSING U.S. INTERNATIONAL PROBLEMS MAJOR RESEARCH PROGRAMS ARE PROGRAM ON NATIONAL SECURITY, CENTER FOR THE STUDY OF AMERICA AND THE WEST, ASIA PROGRAM, PROGRAM ON THE MIDDLE EAST, EURASIA PROGRAM, AND THINK TANKS AND FOREIGN POLICY

# Form 990, Part III, Line 4b: LECTURES & SEMINARS FPRI HOSTS NUMEROUS EVENTS THROUGHOUT THE YEAR, SUCH AS BRIEFINGS, BOOKTALKS, AND LECTURES ON ALL ASPECTS OF FOREIGN AFFAIRS. THESE LECTURES AND SEMINARS INCLUDE. AN ANNUAL DINNER WHERE WE AWARD THE BENJAMIN FRANKLIN AWARD FOR PUBLIC SERVICE TO A LEADING.

FIGURE IN INTERNATIONAL RELATIONS (AWARDEES HAVE INCLUDED HENRY KISSINGER, JAMES MATTIS, MICHAEL HAYDEN, AND ASH CARTER), THE ANNUAL GINSBURG-SATELL LECTURE ON AMERICAN IDENTITY AND CHARACTER. THE ANNUAL TEMPLETON LECTURE ON RELIGION AND WORLD AFFAIRS. AN ANNUAL BRUNCH WITH LEADING

INTERNATIONAL SCHOLARS AND PLAYERS, GEOPOLITICS WITH GRANIERI (A MONTHLY EVENT FEATURING INTERVIEWS WITH GUEST SCHOLARS ON SUBJECTS IN THE NEWS), OTHER REGULAR BRIEFINGS ARE HELD IN THE PHILADELPHIA SUBURBS, PRINCETON-NJ, WASHINGTON-DC, AND ELSEWHERE MONTHLY SALONS WITH LEADING

THINKERS ARE ALSO HELD AT THE HOMES OF PRIVATE INDIVIDUALS IN PHILADELPHIA, NEW YORK CITY, AND MIAMI, DRAWING ACADEMICS AND BUSINESS LEADERS

TOGETHER FOR INTIMATE DISCUSSIONS ON PRESSING ISSUES OF THE DAY

PUBLICATIONS FPRI SPONSORS AND PUBLISHES A WIDE ARRAY OF ARTICLES, PAPERS, BOOKS, E-BOOKS, AND OTHER PUBLICATIONS FOR POLICYMAKERS, FOR EDUCATORS, AND FOR THE PUBLIC THESE INCLUDE ORBIS FPRI'S JOURNAL OF WORLD AFFAIRS, GEOPOLITICUS THE FPRI BLOG, E-NOTES (REGULAR BULLETINS COVERING TOPICS IN THE NEWS, FOOTNOTES (AN FPRI BULLETIN INTENDED FOR EDUCATORS), AND E-BOOKS (WEB-BASED MONOGRAPHS AND ESSAY COLLECTIONS)

Form 990, Part III, Line 4c:

FPRI ALSO PROVIDES ACCESS TO AND DISTRIBUTES AUDIO-VISUAL MATERIALS, INCLUDING A YOU-TUBE CHANNEL, REGULAR PODCASTS, V-NOTES (VIDEO ESSAYS FUSING SCHOLARLY RIGOR, RARE FOOTAGE, AND INNOVATIVE ANALYSIS ABOUT AMERICAN FOREIGN POLICY TOWARD THE ARAB WORLD AND BEYOND), FPRI RADIO

(PODCASTS BETWEEN MEMBERS OF THE FPRI STAFF AND LEADING EXPERTS ON CURRENT EVENTS RELATING TO AND AFFECTING WORLD AFFAIRS) THE EURASIA

PROGRAM OFFERS SPECIAL REPORTS ON RUSSIAN FOREIGN POLICY AND THE RUSSIAN ECONOMY, PLUS THE BALTIC BULLETIN AND A SERIES ON THE BLACK SEA

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

any hours

and a director/trustee)

organization

organizations

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from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	for related organizations below dotted line)	Individual trustee or director	Institutional	key emp	Highest comp employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
		ป trustee or	onal Trustee	employee	compensated				
JAMES H AVERILL TRUSTEE	2 00	1 1					0	0	0
MAUREEN AUSTIN TRUSTEE	2 00	X					0	0	0
J MICHAEL BARRON TRUSTEE	2 00	1 1					0	0	0
AMB ADRIAN A BASORA TRUSTEE	2 00	1 1					0	0	0
EDWARD T BISHOP	2 00					$\Box$	1		

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AMB ADRIAN A BASORA
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EDWARD T BISHOP
TRUSTEE
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RAZA BOKHARI

**GWEN BOROWSKY** 

**RUTH BRAMSON** 

ROBERT E CARR

RICHARD P BROWN JR

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TRUSTEE

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(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation

any hours

and a director/trustee)

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
AHMED CHARAI TRUSTEE	2 00	×					0	0	0
WINSTON J CHURCHILL TRUSTEE	2 00	х					0	0	0
WILLIAM L CONRAD TRUSTEE	2 00	х					0	0	0
GERARD CUDDY TRUSTEE	2 00	×					0	0	0
GENE CUNNINGHAM	2 00								

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TRUSTEE

PETER DACHOWSKI

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TRUSTEE

**TRUSTEE** 

TRUSTEE

TRUSTEE

TRUSTEE

JOSEPH FIELD

ROBERT A FOX

JAMES H GATELY

SUSAN H GOLDBERG

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the compensation from related and a director/trustee)

organization

organizations

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any hours

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

·	for related	5						W- 2/1099-	l (W- 2/1099-	organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	GE.	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations	
JOHN R HAINES TRUSTEE	2 00	x						0	0	0	
JAMES T HITCH III TRUSTEE	2 00	x						0	0	0	
SA IBRAHIM TRUSTEE	2 00	x						0	0	0	
DONALD R KARDON TRUSTEE	2 00	x						0	0	0	
MARINA KATS	2 00			Г							

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DONALD R KARDON
TRUSTEE
MARINA KATS
TRUSTEE

HON JOHN F LEHMAN

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MURRAY S LEVIN

DAVID MARSHALL

SARAH JM MARSHALL

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

JAMES MEYER

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

MARSHALL W PAGON

JAMES M PAPADA III

JOHN W PIASECKI

EILEEN ROSENAU

ADELE K SCHAEFFER

HILLARD R TORGERSON

.......

TRUSTEE

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	any hours					ustee		organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
RONALD J NAPLES TRUSTEE	2 00	×						0	0	0	
MICHAEL NOVAKOVIC TRUSTEE	2 00	х						0	0	0	
EDWARD OCONNOR	2 00	.,									

MICHAEL NOVAKOVIC	2 00	l			0	
TRUSTEE		^			-	
EDWARD OCONNOR	2 00	l			0	
TRUSTEE		^			9	
ROBERT ODONNELL	2 00	l ↓			0	
TRUSTEE		^			J	

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(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	ally flours	i and	a uii	ecto		usice,	,	Organización	organizations	nom the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
LEE WOOLLEY TRUSTEE	2 00	x						0	0	0	
GARY A FRANK TRUSTEE	2 00	x						0	0	0	
ALAN L REED TRUSTEE	2 00	x						0	0	0	
LIONEL SAVADOVE TRUSTEE	2 00	x						0	0	0	
EDWARD L SNITZER	2 00										

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TRUSTEE
LIONEL SAVADOVE
TRUSTEE
EDWARD L SNITZER
TRUSTEE

ROBERT L FREEDMAN

CHAIRMAN

VICE CHAIR

VICE CHAIR

VICE CHAIR

**TREASURER** 

DEVON CROSS

SAMUEL J SAVITZ

HON DOV S ZAKHEIM

HON JOHN HILLEN

and Independent Contractors (A) Name and Title

ALAN HIUXENBERG

GEORGE C BURGWIN

ASST TREASURER/DIR FINANCE

SECRETARY/VP OPERATIONS/COO

PRESIDENT

FLLS GILMAN

week (list any hours for related organization below dotted line)
40 (
40 (

(B)

Average

hours per

................

(list

and a zations dotted 40 00 . . . . . . . . . . . 40 00 .......... 40 00

pers	n (do in on on is a dir	e bo both	x, u 1 an	r
Individual trustee or director	Institutional Trustee	Officer	Key employee	
		x		
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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

(C)

k, u an	eck me nless office ustee)	r
key employee	e Highest compensated ฐ employee	Former

(D)

Reportable

r -	from related organizations (W- 2/1099- MISC)
,460	
,808	
,042	

(E)

Reportable

compensation

(F)

Estimated

amount of other

compensation

from the

organization and

related

organizations

18,423

13,705

12,719

efil	e GR/	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9	3493225012989
SCHEDULE A (Form 990 or 990EZ)  Department of the Treasury		plete if the o	Charity Staturganization is a sect 4947(a)(1) nonexe Attach to Form www.irs.gov/Forms	ion 501(c)(3) c empt charitable 990 or Form 99	organization or trust. 0-EZ.	a section	OMB No 1545-0047  2018  Open to Public		
nterna	l Reven	ue Service	tion					Employer identific	Inspection
		<b>ne organiza</b> LICY RESEARCH						Employer identific	ation number
					4.5.11			23-1731998	
Pa The c					<b>us</b> (All organization it is (For lines 1 thro			see instructions.	
1	rganiz —		•		sociation of churches	-		/A\/;\	
_		•		·				(A)(I).	
2	Ш	A school de	scribed in <b>se</b>	ction 1/0(b)(	1)(A)(ii). (Attach Scl	nedule E (Form 9	90 or 990-EZ) )		
3		A hospital o	or a cooperati	ive hospital serv	vice organization desc	ribed in <b>section</b>	170(b)(1)(A)(	iii).	
4		A medical r name, city,		nization operate	ed in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
5		(b)(1)(A)	( <b>iv).</b> (Comple	ete Part II )	t of a college or unive	·			bed in <b>section 170</b>
6		A federal, s	tate, or local	government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	ı)(v).	
7	$\checkmark$	section 17	0(b)(1)(A)	( <b>vi).</b> (Complete	•			init or from the gener	al public described in
8		A communi	ty trust descr	nbed in <b>section</b>	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in <b>170(b)(1)</b> ee instructions Enter				ege or university or a
10		from activit	nes related to income and	its exempt fun unrelated busin	(1) more than 331/39 ctions—subject to cer ess taxable income (lemplete Part III)	tain exceptions,	and (2) no more	than 331/3% of its si	ipport from gross
1		An organiza	ation organize	ed and operated	exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	organizations o	dexclusively for the bedescribed in section 5 the type of supporting	09(a)(1) or sec	ction 509(a)(2	). See section 509(a	
а		Type I. A so	supporting or n(s) the powe	ganızatıon oper	ated, supervised, or coppoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A	supporting o	rganization sup	ervised or controlled i ation vested in the sar				
С		Type III f	unctionally i		and C. supporting organizatio ons) You must com				ted with, its
d		Type III n functionally	on-function integrated	<b>ally integrate</b> The organization	d. A supporting organ n generally must satis t IV, Sections A and	zation operated fy a distribution	in connection wi requirement and	th its supported organ	, ,
e		Check this	box if the org	anızatıon receiv	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter			on-functionally l organizations	integrated supporting	organization			
g			'''	-	ipported organization(	c)		_	
		lame of support organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	pe of ation on lines ve (see   (iv) Is the organization listed in your governing document?		(vi) Amount of other support (see instructions)	
						Yes	No		
Tota									1

Page 2

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part

	III. If the organization fa	ils to qualify und	der the tests list	ed below, please	e complete Part	III.)	
S	ection A. Public Support						
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
_	(or fiscal year beginning in) ▶	(4) 2021	(2) 2010	(0) 2020	(4, 202)	(0) 2020	
L	Gifts, grants, contributions, and membership fees received (Do not	1,298,460	1,212,188	2,189,475	2,271,469	1,616,432	8,588,024
	include any "unusual grant ")	1,230,400	1,212,100	2,109,473	2,2/1,409	1,010,432	0,300,024
,	Tax revenues levied for the						
_	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3	1,298,460	1,212,188	2,189,475	2,271,469	1,616,432	8,588,024
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						4 572 405
	supported organization) included on						4,572,405
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
	amount shown on line 11, column (1)						
5	Public support. Subtract line 5 from						4.045.640
	line 4						4,015,619
S	ection B. Total Support						
	Calendar year	(a)2014	<b>(b)</b> 2015	(c)2016	(d)2017	(e)2018	<b>(f)</b> Total
_	(or fiscal year beginning in) ▶	` ,	` '				
7	Amounts from line 4	1,298,460	1,212,188	2,189,475	2,271,469	1,616,432	8,588,024
8	Gross income from interest,						
	dividends, payments received on	30	11	324	1,418	4,777	6,560
	securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business						
,	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital			9,127	1,150	4,444	14,721
	assets (Explain in Part VI )						
11							8,609,305
	Gross receipts from related activities, of	to (see instruction	ne)	l l		142	2 170 634
						12	2,178,634
13	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) orgar	nization,
	check this box and <b>stop here</b>					<u></u>	
S	ection C. Computation of Public	Support Perce	entage				
14	Public support percentage for 2018 (lir	e 6, column (f) div	rided by line 11, c	olumn (f))		14	46 640 %
15	Public support percentage for 2017 Scl	nedule A, Part II, li	ne 14			15	43 600 %
162	33 1/3% support test-2018. If the	organization did n	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, check this be	ox
	and <b>stop here.</b> The organization quali	-			•	,	▶ ☑
L	<b>33 1/3% support test—2017.</b> If the				nd line 15 is 33 1/1	3% or more check	
L	• •	-			110 11110 13 13 33 17	5 70 OF HIOTE, CHECK	▶ □
_	box and <b>stop here.</b> The organization				42 46 46-		
L7a	10%-facts-and-circumstances test						
	is 10% or more, and if the organization in Part VI how the organization meets						
	<del>-</del>	uie iacis-aliu-cife	umstances test	me organization q	uaimes as a public	ry supported	. □
	organization						▶□
b	10%-facts-and-circumstances tes						
	15 is 10% or more, and if the organize Explain in Part VI how the organization						

P	art IIII Support Schedule for						
	(Complete only if you c						er Part II. If
-	the organization fails to	qualify under	ne tests listed i	pelow, please co	mpiete Part II.	)	
56	ection A. Public Support  Calendar year						
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 ) ection B. Total Support						
36			ı		<u> </u>	Γ	
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
L0a	Gross income from interest,						
	or obb income morn incoresc,						
	dividends, payments received on						
	dividends, payments received on securities loans, rents, royalties and						
h	dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income						
b	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						
	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business.						
c	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b,						
c	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business.						
c 11	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or						
c 11	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets.						
c 11	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
c 11	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets.						
c 11 12	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	r the organizatior	's first, second, th	nird, fourth, or fift	h tax year as a se	ction 501(c)(3) oi	ganization,
c 11	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)	r the organization	's first, second, th	nird, fourth, or fift	h tax year as a se	ction 501(c)(3) oi	ganization,
c 11 12 13	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here.	Support Perce	ntage		h tax year as a se	ction 501(c)(3) oi	
11 12 13 14	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here.	Support Perce	ntage		h tax year as a se	ction 501(c)(3) or	
c 11 12 13 14 Se	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here.	Support Perce e 8, column (f) d	ntage Ivided by line 13,		h tax year as a se		
11 12 13 14 See 15 16	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here.  Public support percentage for 2018 (lin Public support percentage from 2017.)	Support Perce e 8, column (f) d chedule A, Part I ment Income	entage ivided by line 13, II, line 15 Percentage	column (f))		15	
c 11 12 13 14 Se 15 16 Se	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here.  Public support percentage for 2018 (lin Public support percentage from 2017.)	Support Perce e 8, column (f) d chedule A, Part I ment Income	entage ivided by line 13, II, line 15 Percentage	column (f))		15	
c 11 12 13 14 Se 15 16 Se 17	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here.  ection C. Computation of Public Section D. Computation of Investing Investment income percentage from 2017. Investment income percentage from 2018.	Support Perce e 8, column (f) d chedule A, Part I ment Income .8 (line 10c, colu 017 Schedule A,	entage Invided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17	column (f)) line 13, column (f	))	15 16 17 18	▶□
c 11 12 13 14 Se 15 16 Se 17	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here.  Public support percentage for 2018 (line Public support percentage from 2017. Section D. Computation of Investigation of Investigation of Investigation of Investigation of 2018.)	Support Perce e 8, column (f) d chedule A, Part I ment Income .8 (line 10c, colu 017 Schedule A,	entage Invided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17	column (f)) line 13, column (f	))	15 16 17 18	▶□
C 111 12 13 14 Se 15 16 Se 17 18 19a	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here.  ection C. Computation of Public Section D. Computation of Investing Investment income percentage from 2017. Investment income percentage from 2018.	Support Perce e 8, column (f) d chedule A, Part I ment Income .8 (line 10c, colu 017 Schedule A, organization did r	entage Ivided by line 13, II, line 15  Percentage mn (f) divided by Part III, line 17 not check the box	column (f)) line 13, column (f on line 14, and lir	)) ne 15 is more than	15   16   17   18   133 1/3%, and lin	▶□
C 111 12 13 14 Se 15 16 Se 17 18	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here.  Public support percentage for 2018 (line Public support percentage from 2017 Section D. Computation of Investing Investment income percentage from 2011 (1931/3%) support tests—2018. If the 6331/3% support tests—2018. If the 6331/3% support tests—2018.	Support Perce e 8, column (f) d chedule A, Part I ment Income .8 (line 10c, colu) 017 Schedule A, organization did r stop here. The o	entage Invided by line 13, II, line 15  Percentage mn (f) divided by Part III, line 17 not check the box rganization qualifi	column (f)) line 13, column (f on line 14, and lir es as a publicly su	)) ne 15 is more than ipported organizal	15 16 17 18 133 1/3%, and lintion	e 17 is not

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part I. complete Sections A and C. If you checked 12c of Part I. complete Sections A. D. and E. If you checked 12d of Part I. complete Sections A and D, and complete Part V) Continu A. All Commontinu Opposituations

36	ection A. All Supporting Organizations	
		Yes
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?	

Nο

3с

**4**a

4h

4c

5a

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,		
	describe the designation If historic and continuing relationship, explain	1	Γ
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509		Г

describe the designation If historic and continuing relationship, explain	1	
Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described		
ın section 509(a)(1) or (2)	2	
Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		

	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
)	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the		

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes." describe in Part VI how the organization had such control and discretion despite being controlled or

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed. (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by

If "Yes," explain in Part VI what controls the organization put in place to ensure such use

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes

checked 12a or 12b in Part I, answer (b) and (c) below

provide detail in Part VI.

answer line 10b below

10a

supervised by or in connection with its supported organizations

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

32

h

(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described		
ın section 509(a)(1) or (2)	2	Г
Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		Γ
below	3a	L
Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the		
determination	3b	
Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes?		Г

	amendment to the organizing document)		$\vdash$	-
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing			
	organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a			

С	Substitutions only. Was the substitution the result of an event beyond the organization's control?					
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing					
	organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>					
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a					
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)					

	Section 4550(c)(5)(c)), a family member of a substantial contributor, or a 5570 contributor with regard to a						
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)						
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"						
	complete Part I of Schedule L (Form 990 or 990-EZ)	8					
0-	Was the erganization controlled directly or indirectly at any time during the tay year by one or more disqualified persons as						

	Substantial Contributor II Fest, Complete Fart For Schedule E (Form 550 of 550 EZ)	7				
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 77 If "Yes,"					
	complete Part I of Schedule L (Form 990 or 990-EZ)	8				
Qa	Was the organization controlled directly or indirectly at any time during the tay year by one or more disqualified persons as					

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Pa	Supporting Organizations (continued)					
			Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?					
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a				
b	A family member of a person described in (a) above?	11b				
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c				
S	ection B. Type I Supporting Organizations					
			Yes	No		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that					
-	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit					
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2				
	-					
5	ection C. Type II Supporting Organizations		Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of		163			
-	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1				
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)					
S	ection D. All Type III Supporting Organizations		.,			
			Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?					
		1				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)					
		2				
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard					
s	ection E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons)				
	The organization satisfied the Activities Test. Complete line 2 below					
	b					
	The organization supported a governmental entity Describe in <b>Part VI</b> how you supported a government entity (see	ınstru	ctions)			
2	Activities Test Answer (a) and (b) below.		Yes	No		
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	<b>2</b> a				
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b				
3	Parent of Supported Organizations Answer (a) and (b) below.	20				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a				
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	3h				

2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
	Fair market value of other non-exempt-use assets	1c		
C	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

4

5

6

7

8

1

2

3

4

5

Current Year

Schedule A (Form 990 or 990-FZ) 2018

Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see

**5** Net value of non-exempt-use assets (subtract line 4 from line 3)

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency

instructions)

8

2

4

5

7

Multiply line 5 by 035

Enter 85% of line 1

Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

temporary reduction (see instructions)

Recoveries of prior-year distributions

Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

See instructions		
3 Excess distributions carryover, if any, to 2018		
a From 2013		
<b>b</b> From 2014		
c From 2015		
<b>d</b> From 2016		
e From 2017		
f Total of lines 3a through e		
<b>g</b> Applied to underdistributions of prior years		
h Applied to 2018 distributable amount		
<ul> <li>Carryover from 2013 not applied (see instructions)</li> </ul>		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2018 from Section D, line 7		
\$		
	I	

<ul> <li>Carryover from 2013 not applied (see instructions)</li> </ul>		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2018 from Section D, line 7		
\$		
a Applied to underdistributions of prior years		
<b>b</b> Applied to 2018 distributable amount		
c Remainder Subtract lines 4a and 4b from 4		
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2		

Applied to underdistributions of prior years		
<b>b</b> Applied to 2018 distributable amount		
c Remainder Subtract lines 4a and 4b from 4		
<b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
7 Excess distributions carryover to 2019. Add lines		

See instructions		
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c		
8 Breakdown of line 7		
a Excess from 2014		

Schedule A (Form 990 or 990-EZ) (2018)

**b** Excess from 2015.

d Excess from 2017. Excess from 2018.

c Excess from 2016. . . . .

chedule A	(Form 990 or 990-EZ) 2	2018 Page <b>8</b>						
Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, lines IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)								
		Facts And Circumstances Test						
990 Sche	dule A, Supplemen	tal Information						
Ref	Return Reference Explanation							
SCHEDULE	A, PART II, LINE 10,	OTHER INCOME - 2016 AMOUNT \$ 9,127 2017 AMOUNT \$ 1,150 2018 AMOUNT \$ 3,871 MERCHANDISE						

EXPLANATION OF OTHER REVENUE - 2018 AMOUNT \$ 573

INCOME

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

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

(Form 990)

Department of the Treasury

Internal Revenue Service

As Filed Data -

**Supplemental Financial Statements** 

Complete if the organization answered "Yes," on Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990.

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

DLN: 93493225012989 OMB No 1545-0047

Open to Public Inspection

	REIGN POLICY RESEARCH INSTITUTE				Emi	noyer identii	ication	number
					23-1	.731998		
Pā	organizations Maintaining Donor Adv				or Acc	ounts.		
	Complete if the organization answered "Ye			sed funds	1	(b)Funds and	other	accounts
	Total number at end of year	(a) Done	JI auvi	seu iuiius		(D) unus and	i Other i	accounts
	•							
<u>.</u>	Aggregate value of contributions to (during year)							
	Aggregate value of grants from (during year)							
	Aggregate value at end of year							
; :	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex Did the organization inform all grantees, donors, and d	xclusive legal contr	ol?					Yes 🗌 No
,	charitable purposes and not for the benefit of the dono private benefit?	r or donor advisor,	or for	any other purpose	conferi	ing impermiss		Yes 🗌 No
Pa	rt II Conservation Easements. Complete if t	he organization a	answe	red "Yes" on For	m 990	, Part IV, line	e 7.	
-	Purpose(s) of conservation easements held by the orga	nızatıon (check all	that a	oply)				
	$\square$ Preservation of land for public use (e g , recreation	n or education)		Preservation of a	n histor	ically importar	nt land a	area
	Protection of natural habitat			Preservation of a	certifie	d historic struc	ture	
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conserva	tion co	ntribution in the fo	orm of a	conservation	e End o	of the Year
а	Total number of conservation easements				2a	noid at the	<u> </u>	Title Tear
b	Total acreage restricted by conservation easements				2b			
С	Number of conservation easements on a certified histor	ıc structure ınclude	ed in (a	)	2c			
d	Number of conservation easements included in (c) acquistructure listed in the National Register	ured after 7/25/06,	and n	ot on a historic	2d			
1	Number of conservation easements modified, transferred tax year ▶	ed, released, exting	guished	d, or terminated by	y the or	ganızatıon durı	ing the	
Ļ	Number of states where property subject to conservation	on easement is loca	ated ►			_		
•	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold		rıng, ır	ispection, handling	of viola	ations,	Yes	□ No
;	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of v	violatio	ns, and enforcing	conserv	ation easemen	ts durır	ng the year
,	Amount of expenses incurred in monitoring, inspecting,  \$ \\$	, handling of violati	ons, a	nd enforcing conse	ervation	easements du	ring the	e year
ı	Does each conservation easement reported on line 2(d	) above satisfy the	requir	ements of section	170(h)(	4)(B)(ı)		
	and section $170(h)(4)(B)(II)$ ?	, above battler, till			_, _(,(		Yes	□ No
)	In Part XIII, describe how the organization reports con- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemer	footnote to the or				tement, and		
aı	Organizations Maintaining Collections Complete of the organization answered "Ye				her Si	milar Asset	s.	
.a	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final	public exhibition,	educat	ion, or research in				
b	If the organization elected, as permitted under SFAS 1: historical treasures, or other similar assets held for pub following amounts relating to these items	16 (ASC 958), to re blic exhibition, educ	eport in ation,	n its revenue state or research in furt	ment ar herance	nd balance she of public serv	et work ice, pro	s of art, ovide the
(	(i) Revenue included on Form 990, Part VIII, line 1					<b>▶</b> \$		
	ii)Assets included in Form 990, Part X					<b>&gt;</b> \$		
2	If the organization received or held works of art, histor				ancıal g			
_	following amounts required to be reported under SFAS	110 (ASC 958) rela	acing to	ulese items		<b>.</b> +		
а	Revenue included on Form 990, Part VIII, line 1							
b	Assets included in Form 990, Part X					<b>&gt;</b> \$		

Cat No 52283D

Schedule D (Form 990) 2018

Par	t III	Organizations Ma	aintaining Col	lections o	of Art, F	listori	ical Ti	reası	ıres, or	Other	Similar As	ssets (	continued)
3		the organization's acq	uisition, accessior	n, and other	r records,	check	any of	the fo	llowing t	hat are a	significant i	use of it	s collection
а	items	(check all that apply)				d							
	Ш	Public exhibition								ange prog	grams		
b		Scholarly research				е	Ш	Othe	r				
С	Ш	Preservation for future	e generations										
4	Provi Part :	de a description of the e XIII	organızatıon's coll	ections and	d explain l	how the	ey furtl	ner the	e organız	ation's e	xempt purpo	se in	
5	asset	ig the year, did the organs to be sold to raise fur									nılar	□ Ye	es 🗆 No
Pa	rt IV	Escrow and Cust Complete if the ord				000	David	T) ( ).	0				Faura 000 Davit
		X, line 21.	yanızatıdı answ	rered res	on For	111 990	, Part	10, 11	ne 9, or	reporte	eu an amou	ווני טוו ו	Form 990, Part
1a		e organization an agent ded on Form 990, Part )		an or other	ıntermed	lary for	contri	bution	s or othe	er assets	not	☐ Ye	es 🗌 No
ь	If "Y€	es," explain the arrange	ement in Part XIII	and comple	ete the fo	llowing	table				A	mount	
c		nning balance		·		_			•	1c			
d	_	ions during the year							•	1d			
е	Dıstrı	butions during the year	r						•	1e			
f	Endır	ng balance							•	1f			
<b>2</b> a	Did tl	he organization include	an amount on Fo	rm 990. Pa	rt X. line	21. for	escrow	or ci.	ıstodial a	ccount la	ability?		es 🗆 No
b		es," explain the arrange										_	
	rt V	Endowment Fund							-				
				(a)Currer			rior yea				(d)Three yea		(e)Four years back
<b>1</b> a	Beginn	ing of year balance .											
b	Contrib	outions											
c	Net inv	estment earnings, gair	ns, and losses										
d	Grants	or scholarships											
e		expenditures for facilitie	es										
f		istrative expenses .											
		year balance											
2		<i>'</i> de the estimated percei	ntage of the curre	nt vear en	d halance	(line 1	a colu	mn (a	)) held a	<u> </u>		l	
a		d designated or quasi-e		ine year en	a balance	(11110-1	g, cola	····· (a	))	_			
b		anent endowment ▶											
c	Temr	orarily restricted endov	wment <b>&gt;</b>										
·		percentages on lines 2a		ld equal 10	0%								
3a	Are t	here endowment funds nization by		•		on tha	t are h	eld an	d admını	stered fo	r the		Yes No
	(i) u	nrelated organizations										3	a(i)
	(ii) r	elated organizations .										3	a(ii)
b		es" on 3a(II), are the rel	_		•			· ·					3b
4	Desci	ribe in Part XIII the inte			n's endov	wment 1	funds						
Pa	rt VI	Land, Buildings,			" on For	···· 000	Dort	T\ /  -	no 11n	Caa Fa	000 Da	V I	22.10
	Descr	Complete if the ordination of property	(a) Cost or oth (investme	er basıs	<b>(b)</b> Cost						depreciation		(d) Book value
1 =	Land												
	Buildin												
		_							-				
		oold improvements					1.5	39,315	-		132,961		6,354
		nent					1.	,,,,,,,	-		132,301		
	Other I. Add	Innes 1a through 1e (Co	l olumn (d) must er	gual Form 9	   90. Part	X. colui	nn (R)	. line	10(c) )		<b>&gt;</b>		6,354
			(=)	,	, , -, -,	.,	(=)			-	·	edule [	O (Form 990) 2018

Can Form 000 Part V line 12	3	on answere	d "Yes" on Form 990, Part IV,	iiile IID.
See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)		(b) Book value	(c) Method of valuatio Cost or end-of-year market	
1) Financial derivatives				
A)				
В)				
C)				
D)				
E)				
F)				
G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )	•			
Part VIII Investments—Program Related.  Complete if the organization answered 'Yes' on F	orm 990, P			
(a) Description of investment	( <b>b</b> ) Bo	ok value	(c) Method of valuatio Cost or end-of-year market	
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered	Yes' on Forr	n 990. Part IV	/. line 11d See Form 990. Part X. l	ne 15
(a) Description				<b>b)</b> Book value
1)				
3)				
3) 4)				
3) 4) 5)				
3) 4) 5) 6)				
3) 4) 5) 6) 7)				
3) 4) 5) 6) 7)				
3) 4) 5) 6) 7) 8)				
3) 4) 5) 6) 7) 8) 9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization a	nswered 'Ye	· · ·	990, Part IV, line 11e or 11f.	
3) 4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.	nswered 'Ye		990, Part IV, line 11e or 11f.	
3) 4) 5) 6) 7) 8) 9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25 (a) Description of liability	nswered 'Ye		990, Part IV, line 11e or 11f.	
3) 4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15 ) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25 (a) Description of liability 1) Federal income taxes	nswered 'Ye		990, Part IV, line 11e or 11f.	
3) 4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15 ) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability 1) Federal income taxes	nswered 'Ye		990, Part IV, line 11e or 11f.	
3) 4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15 ) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability 1) Federal income taxes	nswered 'Ye		990, Part IV, line 11e or 11f.	
3) 4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15 ) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25 (a) Description of liability 1) Federal income taxes 2) 3) 4)	nswered 'Ye		990, Part IV, line 11e or 11f.	
3) 4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25 (a) Description of liability 1) Federal income taxes 2) 3) 4)	nswered 'Ye		990, Part IV, line 11e or 11f.	
3) 4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability 1) Federal income taxes  2) 3) 4) 5)	nswered 'Ye		990, Part IV, line 11e or 11f.	
3) 4) 5) 6) 7) 8) 9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability 1) Federal income taxes  2) 3) 4) 5) 6)	nswered 'Ye		990, Part IV, line 11e or 11f.	
See Form 990, Part X, line 25.	nswered 'Ye		990, Part IV, line 11e or 11f.	
3) 4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. L. (a) Description of liability 1) Federal income taxes  2) 3) 4) 5) 6) 7)	nswered 'Ye		990, Part IV, line 11e or 11f.	

Page 4

2,479,874

2.479.874

Schedule D (Form 990) 2018

2e

3

4c

5

Schedule D (Form 990) 2018

Add lines 2a through 2d . .

Return Reference

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 

Supplemental Information

3

b

5

Part XIII

See Additional Data Table

2h Prior year adjustments . . . . . 2c 2d Other (Describe in Part XIII ) . . . . . d

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

4b

Explanation

Page <b>5</b>	Schedule D (Form 990) 2018	
	rmation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2018

## Additional Data

Software Version:

Software ID:

**EIN:** 23-1731998

WOULD BE REPORTED AS INTEREST EXPENSE AND PENALTIES ON INCOME TAX WOULD BE REPORTED AS INC OME TAXES THERE ARE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES AS

Name: FOREIGN POLICY RESEARCH INSTITUTE

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE INSTITUTE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(

C)(3) AND APPLICABLE STATE LAW THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN I NCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. IF THE INSTITUTE W.

ERE TO INCUR ANY INCOME TAX LIABILITY IN THE FUTURE, INTEREST ON ANY INCOME TAX LIABILITY

OF AND FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 934	9322	25012	989
Sch	edule J	Co	mpensat	ion Information	40	1B No	1545-0	0047
(For	n 990)	For certain Office	rs, Directors, 1	rustees, Key Employees, and Hig	hest			
		Complete if the ora		ated Employees vered "Yes" on Form 990, Part IV	line 23	20	18	₹
			► Attach	to Form 990.				
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u> r	<u>v/Form990</u> tor	instructions and the latest inform	nation.		to Pul ectio	
Nar	ne of the organiza				Employer identificat	_		
FOR	EIGN POLICY RESEA	RCH INSTITUTE			23-1731998			
Pa	rt I Questi	ons Regarding Compensat	ion					
							Yes	No
1a				f the following to or for a person liste by relevant information regarding the				
	First-class	or charter travel		Housing allowance or residence for	•			
		companions		Payments for business use of perso				
		nification and gross-up payments		Health or social club dues or initiation				
	☐ Discretion	ary spending account		Personal services (e g , maid, chauf	reur, cher)			
b		kes in line 1a are checked, did th ill of the expenses described abo		ollow a written policy regarding paym nplete Part III to explain	nent or reimbursement	1b		
2				or allowing expenses incurred by all	. 1-2	2		
	directors, truste	es, officers, including the CEO/E	xecutive Directo	r, regarding the items checked in line	e la'			
3				ed to establish the compensation of the	ne			
				not check any boxes for methods CEO/Executive Director, but explain i	n Part III			
	✓ Compensa							
	_ '	ation committee ent compensation consultant		Written employment contract Compensation survey or study				
		of other organizations	<b>\sqrt{2}</b>	Approval by the board or compensa	tion committee			
4		-		ection A, line 1a, with respect to the f				
7	related organiza		,50, Fait VII, 5e	rection A, line 1a, with respect to the r	illing organization of a			
а	Receive a sever	ance payment or change-of-cont	rol payment?			4a		No
b	Participate in, oi	r receive payment from, a supple	emental nonqual	ified retirement plan?		4b		No
С	Participate in, o	r receive payment from, an equit	y-based compe	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	olicable amounts for each item in Part	t III			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9				
5			_	the organization pay or accrue any				
	compensation co	ontingent on the revenues of	,					
а	The organization	٦٦				5a		No
b	Any related orga					5b		No
	·	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section on the net earnings of the net earnings of	n A, line 1a, did	the organization pay or accrue any				
а	The organization	٦٦				6a		No
b	Any related orga					6b		No
_	•	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes		the organization provide any nonfixed ort III	d	7		No
8	subject to the in			red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," de	escribe			
	ın Part III					8		No
9	If "Yes" on line 8 53 4958-6(c)?	3, did the organization also follow	v the rebuttable	presumption procedure described in	Regulations section	9		
For I	Danerwork Bedu	ction Act Notice, see the Inst	ructions for Fo	orm 990 Cat No 5	50053T Schedule 1	/Forn	1 990)	2018

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (D) Nontaxable (E) Total of columns (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (F) Compensation in column (B) reported other deferred benefits (B)(i)-(D)(i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 ALAN H LUXENBERG 156,460 (i) 20,000 8,892 9,531 194,883 0 **PRESIDENT** 0 0 0 (ii)

Schedule J (Form 990) 2018 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Return Reference Explanation

Schedule 1 (Form 990) 2018

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493225012989 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** FOREIGN POLICY RESEARCH INSTITUTE 23-1731998 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures Art—Fractional interests Books and publications Clothing and household goods . . . . . Cars and other vehicles 7 Boats and planes . . 8 Intellectual property . . . Securities—Publicly traded . Χ 6 36,678 FMV 10 Securities—Closely held stock . **11** Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . . Qualified conservation contribution-Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . 18 Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy . . . . . 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ ( \_\_\_\_\_\_) 26 Other ▶ ( \_\_\_\_\_\_) 27 Other ► ( \_\_\_\_\_\_) Number of Forms 8283 received by the organization during the tax year for contributions 29 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt 30a Νo b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Nο 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Page 2 Schedule M (Form 990) (2018) Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Return Reference Explanation THE FIGURE IN THIS COLUMN REPRESENTS THE NUMBER OF DONORS IN THE GIVEN CATEGORY PART I, COLUMN (B) Schedule M (Form 990) (2018)

efile GRAPH	IC print - DO NOT PROCESS   As Filed Data -	DLN:	93493225012989
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to specific of Form 990 or 990-EZ or to provide any additional information to Form 990 or 990-EZ.	questions on mation.	OMB No 1545-0047  2018  Open to Public Inspection
	emization RESEARCH INSTITUTE e O, Supplemental Information	23-1731998	ification number
Return Reference	Explanation		
FORM 990, PART VI, SECTION A, LINE 1	THE BOARD OF TRUSTEES MAY DESIGNATE AND APPOINT AN EXECUTIVE C STEES, WHICH MAY EXERCISE THE AUTHORITY OF THE BOARD OF TRUSTE CORPORATION, PROVIDED THAT THE EXECUTIVE COMMITTEE SHALL NOT IRD OF TRUSTEES TO ELECT OR REMOVE TRUSTEES, TO ELECT OR REMOVE MENT OF MERGER OR CONSOLIDATION, OR TO AMEND THE CERTIFICATE OWS OF THE CORPORATION	ES IN THE MANAGEME HAVE THE AUTHORITY E OFFICERS, TO ADOI	ENT OF THE ' OF THE BOA PT AN AGREE

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990,	THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM A DRAFT OF THE FORM 990 IS PRO
PART VI,	VIDED TO TRUSTEES AND SENIOR MANAGEMENT FOR THEIR REVIEW AND COMMENTARY THE VERSION OF TH
SECTION B,	E FORM 990 PREPARED FOR ELECTRONIC FILING IS THEN PROVIDED TO THE SAME INDIVIDUALS FOR FIN
LINE 11B	AL REVIEW BEFORE E-FILING

# 990 Schedule O, Supplemental Information

FORM 990, PART VI, SECTION B, LINE 12C  CONFLICT OF INTEREST CERTIFICATIONS ARE REQUESTED FROM TRUSTEES AND OTHER OFFICERS AT THE BEGINNING OF EACH CALENDAR YEAR MANAGEMENT PROVIDES COPIES OF 1) THE CONFLICT OF INTERES TORS WITH WHICH THE ORGANIZATION DOES BUSINESS, AND 3) A CERTIFICATION FORM TO BE RETURNED CERTIFICING THAT 1) THE INDIVIDUAL HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLIC Y AND 2) SPECIFYING THE INDIVIDUAL'S CONFLICTS OF INTEREST, IF ANY, OR SPECIFYING THAT THE INDIVIDUAL HAS NO CONFLICTS INTERIM CERTIFICATION REQUESTS ARE SUBMITTED TO INDIVIDUALS FOR ACTUAL OR POTENTIAL CONFLICTS THAT ARISE BETWEEN ANNUAL CERTIFICATIONS POTENTIAL CONFLICTS THAT ARE DISCLOSED ARE DISCUSSED AND ACTED UPON BY THE FULL BOARD OF TRUSTEES BOARD ACTIONS MAY INCLUDE DETERMINATION THAT NO ACTUAL CONFLICT EXISTS AND THAT NO FURTHER ACT ION IS REQUIRED BASED ON ANY REASONABLE GROUNDS, INCLUDING THE NOMINAL NATURE OF ANY INTEREST INVOLVED IF AN ACTUAL CONFLICT IS DETERMINED TO EXIST, NEITHER FPRI NOR THE INTERESTE D PERSON SHALL ENTER INTO OR CONTINUE THE TRANSACTION OR ARRANGEMENT PRESENTING THE CONFLICT CT UNLESS IT IS APPROVED BY THE BOARD IN APPROVING A TRANSACTION OR RELATIONSHIP WHERE THERE IS A CONFLICT, THE BOARD SHALL CONSIDER WHETHER A MORE FAVORABLE ALTERNATIVE TRANSACTION ON OR ARRANGEMENT IS AVAILABLE WITH A PARTY THAT DOES NOT PRESENT A CONFLICT IF A MORE AD VANTAGEOUS NON-CONFLICT TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER THE CIRCUMSTANCES, THE BOARD SHALL DETERMINE, BY A MAJORITY VOTE OF THE DISINTERESTED TRUSTEES, WHETHER TO APPROVE A CONFLICT BY CONSIDERING WHETHER SUCH CONFLICT IS IN THE ORGANIZATION'S BEST INTEREST AND WHETHER IT IS FAIR AND REASONABLE INDIVIDUALS WHO HAVE CONFLICTS ARE NOT PERMITTED TO PARTICIPATE IN THE DISCUSSIONS OR DECISIONS CONCERNING CONFLICTS OF INTER	Return Reference	Explanation
	PART VI, SECTION B,	BEGINNING OF EACH CALENDAR YEAR MANAGEMENT PROVIDES COPIES OF 1) THE CONFLICT OF INTERES T POLICY, 2) A LIST OF VENDORS, FINANCIAL INSTITUTIONS, EMPLOYEES, AND INDEPENDENT CONTRAC TORS WITH WHICH THE ORGANIZATION DOES BUSINESS, AND 3) A CERTIFICATION FORM TO BE RETURNED , CERTIFYING THAT 1) THE INDIVIDUAL HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLIC Y AND 2) SPECIFYING THE INDIVIDUAL HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLIC Y AND 2) SPECIFYING THE INDIVIDUAL HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLIC Y AND 2) SPECIFYING THE INDIVIDUAL HAS NO CONFLICTS INTERIM CERTIFICATION REQUESTS ARE SUBMITTED TO INDIVIDUALS FOR ACTUAL OR POTENTIAL CONFLICTS THAT ARISE BETWEEN ANNUAL CERTIFICATIONS POTENTIAL CONFLICTS THAT ARE DISCLOSED ARE DISCUSSED AND ACTED UPON BY THE FULL BOARD OF TRUSTEES BOARD ACTIONS MAY INCLUDE DETERMINATION THAT NO ACTUAL CONFLICT EXISTS AND THAT NO FURTHER ACT ION IS REQUIRED BASED ON ANY REASONABLE GROUNDS, INCLUDING THE NOMINAL NATURE OF ANY INTER EST INVOLVED IF AN ACTUAL CONFLICT IS DETERMINED TO EXIST, NEITHER FPRI NOR THE INTERESTE D PERSON SHALL ENTER INTO OR CONTINUE THE TRANSACTION OR ARRANGEMENT PRESENTING THE CONFLICT UNLESS IT IS APPROVED BY THE BOARD IN APPROVING A TRANSACTION OR RELATIONSHIP WHERE THE ERE IS A CONFLICT, THE BOARD SHALL CONSIDER WHETHER A MORE FAVORABLE ALTERNATIVE TRANSACTION OR ARRANGEMENT IS AVAILABLE WITH A PARTY THAT DOES NOT PRESENT A CONFLICT IF A MORE AD VANTAGEOUS NON-CONFLICT TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER THE CIRCUMSTANCES, THE BOARD SHALL DETERMINE, BY A MAJORITY VOTE OF THE DISINTERESTED TRUSTEES, WHETHER TO APPROVE A CONFLICT BY CONSIDERING WHETHER SUCH CONFLICT IS IN THE ORGANIZATION'S BEST INTEREST AND WHETHER IT IS FAIR AND REASONABLE INDIVIDUALS WHO HAVE CONFLICTS ARE NOT PERMITTED TO PARTICIPATE IN THE DISCUSSIONS OR DECISIONS CONCERNING CONFLICTS OF INTER

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION OF THE PRESIDENT IS REVIEWED AND RECOMMENDED TO THE BOARD OF TRUSTEES BY THE BOARD'S COMPENSATION COMMITTEE AS PART OF THE PROCESS OF APPROVING THE ANNUAL BUDGET CRIT ERIA USED IN THE COMMITTEE'S DELIBERATIONS INCLUDE COMPENSATION PAID BY SIMILAR ORGANIZAT IONS IN TERMS OF FOCUS/SIZE THE BOARD OF TRUSTEES REVIEWS THE COMMITTEE'S RECOMMENDATION AND EITHER APPROVES THE RECOMMENDATION OR APPROVES A REVISED AMOUNT OF COMPENSATION COMPENSATION OF OTHER OFFICERS IS DETERMINED BY SENIOR MANAGEMENT, IN CONSULTATION WITH THE FIN ANCE COMMITTEE, WITH REFERENCE TO COMPENSATION LEVELS FOR SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS DELIBERATIONS AND FINAL DETERMINATION OF COMPENSATION FOR THE PRESIDENT AND OTHER OFFICERS ARE TIMELY DOCUMENTED

Return Explanation
Reference

990 Schedule O. Supplemental Information

FORM 990, THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEME NTS ARE 1) POSTED ON THE ORGANIZATION'S WEBSITE, AND 2) AVAILABLE TO THE PUBLIC UPON REQUEST.