Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

<u>A r</u>	or the	e 2019 calendar year, or tax year beginning an	a enaing		
B (Check if opplicable	C Name of organization		D Employer identifie	cation number
	Addre				
	Name chang	Doing business as		23-17319	98
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return	1528 WALNUT STREET	610	215-732-	3774
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,483,853.
Г	Amen			H(a) Is this a group re	eturn
Г	Applic tion			for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	·····= =
1 1	ax-ex	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) $4947(a)(1)$) or 527		list. (see instructions)
		te: WWW.FPRI.ORG	,	H(c) Group exemptio	
_		organization: X Corporation Trust Association Other	L Year		A State of legal domicile: DE
	art I	Summary	1 = 100.	or rormanom = = = [otato or rogar dominono,
	1	Briefly describe the organization's mission or most significant activities: HIGH	HEST OU	JALITY SCHOL	ARSHIP AND
Se		NONPARTISAN POLICY ANALYSIS FOCUSED ON U			
Jan	l	Check this box if the organization discontinued its operations or dispose			eate
/eri	l	- · · · · · · · · · · · · · · · · · · ·			41
é	I .	Number of independent voting members of the governing body (Part VI, line 1a)			41
જ					13
ijes	I .	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			75
Activities & Governance	I .	Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	D	Net unrelated business taxable income from Form 990-T, line 39	·····		
		Openhalisations and avents (Double)(III line 41s)		Prior Year 1,616,432.	Current Year 1,998,033.
ne	ı	Contributions and grants (Part VIII, line 1h)		349,776.	
Revenue	1	Program service revenue (Part VIII, line 2g)			351,435.
Вè		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,969.	3,631.
_	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		67,084.	54,649.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,036,261.	2,407,748.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	16,856.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		925,768.	994,021.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ž	b	Total fundraising expenses (Part IX, column (D), line 25)			
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,554,106.	1,353,477.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,479,874.	2,364,354.
		Revenue less expenses. Subtract line 18 from line 12		-443,613.	43,394.
Net Assets or			В	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,462,433.	1,493,114.
t As	21	Total liabilities (Part X, line 26)		294,023.	280,238.
		Net assets or fund balances. Subtract line 21 from line 20		1,168,410.	1,212,876.
Pa	art II	Signature Block			
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedul	es and statem	ents, and to the best of my	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of v	vhich prepare	has any knowledge.	
Sig	n	Signature of officer		Date	
Her	е	GEORGE C. BURGWIN, ASST. TREASURER/DI	R. FIN.	ANCE	
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	ı	CONNIE M. LIRA CONNIE M. LIRA	(09/09/20 self-employ	P00481097
Prep	arer	Firm's name CLIFTONLARSONALLEN LLP	•		41-0746749
-	Only	Firm's address 5 610 W GERMANTOWN PIKE, SUITE 40	0		
	-	PLYMOUTH MEETING, PA 19462		Phone no. (2	15) 643-3900
May	the II	RS discuss this return with the preparer shown above? (see instructions)		· · · · · · · · · · · · · · · · · · ·	X Yes No

ACC (Code: _____)(Expenses \$ ______121,469.___including grants of \$ _______0.__) (Revenue \$ _______159,910...]
PUBLICATIONS: FPRI SPONSORS AND PUBLISHES A WIDE ARRAY OF ARTICLES,
PAPERS, BOOKS, E-BOOKS, AND OTHER PUBLICATIONS FOR POLICYMAKERS,
EDUCATORS, AND THE GENERAL PUBLIC. THESE INCLUDE: ORBIS: FPRI'S JOURNAL
OF WORLD AFFAIRS, AS WELL AS REGULAR ANALYSIS AND LONGER SPECIAL
REPORTS ON INTERNATIONAL AFFAIRS AND NATIONAL SECURITY. FPRI ALSO
PROVIDES ACCESS TO AND DISTRIBUTES AUDIO-VISUAL MATERIALS, INCLUDING
PODCASTS ON MEDIA AND STREAMING SERVICES SUCH AS ITUNES AND SPOTIFY,
AND SHORT TOPICAL VIDEOS AND RECORDINGS OF PAST EVENTS ON FPRI'S
YOUTUBE CHANNEL. FPRI'S RESEARCH PROGRAMS ALSO PUBLISH SPECIAL REPORTS

4d	Other program	services	(Describe or	n Schedule O.

AND MULTIMEDIA PRODUCTS.

(Expenses \$ 68,540 · including grants of \$

0 •) (Revenue \$

2,950.)

le Total program service expenses

16370918 131839 097-102537-00

1,913,931.

Form 990 (2019)

Form 990 (2019) FOREIGN POLI Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes." complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,.
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Pai	rt IV Checklist of Required Schedules (continued)		T	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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			
		24a		x
h	Schedule K. If "No," go to line 25a			
		240		_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		├
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
		27		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		1
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, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV			X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete			
UZ.	, ,	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		+
33		00		_v
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			١.,
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a		X
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1 33		
٥.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
20	, , ,	31		+*
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Da	Note: All Form 990 filers are required to complete Schedule 0	. 38	X	<u> </u>
Fal	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			igspace
		_	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	33		

(gambling) winnings to prize winners?

0

Form **990** (2019)

Form 990 (2019) FOREIGN POLICY RESEARCH INSTITUTE

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	C C C C C C C C C C C C C C C C C C C			I	Ι				
0-	Enter the according of apple and apple and apple W.O. Transmittel of Ware and Tay Otata marks	l I		Yes	No				
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 13							
h	filed for the calendar year ending with or within the year covered by this return		2b	х					
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions		20	21					
32			За		х				
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule	······································	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		30						
··u	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		x				
b	If "Yes," enter the name of the foreign country		-iu						
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions and taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.		5b		Х				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	any contributions that were not tax deductible as charitable contributions?		6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution								
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required							
	to file Form 8282?		7с		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g						
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the							
_	sponsoring organization have excess business holdings at any time during the year?		8						
9	Sponsoring organizations maintaining donor advised funds.		0-						
a	•		9a 9b		-				
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		90						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	100							
	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a 14b		X				
b									
15									
	excess parachute payment(s) during the year?								
	If "Yes," see instructions and file Form 4720, Schedule N.				17				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X				
	If "Yes," complete Form 4720, Schedule O.								

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 41			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 41			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
·	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6		6		X
7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
<i>1</i> a		7a		х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 a		21
b		7b		х
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0		21
8		0-	Х	
a	The governing body?	8a_	X	
a	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
Sac	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	NI-
10-	Did the expenientian have lead charters branches as efficience	10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
b		10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1 Ia	21	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
12a		12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120	21	
С		12c	Х	
12	in Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	14	72	
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?			
_		45.0	Х	
d L	The organization's CEO, Executive Director, or top management official Other officers or key ampleyees of the organization	15a	X	
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	- 41	
160				
104	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa		21
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	100		
	List the states with which a copy of this Form 990 is required to be filed ▶PA			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only	availa	hla
10		or iiy)	avalla	DIE
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)			
10	X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finar	oial	
19		iiiiano	iai	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 215-732-3774			
	1528 WALNUT STREET, NO. 610, PHILADELPHIA, PA 19102			
	TOGO MADIMOT STREET, MO. OTO, FILLHADEHFULA, FA ISIOG			

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

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

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

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

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

See instructions for the order in which to list the persons above.

(A)	(B)	. ga		((C)			(D)	(E)	(F)
Name and title	Average hours per	box	not c , unle:	Posi heck i ss per nd a di	more rson i	than o	n an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JAMES H. AVERILL TRUSTEE	2.00	Х						0.	0.	0.
(2) J. MICHAEL BARRON	2.00							0.	0.	<u>_ </u>
TRUSTEE	2.00	Х						0.	0.	0.
(3) AMB. ADRIAN A. BASORA	2.00									
TRUSTEE		х						0.	0.	0.
(4) EDWARD T. BISHOP	2.00							-	-	-
TRUSTEE		Х						0.	0.	0.
(5) GWEN BOROWSKY	2.00									
TRUSTEE		Х						0.	0.	0.
(6) RUTH BRAMSON	2.00									
TRUSTEE		Х						0.	0.	0.
(7) ROBERT E. CARR	2.00									
TRUSTEE		Х						0.	0.	0.
(8) AHMED CHARAI	2.00									
TRUSTEE		Х						0.	0.	0.
(9) WINSTON J. CHURCHILL	2.00									
TRUSTEE		Х						0.	0.	0.
(10) GERARD CUDDY	2.00								_	_
TRUSTEE		Х						0.	0.	0.
(11) GENE CUNNINGHAM	2.00								_	_
TRUSTEE		Х						0.	0.	0.
(12) PETER DACHOWSKI	2.00									
TRUSTEE		Х						0.	0.	0.
(13) JOSEPH FIELD	2.00									_
TRUSTEE	2 00	Х	_		_			0.	0.	0.
(14) ROBERT A. FOX	2.00	,,						_	_	•
TRUSTEE (15) TAMES IN CAMERAY	2 00	Х	_		_			0.	0.	0.
(15) JAMES H. GATELY	2.00								^	0
TRUSTEE	2 00	Х	_		_			0.	0.	0.
(16) SUSAN H. GOLDBERG	2.00	Х						0.	0.	0
TRUSTEE (17) JOHN R. HAINES	2.00	^	\vdash		\vdash	\vdash		"	0.	0.
TRUSTEE	4.00	Х						0.	0.	0.
932007 01-20-20	1	77	<u> </u>	l	l	<u> </u>	l .	0.	0.	Form 990 (2019)

932007 01-20-20 Form **990** (2019)

Form 990 (2019) FOREIGN	POLICY F	RES	EA	RC	H	IN	SI	TITUTE	23-1731	998	Page 8
Part VII Section A. Officers, Directors, Trus	stees, Key Em	oloy	ees,	and	d Hig	ghes	st C	ompensated Employe	es (continued)		
(A)	(B)				C)			(D)	(E)	((F)
Name and title	Average	(do		Pos		າ than ເ	one	Reportable	Reportable	Estir	mated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation		ount of
	week (list any		l ai		II ecto	Tuus	(66)	from	from related		ther
	hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)		ensation m the
	related	e or 0	stee			satec		(W-2/1099-MISC)	(***2/1099*****100)		nization
	organizations	truste	Institutional trustee		yee	Highest compensated employee		(** 2) 1000 (***)		1 ~	related
	below	idual	ution	e e	Key employee	est co oyee	-BI			organ	izations
	line)	Indiv	Instit	Officer	Key e	High	Former				
(18) JAMES T. HITCH, III	2.00										
TRUSTEE		Х						0.	0.		0.
(19) DONALD R. KARDON	2.00										
TRUSTEE		Х						0.	0.		0.
(20) MARINA KATS	2.00										
TRUSTEE		Х						0.	0.		0.
(21) HON. JOHN F. LEHMAN	2.00										
TRUSTEE		Х						0.	0.		0.
(22) MURRAY S. LEVIN	2.00										
TRUSTEE		Х						0.	0.		0.
(23) DAVID MARSHALL	2.00										
TRUSTEE		Х						0.	0.		0.
(24) SARAH J.M. MARSHALL	2.00										
TRUSTEE		Х						0.	0.		0.
(25) JAMES MEYER	2.00										
TRUSTEE		Х						0.	0.		0.
(26) RONALD J. NAPLES	2.00										
TRUSTEE		Х						0.	0.		0.
1b Subtotal							ightharpoons	0.	0.		0.
c Total from continuation sheets to Part V							ightharpoons	377,195.			,319.
d Total (add lines 1b and 1c)							<u> </u>	377,195.	0.	37	<u>,319.</u>
2 Total number of individuals (including but i	not limited to th	ose	liste	d at	ove) wh	o re	eceived more than \$100	,000 of reportable		
compensation from the organization											1
										Y	res No
2 Did the examination list any former officer	director truct	00 l		mn	0.40		hia	host componented omr	lovos on		

			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		Х
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	Х	
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		X

Section B. Independent Contractors

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	(B) Description of services	(C) Compensation
PAUL BRACKEN 22 GREEN LANE, RIDGEFIELD, CT 06877	RESEARCH	129,750.
2 Total number of independent contractors (including but not limited to those listed \$100,000 of compensation from the organization ▶ 1	above) who received more than	

\$100,000 of compensation from the organization ► 1
SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2019)

B	POLICY F									1998
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per week					9		from the	from related organizations	other compensation
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	rdirec				ed em		(W-2/1099-MISC)	(,	organization
	related	stee o	rustee			ensat				and related
	organizations	al trus	onal tr		oloyee	comp				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	Ē	ii.	J0	\$	主	요			
(27) MICHAEL NOVAKOVIC	2.00	,,						_	0	•
TRUSTEE	2 00	Х						0.	0.	0.
(28) EDWARD O'CONNOR	2.00	,,						_	0	•
TRUSTEE	2 00	Х						0.	0.	0.
(29) MARSHALL W. PAGON	2.00	,,						_	0	•
TRUSTEE	2 00	Х						0.	0.	0.
(30) JAMES M. PAPADA, III	2.00	٦,						,	_	_
TRUSTEE	2 00	Х	\vdash					0.	0.	0.
(31) JOHN W. PIASECKI	2.00	37						_	0	•
TRUSTEE	2 00	Х						0.	0.	0.
(32) STEPHEN S. PHILLIPS	2.00	37						_	0	_
TRUSTEE (33) EILEEN ROSENAU	2.00	Х						0.	0.	0.
TRUSTEE	2.00	х						0.	0	0
(34) ADELE K. SCHAEFFER	2.00	Δ						0.	0.	0.
TRUSTEE	2.00	Х						0.	0.	0.
(35) HILLARD R. TORGERSON	2.00	Δ						0.	0.	0.
TRUSTEE	2.00	Х						0.	0.	0.
(36) LEE WOOLLEY	2.00	-22						0.	0.	·
TRUSTEE	2.00	Х						0.	0.	0.
(37) ROBERT L. FREEDMAN	2.00	22						0.		•
CHAIRMAN	2.00	Х		Х				0.	0.	0.
(38) DEVON CROSS	2.00	22		22				0.		•
VICE CHAIR	2.00	Х		Х				0.	0.	0.
(39) SAMUEL J. SAVITZ	2.00							•	•	•
VICE CHAIR	2.00	Х		Х				0.	0.	0.
(40) HON. DOV S. ZAKHEIM	2.00									•
VICE CHAIR		х		х				0.	0.	0.
(41) HON. JOHN HILLEN	2.00							•	•	
TREASURER		х		х				0.	0.	0.
(42) MAUREEN AUSTIN	2.00									
TRUSTEE TO FEB 2019		Х						0.	0.	0.
(43) SA IBRAHIM	2.00									
TRUSTEE TO FEB 2019		х						0.	0.	0.
(44) RAZA BOKHARI	2.00	<u> </u>						3.0		
TRUSTEE TO OCT 2019		х						0.	0.	0.
(45) ROBERT O'DONNELL	2.00							-	-	
TRUSTEE TO OCT 2019		х						0.	0.	0.
	2.00									
(46) WILLIAM L. CONRAD							1	ı	i	_
TRUSTEE TO DEC 2019		Х						0.	0.	0.

Form 990 FOREIGN	POLICY R	RES	EA	RC	<u>'H</u>	IN	ST	ITUTE	23-173	1998
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, aı	nd F	lighe	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	Position						Reportable	Reportable	Estimated
	hours	(check all that apply)					ly)	compensation	compensation	amount of
	per							from	from related	other
	week	-				loyee		the	organizations	compensation
	(list any hours for	irecto				emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	e or 0	stee			satec		(***2/1099*****130)		and related
	organizations	truste	al trus		yee	n ber				organizations
	below	Individual trustee or director	Institutional trustee	ъ	Key employee	Highest compensated employee	ıer			
	line)	Indi	Insti	Officer	Key	High	Former			
(47) ALAN H. LUXENBERG	40.00									
PRESIDENT				Х				190,413.	0.	11,254.
(48) GEORGE C. BURGWIN	40.00									
ASST. TREASURER/DIR. OF FINANCE				X				94,282.	0.	14,294.
(49) ELI S. GILMAN	40.00									
SECRETARY/VP OPERATIONS/COO				Х				92,500.	0.	11,771.
										_
	-									
	<u> </u>									
		•								
			_							
		l								
	-									
		-								
	I	I	L	l	L	L				
Total to Dort VIII. Section A. Fine 1.								377,195.		37,319.
Total to Part VII, Section A, line 1c								JII, 199.		JI,J±3•

Form 990 (2019) FOREIGN
Part VIII Statement of Revenue

			Check if Schedule O contains a respo	nse c	or note to any lir	ne in this Part VIII			
			oricon il corrodale o corregio a respe	1100 0	n note to any in	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
									SECTIONS 212 - 214
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns 1a			_			
ira our		b	Membership dues 1b			4			
s, C		С	Fundraising events 1c						
ar,		d	Related organizations 1d						
s, C mil		е	Government grants (contributions) 1e						
Sign		f	All other contributions, gifts, grants, and						
bel			similar amounts not included above 1f	1,	998,033.				
ᅙ럁		a	Noncash contributions included in lines 1a-1f		87,681.				
Sor		_	Total. Add lines 1a-1f			1,998,033.			
<u> </u>			Totall / Idd II/Idd II/		Business Code				
_	•	_	MEMBERSHIPS & PARTNER	g	928120	229,523.	229,523.		
ice	2		PUBLICATIONS	<u> </u>	511120	100,059.			
er ne			LECTURES & SEMINARS		713990	21,853.	21,853.		
n S			LECTURES & SEMINARS		113330	21,033.	21,033.		
Jrar Se		d							
Program Service Revenue		е				-			
Δ.			All other program service revenue	-		254 425			
		g	Total. Add lines 2a-2f			351,435.			
	3		Investment income (including dividends, in						
			other similar amounts)		>	5,759.			5,759.
	4		Income from investment of tax-exempt bo	nd pr	oceeds				
	5		Royalties		>	54,619.	54,619.		
			(i) Real		(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)	•	•				
			Gross amount from sales of (i) Securit	ies	(ii) Other				
		_	assets other than inventory 7a 73,97			-			
		h	Less: cost or other basis			-			
ø			and sales expenses	5.					
nu		_	Gain or (loss) $7c - 2, 12$			-			
her Revenue						-2,128.			-2,128.
ت R			Net gain or (loss)		·····	-2,120.			-2,120.
the	8	а	Gross income from fundraising events (not						
ŏ			including \$ of						
			contributions reported on line 1c). See						
			Part IV, line 18	8a		_			
			Less: direct expenses	8b					
			Net income or (loss) from fundraising ever	$\overline{}$)				
	9	а	Gross income from gaming activities. See						
			Part IV, line 19	9a					
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gaming activities	s)				
	10	а	Gross sales of inventory, less returns						
			and allowances	10a					
		b	Less: cost of goods sold	10b					
			Net income or (loss) from sales of inventor	<u> </u>	>				
			<u> </u>		Business Code				
snc	11	а	OTHER INCOME	l	900099	30.			30.
Miscellaneous Revenue		b		_					
əlla		c		_					
Sce			All other revenue	—					
Σ			Total. Add lines 11a-11d			30.			
	12	<u>. </u>	Total revenue. See instructions			2,407,748.	406,054.	0.	3,661.
	14		TOTAL TOTORIOGO COO MISTINGUIGIONS		·····	<u>-,,,,</u>			<u> </u>

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 16,856. 16,856. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 400,747. 170,753. 130,639. 99,355. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 491,189. 465,551. 12,811. 12,827. Other salaries and wages 7 Pension plan accruals and contributions (include 11,334. 11,334. section 401(k) and 403(b) employer contributions) 25,741. 24,211. 766. 764. Other employee benefits 9 65,010.42,933. 12,115. 9,962. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 15,793. 10,773. 4,684. 336. Accounting Lobbying Professional fundraising services. See Part IV, line 17 175. 175. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 2,880. 854. 1,965. 61. column (A) amount, list line 11g expenses on Sch O.) 36,218. 84,579. 1,533. 46,828. Advertising and promotion 12 69,095. 54,089. 12,892. 2,114.Office expenses 13 58,552. 39,186. 17,714. 1,652. Information technology 14 Royalties 15 73,369. 28,109. 17,628. 119,106. 16 Occupancy 78,846. 68,907. 8,887. 1,052. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 194,385. 183,024. 10,337. 1,024. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 10,010. 6,741. 3,050. 219. Depreciation, depletion, and amortization 22 14,931. 10,055. 4,550. 326. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 690,811. 690,781. 30. HONORARIA & STIPENDS 5,636. FINANCE CHARGES 3,978. 1,547. 111. 656. 247. SUBS. & MEMBERSHIPS 409. d RECRUITING 500. 500. 3,856. 7,522. 2.460. 1,206. e All other expenses 2,364,354. 1,913,931. 254,958. 195,465. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form 990 (2019)

Form 990 (2019)
Part X | Balance Sheet

Part	X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			582,744.	1	641,385
	2				287,443.	2	260,714
	3	Pledges and grants receivable, net			496,878.	3	466,518
	4	Accounts receivable, net			64,724.	4	58,507
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disqua	ified per				
		under section 4958(f)(1)), and persons describe	d in sect	tion 4958(c)(3)(B)		6	
ပ္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	B			10,335.	9	9,427
1	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	165,640.			
	b	Less: accumulated depreciation	10b	142,971.	6,354.		22,669 28,939
1	11	Investments - publicly traded securities			6,462.	11	28,939
1	12	Investments - other securities. See Part IV, line	11			12	
1	13	Investments - program-related. See Part IV, line	11			13	
1	14	Intangible assets				14	
1	15	Other assets. See Part IV, line 11			7,493.	15	4,955
_ 1	16	Total assets. Add lines 1 through 15 (must equ			1,462,433.	16	1,493,114
1	17	Accounts payable and accrued expenses		ı	107,764.	17	110,202
1	18 Grants payable			18	1-0-00		
1	19	Deferred revenue			186,259.	19	170,036
	20	Tax-exempt bond liabilities				20	
- 1	21	Escrow or custodial account liability. Complete				21	
န္မ 2	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, subs					
<u>a</u>		controlled entity or family member of any of these persons				22	
- 2	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
2	25	Other liabilities (including federal income tax, p.	-				
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X			
		of Schedule D			204 002	25	200 220
- 2	26	Total liabilities. Add lines 17 through 25			294,023.	26	280,238
ဟု		Organizations that follow FASB ASC 958, ch	eck here				
ဦ ၂	_	and complete lines 27, 28, 32, and 33.			51,818.		112,218
<u>aa</u> 2	27	Net assets without donor restrictions			1,116,592.	27	1,100,658
<u> </u>	28	Net assets with donor restrictions			1,110,394.	28	1,100,030
<u> </u>		Organizations that do not follow FASB ASC	958, cne	ck here			
<u> </u>		and complete lines 29 through 33.					
ğ 2	29	Capital stock or trust principal, or current funds				29	
SS6 3	30	Paid-in or capital surplus, or land, building, or e				30	
ا ب	31	Retained earnings, endowment, accumulated in			1 160 /10	31	1 212 076
	32	Total net assets or fund balances			1,168,410.	32	1,212,876
3	33	Total liabilities and net assets/fund balances			1,462,433.	33	1,493,114 Form 990 (201

Form **990** (2019)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,40		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,36		
3	Revenue less expenses. Subtract line 2 from line 1	3		3,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,16	8,4	10.
5	Net unrealized gains (losses) on investments	5		1,0	72.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,21	2,8	76.
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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X 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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2019)

932012 01-20-20

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **Employer identification number** FOREIGN POLICY RESEARCH INSTITUTE 23-1731998 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support		·	•				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	Gifts, grants, contributions, and			• •				
	membership fees received. (Do not							
	include any "unusual grants.")	1212188.	2189475.	2271469.	1616432.	1998033.	9287597.	
2	Tax revenues levied for the organ-							
	ization'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	Total. Add lines 1 through 3	1212188.	2189475.	2271469.	1616432.	1998033.	9287597.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,						4600005	
	column (f)						4608035.	
	Public support. Subtract line 5 from line 4.						4679562.	
		(-) 004 <i>5</i>	(1-) 0040	(-) 0047	(-1) 0040	(-) 0040	(0 T-+-1	
	ndar year (or fiscal year beginning in)	(a) 2015 1212188.	(b) 2016 2189475.	(c) 2017 2271469.	(d) 2018 1616432.	(e) 2019 1998033.	(f) Total 9287597.	
	Amounts from line 4 Gross income from interest,	1212100.	2109473	22/1409.	1010432.	1990033.	9201391.	
8	,							
	dividends, payments received on							
	securities loans, rents, royalties, and income from similar sources	11.	324.	1,418.	4,777.	5,759.	12,289.	
9	Net income from unrelated business		324.	1,410.	4 ,777•	3,733.	12,203.	
9	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)		9,127.	1,150.	4,444.	30.	14,751.	
11	Total support. Add lines 7 through 10		-	-	-		9314637.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 2	,118,021.	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	501(c)(3)		
	organization, check this box and stop						>	
Sec	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2019 (li					14	50.24 %	
15	Public support percentage from 2018					15	46.64 %	
16a	33 1/3% support test - 2019. If the o	organization did no	t check the box or	line 13, and line	14 is 33 1/3% or m	ore, check this box		
	stop here. The organization qualifies		~					
b	33 1/3% support test - 2018. If the o							
	and stop here. The organization quali							
17a	10% -facts-and-circumstances test	-						
	and if the organization meets the "fac-							
-	meets the "facts-and-circumstances"							
b	10% -facts-and-circumstances test	-						
	more, and if the organization meets th						·	
40	organization meets the "facts-and-circ							
<u>18</u>	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2019

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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					1	
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	_	T -	T -	Τ.	T -	
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						<u> </u>
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	n 501(c)(3) organiz	zation,
check this box and stop here			······			>
Section C. Computation of Public	c Support Per	centage				
15 Public support percentage for 2019 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	19 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	2018 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	17 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, chec						▶∐
20 Private foundation If the organization	n did not check a	hoy on line 1/ 10	a or 10h check th	nie hay and sea inc	tructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of 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.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** 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 **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** 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 supervised by or in connection with its supported organizations.
- c 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 to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a 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 amendment to the organizing document).
- **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?
- c 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 Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax 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," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a 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," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4-		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	_		
	8		
	9a		
	Ja		
	9b		
	9c		
	55		
	10a		
	10b		
<u> </u>	90 or 90	n E71	2010

Pai	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		
	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		
Sec	ction B. Type I Supporting Organizations	I		
			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 Part VI 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,	_		
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations		1	
			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 each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
800	the supported organization(s).	1		
Sec	nion b. All Type III Supporting Organizations		V	NI -
	Did the averagination was ide to each of its averaged averaginations by the last day of the fifth wearth of the		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	4		
•	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 Part VI how	2		
2	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
3				
	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 Part VI the role the organization's	3		
Sec	supported organizations played in this regard. Stion 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 instructions).			
· a				
b				
c		ctions)		
2	Activities Test. Answer (a) and (b) below.	0110113)	Yes	No
а				
	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.	2a		
b				
	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.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must of	complete Sec	tions A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
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		
	tion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount 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		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Pai	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _(continued)	
Sect	ion D - Distributions		•	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizations	8	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
_				

Schedule A (Form 990 or 990-EZ) 2019

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, 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, line 1; Part 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.)						
SCHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:					
OTHER INCOME						
2016 AMOUNT: \$	9,127.					
2017 AMOUNT: \$	1,150.					
2018 AMOUNT: \$	3,871.					
2019 AMOUNT: \$	30.					
MERCHANDISE REVE	NUE					
2018 AMOUNT: \$	573.					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FOREIGN POLICY RESEARCH INSTITUTE

Employer identification number 23-1731998

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		1 1
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing consei	rvation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
•			(4)(D)(:)
8	Does each conservation easement reported on line 2(d) above		
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati		
9	balance sheet, and include, if applicable, the text of the footr	·	
	organization's accounting for conservation easements.	note to the organization's imancial statement	its that describes the
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 95		d balance sheet works
	of art, historical treasures, or other similar assets held for pul	•	
	service, provide in Part XIII the text of the footnote to its final	·	·
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	,	,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2019

932051 10-02-19

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		165,640.	142,971.	22,669.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equ	22,669.			

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 FOREIGN POL	ICY RESEARCH	TNSTTTUTE	23-1731998 Page
Part VII Investments - Other Securities.	ioi itabamton	11(0111011	23 1731330 Tage
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, lir	ne 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, lir	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>: 15.)</u>		▶
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Pa	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

(5) (6) (7) (8)

Pai	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12		evenue per Re	turn.	
1	T. 1			1	2,408,645.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				2,400,045.
a	Net unrealized gains (losses) on investments	2a	1,072.		
b	Donated services and use of facilities			1	
c	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d	·		2e	1,072.
3	Subtract line 2e from line 1			3	1,072. 2,407,573.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	175.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	175.
5 Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) TXII Reconciliation of Expenses per Audited Financial Staten	nents With F	xpenses per F	5 Return	2,407,748.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		.xponoco por i	iotaii	
1	Total expenses and losses per audited financial statements			1	2,364,179.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,364,179.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	400		
а	Investment expenses not included on Form 990, Part VIII, line 7b		175.	-	
	Other (Describe in Part XIII.)	4b			175
	Add lines 4a and 4b			4c	175. 2,364,354.
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information.			5	2,304,334.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III,	rt IV lines 1h ar	nd 2h: Part V line 4	· Part X	(line 2: Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad			, , , , , ,	,,,
PAI	RT V, LINE 4:				
тні	E ENDOWMENT IS INTENDED TO BE USED FOR SCH	OLARSHI	PS AND TO	SUPI	PORT
<u>GE1</u>	ERAL OPERATIONS OF THE INSTITUTE.				
PAI	RT X, LINE 2:				
THE	INSTITUTE IS EXEMPT FROM FEDERAL INCOME	TAXES UI	NDER INTER	NAL	REVENUE
COI	DE SECTION 501(C)(3) AND APPLICABLE STATE	LAW.			
THE	E ACCOUNTING STANDARD ON ACCOUNTING FOR UN	CERTAINT	TY IN INCO	ME 7	TAXES
ADI	RESSES THE DETERMINATION OF WHETHER TAX E	ENEFITS	CLAIMED O	R EX	KPECTED TO
BE	CLAIMED ON A TAX RETURN SHOULD BE RECORDE	D IN THE	E FINANCIA	L ST	TATEMENTS.
IF	THE INSTITUTE WERE TO INCUR ANY INCOME TA	X LIABII	LITY IN TH	E FU	JTURE,
IN	EREST ON ANY INCOME TAX LIABILITY WOULD B	E REPORT	TED AS INT	ERES	ST EXPENSE
	10-02-19				lule D (Form 990) 2019

SCHEDULE J (Form 990)

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number FOREIGN POLICY RESEARCH INSTITUTE 23-1731998

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
		1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
		2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а		4a		Х
b		4b		Х
С		4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
				l
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			l
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a	\longrightarrow	X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	- 1	i

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

Schedule J (Form 990) 2019

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denemis	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) ALAN H. LUXENBERG	(i)	170,413.	20,000.	0.	9,544.	1,710.	201,667.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.		0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
_	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						<u> </u>	1 1/5 200) 2010

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.
PART I, LINE 7:
THE PRESIDENT'S BONUS IS REPORTED ON SCH. J, PART II, COLUMN B(II) AND IS
SET BY THE COMPENSATION COMMITTEE ACCORDING TO FULFILLMENT OF AGREED-UPON
GOALS. THE DELIBERATION AND FINAL DETERMINATION OF THE BONUS IS TIMELY
DOCUMENTED.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► 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 instructions and the latest information.

FOREIGN POLICY RESEARCH INSTITUTE

Employer identification number 23-1731998

Pai	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of dete noncash contributi	•	to
		арріісаріе		Form 990, Part VIII, line 1g	Horicasii contributi	on amount	.5
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	6	87,681.	FAIR MARKET	VALUE	
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	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 • ()						
28	Other ()						
29	Number of Forms 8283 received by the organization	-				•	
	for which the organization completed Form 828	3, Part IV, [Donee Acknowledg	jement 29		0	
						Yes	No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date		l contribution, and	which isn't required to be us			37
	exempt purposes for the entire holding period?					30a	X
	If "Yes," describe the arrangement in Part II.						37
31	Does the organization have a gift acceptance po				ions?	31	X
32a	Does the organization hire or use third parties o		_	•			_ v
	contributions?					32a	X
	If "Yes," describe in Part II.	.h		. Consideration and the Constitution of the Co	l l		
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	tor which column (a) is chec	cked,		
	describe in Part II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

Schedule M (Form 990) 2019

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

FOREIGN POLICY RESEARCH INSTITUTE

Employer identification number 23-1731998

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: POLICY, AS WELL AS THE PUBLIC AT LARGE, THROUGH THE LENS OF HISTORY, GEOGRAPHY, AND CULTURE. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: CARTER, AND GENERAL H.R. MCMASTER FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: EDUCATION: THE HISTORICAL LITERACY PROJECT: IN 2019, FPRI LAUNCHED THE HISTORICAL LITERACY PROJECT TO DEVELOP A WORLD HISTORY CURRICULUM THAT BRINGS HISTORIANS' DEBATES INTO HIGH SCHOOL CLASSROOMS. THE CURRICULUM EMPHASIZES LITERACY AND CRITICAL ANALYSIS AND MAKES RIGOROUS SCHOLARLY MATERIALS ACCESSIBLE TO HIGH SCHOOL STUDENTS IN DIVERSE SCHOOL SETTINGS. IN EACH LESSON, MATERIALS FROM HISTORIANS' BOOKS AND ESSAYS ARE PRESENTED AS BRIEF TEXTS. STUDENTS RECEIVE A CENTRAL QUESTION AND EXAMPLES OF AT LEAST TWO COMPETING ANSWERS PROPOSED BY HISTORIANS. THE UNITS INVITE STUDENTS TO READ CLOSELY, EXPLORE COMPELLING QUESTIONS IN WORLD HISTORY, AND ANALYZE COMPETING HISTORICAL ARGUMENTS AND EVIDENCE. THE CURRICULUM HAS BEEN TESTED EXPERIMENTALLY AND IN CLASSROOMS WITH OVER 350 STUDENTS. IT IS PEDAGOGICALLY ROBUST, CLASSROOM-READY, EASILY ADAPTABLE FOR DIVERSE CLASSROOMS AND ONLINE TEACHING. THE CURRICULUM IS PAIRED WITH LEARNING SESSIONS FOR HIGH SCHOOL HISTORY TEACHERS. THESE SESSIONS RANGE FROM 60-MINUTE LIVE AND RECORDED WEBINARS TO 2 TO 3 DAY LIVE WORKSHOPS WITH FOLLOW-UP CLASSROOM

APPLICATIONS. THESE SESSIONS SUPPORT TEACHERS INTERESTED IN TEACHING LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization FOREIGN POLICY RESEARCH INSTITUTE

| Employer identification number 23-1731998

WITH THE HISTORICAL LITERACY CURRICULUM.

CIVIC EDUCATION: BUILDING ON TWENTY YEARS OF WORK WITH HIGH SCHOOL

TEACHERS, FPRI'S EDUCATION PROGRAM PROVIDES CIVIC EDUCATION TO

STUDENTS. THIS PROGRAM INCLUDES PARTNERSHIPS WITH LOCAL SCHOOLS AND THE

DEVELOPMENT OF MATERIALS AIMED AT SCHOOL AUDIENCES THAT ENRICH YOUNG

PEOPLE'S UNDERSTANDING OF THE INSTITUTIONS AND IDEAS THAT SHAPE

AMERICAN POLITICAL LIFE. THROUGH MULTIMEDIA PRIMERS AND EDUCATIONAL

SIMULATIONS THAT TEACH STUDENTS ABOUT THE FOUNDING OF OUR COUNTRY AND

ITS INSTITUTIONS, FPRI IS PLAYING AN IMPORTANT ROLE IN EDUCATING THE

NEXT GENERATION OF CITIZENS NOT ONLY IN PHILADELPHIA BUT NATIONALLY.

EXPENSES \$ 68,540. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,950.

FORM 990, PART VI, SECTION A, LINE 1:

THE BOARD OF TRUSTEES MAY DESIGNATE AND APPOINT AN EXECUTIVE COMMITTEE OF

FIVE OR MORE TRUSTEES, WHICH MAY EXERCISE THE AUTHORITY OF THE BOARD OF

TRUSTEES IN THE MANAGEMENT OF THE CORPORATION; PROVIDED THAT THE EXECUTIVE

COMMITTEE SHALL NOT HAVE THE AUTHORITY OF THE BOARD OF TRUSTEES TO ELECT OR

REMOVE TRUSTEES, TO ELECT OR REMOVE OFFICERS, TO ADOPT AN AGREEMENT OF

MERGER OR CONSOLIDATION, OR TO AMEND THE CERTIFICATE OF INCORPORATION OR

THE BY-LAWS OF THE CORPORATION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. A DRAFT OF THE FORM 990 IS PROVIDED TO TRUSTEES AND SENIOR MANAGEMENT FOR THEIR REVIEW AND COMMENTARY. THE VERSION OF THE FORM 990 PREPARED FOR ELECTRONIC FILING IS THEN PROVIDED TO THE SAME INDIVIDUALS FOR FINAL REVIEW BEFORE E-FILING.

Name of the organization

Employer identification number

FOREIGN POLICY RESEARCH INSTITUTE 23-1731998 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 INTEREST POLICY; 2) A LIST OF VENDORS, FINANCIAL INSTITUTIONS, EMPLOYEES, AND INDEPENDENT CONTRACTORS 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 POLICY 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 ACTION 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 INTERESTED 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 THERE 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 ADVANTAGEOUS 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 INTEREST.