

Form **990**  
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  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2017**  
Open to Public Inspection

**A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
Open Philanthropy Action Fund  
c/o Apercen Partners LLC  
% APERCEN PARTNERS LLC  
Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
314 Lytton Avenue Suite 200

City or town, state or province, country, and ZIP or foreign postal code  
Palo Alto, CA 94301

**D** Employer identification number  
81-2644663

**E** Telephone number  
(650) 804-7100

**G** Gross receipts \$ 370,483

**I** Tax-exempt status  501(c)(3)  501(c) ( 4 ) ◀ (insert no)  4947(a)(1) or  527

**F** Name and address of principal officer  
Cari Tuna  
314 Lytton Avenue Suite 200  
Palo Alto, CA 94301

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶

**J** Website: ▶ N/A

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 2016 **M** State of legal domicile CA

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
To study and promote more effective giving for public policy, advocacy and social welfare purposes

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

|  |   |
|--|---|
| <b>3</b> Number of voting members of the governing body (Part VI, line 1a)             | 5 |
| <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) | 5 |
| <b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)  | 0 |
| <b>6</b> Total number of volunteers (estimate if necessary)                            | 6 |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12         | 0 |
| <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34               |   |

|   | Prior Year | Current Year |
|---|------------|--------------|
| <b>8</b> Contributions and grants (Part VIII, line 1h)                                      | 55,220,825 | 0            |
| <b>9</b> Program service revenue (Part VIII, line 2g)                                       | 0          | 0            |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                     | -102,122   | 370,483      |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)          | 0          | 0            |
| <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 55,118,703 | 370,483      |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)                  | 4,685,255  | 10,992,210   |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     | 0          | 0            |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0          | 0            |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    | 0          | 0            |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶                        |            |              |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                      | 290,307    | 160,731      |
| <b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)          | 4,975,562  | 11,152,941   |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12                               | 50,143,141 | -10,782,458  |

|   | Beginning of Current Year | End of Year |
|---|---------------------------|-------------|
| <b>20</b> Total assets (Part X, line 16)                            | 50,594,597                | 43,705,910  |
| <b>21</b> Total liabilities (Part X, line 26)                       | 451,456                   | 4,345,227   |
| <b>22</b> Net assets or fund balances Subtract line 21 from line 20 | 50,143,141                | 39,360,683  |

**Part II Signature Block**

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

**Sign Here**  
\*\*\*\*\*  
Signature of officer \_\_\_\_\_ Date 2018-11-14  
TOM VAN LOBEN SELS treasurer  
Type or print name and title \_\_\_\_\_

**Paid Preparer Use Only**  
Print/Type preparer's name PAUL D KELLER Preparer's signature PAUL D KELLER Date \_\_\_\_\_  
Check  if self-employed PTIN P00179519  
Firm's name ▶ APERCEN PARTNERS LLC Firm's EIN ▶ \_\_\_\_\_  
Firm's address ▶ 314 LYTTON AVENUE SUITE 200 Phone no (650) 804-7100  
PALO ALTO, CA 94301

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

THE MISSION OF OPEN PHILANTHROPY ACTION FUND IS TO STUDY AND PROMOTE MORE EFFECTIVE GIVING FOR PUBLIC POLICY, ADVOCACY AND SOCIAL WELFARE PURPOSES THE ORGANIZATION SEEKS TO MAXIMIZE THE IMPACT THAT PHILANTHROPIC GIVING CAN HAVE ON PUBLIC POLICY AND FURTHER SOCIAL WELFARE THROUGH RESEARCH, EDUCATION, ADVOCACY AND GRANTMAKING, THE ORGANIZATION ALSO SEEKS TO BRING ABOUT IMPROVEMENT IN SELECT PUBLIC POLICY AREAS THE ORGANIZATION PROMOTES THE GENERAL WELFARE OF INDIVIDUALS AND THEIR COMMUNITIES BY SUPPORTING MORE EFFECTIVE FORMS OF PHILANTHROPIC GIVING IN THE PUBLIC POLICY ARENA AND FOR SOCIAL WELFARE CAUSES, AND BY ADVOCATING FOR BENEFICIAL CHANGES IN PUBLIC POLICY

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 11,101,792 including grants of \$ 10,992,210 ) (Revenue \$ )  
See Additional Data

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 11,101,792

**Part IV Checklist of Required Schedules**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .   |     | No |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .   |     | No |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .  |     | No |
| <b>4 Section 501(c)(3) organizations.</b><br>Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .   |     |    |
| <b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> . . . . .   |     | No |
| <b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> . . . . .  |     | No |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .  |     | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .   |     | No |
| <b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .             |     | No |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .   |     | No |
| <b>11</b> 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  |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .   |     | No |
| <b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .   |     | No |
| <b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> . . . . .   |     | No |
| <b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .  |     | No |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   |     | No |
| <b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>  |     | No |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> . . . . .  |     | No |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>   |     | No |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>  |     | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .  |     | No |
| <b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . . | Yes |    |
| <b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .   | Yes |    |
| <b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .   |     | No |
| <b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) . . . . .  |     | No |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .   |     | No |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .   |     | No |

**Part IV Checklist of Required Schedules** (continued)

|  | Yes | No |
|--|-----|----|
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>  |     | No |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  |     |    |
| <b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>   | Yes |    |
| <b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>   |     | No |
| <b>23</b> 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? <i>If "Yes," complete Schedule J . . . . .</i>  | Yes |    |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>                           |     | No |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .   |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .  |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .   |     |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>   |     | No |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>  |     | No |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>                                 |     | No |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i> |     | No |
| <b>28</b> 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)   |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>  |     | No |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>   |     | No |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>   |     | No |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>  |     | No |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>  |     | No |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>  |     | No |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>  |     | No |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>  |     | No |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>  | Yes |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?   |     | No |
| <b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>  |     |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>  |     |    |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>   |     | No |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | Yes |    |

Part 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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (5); 1b Enter the number of voting members included in line 1a, above, who are independent (5); 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? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (No); b Other officers or key employees of the organization (No); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (CA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [ ] Own website, [ ] Another's website, [X] Upon request, [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: APERCEN PARTNERS LLC 314 LYTTON AVENUE SUITE 200 Palo Alto, CA 94301 (650) 804-7100

**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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and Title                               | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) Cari Tuna<br>.....<br>President/Director        | 2.0<br>.....<br>0.5  | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (2) Holden Karnofsky<br>.....<br>Executive Director | 2.0<br>.....<br>0.5  | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (3) Divesh Makan<br>.....<br>Secretary/Director     | 0.5<br>.....<br>0.5  | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (4) Elie Hassenfeld<br>.....<br>Director            | 0.5<br>.....<br>60.0   | X   |                       |         |              |                              |        | 0  | 186,582   | 0   |
| (5) Dustin Moskovitz<br>.....<br>Director           | 0.5<br>.....<br>0.5  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (6) Tom van Loben Sels<br>.....<br>Treasurer        | 0.5<br>.....<br>0.5  |   |                       | X       |              |                              |        | 0  | 0   | 0   |
|   |  |   |                       |         |              |                              |        |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and Title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-Total</b> . . . . .  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |  |   |                       |         |              |                              | 0      | 186,582  | 0   |   |

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

|  |          |     |    |
|--|----------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .  | <b>3</b> |     | No |
| <b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | <b>4</b> | Yes |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       | <b>5</b> |     | No |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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



**Part VIII Statement of Revenue**

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

|  |   | (A)<br>Total revenue                                 | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512-514 |  |
|--|---|--|--|---|--|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>                | <b>1a</b> Federated campaigns . . . . .   | <b>1a</b>  |  |   |  |  |
|  | <b>b</b> Membership dues . . . . .  | <b>1b</b>  |  |   |  |  |
|  | <b>c</b> Fundraising events . . . . .   | <b>1c</b>  |  |   |  |  |
|  | <b>d</b> Related organizations . . . . .  | <b>1d</b>  |  |   |  |  |
|  | <b>e</b> Government grants (contributions) . . . . .  | <b>1e</b>  |  |   |  |  |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .   | <b>1f</b>  |  |   |  |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f \$ _____   |  |  |   |  |  |
|  | <b>h Total.</b> Add lines 1a-1f . . . . .   |  | 0  |   |  |  |
| <b>Program Service Revenue</b>   | <b>2a</b> _____   | Business Code  |  |   |  |  |
|  | <b>b</b> _____  |  |  |   |  |  |
|  | <b>c</b> _____  |  |  |   |  |  |
|  | <b>d</b> _____  |  |  |   |  |  |
|  | <b>e</b> _____  |  |  |   |  |  |
|  | <b>f</b> All other program service revenue . . . . .  |  | 0  |   |  |  |
|  | <b>g Total.</b> Add lines 2a-2f . . . . .   |  | 0  |   |  |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .   |  | 370,483  |   | 370,483  |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .   |  | 0  |   |  |  |
|  | <b>5</b> Royalties . . . . .  |  | 0  |   |  |  |
|  | <b>6a</b> Gross rents   | (i) Real   |  |   |  |  |
|  |   | (ii) Personal  |  |   |  |  |
|  |   | <b>b</b> Less rental expenses                        |  |   |  |  |
|  |   | <b>c</b> Rental income or (loss)                     | 0  | 0                                       |  |  |
|  | <b>d</b> Net rental income or (loss) . . . . .  |  | 0  |   |  |  |
|  | <b>7a</b> Gross amount from sales of assets other than inventory  | (i) Securities                                       |  |   |  |  |
|  |   | (ii) Other   |  |   |  |  |
|  |   | <b>b</b> Less cost or other basis and sales expenses |  |   |  |  |
|  |   | <b>c</b> Gain or (loss)                              |  |   |  |  |
|  | <b>d</b> Net gain or (loss) . . . . .   |  | 0  |   |  |  |
|  | <b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . | <b>a</b>   |  | 0                                       |  |  |
|  |   | <b>b</b> Less direct expenses . . . . .              | <b>b</b>   | 0                                       |  |  |
| <b>c</b> Net income or (loss) from fundraising events . . . . .              |   |  | 0  |   |  |  |
| <b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . | <b>a</b>  |  | 0  |   |  |  |
|  | <b>b</b> Less direct expenses . . . . .   | <b>b</b>   | 0  |   |  |  |
|  | <b>c</b> Net income or (loss) from gaming activities . . . . .  |  | 0  |   |  |  |
| <b>10a</b> Gross sales of inventory, less returns and allowances . . . . .   | <b>a</b>  |  | 0  |   |  |  |
|  | <b>b</b> Less cost of goods sold . . . . .  | <b>b</b>   | 0  |   |  |  |
|  | <b>c</b> Net income or (loss) from sales of inventory . . . . .   |  | 0  |   |  |  |
| <b>11a</b> Miscellaneous Revenue   | Business Code   |  |  |   |  |  |
|  | <b>b</b> _____  |  |  |   |  |  |
|  | <b>c</b> _____  |  |  |   |  |  |
|  | <b>d</b> All other revenue . . . . .  |  |  |   |  |  |
|  | <b>e Total.</b> Add lines 11a-11d . . . . .   |  | 0  |   |  |  |
| <b>12 Total revenue.</b> See Instructions . . . . .                          |   | 370,483  |  |   |  |  |

**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

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

|  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21   | 10,094,645            | 10,094,645                      |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22  | 0                     |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16  | 897,565               | 897,565                         |  |                             |
| <b>4</b> Benefits paid to or for members   | 0                     |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  | 0                     |                                 |  |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   | 0                     |                                 |  |                             |
| <b>7</b> Other salaries and wages  | 0                     |                                 |  |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)   | 0                     |                                 |  |                             |
| <b>9</b> Other employee benefits   | 0                     |                                 |  |                             |
| <b>10</b> Payroll taxes  | 0                     |                                 |  |                             |
| <b>11</b> Fees for services (non-employees)  |                       |                                 |  |                             |
| <b>a</b> Management  | 0                     |                                 |  |                             |
| <b>b</b> Legal   | 33,773                |                                 | 33,773                                 |                             |
| <b>c</b> Accounting  | 15,654                |                                 | 15,654                                 |                             |
| <b>d</b> Lobbying  | 0                     |                                 |  |                             |
| <b>e</b> Professional fundraising services See Part IV, line 17  | 0                     |                                 |  |                             |
| <b>f</b> Investment management fees  | 0                     |                                 |  |                             |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)  | 100,000               | 100,000                         |  |                             |
| <b>12</b> Advertising and promotion  | 0                     |                                 |  |                             |
| <b>13</b> Office expenses  | 0                     |                                 |  |                             |
| <b>14</b> Information technology   | 9,582                 | 9,582                           |  |                             |
| <b>15</b> Royalties  | 0                     |                                 |  |                             |
| <b>16</b> Occupancy  | 0                     |                                 |  |                             |
| <b>17</b> Travel   | 0                     |                                 |  |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials   | 0                     |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings   | 0                     |                                 |  |                             |
| <b>20</b> Interest   | 0                     |                                 |  |                             |
| <b>21</b> Payments to affiliates   | 0                     |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization  | 0                     |                                 |  |                             |
| <b>23</b> Insurance  | 1,722                 |                                 | 1,722                                  |                             |
| <b>24</b> Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                       |                       |                                 |  |                             |
| <b>a</b>   |                       |                                 |  |                             |
| <b>b</b>   |                       |                                 |  |                             |
| <b>c</b>   |                       |                                 |  |                             |
| <b>d</b>   |                       |                                 |  |                             |
| <b>e</b> All other expenses  |                       |                                 |  |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 11,152,941            | 11,101,792                      | 51,149                                 | 0                           |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|  |   | (A)<br>Beginning of year |            | (B)<br>End of year |
|--|---|--------------------------|------------|--------------------|
| <b>Assets</b>  | <b>1</b> Cash—non-interest-bearing . . . . .  | 0                        | <b>1</b>   | 0                  |
|  | <b>2</b> Savings and temporary cash investments . . . . .   | 50,594,597               | <b>2</b>   | 43,405,910         |
|  | <b>3</b> Pledges and grants receivable, net . . . . .   | 0                        | <b>3</b>   | 0                  |
|  | <b>4</b> Accounts receivable, net . . . . .   | 0                        | <b>4</b>   | 300,000            |
|  | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .   | 0                        | <b>5</b>   | 0                  |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . . | 0                        | <b>6</b>   | 0                  |
|  | <b>7</b> Notes and loans receivable, net . . . . .  | 0                        | <b>7</b>   | 0                  |
|  | <b>8</b> Inventories for sale or use . . . . .  | 0                        | <b>8</b>   | 0                  |
|  | <b>9</b> Prepaid expenses and deferred charges . . . . .  | 0                        | <b>9</b>   | 0                  |
|  | <b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  |                          |            |                    |
|  | <b>b</b> Less accumulated depreciation  | 0                        | <b>10c</b> | 0                  |
|  | <b>11</b> Investments—publicly traded securities . . . . .  | 0                        | <b>11</b>  | 0                  |
|  | <b>12</b> Investments—other securities See Part IV, line 11 . . . . .   | 0                        | <b>12</b>  | 0                  |
|  | <b>13</b> Investments—program-related See Part IV, line 11 . . . . .  | 0                        | <b>13</b>  | 0                  |
|  | <b>14</b> Intangible assets . . . . .   | 0                        | <b>14</b>  | 0                  |
|  | <b>15</b> Other assets See Part IV, line 11 . . . . .   | 0                        | <b>15</b>  | 0                  |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .  | 50,594,597  | <b>16</b>                | 43,705,910 |                    |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses . . . . .   | 0                        | <b>17</b>  | 7,126              |
|  | <b>18</b> Grants payable . . . . .  | 451,456                  | <b>18</b>  | 4,338,101          |
|  | <b>19</b> Deferred revenue . . . . .  | 0                        | <b>19</b>  | 0                  |
|  | <b>20</b> Tax-exempt bond liabilities . . . . .   | 0                        | <b>20</b>  | 0                  |
|  | <b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D  | 0                        | <b>21</b>  | 0                  |
|  | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .   | 0                        | <b>22</b>  | 0                  |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .  | 0                        | <b>23</b>  | 0                  |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .  | 0                        | <b>24</b>  | 0                  |
| <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | 0   | <b>25</b>                | 0          |                    |
| <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 451,456   | <b>26</b>                | 4,345,227  |                    |
| <b>Net Assets or Fund Balances</b>   | <b>27 Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b><br>Unrestricted net assets   |                          | <b>27</b>  |                    |
|  | <b>28</b> Temporarily restricted net assets . . . . .   |                          | <b>28</b>  |                    |
|  | <b>29</b> Permanently restricted net assets   |                          | <b>29</b>  |                    |
|  | <b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b><br>Capital stock or trust principal, or current funds . . . . .   | 0                        | <b>30</b>  | 0                  |
|  | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .   | 0                        | <b>31</b>  | 0                  |
|  | <b>32</b> Retained earnings, endowment, accumulated income, or other funds  | 50,143,141               | <b>32</b>  | 39,360,683         |
|  | <b>33 Total net assets or fund balances . . . . .</b>   | 50,143,141               | <b>33</b>  | 39,360,683         |
|  | <b>34 Total liabilities and net assets/fund balances . . . . .</b>  | 50,594,597               | <b>34</b>  | 43,705,910         |

**Part XI Reconciliation of Net Assets**

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

|           |   |           |             |
|-----------|---|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12) . . . . .   | <b>1</b>  | 370,483     |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25) . . . . .  | <b>2</b>  | 11,152,941  |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1 . . . . .   | <b>3</b>  | -10,782,458 |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .           | <b>4</b>  | 50,143,141  |
| <b>5</b>  | Net unrealized gains (losses) on investments . . . . .  | <b>5</b>  |             |
| <b>6</b>  | Donated services and use of facilities . . . . .  | <b>6</b>  |             |
| <b>7</b>  | Investment expenses . . . . .   | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments . . . . .  | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O) . . . . .                                | <b>9</b>  |             |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 39,360,683  |

**Part XII Financial Statements and Reporting**

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

|   |           | Yes | No |
|---|-----------|-----|----|
| <p><b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>   |           |     |    |
| <p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p> | <b>2a</b> |     | No |
| <p><b>b</b> Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>                            | <b>2b</b> |     | No |
| <p><b>c</b> 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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>   | <b>2c</b> |     |    |
| <p><b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>   | <b>3a</b> |     |    |
| <p><b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>  | <b>3b</b> |     |    |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 81-2644663

**Name:** Open Philanthropy Action Fund  
c/o Apercen Partners LLC

Form 990 (2017)

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

THE ORGANIZATION MADE GRANTS TO SECTION 501(C)(3) CHARITIES, SECTION 501(C)(4) SOCIAL WELFARE ORGANIZATIONS OR OTHER NONPROFIT GROUPS FOR GENERAL SUPPORT OR SPECIFIC PROJECTS CONSISTENT WITH THE ORGANIZATION'S GOALS THE ORGANIZATION MADE DISTRIBUTIONS TO RESEARCH AND EFFECT CHANGE IN THE FOCUS AREAS LISTED ABOVE AND IN OTHER PUBLIC POLICY AREAS IN WHICH IT DETERMINED THAT SUCH FUNDS CAN HAVE A SIGNIFICANT IMPACT WITH GRANTS FROM THE ORGANIZATION, GRANTEEES MAY CONDUCT A RANGE OF ACTIVITIES, INCLUDING RESEARCH, PUBLIC EDUCATION AND ADVOCACY, AND DIRECT OR GRASSROOTS LOBBYING, ALL FOR THE PURPOSE OF PROMOTING SOCIAL WELFARE THE ORGANIZATION HAS NO CURRENT PLANS TO DIRECTLY ENGAGE IN LOBBYING, BUT MAY INSTEAD FUND PROJECTS FOR GRANTEE ORGANIZATIONS ENGAGED IN LOBBYING THAT ARE CONSISTENT WITH THE ORGANIZATION'S GOALS AND PUBLIC POLICY POSITIONS

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**SCHEDULE F  
(Form 990)**  
  
Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization  
Open Philanthropy Action Fund  
c/o Apercen Partners LLC

**Employer identification number**  
  
81-2644663

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

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| ( 1 ) Europe (Including Iceland and Greenland)    | 0                                   | 0  | Grantmaking   |  | 897,565  |
| ( 2 )   |                                     |  |   |  |  |
| ( 3 )   |                                     |  |   |  |  |
| ( 4 )   |                                     |  |   |  |  |
| ( 5 )   |                                     |  |   |  |  |
| <b>3a</b> Sub-total                               | 0                                   | 0  |   |  | 897,565  |
| <b>b</b> Total from continuation sheets to Part I |                                     |  |   |  |  |
| <b>c Totals</b> (add lines 3a and 3b)             | 0                                   | 0  |   |  | 897,565  |

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region                               | (d) Purpose of grant                   | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------------------------|--|--|--|--------------------------|---------------------------------|-----------------------------------|--|---|
| ( 1)                       |  | Europe (Including Iceland and Greenland) | Improve fish welfare in Europe         | 172,165                  |                                 |                                   |  |   |
| ( 2)                       |  | Europe (Including Iceland and Greenland) | EU policy advocacy for chicken welfare | 625,400                  |                                 |                                   |  |   |
| ( 3)                       |  | Europe (Including Iceland and Greenland) | Chicken Welfare EU                     | 100,000                  |                                 |                                   |  |   |
| ( 4)                       |  |  |  |                          |                                 |                                   |  |   |

|  |     |
|--|-----|
| 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . | ▶ 2 |
| 3 Enter total number of other organizations or entities . . . . .  | ▶ 0 |

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| <b>(a)</b> Type of grant or assistance | <b>(b)</b> Region | <b>(c)</b> Number of recipients | <b>(d)</b> Amount of cash grant | <b>(e)</b> Manner of cash disbursement | <b>(f)</b> Amount of non-cash assistance | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Method of valuation (book, FMV, appraisal, other) |
|--|-------------------|---------------------------------|---------------------------------|--|--|---|--|
| ( 1 )                                  |                   |                                 |                                 |  |  |   |  |
| ( 2 )                                  |                   |                                 |                                 |  |  |   |  |
| ( 3 )                                  |                   |                                 |                                 |  |  |   |  |
| ( 4 )                                  |                   |                                 |                                 |  |  |   |  |
| ( 5 )                                  |                   |                                 |                                 |  |  |   |  |
| ( 6 )                                  |                   |                                 |                                 |  |  |   |  |
| ( 7 )                                  |                   |                                 |                                 |  |  |   |  |
| ( 8 )                                  |                   |                                 |                                 |  |  |   |  |
| ( 9 )                                  |                   |                                 |                                 |  |  |   |  |
| ( 10 )                                 |                   |                                 |                                 |  |  |   |  |
| ( 11 )                                 |                   |                                 |                                 |  |  |   |  |
| ( 12 )                                 |                   |                                 |                                 |  |  |   |  |
| ( 13 )                                 |                   |                                 |                                 |  |  |   |  |
| ( 14 )                                 |                   |                                 |                                 |  |  |   |  |
| ( 15 )                                 |                   |                                 |                                 |  |  |   |  |
| ( 16 )                                 |                   |                                 |                                 |  |  |   |  |
| ( 17 )                                 |                   |                                 |                                 |  |  |   |  |
| ( 18 )                                 |                   |                                 |                                 |  |  |   |  |



**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*  Yes  No

**Part V Supplemental Information**

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

| Return Reference | Explanation   |
|------------------|---|
| Part I line 2    | Procedures for monitoring the use of grants outside the United States IF THE GRANT IS FOR GENERAL SUPPORT, THE RECIPIENT CERTIFIES VIA THE GRANT AWARD LETTER THAT THE FUNDS WILL FURTHER THE ORGANIZATION'S PURPOSE IN ACCORDANCE WITH THE RECIPIENT'S TAX EXEMPT STATUS AND THAT NO FUNDS WILL BE USED FOR ACTIVITY DEFINED UNDER IRC SECTION 527(E)(2) IF THE GRANT IS FOR A SPECIFIC PROJECT OR PURPOSE, THE GRANT AGREEMENT INCLUDES THE SAFEGUARDS DESCRIBED ABOVE AND THE RECIPIENT ORGANIZATION MUST PROVIDE REPORTING ON THE RESULTS OF THE PROJECT OR PURPOSE |

| Return Reference | Explanation  |
|------------------|--|
| Part I line 3    | Expenses reported on line 3 are accounted for under the accrual method |

**Schedule I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization  
Open Philanthropy Action Fund  
c/o Apercen Partners LLC

**Employer identification number**  
81-2644663

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|---------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) See Additional Data                            |         |                                 |                          |                                   |   |                                       |                                    |
| (2)  |         |                                 |                          |                                   |   |                                       |                                    |
| (3)  |         |                                 |                          |                                   |   |                                       |                                    |
| (4)  |         |                                 |                          |                                   |   |                                       |                                    |
| (5)  |         |                                 |                          |                                   |   |                                       |                                    |
| (6)  |         |                                 |                          |                                   |   |                                       |                                    |
| (7)  |         |                                 |                          |                                   |   |                                       |                                    |
| (8)  |         |                                 |                          |                                   |   |                                       |                                    |
| (9)  |         |                                 |                          |                                   |   |                                       |                                    |
| (10)   |         |                                 |                          |                                   |   |                                       |                                    |
| (11)   |         |                                 |                          |                                   |   |                                       |                                    |
| (12)   |         |                                 |                          |                                   |   |                                       |                                    |

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

**3** Enter total number of other organizations listed in the line 1 table . . . . . **15**

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1)                             |                          |                          |                                  |   |                                       |
| (2)                             |                          |                          |                                  |   |                                       |
| (3)                             |                          |                          |                                  |   |                                       |
| (4)                             |                          |                          |                                  |   |                                       |
| (5)                             |                          |                          |                                  |   |                                       |
| (6)                             |                          |                          |                                  |   |                                       |
| (7)                             |                          |                          |                                  |   |                                       |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

| Return Reference | Explanation   |
|------------------|---|
| Part I, Line 2   | IF THE GRANT IS FOR GENERAL SUPPORT, THE RECIPIENT CERTIFIES VIA THE GRANT AWARD LETTER THAT THE FUNDS WILL FURTHER THE ORGANIZATION'S PURPOSE IN ACCORDANCE WITH THE RECIPIENT'S TAX EXEMPT STATUS AND THAT NO FUNDS WILL BE USED FOR ACTIVITY DEFINED UNDER IRC SECTION 527(E)(2) IF THE GRANT IS FOR A SPECIFIC PROJECT OR PURPOSE, THE GRANT AGREEMENT INCLUDES THE SAFEGUARDS DESCRIBED ABOVE AND THE RECIPIENT ORGANIZATION MUST PROVIDE REPORTING ON THE RESULTS OF THE PROJECT OR PURPOSE |

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 81-2644663  
**Name:** Open Philanthropy Action Fund  
c/o Apercen Partners LLC

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government    | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| The Advocacy Fund<br>PO Box 29229<br>San Francisco, CA 94129 | 94-3153687     | 501(c)(4)                            | 200,000                         |  |  |   | Accountable Justice Collaborative         |
| The Advocacy Fund<br>PO Box 29229<br>San Francisco, CA 94129 | 94-3153687     | 501(c)(4)                            | 1,000,000                       |  |  |   | Alliance for Safety and Justice           |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                                     | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Center for Popular Democracy Action Fund<br>449 Troutman Street Suite A<br>Brooklyn, NY 11237 | 45-3860271     | 501(c)(4)                            | 305,000                         |  |  |   | Fed Up Campaign                           |
| Citizens for Juvenile Justice<br>44 School Street Suite 400<br>Boston, MA 02108               | 04-3224860     | 501(c)(3)                            | 30,000                          |  |  |   | Improve juvenile justice system           |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government      | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                  |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| Family Farm Action Inc<br>5 Terrace Circle<br>Mexico, MO 65265 | 82-1722527     | 501(c)(4)                            | 153,000                         |  |  |   | Defeat the Protect Interstate Commerce Act                 |
| The Advocacy Fund<br>PO Box 29229<br>San Francisco, CA 94129   | 94-3153687     | 501(c)(4)                            | 558,000                         |  |  |   | Florida Rights Restoration Coalition - power building work |



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                         | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance  |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| Greater Greater Washington<br>1440 G Street NW<br>Washington, DC 20005            | 47-2738753     | 501(c)(4)                            | 249,266                         |  |  |   | Advocate for greater Washington, DC region |
| Humane Society Legislative Fund<br>1225 23rd NW Suite 455<br>Washington, DC 20037 | 59-3786428     | 501(c)(4)                            | 525,000                         |  |  |   | Defeat the Protect Interstate Commerce Act |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government               | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                   |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| The Advocacy Fund<br>PO Box 29229<br>San Francisco, CA 94129            | 94-3153687     | 501(c)(4)                            | 40,000                          |  |  |   | New York Working Families Project - criminal justice reform |
| Peoples Action Institute<br>810 N Milwaukee Avenue<br>Chicago, IL 60642 | 36-2755109     | 501(c)(4)                            | 837,000                         |  |  |   | Prosecutor accountability project                           |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government         | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Prodigal Child Project<br>403 W Powell Street<br>Dothan, AL 36303 | 82-0587071     | 501(c)(4)                            | 20,000                          |  |  |   | Organize to reduce incarceration          |
| The Advocacy Fund<br>PO Box 29229<br>San Francisco, CA 94129      | 94-3153687     | 501(c)(4)                            | 25,000                          |  |  |   | Smart Justice California                  |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                       | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| See Forward Fund Inc<br>150 Main Street Suite 26<br>Northampton, MA 01060       | 20-5490000     | (501)(c)(4)                          | 15,000                          |  |  |   | Solidaire Network                         |
| Texas Organizing Project<br>700 S Zarzamora Suite 2012<br>San Antonio, TX 78207 | 27-1481855     | 501(c)(4)                            | 250,000                         |  |  |   | Criminal justice reform                   |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                             | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Accountable Justice Action Fund<br>314 Lytton Avenue Suite 200<br>Palo Alto, CA 94301 | 82-3247136     | 501(c)(4)                            | 6,300,000                       |  |  |   | Criminal justice reform                   |
| JustLeadershipUSA Inc<br>1900 Lexington Avenue<br>New York, NY 10035                  | 90-1019268     | 501(c)(4)                            | 8,738                           |  |  |   | Campaign to close Rikers                  |

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**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.**  
 ▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Open Philanthropy Action Fund  
c/o Apercen Partners LLC

Employer identification number  
81-2644663

**Part I Questions Regarding Compensation**

|   | Yes  | No   |  |  |  |  |   |  |  |  |
|---|--|--|--|--|--|--|---|--|--|--|
| <p><b>1a</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel                   | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions               | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |  |  |
| <input type="checkbox"/> First-class or charter travel  | <input type="checkbox"/> Housing allowance or residence for personal use |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Travel for companions  | <input type="checkbox"/> Payments for business use of personal residence |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Tax indemnification and gross-up payments  | <input type="checkbox"/> Health or social club dues or initiation fees   |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Discretionary spending account   | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |  |  |  |  |  |   |  |  |  |
| <p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>   | <b>1b</b>  |  |  |  |  |  |   |  |  |  |
| <p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>  | <b>2</b>   |  |  |  |  |  |   |  |  |  |
| <p><b>3</b> Indicate which, if any, of the following the filing 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>  | <input type="checkbox"/> Compensation committee                          | <input type="checkbox"/> Written employment contract                     | <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    | <input type="checkbox"/> Form 990 of other organizations           | <input type="checkbox"/> Approval by the board or compensation committee |   |  |  |  |
| <input type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                     |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Independent compensation consultant  | <input type="checkbox"/> Compensation survey or study                    |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Form 990 of other organizations  | <input type="checkbox"/> Approval by the board or compensation committee |  |  |  |  |  |   |  |  |  |
| <p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>  | <b>4a</b>  | No   |  |  |  |  |   |  |  |  |
|   | <b>4b</b>  | No   |  |  |  |  |   |  |  |  |
|   | <b>4c</b>  | No   |  |  |  |  |   |  |  |  |
| <p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> 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:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>  | <b>5a</b>  | No   |  |  |  |  |   |  |  |  |
|   | <b>5b</b>  | No   |  |  |  |  |   |  |  |  |
| <p><b>6</b> 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:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>   | <b>6a</b>  | No   |  |  |  |  |   |  |  |  |
|   | <b>6b</b>  | No   |  |  |  |  |   |  |  |  |
| <p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>  | <b>7</b>   |  |  |  |  |  |   |  |  |  |
| <p><b>8</b> 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.</p>  | <b>8</b>   |  |  |  |  |  |   |  |  |  |
| <p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>  | <b>9</b>   |  |  |  |  |  |   |  |  |  |

**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 are not listed on Form 990, Part VII.

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

| (A) Name and Title                   |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--------------------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                                      |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| <b>1</b> Elie Hassenfeld<br>Director | (i)  | 0  |                                     |                                     |  | 0                       |                                 |   |
|                                      | (ii) | 186,582  |                                     |                                     |  | 186,582                 |                                 |   |
|                                      |      |  |                                     |                                     |  |                         |                                 |   |
|                                      |      |  |                                     |                                     |  |                         |                                 |   |
|                                      |      |  |                                     |                                     |  |                         |                                 |   |
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|                                      |      |  |                                     |                                     |  |                         |                                 |   |
|                                      |      |  |                                     |                                     |  |                         |                                 |   |
|                                      |      |  |                                     |                                     |  |                         |                                 |   |
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|                                      |      |  |                                     |                                     |  |                         |                                 |   |
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|                                      |      |  |                                     |                                     |  |                         |                                 |   |
|                                      |      |  |                                     |                                     |  |                         |                                 |   |
|                                      |      |  |                                     |                                     |  |                         |                                 |   |
|                                      |      |  |                                     |                                     |  |                         |                                 |   |

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|



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

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Open Philanthropy Action Fund  
c/o Apercen Partners LLC

**Employer identification number**

81-2644663

**990 Schedule O, Supplemental Information**

| Return Reference           | Explanation   |
|----------------------------|---|
| Part VI, Section A, Line 2 | DIRECTORS DUSTIN MOSKOVITZ AND CARI TUNA HAVE A FAMILY RELATIONSHIP |

## 990 Schedule O, Supplemental Information

| Return Reference                   | Explanation  |
|------------------------------------|--|
| Part VI,<br>Section B,<br>Line 11B | FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE AND LEGAL COUNSEL AND THEN DISTRIBUTED TO THE BOARD OF DIRECTORS PRIOR TO FILING |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>      | <b>Explanation</b>   |
|------------------------------|--|
| Part VI, Section B, Line 12C | <p>The conflict of interest policy covers directors, officers, key employees, committee members, spouses or domestic partners of any of the listed people, and former officers, directors or key employees who served in such capacity within the five previous years. In connection with any actual or possible Conflict of Interest, a Covered Person must immediately disclose to the Board, Committee or Board Designee the existence and nature of his or her Financial Interest or any disclosable relationships. All newly appointed or elected Board members or officers shall disclose all known Conflicts of Interest and disclosable relationships upon assumption of their duties, and should a Conflict of Interest or disclosable relationship develop, must immediately disclose to the Board, Committee or Board Designee such actual or possible Conflict of Interest or disclosable relationship. After a potential conflict has been disclosed, the Board or Committee shall determine if a Conflict of Interest exists. If the Board or Committee determines that a Covered Person has a Financial Interest, then it will be investigated and determined by a majority vote of the disinterested board members whether the transaction or arrangement is in the organization's best interests.</p> |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>           | <b>Explanation</b>   |
|-----------------------------------|--|
| Part VI,<br>Section C,<br>Line 19 | THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST WHEN REQUIRED BY FEDERAL OR STATE LAW |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Open Philanthropy Action Fund  
c/o Apercen Partners LLC

**Employer identification number**

81-2644663

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
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|   |                         |  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN (if applicable) of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|  |                         |  |                            |   |                                  | Yes  | No |
| <b>(1)</b> Open Philanthropy Project<br>314 Lytton Avenue Suite 200<br><br>Palo Alto, CA 94301<br>81-0737472 | Philanthropy            | CA   | 501(c)(3)                  | Line 7  | N/A                              |  | No |
| <b>(2)</b> The Clear Fund dba GiveWell<br>182 Howard Street 208<br><br>San Francisco, CA 94105<br>20-8625442 | Philanthropy            | CA   | 501(c)(3)                  | Line 7  | nA                               |  | No |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary<br>activity | (c)<br>Legal<br>domicile<br>(state<br>or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|----------------------------|---|--|--|---------------------------------|--|---|----|--|---|----|--------------------------------|
|  |                            |   |  |  |                                 |  | Yes                                     | No |  | Yes                                       | No |                                |
|  |                            |   |  |  |                                 |  |   |    |  |   |    |                                |
|  |                            |   |  |  |                                 |  |   |    |  |   |    |                                |
|  |                            |   |  |  |                                 |  |   |    |  |   |    |                                |
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|  |                            |   |  |  |                                 |  |   |    |  |   |    |                                |

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

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)<br>(13) controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|---|----|
|  |                         |   |                                     |  |                                 |   |                                | Yes   | No |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
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|  |                         |   |                                     |  |                                 |   |                                |   |    |
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|  |                         |   |                                     |  |                                 |   |                                |   |    |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .               | <b>1a</b> | No |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> | No |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> | No |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> | No |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> | No |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> | No |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> | No |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> | No |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> | No |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> | No |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> | No |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> | No |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> | No |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> | No |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> | No |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> | No |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> | No |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> | No |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> | No |

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

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |

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

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

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |  | Yes  | No |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
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|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |



**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)