### Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

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

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

Inspection

A F	or the	e 2017 calendar year, or tax year beginning , 2017, an	d ending			, 20
Р.		C Name of organization		D Employer ide		number
<b>D</b> 0	Check if a	ALLIANCE FOR OPEN SOCIETY INTERNATIONAL, INC		81-062	3035	
L	Addre					
	Name	change Number and street (or P O box if mail is not delivered to street address) Ro	om/suite	E Telephone nu	mber	
	Initial	return 224 WEST 57TH STREET		(212) 54	8-060	0
	Final	City or town state or province, country, and ZIP or foreign postal code				
	Amen	ded NEW YORK, NY 10019		G Gross receipts	s \$	8,593,220
	Applie	F Name and address of principal officer MATJA ARBOLTNO	۳. ا	H(a) Is this a gro		Yes X N
	pendi	224 WEST 57TH STREET NEW YORK, NY 10019	(, )	Subordinates H(b) Are all subord		yes N
ī	Tax-ex	empt status X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or	527	4		ee instructions)
		te N/A	<del></del>	H(c) Group exem	otion numbe	r <b>Þ</b>
	·	of organization X Corporation Trust Association Other	L Year of forma			
_	art I	Summary	1 E Tear of Torma		Otate of le	gar donnere
		Briefly describe the organization's mission or most significant activities TO TRAN	SFORM CLO	SED SOCIE	rres r	NTO OPEN
•		SOCIETIES AND TO PROTECT AND EXPAND THE VALUES OF			1120 1	NIO OLDIN
ž		SOCIETIES.	BAIDIINO	OLDN		
Ë						·
Governance	2	Check this box   if the organization discontinued its operations or disposed o			1 1	6
<u>ن</u> مع		Number of voting members of the governing body (Part VI, line 1a)			3	6.
Activities &	1	Number of independent voting members of the governing body (Part VI, line 1b)			4	4.
ŧ	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			5	0.
Ę	6	Total number of volunteers (estimate if necessary)			6	98.
∢		Total unrelated business revenue from Part VIII, column (C). line 12			7a	0.
	b	Net unrelated business taxable income from Form 990-1, line 4 ECE.V.ED	<u> </u>	<del></del>	7b	
			70 └─	Prior Year		Current Year
ø	8	Contributions and grants (Part VIII, line 1h)	SO .	14,090,35	53.	7,528,388
Revenue	9	Program service revenue (Part VIII, line 2g)	isl		0.	0
e v		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	J <u>œ</u> l∵ .	339,09	9.	754,950
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, add DEN. UT.			0.	6,662.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,429,45	52.	8,290,000.
У		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,130,41	2.	6,045,505
,) 	I	Benefits paid to or for members (Part IX, column (A), line 4)		<del></del>	0.	0.
Expenses	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).		2,321,89	5.	2,560,128.
NTC xpenses		Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
Fer L		Total fundraising expenses (Part IX, column (A), line 25) ► 698, 277.			-	<del>,</del>
Ex				1,541,74	9	1,289,776.
^ .		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,994,05		9,895,409.
7	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	i i	4,435,39		-1,605,409.
<u>۳ «</u>		Revenue less expenses Subtract line 18 from line 12		nning of Current Y		
ts or nces	l		Ведіг			End of Year
sse 3ala	l	Total assets (Part X, line 16)		32,983,47		31,049,710.
et As	21	Total liabilities (Part X, line 26)		8,654,11		6,236,922.
_=		Net assets or fund balances Subtract line 21 from line 20		24,329,36	11.	24,812,788.
Pa	rt II	Signature Block		. <del></del>		
		iallies of perjury. I declare that I have examined this return, including accompanying schedules ct, and complete. Declaration of preparer/Other than officer) is based on all information of which p			my knowl	edge and belief, it is
		A L C C C C C C C C C C C C C C C C C C	reparer has any k			
۵.		Nulling 1		11/1	5/2018	<u> </u>
Sig		Signature of officer		Date		
Her	re	MAIJA ARBOLINO TREASURE	3			
		Type or print name and title		· · · · · · ·		
		Print/Type preparer's name Preparer's signature	Date	Check	ıf PTIN	· · · · · · · · · · · · · · · · · · ·
Paid		MARGARET A BRADSHAW, CPA Muganet A. Braddow	11/12/18		ed P(	00501222
	oarer	Firms name KPMG LLP		Firm's EIN ▶ 1		
Use	Only	Firm's address > 1676 INTERNATIONAL DRIVE MCLEAN, VA 2210	2			368000
May	the l	RS discuss this return with the preparer shown above? (see instructions)		La Horie Ho		Yes
		The discuss this retent with the property shown above (see instructions)	<u> </u>	<u> </u>	· ^	res //No

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Form 990 (2017)

**Checklist of Required Schedules** Part IV No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 1 X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?...... 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II....... 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х 8 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 Х Did the organization, directly or through a related organization, hold assets in temporarily restricted Х endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. . . . . . . . 10 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 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Х 11a b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Х c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more Х d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Х 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . . . f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . . . 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If Х "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional... 12b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . . . . . . . . Х 14a Did the organization maintain an office, employees, or agents outside of the United States?.......... b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Х 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Х Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)........ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Form 990 (2017)

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#### Checklist of Required Schedules (continued) Part IV No Х Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. . . . . . . . . . . . 20 a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?..... Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 21 Х domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II . . . . . . . . . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 22 Х Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated Х 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Х 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . . 24d 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? Х 25b 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) Х A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . . . . A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 28c Х was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. . . . . . . . . 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Х 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 34 Х 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.......... If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . . 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable Х 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Х 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and Х 19? Note. All Form 990 filers are required to complete Schedule O Form 990 (2017)

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Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	•		Ì
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			ł
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.			أـــا
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶			İ
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			لبيد
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_ <del>X</del>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			3,5
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	,		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		Х
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			<u>-</u> x
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	-		·
9	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	1		
		1		
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
a h	Gross income from other sources (Do not net amounts due or paid to other sources	1		
D	against amounts due or received from them )			
12 -	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O			
h	Enter the amount of reserves the organization is required to maintain by the states in which			
J	the organization is licensed to issue qualified health plans			
•	Enter the amount of reserves on hand	1		, 1
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
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•	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in School, Check if Schedule O contains a response or note to any line in this Part VI				rions
<u> </u>					1~1
Sect	ion A. Governing Body and Management			Yes	No
	Enter the number of voting members of the governing hody at the end of the tay year	еГ	_		
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or		-		}
	if the governing body delegated broad authority to an executive committee or similar				ļ
	committee, explain in Schedule O	4			1
b	Little the humber of voting members included in line 1a, above, who are independent	<del></del>			ļ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh		2	<del></del> -	
	any other officer, director, trustee, or key employee?				
3	Did the organization delegate control over management duties customarily performed by or under the	II.	3		х
	supervision of officers, directors, or trustees, or key employees to a management company or other personal supervision of officers, directors, or trustees, or key employees to a management company or other personal supervision of officers, directors, or trustees, or key employees to a management company or other personal supervision of officers, directors, or trustees, or key employees to a management company or other personal supervision of officers, directors, or trustees, or key employees to a management company or other personal supervision of officers, directors, or trustees, or key employees to a management company or other personal supervision of officers, directors, and the supervision of other personal supervision of other personal supervision of the supervision of other personal supervision of	I .	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	II.	5		<u>x</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	I .	6		X
6	Did the organization have members or stockholders?		•		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or		7a		х
	one or more members of the governing body?		<u>'a</u>		
b	Are any governance decisions of the organization reserved to (or subject to approval by) me		7b		х
_	stockholders, or persons other than the governing body?		,,,		
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during			
	the year by the following				اد — ــا
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real		9		х
Saati	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O on B. Policies (This Section B requests information about policies not required by the Internal R		-	1	
Secil	on B. Policies (This Section Brequests information about policies not required by the internal N	evenue C		Yes	No
		٢	10a		X
	Did the organization have local chapters, branches, or affiliates?		IVA		
b	If "Yes," did the organization have written policies and procedures governing the activities of such c		10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes	' ' ' '	11a	Х	
11a		form?.	114		<del></del> ,
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	[	12a	x	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		124		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that co	-	12b	х	
_	rise to conflicts?		120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy?		12c	х	
40	describe in Schedule O how this was done		13	х	
13	Did the organization have a written whistleblower policy?		14	X	
14	Did the organization have a written document retention and destruction policy?		•		<u> </u>
15	Did the process for determining compensation of the following persons include a review and appli	- 1			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and de		15a		$\bar{\mathbf{x}}$
a	The organization's CEO, Executive Director, or top management official		15b		х
b	Other officers or key employees of the organization	••••			<u> </u>
16~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	aemort			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements at the start during the very		16a		x -
	with a taxable entity during the year?				
p	participation in joint venture arrangements under applicable federal tax law, and take steps to safegu				'.
	organization's exempt status with respect to such arrangements?		16b		
Secti	ion C. Disclosure	· · · · · · · · · · · · · · · · · · ·			<u> </u>
	List the states with which a copy of this Form 990 is required to be filed ▶ MD, NY, /				
17	List the states with which a copy of this Form 990 is required to be filed P		E01/a	.\(2\)	٠
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T available for public inspection. Indicate how you made these available. Check all that apply	(Section :	JU 1(0	,)(J)S	опіу)
	Own website Another's website X Upon request Other (explain in Schedule)	2)			
4.0		•			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	lict of inte	rest	policy	, and
0.0	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 a MAIJA ARBOLINO 224 WEST 57TH STREET NEW YORK, NY 10019 212-548-0600	na records	•		
JSA			Form	990	(2017)
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees. Independent Contractors

Form 990 (2017)

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

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

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

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

L	$oldsymbol{ol}}}}}}}}}}}}}}}}$	any related	organization compensate	ed any current office	er, director, or trus	stee

(A) Name and Title	(B) Average hours per week (list any	box,	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	1 14 E	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)MAIJA ARBOLINO	2.00									
DIRECTOR/TREASURER	38.00	х		х				ο.	346,839.	125,113.
(2)A. NICOLE CAMPBELL	10.00								i	
SECRETARY UNTIL 01/03/17	30.00	х		х				0.	11,041.	42,840.
(3)CHRISTOPHER E. STONE	2.00									
PRESIDENT UNTIL 09/11/17	38.00	х		Х				0.	1,133,159.	149,927.
(4)DEBBIE FINE	10.00					<u> </u>				
SECRETARY STARTED 04/11/17	30.00	х		Х				0.	203,384.	46,985.
(5)WILLIAM F. WENDLER, II	2.00									
DIRECTOR	0.	х					ŀ	0.	0.	515.
(6)WILLIAM C. CLARKE, III	2.00									
DIRECTOR	0.	х						0.	0.	515.
(7)EDDIE C. BROWN	2.00									
DIRECTOR	0.	х						0.	0.	515.
(8)ALEXANDER SOROS	1.00							· <del>-</del> ·	·	
DIRECTOR STARTED 07/10/17	8.04	Х						0.	0.	2,854.
(9)JONATHAN SOROS	1.00									
DIRECTOR UNTIL 12/04/17	8.04	Х						0.	0.	3,369
(10)TARA ANDREWS	38.00									
DIVISION DIRECTOR	2.00					X _		134,102.	0.	57,310.
(11)LORNA BROWN	39.00									
ASSOCIATE PROGRAM DIRECTOR	1.00					х		133,158.	0.	54,672.
(12)DIANA MORRIS	36.00									
PROGRAM DIRECTOR	4.00				L	х		207,187.	23,021.	101,554.
(13)CRAIG ROCKLIN	40.00									
TEAM MANAGER	0.					х	L	164,140.	0.	76,419.
(14)KAREN WEBBER	40.00									
DIVISION DIRECTOR	0.					x		137,030.	0.	87,644.

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Form 990 (2017)

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Part VII Section A. Officers, Directors, 1 rt. (A)  Name and title	(B) Average hours per week (list any hours for	(do r box,	not ch unles	Pos neck ss pe	C) sition more erson tirect	e than o is both or/trust	ne an ee)	(D) Reportable compensation from the	(E) Reporta compensation related organizat	ble on from d ions	Es am com	(F) limated ount of other pensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	orga and	om the anization related nization	i
												•	
												·	
										·			
			****										
1b Sub-total	ection A .						<b>&gt;</b>	775,617. 0. 775,617.	1,717,	0.		50,2 50,2	0.
d Total (add lines 1b and 1c)	limited to t	hose					р ге	l			,	30,Z	32.
						ا برما		Javaa or biabaa	t	otod	·	Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schede	ule J for suc	ch ınd	ividi	ual							3		Х
4 For any individual listed on line 1a, is the sorganization and related organizations gre	eater than	\$15	0,0	00?	11	"Yes	5,"	complete Schedu	le J for s	such	4		
5 Did any person listed on line 1a receive or	accrue co	mpen	satio	on t	fron	n any	un	related organizati	on or indivi	dual			
for services rendered to the organization? If "Ye Section B. Independent Contractors	es, compre	ie Scr	ieau	ile J	101	Sucn	per	son	<u> </u>	• •	5		
Complete this table for your five highest com- compensation from the organization. Report compeans the second													
(A) Name and business add	lress							(B) Description of se	ervices	C	(C) compens	ation	
NONE							F						
										1			
2 Total number of independent contractors (in							se li	sted above) who	received				

Par	t VIII	Statement of Revenue Check if Schedule O contains a responsi	o or note to an	v line in this Part V	/III	<del></del>	
	,	Check if Schedule O contains a respons	e or riote to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e	Federated campaigns ,	4,880,000			• •	
Contribu	g	and similar amounts not included above . 1f  Noncash contributions included in lines 1a-1f \$	2,648,388				
	h	Total. Add lines 1a-1f	Business Code	7,528,388			
Program Service Revenue	2a b c d						
Progra	f	All other program service revenue		0	•		1
	3 4 5	Investment income (including dividends and other similar amounts)	s, interest, ▶ proceeds . ▶	754,444 0 0			754,444
	6a b c	Gross rents		,	<del></del>	_ **	
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(ii) Other				
	d d	Net gain or (loss)	▶	506			506
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
δ	С	Net income or (loss) from fundraising events.  Gross income from gaming activities		0			
	ь	See Part IV, line 19		0			
	10a	Net income or (loss) from gaming activities.  Gross sales of inventory, less returns and allowances					
	b c	Less cost of goods sold		0	·		
		Miscellaneous Revenue	Business Code				
	11a	SPEAKER FEE FOR PANEL DISCUSSION GAINS ON FOREX	900099	6,550	112		6,550
	Ь	GALING ON FOREA	300033	0,550			0,550
	d d	All other revenue					
	e	Total. Add lines 11a-11d	▶	6,662			]
JSA 7E105	12	Total revenue. See instructions		8,290,000	112		761,500 Form <b>990</b> (2017)

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#### 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)

		inse of flote to any line	in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		4 054 150		
	and domestic governments See Part IV, line 21	4,954,178.	4,954,178.		
2	Grants and other assistance to domestic individuals See Part IV, line 22	703,179.	703,179.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	200 240	222 742		
	individuals See Part IV, lines 15 and 16	388,148.	388,148.		
4	Benefits paid to or for members	U .			
5	Compensation of current officers, directors, trustees, and key employees	0.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	_			
	persons described in section 4958(c)(3)(B)	0.	1 206 101	51 600	207 620
7	Other salaries and wages	1,745,413.	1,306,101.	51,680.	387,632.
8	Pension plan accruals and contributions (include	211,198.	153,994.	5,512.	51,692.
	section 401(k) and 403(b) employer contributions)	474,519.	357,011.	18,127.	99,381.
9	Other employee benefits	128,998.	96,412.	4,130.	28,456.
10	Payroll taxes	120, 550.		4,130.	
11	` ' ' /	0.			
	Management	148.		148.	
		34,902.		34,902.	
	: Accounting	0.			
	Professional fundraising services See Part IV, line 17.	0.			· · · · · · · · · · · · · · · · · · ·
	Investment management fees	14,717.	14,045.		672.
	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	360,931.	341,377.	1,926.	17,628.
12	Advertising and promotion	0.			
13	Office expenses	58,016.	44,047.	31.	13,938.
14	Information technology	220,842.	171,102.	2,378.	47,362.
15	Royalties	0.			
16	Occupancy	119,925.	94,836.	1.5 1.00	25,089
17	Travel	58,683.	37,758.	16,409.	4,516
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.	67 125	4,379.	16,612
19	Conferences, conventions, and meetings	88,126.	67,135.	4,3/3.	10,012
20	Interest	0.			
21 22	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	9,904.	5,795.	3,605.	504
24	Other expenses Itemize expenses not covered			· · · · · · · · · · · · · · · · · · ·	
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column		·		•
	(A) amount, list line 24e expenses on Schedule Q)		21.8	-	
	LOSS ON FOREX REVALUATION	244,950.	244,950.		
ı	ADVERTISING	14,472.	14,307.	160.	, 5
	TAX WITHHOLDING	\ 10,000.		10,000.	
(	BANK FEES	5,661.	746.	1,432.	3,483.
•	All other expenses	48,499.	44,771.	2,421.	1,307
_	Total functional expenses Add lines 1 through 24e	9,895,409.	9,039,892.	157,240.	698,277.
26	Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation Check here	Į.	1	l	

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Part X	Balance	Sheet

art X	Balance Sheet  Check if Schedule O contains a response or note to any line in this Pa	art X		
	Shook in Controlled a Controlled of Note to any line in the	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	1,782,918.	1	5,106,229
2	Savings and temporary cash investments	753,171.	2	1,057,768
3	Pledges and grants receivable, net	15,381,858.	3	8,037,453
4	Accounts receivable, net	0.	4	9,819
	Loans and other receivables from current and former officers, directors,	- <u>-</u> -		
1 .	trustees, key employees, and highest compensated employees	<b>\</b>		
	Complete Part II of Schedule L  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.	5	
2 7	Notes and loans receivable, net	0.	7	
7 8	Inventories for sale or use	0.	8	
9	Prepaid expenses and deferred charges	2,198.	9	1,81
	Land, buildings, and equipment cost or			
1.00	other basis Complete Part VI of Schedule D		İ	
h	Less accumulated depreciation 10b	0.	10c	<del></del>
11	Investments - publicly traded securities	15,063,334.	111	16,830,70
12	Investments - other securities See Part IV, line 11	0.		
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets	0.		
15	Other assets See Part IV, line 11	0.	17	1 5,91
16	Total assets. Add lines 1 through 15 (must equal line 34)	32,983,479.	16	31,049,71
17	Accounts payable and accrued expenses.	0.	17	15,16
18		5,691,076.	18	4,759,78
19	Grants payable	0.	19	27,733,70
20	Deferred revenue	0.	20	
21	Tax-exempt bond liabilities	0.		
1	Loans and other payables to current and former officers, directors,	<u>.</u>	21	<del></del>
22	trustees, key employees, highest compensated employees, and			
22		0.		
1 22	disqualified persons Complete Part II of Schedule L	0.	22	
23	Secured mortgages and notes payable to unrelated third parties	0.	24	
25	Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third	<u> </u>	24	·····
25	parties, and other liabilities not included on lines 17-24) Complete Part X	•		
		2,963,036.	25	1,461,97
26	of Schedule D	8,654,112.	26	6,236,92
	Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.	2	20	0,230,32
27 28 29	Unrestricted net assets	157,251.	27	188,80
28	Temporarily restricted net assets	`24,172,116.	28	24,623,98
29	Permanently restricted net assets	0.	29	, , , , , ,
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
	Capital stock or trust principal, or current funds		30	
31			31	
32	Retained earnings, endowment, accumulated income, or other funds	<del>-</del> .	32	· · · · · · · · · · · · · · · · · · ·
33	Total net assets or fund halances	24,329,367.	33	24,812,78
34	Total net assets or fund balances  Total liabilities and net assets/fund balances	32,983,479.	34	31,049,71
154	Total nationals and het assets/fund balances, , . ,	32,303,473.	34	Form <b>990</b> (20

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	•••				Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,2	90,0	00.
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,895,409		109.
3	Revenue less expenses Subtract line 2 from line 1	3	05,4	09.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		24,3	29,3	67.
5	Net unrealized gains (losses) on investments	5		1,8	28,5	18.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		2	60,3	312.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		24,8	12,7	88.
Part	XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					Yes	No
1	Accounting method used to prepare the Form 990 CashX Accrual Other					- 1
	If the organization changed its method of accounting from a prior year or checked "Other," ex	ıplaır	ı ın			
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			1
	reviewed on a separate basis, consolidated basis, or both					1
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b_	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a			1
	separate basis, consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis					1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for committee that assumes responsibilities for the committee that assumes responsibilities for the committee that assumes responsibilities for the committee that assumes responsibilities for the committee that assumes responsibilities for the committee that assumes responsibilities for the committee that assumes responsibilities for the committee that as the committee that a committee that a committee that a committee that a	vers	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ounta	ant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplaır	n in			]
	Schedule O		•			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	n in			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?		the	`		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits		3b	000	

#### **SCHEDULE A**

(Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047
2017
Open to Public
Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

ALLIANCE FOR OPEN SOCIETY INTERNATIONAL, INC 81-0623035 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations............. g Provide the following information about the supported organization(s) (I) Name of supported organization (II) EIN (III) Type of organization (IV) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 other support (see listed in your governing support (see above (see instructions)) instructions) document? instructions) Yes No (A) (B) (C)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2017

(D)

(E)

Total

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

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

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	6,930,121	9,390,704	26,090,970	14,090,353	7,528,388	64,030,536	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	-					0	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0	
4	Total. Add lines 1 through 3	6,930,121	9,390,704	26,090,970	14,090,353	7,528,388	64,030,536	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)						45,740,777	
6	Public support Subtract line 5 from line 4				<u> </u>	l	18,289,759	
	tion B. Total Support			<del></del>	Γ	,		
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
7	Amounts from line 4	6,930,121	9,390,704	26,090,970	14,090,353	7,528,388	64,030,536	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	106	82	683,437	342,561	754,444	1,780,630	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) . ATCH. 1	16,485	13,415	5,400			35,300	
11	Total support Add lines 7 through 10						65,846,466	
12	Gross receipts from related activities, etc. (s	see instructions)		•		12	112	
13	First five years. If the Form 990 is forganization, check this box and stop here	or the organizat	ion's first, secon	nd, third, fourth,	or fifth tax ye	ar as a section		
Sec	tion C. Computation of Public Sup							
14	Public support percentage for 2017 (li	ne 6, column (f	) divided by line	11, column (f)).		14	27.78 <b>%</b>	
15	Public support percentage from 2016					15	28.99 <b>%</b>	
16a	33 1/3 % support test - 2017. If the org							
	box and stop here. The organization q	ualifies as a pub	olicly supported	organization			▶ 📖	
b	331/3% support test - 2016. If the org	ganization did n	ot check⊦a box o	on line 13 or 16	ia, and line 15 i	s 331/3 % or mo	re, check	
	this box and stop here. The organization							
17a	10%-facts-and-circumstances test - 2							
	10% or more, and if the organization							
	Part VI how the organization meets t	he "facts-and-o	ircumstances" t	est The organi	zation qualifies	as a publicly s		
	organization						▶ X	
þ	10%-facts-and-circumstances test - 2	<b>2016.</b> If the org	ganization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	and line	
	15 is 10% or more, and if the orga							
	Explain in Part VI how the organization				_			
18	supported organization							
	instructions						. 🖂	
	3	· · · · · · · · · · · · · · · · · · ·					··· *	

Schedule A (Form 990 or 990-EZ) 2017

Part III

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support								
Caler	idar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and membership fees		Ĭ.					
	received (Do not include any "unusual grants ")		1					
2	Gross receipts from admissions, merchandise		ì					
	sold or services performed, or facilities							
	furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513 .	•	1					
4	Tax revenues levied for the		l I					
	organization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities		(					
	furnished by a governmental unit to the							
	organization without charge			/				
6	Total Add lines 1 through 5		1					
7 a	Amounts included on lines 1, 2, and 3							
	received from disqualified persons		<u> </u>	(				
Ь	Amounts included on lines 2 and 3 received from other than disqualified		l 1	/				
	persons that exceed the greater of \$5,000		l 1	/				
	or 1% of the amount on line 13 for the year		Į	/				
C	Add lines 7a and 7b		1				ļ <u></u>	
8	Public support. (Subtract line 7c from		/ <i>/</i>					
	line 6)		/ \					
	tion B. Total Support	(1) 0040	(1) 0044	(-) 0045	(4) 0046	4-) 2047	(0.T-1-1	
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
9	Amounts from line 6	<del></del>	/	1		<u> </u>	<u> </u>	
iva	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar							
	sources		/					
þ	Unrelated business taxable income (less	1	7		,			
	section 511 taxes) from businesses	/			-			
	acquired after June 30, 1975	<del></del>		<del>                                     </del>				
	Add lines 10a and 10b	<del>/</del>		<del>                                     </del>				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or	/						
	loss from the sale of capital assets	/		\				
	(Explain in Part VI)	<del>- /</del>		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			<del> </del>	
13	Total support (Add lines 9, 10c, 11, and 12)							
14	First five years. If the Form 990 is f	or the organiza	tion's first, seco	ond, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)	
	organization, check this box and stop here	<u>./</u>	<u> </u>		<u>\</u>		▶ 🔃	
Sec	tion C. Computation of Public Sup	<u>port Percenta</u>	ge		\			
15	Public support percentage for 2017 (line 8				`	15	%	
16	Public support percentage from 2016 Sche			<u> </u>	<u></u>	16	%_	
<u>Sec</u>	<u>tion D. Computation of Investmen</u>	t Income Perc	entage			·-		
17	Investment income percentage for 2017 (In				•	17	%	
18	Investment income percentage from 2016					18	<u> %</u>	
19 a	331/3% support tests - 2017 If the or					•		
	17 is not more than 331/3%, check th							
b	331/3% support tests - 2016 If the orga					•		
	line 18 is not more than 331/3%, check			-		`		
20 JSA	Private foundation. If the organization	aid not check	a box on line	14, 19a, or 19b				
	11000 39433G 720F		V 17-7.2F	' A	.OSI	ocileuule A (FORM )	990 or 990-EZ) 2017	

Schedule A (Form 990 or 990-EZ) 2017

#### **Supporting Organizations**

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

Secti	on A. All Supporting Organizations			-
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 500(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	 3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	 4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	<u>.</u> 8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		<u> </u>
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	 10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)			

Schedule A (Form 990 or 990-EZ) 2017

81-0623035

Schedu	ele A (Form 990 or 990-EZ) 2017			Page 5
Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	L	
secti	on B. Type I Supporting Organizations		Yes	No
			162	140
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	- <b>-</b>	–	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		ļ,
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization		~	
Secti	on C. Type II Supporting Organizations			
		·	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			ļ ļ
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	- '		ا ـ ـ ا
C = =4:		1		
Secti	on D. All Type III Supporting Organizations		V	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously		,	; ; 
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		ا .
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard		-	
Secti	on E. Type III Functionally Integrated Supporting Organizations		<u> </u>	<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons)	-
a	The organization satisfied the Activities Test. Complete line 2 below		,	
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)	
			Yes	T
2	Activities Test Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		 
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	 2b	• -	
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u></u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	 3h		<u> </u>

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	-	
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	-	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a	<u>-</u>	
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	,	
d Total (add lines 1a, 1b, and 1c)	1d	•	
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5	· <del>-</del>	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly integra	ated Type III supporting	g organization (see
instructions)	,	· · Att = · · · · · · · · · · · · · · · · · ·	J

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish ex	kempt purposes						
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed					
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpo	zations						
4	Amounts paid to acquire exempt-use assets		<del></del>	· · · · · · · · · · · · · · · · · · ·				
5	Qualified set-aside amounts (prior IRS approval required)	,,						
6	Other distributions (describe in Part VI) See instructions							
7	Total annual distributions. Add lines 1 through 6							
8	Distributions to attentive supported organizations to which	the organization is resp	onsive					
	(provide details in Part VI) See instructions							
9	Distributable amount for 2017 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount			-, - = -,-				
(	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017				
1	Distributable amount for 2017 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2017			-				
	(reasonable cause required-explain in Part VI) See			İ				
	instructions							
3	Excess distributions carryover, if any, to 2017							
а	:							
b	From 2013							
С	From 2014							
d	From 2015			!				
е	From 2016			i				
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years		4					
h	Applied to 2017 distributable amount		· · ·					
i	Carryover from 2012 not applied (see instructions)			ï				
j	Remainder Subtract lines 3g, 3h, and 3i from 3f.			1				
4	Distributions for 2017 from							
	Section D, line 7 \$							
а	Applied to underdistributions of prior years			i ı				
b	Applied to 2017 distributable amount							
С	Remainder Subtract lines 4a and 4b from 4			1				
5	Remaining underdistributions for years prior to 2017, if			İ				
	any Subtract lines 3g and 4a from line 2 For result			'				
	greater than zero, explain in Part VI See instructions							
6	Remaining underdistributions for 2017 Subtract lines 3h							
	and 4b from line 1 For result greater than zero, explain in							
	Part VI See instructions							
7	Excess distributions carryover to 2018 Add lines 3j		·	1				
	and 4c							
8.	Breakdown of line 7			i				
a	Excess from 2013							
b	Excess from 2014			1				
С	Excess from 2015							
d	Excess from 2016			i				
е				j				

Schedule A (Form 990 or 990-EZ) 2017

Part VI
Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

PART II. SECTION C. LINE 17A - 10% FACTS AND CIRCUMSTANCES TEST

ALLIANCE FOR OPEN SOCIETY INTERNATIONAL ("AOSI") HAS ESTABLISHED THAT IT MEETS THE FACTS AND CIRCUMSTANCES TEST PROVIDED UNDER TREAS. REG.

1.170A-9(E)(3). PERTINENT FACTS AND CIRCUMSTANCES ARE DESCRIBED BELOW.

AOSI NORMALLY RECEIVES MORE THAN 10 PERCENT, BUT LESS THAN 33 1/3

PERCENT, OF ITS SUPPORT FROM CONTRIBUTIONS FROM THE GENERAL PUBLIC. FOR

2017, AOSI'S PUBLIC SUPPORT WAS 27.78 PERCENT.

AOSI (DBA OPEN SOCIETY INSTITUTE - BALTIMORE) MAINTAINS A STRONG PROGRAM
OF SOLICITATION FROM INDIVIDUALS IN THE GENERAL PUBLIC AND COMMUNITY,
NATIONAL AND LOCAL FOUNDATIONS, PUBLIC CHARITIES AND CORPORATIONS. WITH
3.5 STAFF MEMBERS AND SUPPORT FROM THE COMMUNICATIONS TEAM, IT REGULARLY
SOLICITS BY MAIL, EMAIL, VIA THE WEBSITE, IN PERSON AND WITH EVENTS. OPEN
SOCIETY INSTITUTE - BALTIMORE SENDS DIRECT AND INDIRECT (INDIRECT
SOLICITATIONS ARE NEWSLETTERS WITH "DONATE" BUTTONS) SOLICITATIONS ON A
MONTHLY BASIS TO APPROXIMATELY 5000, RESULTING IN APPROXIMATELY 350-400
DONORS PER YEAR.

85-90% OF AOSI'S ACTIVITIES IN TERMS OF REVENUES AND EXPENSES ARE

ATTRIBUTABLE TO THE OPEN SOCIETY INSTITUTE-BALTIMORE PROGRAM. AS THE OPEN

SOCIETY FOUNDATIONS' U. S. PROGRAMS ONLY FIELD OFFICE, OPEN SOCIETY

INSTITUTE-BALTIMORE SERVES THE BALTIMORE AND MARYLAND AREAS, FOCUSING ON

THE ROOT CAUSES OF THREE INTERTWINED PROBLEMS IN BALTIMORE AND MARYLAND:

DRUG ADDICTION, AN OVER-RELIANCE ON INCARCERATION, AND OBSTACLES THAT

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions.)

IMPEDE YOUTH IN SUCCEEDING INSIDE AND OUT OF THE CLASSROOM. IT ALSO SUPPORTS A GROWING CORPS OF SOCIAL ENTREPRENEURS COMMITTED TO UNDERSERVED POPULATIONS IN BALTIMORE.

AOSI MAINTAINS A GOVERNING BODY WHICH REPRESENTS THE BROAD INTERESTS OF THE PUBLIC. THREE OUT OF AOSI'S 7 GOVERNING BOARD MEMBERS AND 16 MEMBERS OF OPEN SOCIETY INSTITUTE - BALTIMORE ADVISORY BOARD ARE COMPOSED OF THE GENERAL PUBLIC WITH EXPERTISE IN FIELDS THAT OPEN SOCIETY INSTITUTE -BALTIMORE'S EXEMPT PROGRAMS FOCUS ON. OPEN SOCIETY INSTITUTE - BALTIMORE EMPLOYS ISSUE AREA EXPERTS WHO, IN ADDITION TO MAKING GRANTS, MAY CONVENE ADVOCATES IN THE COMMUNITY IN ORDER TO PROVIDE TECHNICAL ASSISTANCE OR TO PROMOTE A PARTICULAR POLICY; THE EXPERTS MAY WORK WITH SCHOOL SYSTEM TO PROMOTE POLICY.

SCHEDULE A, PART II - OTHER INCOME					ATTACHMENT	1
DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
SPECIAL EVENTS	16,485	13,415	5,400			35,300
TOTALS .	16,485	13,415	5,400			35,300

#### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

▶ Go to www.irs gov/Form990 for instructions and the latest information. Name of the organization Employer identification number

_	Canadiana Mainteining Dancy Advised Funds on Other Similar Funds	81-0623035
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds	or Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6	#N Formal and all an accounts
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets he	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that gran	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or fo	· · · · · · · · · · · · · · · · · · ·
	conferring impermissible private benefit?	Yes No
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
		on of a historically important land area
		on of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	
	easement on the last day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	1 1
C	Number of conservation easements on a certified historic structure included in (a)	1
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terr	ninated by the organization during the
	tax year ►	
4	Number of states where property subject to conservation easement is located >	
<b>5</b> ,	Does the organization have a written policy regarding the periodic monitoring, inspection	
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of	conservation easements during the year
_	Annual of a second and a second	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing	g conservation easements during the year
	Page 2014 and 2014 an	ation 170/h)/4//D)/.)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of se	
•	and section 170(h)(4)(B)(ii)?	
9	balance sheet, and include, if applicable, the text of the footnote to the organization's final	
	organization's accounting for conservation easements	ricial statements that describes the
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Ot	her Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	nor ominar Associs.
4-	· · · · · · · · · · · · · · · · · · ·	to revenue statement and helence sheet
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in a works of art, historical treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that of	lescribes these items
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of
	public service, provide the following amounts relating to these items	, <b>&gt;</b> •
	(i) Revenue included on Form 990, Part VIII, line 1	
_	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar	<u>-</u>
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these its	
a	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·
For	Assets included in Form 990, Part X	Schedule D (Form 990) 2017

Schedule D (Form 990) 201

Schedule D (Form 990) 2017

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Schedule D (Form 990) 2017			_ Page
Part VII Investments - Other Securities.  Complete if the organization answered	d "Vos" on Form 990	) Part IV line 11h See Form 990	Part Y June 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valual Cost or end-of-year mark	tion
			<del>-</del>
(1) Financial derivatives		-	<u> </u>
(3) Other		<del> </del>	
(A)			
(B)			
(C)			
(D)			
(E)			<del></del>
(F)			
, (G)			
(H)			
Total (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments - Program Related.		,	
Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11c. See Form 990	, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1)			
(2)		· · · · · · · · · · · · · · · · · · ·	
(3)			
(4)			
(5)			
(6)		-	
(7)	<u> </u>		
(8)		•	
(9)		,	
Total (Column (b) must equal Form 990, Part X, col (B) line 13)		•	
Part IX Other Assets.  Complete if the organization answere	d "Yes" on Form 990	) Part IV line 11d See Form 990	Part X line 15
	escription	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(b) Book value
(1)	Cooripaon		(b) Book value
(2)			
(3)			
(4)		· · · · · · · · · · · · · · · · · · ·	
(5)			
(6)		ţ	
(7)			
(8)			
(9)	· •		
Total. (Column (b) must equal Form 990, Part X, col (B)	line 15)		
Part X Other Liabilities.			•
Complete if the organization answere line 25.	d "Yes" on Form 990	), Part IV, line 11e or 11f See For	m 990, Part X,
1 (a) Description of liability	(b) Book valu	ue l	
(1) Federal income taxes	(,	~	
(2) PAYABLE TO OSI	1,353,	317.	
(3) DEFERRED RENT		278.	
(4) 2017 AITE (MAY DODD DOD	34	000	

1 (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYABLE TO OSI	1,353,317.
(3) DEFERRED RENT	68,278.
(4)2017 AUDIT/TAX PREP FEE	34,902.
(5)2016 AUDIT/TAX PREP FEE	3,313.
(6) TAX REGISTRATION/FILING FEES	1,100.
(7)BANK CHARGES	901.
(8)NYLJ ADVERTISING FEE	160.
(9)	- <del> </del>
Total (Column (b) must equal Form 990, Part X, col. (B) line 25 ) ▶	1,461,971.

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

JSA 7E1270 1 000 39433G 720F Schedule D (Form 990) 2017

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	٦.	
1	Total revenue, gains, and other support per audited financial statements	1	10,288,329.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines 2a through 2d	2e	1,998,329.
3	Subtract line 2e from line 1	3	8,290,000.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1	
b	Other (Describe in Part XIII )		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	8,290,000.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	rn.	
1	Total expenses and losses per audited financial statements	1	9,804,908.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII )		
е	Add lines 2a through 2d	2e	-75,784
3	Subtract line 2e from line 1	3	9,880,692
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		4
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 14,717.		
b	Other (Describe in Part XIII )		
С	Add lines 4a and 4b	4c	14,717
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	9,895,409.
2, Par	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Pat XI, lines 2d and 4b Also complete this part to provide any additional inform PAGE 5		مد مد
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JSA		Sche	dule D (Form 990) 201

#### Part XIII Supplemental Information (continued)

FIN 48 FOOTNOTE, PART X, LINE 2

AOSI IS EXEMPT FROM FEDERAL INCOME TAXES, AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. AOSI RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED.

SCHEDULE D, PART XI, LINE 2D

SUMMARIZED BALANCE OF \$169,811 CONSISTS OF THE FOLLOWING:

GAINS ON FOREIGN EXCHANGE (\$6,550)

INVESTMENT MANAGEMENT FEES (\$14,717)

NET PRESENT VALUE ADJUSTMENT TO MULTI-YEAR PLEDGED RECEIVABLES \$191,078

SCHEDULE D, PART XII, LINE 2D

SUMMARIZED BALANCE OF -\$75,784 CONSISTS OF THE FOLLOWING:

GAINS ON FOREIGN EXCHANGE (\$6,550)

RETURN OF GRANT FUNDS (\$69,234)

#### SCHEDULE F (Form 990)

#### Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Employer identification number

ALLI	ANCE FOR OPEN SOCIETY	INTERNATIO	NAL, INC			81-06230	35
Part	General Information o Form 990, Part IV, line 14		outside the U	nited States. Complete r	f the orga	nization answer	ed "Yes" on
a	For grantmakers. Does the organssistance, the grantees' eligibility and so assistance?	ty for the grant	s or assistance	e, and the selection criteria	a used to	award the	X Yes No
	For grantmakers. Describe in assistance outside the United Sta		ganization's pi	rocedures for monitoring	the use	of its grants a	and other
3 /	Activities per Region (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	ace is nee	eded)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If acti a pro describi	vity listed in (d) is gram service, e specific type of (s) in the region	(f) Total expenditures for and investments in the region
(1)	MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING			388,148
(2)							
(3)							
(4)	1.00						
(5)					•		
<del>(6)</del>							
<u>(7)</u>							
_(8)_							
(9)							`
<u>(10)</u>							
<u>(11)</u>				V	•		
<u>(12)</u>				,			
(13)					<del></del>		
(14)		_					
<u>(15)</u>							
(16)							
(17)							
3a	Sub-total						388,148
b	Total from continuation		,				
С	sheets to Part I						388,148

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

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Schedule F (Form 990) 2017

Schedule F (Form 990) 2017

Part II

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

	-							7 F - 45 - 51 - 51
1 (a) Name of organization	(b) IKS code section and EIN (if applicable)	(c) Kegion	(a) Purpose of grant	(e) Amount or cash grant	(t) Manner or cash disbursement	(g) Amount of noncash assistance	(n) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(9)								
(2)								
(8)								
(6)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017

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

Part III can be duplicated it additional space is needed	litional space is needed.						
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) SCHOLARSHIPS/FELLOWSHIPS	MIDDLE EAST/NORTH AFRICA	13	388,148				
(2)							
(3)		,					
(4)							
(5)							
(9)	J						
(7)							
(8)	-						
(6)							
(10)							
(11)							
(12)							
(13)			,				
(14)	J		,				
(15)							
(16)							
(17)				•			
(18)						-	
			,			Sche	Schedule F (Form 990) 2017

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Part	IV Foreign Forms		
1	Was the organization a US transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a US Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X\No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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, don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4 ,	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

#### D. L.V. O. I

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)

MONITORING THE USE OF GRANT FUNDS

THE GRANTEES FUNDED BY AOSI ARE IDENTIFIED, RECOMMENDED, AND APPROVED BY AOSI BOARD MEMBERS. THE PRIMARY MONITORING MECHANISMS ARE NARRATIVE AND FINANCIAL REPORTS THAT ARE REQUIRED ON AT LEAST AN ANNUAL BASIS. SITE VISITS MAY BE CONDUCTED IF THE NEED OR OPPORTUNITY ARISES.

ACCOUNTING METHOD

THE GRANT EXPENDITURES REPORTED ON PARTS I AND III ARE REPORTED ON THE ACCRUAL METHOD OF ACCOUNTING. .

SCHEDULE 1

(Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047

Open to Public

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

Employer identification number

81-0623035

STY INTER	30CII	EN S	Name of the organization ALLIANCE FOR OPEN SOCIETY INTERNATIONAL, INC
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1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 Part II

1 (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) ADVOCATES FOR CHILDREN AND YOUTH, INC							
1 N CHARLES STREET BALTIMORE, MD 21201	52-1555895	IRC 501(C)(3)	80,000				TO ENGAGE IN RESEARC
(2) AMERICAN CIVIL LIBERTIES UNION FOUNDATION O							
3600 CLIPPER MILL ROAD BALTIMORE, MD 21210	23-7209538	IRC 501(C)(3)	100,000				TO SUPPORT THE GRANT
(3) ASSOCIATED CATHOLIC CHARITIES, INC							
320 CATHEDRAL ST BALTIMORE, MD 21201-4421	52-0591538	IRC 501(C)(3)	282,000				TO PROVIDE LEGAL CON
(4) BEHAVIORAL HEALTH LEADERSHIP INSTITUTE INC							
2200 ARDEN ROAD BALTIMORE, MD 21209	41-2114016	IRC 501(C)(3)	45,000				TO CREATE A MOBILE T
(5) BALTIMORE CITY HEALTH DEPARTMENT							
1001 E FAYETTE STREET BALTIMORE, MD 21202	52-6000769	IRC 501(C)(3)	200,000				TO SUPPORT A PUBLIC
(6) CENTER FOR URBAN FAMILIES, INC							
2201 N MONROE STREET BALTIMORE, MD 21217	52-2142708	IRC 501(C)(3)	20,000				TO PROVIDE INFRASTRU
(7) BUSINESS VOLUNTEERS MARYLAND			,				
1201 S SHARP STREET BALTIMORE, MD 21230	52-1810831	IRC 501(C)(3)	20,000				TO PROVIDE SERVICES
(8) CASA DE MARYLAND							
8151 15TH AVE HYATTSVILLE, MD 20783	52-1372972	IRC 501(C)(3)	100,000				TO SUPPORT THE CONTI
(9) CIVIC WORKS, INC							
2701 ST LO DRIVE BALTIMORE, MD 21213	52-1925614	IRC 501(C)(3)	75,000				TO ENABLE ITS BALTIM
(10) COMMUNITY LAW IN ACTION, INC							
520 WEST FAYETTE STREET BALTIMORE, MD 21201	06-1710518	IRC 501(C)(3)	140,000				TO ENGAGE IN COMMUNI
(11) CENTER FOR SUPPORTIVE SCHOOLS							
911 COMMONS WAY PRINCETON, NJ 08540	22-2962532	IRC 501(C)(3)	25,000				TO EXPAND ITS PEER-T
(12) CHILD AND FAMILY POLICY CENTER							
505 5TH AVENUE DES MOINES, IA 50309-4006	42-1378567	IRC 501(C)(3),	50,000				TO ENSURE THAT THE S
2 Enter total number of section 501(c)(3) and government		organizations lis	organizations listed in the line 1 table.	ile		<b>A</b> : : : : : : : : : : : : : : : : : : :	
3 Enter total number of other organizations listed in the line	ed in the line	1 table					

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

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Schedule I (Form 990) (2017)

# SCHEDULEI

(Form 990)

Department of the Treasury Internal Revenue Service Part I General Information on Grants and Assistance

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

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

OMB No 1545-0047

Open to Public

Employer identification number 81-0623035 ► Go to www.irs.gov/Form990 for the latest information. ALLIANCE FOR OPEN SOCIETY INTERNATIONAL, INC Name of the organization

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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. Part II

1 (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,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) EQUITY MATTERS			,				
3613 SEQUOIA AVE BALTIMORE, MD 21215	80-0652861	IRC 501(C)(3)	85,000				TO SUPPORT LEADERS O
(2) DISABILITY RIGHTS MARYLAND							
1500 UNION AVENUE BALTIMORE, MD 21211	51-0215570	IRC 501(C)(3)	180,000				TO ADDRESS THE SYSTE
(3) FAMILY LEAGUE OF BALTIMORE CITY, INC							
2305 N CHARLES STREET BALTIMORE, MD 21218	52-1734848	IRC 501(C)(3)	250,000				TO SUPPORT THE BALTI
(4) FUSION PARTNERSHIPS, INC							
1601 GUILFORD AVENUE BALTIMORE, MD 21202	52-2148413	IRC 501(C)(3)	50,000				TO SUPPORT THE BALTI
(5) FUSION PARTNERSHIPS, INC							
1601 GUILFORD AVENUE BALTIMORE, MD 21202	52-2148413	IRC 501(C)(3)	40,000				TO SUPPORT OUT FOR J
(6) FUSION PARTMERSHIPS, INC		•					
1601 GUILFORD AVENUE BALTIMORE, MD 21202	52-2148413	IRC 501(C)(3)	50,000				TO STRENGTHEN POWER
(7) FUSION PARTNERSHIPS, INC	· · · · ·						
1601 GUILFORD AVENUE BALTIMORE, MD 21202	52-2148413	IRC 501(C)(3)	91,500				TO SUPPORT THE OUTRE
(8) FUSION PARTNERSHIPS, INC							
1601 GUILFORD AVENUE BALTIMORE, MD 21202	52-2148413	IRC 501(C)(3)	50,000				TO SUPPORT THE MARYL
(9) FUSION PARTNERSHIPS, INC							
1601 GUILFORD AVENUE BALTIMORE, MD 21202	52-2148413	IRC 501(C)(3)	50,000				TO SUPPORT THE BALTI
(10) JEWS UNITED FOR JUSTICE INC							
1100 H ST NW WASHINGTON, DC 20005	52-2346578	IRC 501(C)(3)	50,000				TO SUPPORT THE GRANT
(11) JOB OPPORTUNITIES TASK FORCE, INC							
217 EAST REDWOOD STREET BALTIMORE, MD 21202	52-2278450	IRC 501(C)(3)	100,000				TO SUPPORT THE GRANT
(12) JOHNS HOPKINS UNIV BLOOMBERG SCHOOL OF							
PUBLIC HEALTH BALTIMORE, MD 21205-2179	52-0595110	IRC 501(C)(3)	15,000				TO SUPPORT COMMUNITY
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	government o	organizations lis	ted in the line 1 tab	le		<b>A</b> : : : : : : : : : : : : : : : : : : :	
3 Enter total number of other organizations listed in the line	ed in the line	1 table			1 table	<b>A</b>	

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

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Schedule I (Form 990) (2017)

### SCHEDULE

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047

Open to Public

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

▶ Attach to Form 990.

Employer identification number 81-0623035

Assistance	
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mation on Grants and /	
on	I
Information	
General	
Part I	

ALLIANCE FOR OPEN SOCIETY INTERNATIONAL, INC

- X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and
  - Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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. Part II

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(a) Name and address of organization     or government	(p) EIN	(if applicable)	(a) Amount of cash grant	(e) Amount of non- cash assistance	(book, FMV, appraisal, other)	(g) Description of noncash assistance	(n) Purpose or grant or assistance
(1) JFA INSTITUTE							
720 KEARNEY STREET DENVER, CO 80220	38-3680643	IRC 501(C)(3)	30,000				TO SUPPORT EFFORTS T
(2) LEGAL ACTION CENTER OF THE CITY OF NEW YORK							
225 VARICK STREET NEW YORK, NY 10014	13-2756320	IRC 501(C)(3)	120,000				TO PROTECT GAINS MAD
(3) MARYLAND OFFICE OF THE PUBLIC DEFENDER							
6 ST PAUL STREET BALTIMORE, MD 21202	N/A	STATE GOVT	50,000				TO SUPPORT THE IMPLE
(4) MARYLAND OFFICE OF THE PUBLIC DEFENDER							
6 ST PAUL STREET BALTIMORE, MD 21202	N/A	STATE GOVT	16,000				TO SUPPORT THE GRANT
(5) MARYLAND PROFESSIONALS FOR QUALITY ADDICTIO							
1206 BROOK MEADOW DRIVE TOWSON, MD 21286	20-1803417	IRC 501(C)(3)	170,000				TO PROVIDE GENERAL S
(6) NO BOUNDARIES COALITION, INC							
1526 N FREMONT AVE BALTIMORE, MD 21217	30-0788872	IRC 501(C)(3)	25,000				TO ADVOCATE FOR REFO
(7) PRETRIAL JUSTICE INSTITUTE							
7361 CALHOUN PLACE ROCKVILLE, MD 20855	52-1078400	IRC 501(C)(3)	100,000				TO PROVIDE TECHNICAL
(8) PUBLIC JUSTICE CENTER, INC							
ONE N CHARLES STREET BALTIMORE, MD 21201	52-1412226	IRC 501(C)(3)	80,000				TO CONDUCT LEGAL RES
(9) PLAYWORKS EDUCATION ENERGIZED							
2601 N HOWARD STREET BALTIMORE, MD 21218	94-3251867	IRC 501(C)(3)	25,000		,		TO SUPPORT ITS COACH
(10) PRO BONO RESOURCE CENTER OF MARYLAND							
520 WEST FAYETTE STREET BALTIMORE, MD 21201	52-1664796	IRC 501(C)(3)	86,000				TO PROVIDE INFORMATI
(11) PROGRESSIVE MARYLAND EDUCATION FUND, INC							
8720 GEORGIA AVENUE SILVER SPRING, MD 20910	03-0401249	IRC 501(C)(3)	50,000				TO SUPPORT PROGRESSI
(12) UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION							
620 W BALTIMORE STREET BALTIMORE, MD 21201 31-1678679	31-1678679	IRC 501(C)(3)	49,000				TO SUPPORT THE PRISO
2 Enter total number of section 501(c)(3) and government		organizations lis	organizations listed in the line 1 table	ile al		<b>A</b> · · · · · · · · · · · · · · · · · · ·	
3 Enter total number of other organizations listed in the line 1 table	ed in the line	1 table				<b>A</b>	

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

JSA 7E12881000 39433G 720F

AOSI

Schedule I (Form 990) (2017)

V 17-7.2F

## SCHEDULEI

(Form 990)

Department of the Treasury

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

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

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Open to Public

TO PROVIDE GENERAL S TO SUPPORT THE PRISO TO ENABLE THE UNIVER TO SUPPORT THE EXPER TO PROVIDE FINANCIAL TO SUPPORT POLICY AD TO SUPPORT THE POSIT 34. (h) Purpose of grant or assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form Employer identification number 81-0623035 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of noncash assistance 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal, other) ► Go to www.irs.gov/Form990 for the latest information. (d) Amount of cash cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 50,000 50,000 196,440 100,000 8,238 1,500,000 100,000 (c) IRC section (if applicable) IRC 501(C)(3) IRC 501(C)(3) IRC 501(C)(3) IRC 501(C)(3) IRC 501(C)(3) IRC 501(C)(3) IRC 501(C)(3) Enter total number of other organizations listed in the line 1 table. ALLIANCE FOR OPEN SOCIETY INTERNATIONAL, INC Part | General Information on Grants and Assistance 26-3698436 31-1678679 52-2337316 31-1678679 31-1678679 13-1655255 (b) EIN N/A 620 W BALTIMORE STREET BALTIMORE, MD 21201 (6) INTERNATIONAL BANK FOR RECONSTRUCTION AND D (1) UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION 620 W BALTIMORE STREET BALTIMORE, MD 21201 (2) UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION (3) UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION (7) NAACP LEGAL DEFENSE AND EDUCATIONAL FUND, I (4) RESTORATIVE RESPONSE BALTIMORE COLLECTIVE 620 W BALTIMORE ST BALTIMORE, MD 21201 1500 UNION AVENUE BALTIMORE, MD 21211 1818 H STREET NW WASHINGTON, DC 20433 1 (a) Name and address of organization or government 40 RECTOR STREET NEW YORK, NY 10006 401 9TH ST NW WASHINGTON, DC 20004 (5) AARP EXPERIENCE CORPS Name of the organization Part II 8 <u></u> (10)  $\Xi$ 12)

JSA 7E12881600 39433G 720F

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

Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017)

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 Part III

	r ait ill cail de duplicated il additional space is	ce is liceded				
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 schor	SCHOLARSHIPS/FELLOWSHIPS	17	703,179			
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cs.						,
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Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional	nformation re	quired in Part I, I	line 2, Part III, c	olumn (b), and any o	ther additional

Information

MONITORING THE USE OF GRANT FUNDS

THE GRANTEES FUNDED BY AOSI ARE IDENTIFIED, RECOMMENDED, AND APPROVED BY

AOSI BOARD MEMBERS. THE PRIMARY MONITORING MECHANISMS ARE NARRATIVE AND

SITE FINANCIAL REPORTS THAT ARE REQUIRED ON AT LEAST AN ANNUAL BASIS. VISITS MAY BE CONDUCTED IF THE NEED OR OPPORTUNITY ARISES, BUT ARE NOT A

REGULAR COMPONENT OF GRANT MONITORING.

V 17-7.2F

# **SCHEDULE J** (Form 990)

Compensation Information

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

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23

► Attach to Form 990.

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

Inspection

Employer identification number Name of the organization ALLIANCE FOR OPEN SOCIETY INTERNATIONAL, INC 81-0623035 Part I Questions Regarding Compensation

	, ==		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			Ī
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			1
	First-class or charter travel Housing allowance or residence for personal use			ŀ
	Travel for companions Payments for business use of personal residence			İ
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
L	If any of the house on the 4s are sheeted did the apparatus follows a western policy recording assurant			
D	If any of the boxes on 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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a <sup>9</sup>	2	,	
3	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			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			1
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III			ļ
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of		<del></del>	ليب
а	The organization?	6a		<u></u>
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III			ļ
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
_	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			.,
_	ın Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

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

Part II

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

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

		(B) Breakdown of W-2	of W-2 and/or 1099-MISC compensation	C compensation				i i
		2 (-1)			(c) Retirement and	(U) Nontaxable	(E) rotal of countins	(r) Compensation
(A) Name and Title		(ı) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	compensation		(a.K.)(a)	as deferred on pnor Form 990
MAIJA ARBOLINO	Ξ	0.	0	0.	0.	0.	0	0.
DIRECTOR/TREASURER	Ξ	334,956.	6,797.	5,086.	50,980.	74,133.	471,952.	
CHRISTOPHER E. STONE	Ξ	0	0	0.	0	0	.0	0.
2 PRESIDENT UNTIL 09/11/17	Ξ	774,750.	70,000.	288,409.	116,213.	33,715.	1,283,087.	175,451.
DEBBIE FINE	Ξ	0.	.0	0.	0.	0.	0.	0.
3 SECRETARY STARTED 04/11/17	Ξ	199,384.	4,000.	0	28,108.	18,877.	250,369.	
TARA ANDREWS	Ξ	122,536.	11,420.	146.	11,567.	45,743.	191,412.	
DIVISION DIRECTOR	€	0	.0	0.	0	0.	0.	0.
LORNA BROWN	ε	126,889.	2,538.	3,731.	12,393.	42,279.	187,830.	
SASSOCIATE PROGRAM DIRECTOR	Ξ	0.	.0	0	0	0.	0	0
DIANA MORRIS	ε	196,274.	3,973.	6,940.	29,792.	61,607.	298,586.	
6 PROGRAM DIRECTOR	Ξ	21,808.	441.	772.	3,310.	6,845.	33,176.	
CRAIG ROCKLIN	Ξ	159,909.	2,975.	1,256.	9,415.	67,004.	240,559.	
7TEAM MANAGER	Ξ	0	.0	.0	0	0	0.	0.
KAREN WEBBER	Ξ	134,304.	2,726.	0.	19,793.	67,852.	224,675.	
8DIVISION DIRECTOR	Ξ	0	.0	.0	0	0.	0	0.
	ε							
6	(E)							
	Ξ							
10	Œ							
	Ξ							
11	(ii)							
	Ξ							
12	Ξ							
	Ξ							
13	( <u>i</u> )							
	Ξ							
14	(E)							
	(1)							
15	Ξ							
	(i)							
16	(ii)							
					-		Sch	Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

ALLIANCE FOR OPEN SOCIETY INTERNATIONAL, INC

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

SCHEDULE J, PART I, LINE 4B

THE FOLLOWING INDIVIDUALS PARTICIPATE IN A SECTION 457(F) SUPPLEMENTAL

NONQUALIFIED RETIREMENT PLAN ("THE PLAN") SPONSORED BY THE FILING

ORGANIZATION OR A RELATED ORGANIZATION: CHRISTOPHER STONE. THE FOLLOWING

457(F) AMOUNTS WERE DEFERRED DURING YEAR AND REPORTED ON SCHEDULE J, PART

II, COLUMN(C): CHRISTOPHER STONE - \$57,713. THE FOLLOWING 457(F) AMOUNTS

BECAME VESTED IN OR PAID OUT DURING YEAR AND REPORTED ON SCHEDULE J,

PART II, COLUMN (B) (III): CHRISTOPHER STONE - \$280,886.

Schedule J (Form 990) 2017

## **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

# **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990

ALLIANCE FOR OPEN SOCIETY INTERNATIONAL, INC

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

OMB No 1545-0047

4 4 181 1

**Open to Public** Inspection

Name of the organization

Employer identification number

81-0623035

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household	,						
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	2,106.	219,380.	FAIR MARK	ET	VALU	E
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other		· · · · · · · · · · · · · · · · · · ·					
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens						,	
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►()			<u> </u>				
29	Number of Forms 8283 received							
	which the organization completed f	Form 8283,	Part IV, Donee Acknowledg	jement	29		\\	
	5 "		b		. 4 11 1.		Yes	No
30a	During the year, did the organizat				_			1
	28, that it must hold for at least the	•			-	20-		x ·
	to be used for exempt purposes for		olding period?			30a		
	If "Yes," describe the arrangement							,
31	Does the organization have a						٠.	v '
	contributions?					31		X
32a	Does the organization hire or use	•		· •		20-		v
	contributions?					32a		X
	If "Yes," describe in Part II		-lunn (-) for - turnt	a and of family the first and the second				
33	If the organization didn't report an describe in Part II	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked,			I
	GOSONO III I BILII						I	

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

Schedule M (Form 990) (2017)

Schedule M (Form 990) (2017)

Page 2

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

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

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

ALLIANCE FOR OPEN SOCIETY INTERNATIONAL, INC

81-0623035

Employer identification number

PART I, LINE 15

EFFECTIVE SEPTEMBER 1, 2003, AOSI ENTERED INTO AN AGREEMENT WITH OSI
WHEREBY OSI AGREED TO PROVIDE CERTAIN SERVICES TO AOSI. PURSUANT TO THE
AGREEMENT, OSI MAINTAINS ON ITS PAYROLL AND BENEFIT PLANS CERTAIN
EMPLOYEES WHO PROVIDE SERVICES TO AOSI. OSI ALSO PROVIDES SPACE AND OTHER
SUPPORT SERVICES UNDER THE AGREEMENT. DURING THE YEAR ENDED DECEMBER 31,
2017, AOSI RECORDED EXPENSES OF \$3,000,070 FOR SERVICES UNDER THE
AGREEMENT, INCLUDING \$2,560,128 FOR SALARIES AND BENEFITS. AT DECEMBER
31, 2017, AOSI HAD PAYABLE OF \$1,353,317 DUE TO OSI FOR SERVICES RENDERED
UNDER THE AGREEMENT.

PART VI, SECTION B, LINE 11B

AOSI'S AUDIT COMMITTEE IS IN CHARGE OF REVIEWING THE AUDITED FINANCIAL STATEMENTS AND THE 990 TAX RETURN. THE FORM 990 IS PREPARED IN-HOUSE AND REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM AND THE AUDIT COMMITTEE. THE FORM 990 WILL BE PROVIDED TO AOSI'S GOVERNING BOARD PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

PART VI, SECTION B, LINE 12C

AOSI CONFLICTS OF INTEREST AND GIFT ("THE POLICY") REQUIRES BOARD

MEMBERS, OFFICERS, EXPERT/ADVISORY COMMITTEE MEMBERS, AND EMPLOYEES TO

CERTIFY COMPLIANCE WITH THE POLICY AND DISCLOSE AFFILIATIONS WITH

ORGANIZATIONS OR INDIVIDUALS WITH WHOM AOSI DOES BUSINESS ON AN ANNUAL

BASIS. THE POLICY REQUIRES BOARD MEMBERS, OFFICERS, EXPERT/ADVISORY

. . . . .

81-0623035

COMMITTEE MEMBERS, AND EMPLOYEES THAT HAVE AN "INTEREST" (AS THAT TERM IS DEFINED IN THE POLICY), WITH RESPECT TO A "TRANSACTION" (AS THAT TERM IS DEFINED IN THE POLICY) BEING CONSIDERED FOR APPROVAL BY THE BOARD, TO DISCLOSE THE INTEREST, IN WRITING, TO AOSI. IF THE TRANSACTION IS BEING CONSIDERED FOR APPROVAL BELOW THE BOARD LEVEL, THE INDIVIDUAL SHALL DISCLOSE THE INTEREST. IN WRITING, TO THE PRESIDENT OF THE BOARD. MOREOVER, THE POLICY REQUIRES SUCH INDIVIDUALS TO RECUSE THEMSELVES FROM CONSIDERATION OF THE RELEVANT TRANSACTION AND ALL RELATED DISCUSSIONS, UNLESS THEY ARE ASKED BY THE DECISION-MAKERS TO PROVIDE NECESSARY INFORMATION REGARDING THE PROPOSED TRANSACTION. IN NO EVENT MAY INTERESTED INDIVIDUALS APPROVE TRANSACTIONS IN WHICH THEY HAVE AN INTEREST, NOR MAY THEY BE PRESENT WHEN A VOTE IS TAKEN WITH RESPECT TO THE TRANSACTION.

PART VI, SECTION B, LINE 15 OFFICERS COMPENSATION PROCESS EMPLOYEES OF OPEN SOCIETY INSTITUTE ("OSI"), A RELATED SECTION 501(C)(3) TAX EXEMPT ORGANIZATION, ARE SECONDED TO AOSI AND SOME SERVE AS OFFICERS OF AOSI. AOSI DOES NOT REIMBURSE OSI OR PAY OFFICERS COMPENSATION FOR TIME SPENT ON AOSI MATTERS. HOWEVER, AOSI DOES REIMBURSE OSI FOR PERSONNEL COSTS RELATED TO OSI EMPLOYEES SECONDED TO AOSI AND WHO WORK FOR THE OPEN SOCIETY INSTITUTE-BALTIMORE PROGRAM. THESE EMPLOYEES' COMPENSATION IS DETERMINED BY OPEN SOCIETY INSTITUTE, AND IS BASED ON MARKET COMPARABLE DATA AND IS DOCUMENTED IN OPEN SOCIETY INSTITUTE'S RECORDS.

PART VI, SECTION C, LINE 19 THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND ALLIANCE FOR OPEN SOCIETY INTERNATIONAL, INC

Employer identification number 81-0623035

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

PART XI, LINE 9

SUMMARIZED BALANCE OF \$260,312 CONSISTS OF THE FOLLOWING:

RETURN OF UNSPENT FUNDS FROM PRIOR YEARS' GRANT \$69,234

PRESENT VALUE ADJUSTMENT TO MULTI-YEAR PLEDGED RECEIVABLES \$191,078

PART VI, SECTION A, LINE 2

DIRECTORS ALEXANDER SOROS AND JONATHAN SOROS HAVE A FAMILY RELATIONSHIP.

PART III, LINE 2 - SIGNIFICANT PROGRAMS

IN THE CURRENT YEAR, THE ORGANIZATION UNDERTOOK THE FOLLOWING SIGNIFICANT

PROGRAM:

TWO YEARS.

EARLY CHILDHOOD PROGRAM: TO PROVIDE FINANCIAL SUPPORT FOR THE SET UP AND IMPLEMENTATION OF BETTER LEARNING AND DEVELOPMENT AT SCALE ("BELDS") INITIATIVE, WHICH INCLUDES SELECTING AND IMPLEMENTING COUNTRY SPECIFIC ACTIVITIES IN THREE TO FIVE DEVELOPING PARTNER COUNTRIES DURING THE NEXT

ATTACHMENT 1

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

ALLIANCE FOR OPEN SOCIETY INTERNATIONAL, INC. ("AOSI") SEEKS TO

TRANSFORM CLOSED SOCIETIES INTO OPEN SOCIETIES AND TO PROTECT AND

EXPAND THE VALUES OF EXISTING OPEN SOCIETIES. AOSI'S PURPOSES

INCLUDE: (A) COORDINATING, ADMINISTERING, AND ADVISING NATIONAL AND

Employer identification number

81-0623035 ATTACHMENT 1 (CONT'D)

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

REGIONAL PROGRAMS BOTH IN THE UNITED STATES AND ABROAD ON A RANGE OF ISSUES, INCLUDING PUBLIC HEALTH, EDUCATION, AND, MORE GENERALLY, DEVELOPMENT OF CIVIL SOCIETY; (B) EDUCATING THE PUBLIC ABOUT ISSUES CONCERNING SOCIETIES ATTEMPTING TO TRANSFORM FROM TOTALITARIAN OR AUTHORITARIAN RULE TO DEMOCRATIC MARKET ECONOMIES; AND (C) PROMOTING THE VALUES OF OPEN, DEMOCRATIC SOCIETIES BOTH DOMESTICALLY AND INTERNATIONALLY.

	,	ATTACHMENT 2	
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES	<del></del>	•	
DESCRIPTION	GRANTS	EXPENSES	REVENUE
MIDDLE EAST RULE OF LAW	388,148.	388,148.	
YOUTH EXCHANGE INITIATIVE	0.	9,825.	
EDUCATION SUPPORT PROGRAM	0.	1,129.	
, TOTALS	388,148.	399,102.	

81-0623035

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OMB No 1545-0047

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

2017	Open to Publi	leenection

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

Employer identification number 81-0623035 Identification of Disregarded Entities. Complete of the organization answered "Yes" on Form 990, Part IV, line 33 ALLIANCE FOR OPEN SOCIETY INTERNATIONAL, INC Name of the organization Department of the Treasury Internal Revenue Service

(f) Direct controlling entity (e) End-of-year assets (d) Total income (c)
Legal domicile (state or foreign country) (b) Primary activity (a)Name, address, and EIN (if applicable) of disregarded entity Ξ 2 3 4 9 9

(g) Section 512(b)(13) controlled å × × × × × × entity? Yes 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. (f) Direct controlling entity N/A N/A FPRN/AN/A N/A OSI (if section 501(c)(3)) Public chanty status e PF 면 PF PF (d) Exempt Code section 501 (C)(3) 501(C)(4) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(4) 501(C)(4) Legal domicile (state or foreign country) છ ΝX Œ Ν ĭ DE DE Z Primary activity CHARITABLE CHARITABLE CHARITABLE CHARITABLE 13-3965896 52-2028955 26-4351242 13-7029285 13-3095822 35-7090597 26-3753801 NEW YORK, NY 10019 WILMINGTON, DE 19809 NEW YORK, NY 10019 NEW YORK, NY 10019 NEW YORK, NY 10019 NEW YORK, NY 10019 NEW YORK, NY 10019 (a)Name, address, and EIN of related organization (2) FOUNDATION TO PROMOTE OPEN SOCIETY (5) SOROS ECONOMIC DEVELOPMENT FUND 224 WEST 57TH STREET, 9TH FLOO C/O CHRISTIANA TRUST, 501 CARR (6) FUND FOR POLICY REFORM, INC (4) OPEN SOCIETY POLICY CENTER OPEN SOCIETY INSTITUTE OPEN SOCIETY FUND, INC FUND FOR POLICY REFORM 224 WEST 57TH STREET 224 WEST S7TH STREET 224 WEST 57TH STREET 224 WEST 57TH STREET 224 WEST 57TH STREET Part II 3 5

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AOSI

Schedule R (Form 990) 2017

Page 2

Schedule R (Form 990) 2017

Percentage Section (1) Cownership controlled entity? (k) Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, managing partner? ŝ General or 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 Yes (g) Share of end-of-year assets (i)
Code V - UBI
amount in box 20
of Schedule K-1
(Form 1065) (f) Share of total (h) Dispraportomate siboations? ŝ income Yes (g) Share of end-of-(e)
Type of entity
(C corp, S corp, or trust) year assets line 34, because it had one or more related organizations treated as a corporation or trust during the tax year (f) Share of total income (d)
Direct controlling
entity (e)
Predomnant
Income (related,
unrelated,
excluded from
tax under
tax under
sections 512 - 514) (c) Legal domicile (state or foreign country) (b) Primary activity (d) Direct controlling entity (c) Legal domicile (state or foreign country) (a)Name, address, and EIN of related organization (b) Primary activity (a)
Name, address, and EIN of related organization Part III Part IV <u>ම</u> (5) 9 2 (3) 3 3 9 (2) ପ 3 Ξ 9

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AOSI

Schedule R (Form 990) 2017

Page 3

Schedule R (Form 990) 2017 Method of determining Yes ·Χ amount involved If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds 19 13 ş **1**9 1 1 4 9 19 ¥ = 9 4 19 <del>-</del> # Reimbursement paid by related organization(s) for expenses .................... Transactions With Related Organizations. Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Amount involved During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Transaction type (a-s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Other transfer of cash or property from related organization(s). Gift, grant, or capital contribution to related organization(s) . Name of related organization Dividends from related organization(s), . . . . . . . . . JSA 7E1309 2 000 Part V Ε **□** 0 م م ¥  $\Xi$ <u>4</u> 2 3 (2) 9

Schedule R (Form 990) 2017

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

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

County   C	Or gloss revenue) finat was not a retared organization over instructions regarding exclusion to certain investment parties sinps    A	(b)	(c) (c) Legal domicile	(d) Predominant	(e) (e) Are all partners	(f)	(g) Share of	(F)		(i) Code V - UBI	Gene		(k) Percentane
According 152-501   Yees   No	valiny, address, and Env of elliny	Frimary activity	(state or foreign country)		section 501(c)(3) organizations?		end-of-year assets	Oisproporti		of Schedule K-1 (Form 1065)	mana		wnership
					Yes No			Yes	$\dashv$		Yes		
	(1)												
	(2)			,								_	
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	(1)												
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AOSI

Schedule R (Form 990) 2017

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#### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions

RELATED ORGANIZATIONS

ALTHOUGH AOSI RETAINS NO FORMAL CONTROL OF THESE ENTITIES, THEY APPEAR ON THIS SCHEDULE R BECAUSE A MAJORITY OF THESE ENTITIES' DIRECTORS/TRUSTEES ARE DIRECTORS, TRUSTEES, OFFICERS, OR EMPLOYEES OF THE OPEN SOCIETY INSTITUTE.