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SCANNED DEC 0 8 2016

Return of Organization Exempt From Income Tax

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

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

luferrat Rev			► Information at	out Form 990 and it	s Instructions	ls at www.irs.g	jov/form990.		Inspe	ection	
A For t	he 2015	caler	ndar year, or tax year begin	ning	, 2015	, and ending			, 20		
	7	C Name	of organization				D Employer	identificati	on number		
B Check II	ejas sligge	ALI	JIANCE FOR OPEN SOC	IETY INTERNAT	IONAL, I	NC	81-0	623035			
Add		Doing	business as OPEN SOCIET	Y INSTITUTE -	- BALTIMO	RE					
	e change	Numb	per and street (or P.O box if mail is i	not delivered to street add	ress)	Room/suite	E Telephone	number			
fnite	i return	224	WEST 57TH STREET	_			(212)	548-06	00		
	ireturn/	City c	or town, state or province, country, a	nd ZIP or foreign postal o	ode						
	nded	NEW	YORK, NY 10019				G Gross rec	eipts \$	27,91	1,292.	
	ication [Name	and address of principal officer	CHRISTOPHER	E. STONI	3	H(a) is this a subordin		for Yes	X No	
		224	WEST 57TH STREET	NEW YORK, NY	10019		H(b) Are all s		uded? Yet	No No	
l Tax-e	xempt stat	tus	X 501(c)(3) 501(c) () (insert no)	4947(a)(1)	or 527	If "No,"	altach a list.	(see instructions	1	
J Webs	ite: 🕨 l	I/A					H(c) Group e	xemplion nur	nber 🕨		
K Form	of organiz	etion	X Corporation Trust	Association Other	>	L Year of fo	ormation 2003	M State o	f legal domici	e. DE	
Part I	Sun	nmary									
1	Briefly	descrit	be the organization's mission or	most significant activi	ties TO TR	ANSFORM C	LOSED SOC	ETIES	INTO O	PEN	
بو	SOCI	ETIE	S AND TO PROTECT A	ND EXPAND THE	VALUES	OF EXISTI	NG OPEN				
and	SOCI										
Activities & Governance	Check	this bo	x If the organization di	scontinued its operat	ions or dispose	ed of more than	25% of its net as	sets.			
ලි 3			ting members of the governing	•	•			1 1		7.	
∞ 4			dependent voting members of the					1 1		4.	
5 ges			of individuals employed in cale							0.	
₹ 6			of volunteers (estimate if necess					1 . 1		0.	
	Totalu	nrolate	d husiness revenue from Part Vi	It column (C) line 12						0.	
l t	Net uni	related	business taxable income from I	orm 990fT, line 34	~ FF 84 4FF F			. 7b		0.	
				KE	CEIVE		Prior Yea	r	Current	Year	
8	Contrib	utions	and grants (Part VIII, line 1h)	-			9,390,	704.	26,09	0,970.	
9	Prograi	m serv	sce revenue (Part VIII, line 2g)		v ๑๑ วกาย	101		0.		0.	
Revenue 0 1	Investo	nent in	come (Part VIII, column (A), line	s 3 4 and 70)	A. 8.8 COL	S) . -	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	82.	56	1,091.	
e 11	Other	evenu	e (Part VIII, column (A), lines 5,	6d 8c 9g 10c and 1	1e)		13,	415.	1	4,666.	
12	Total re	evenue	- add lines 8 through 11 (must	equal Part VIII colum	n (A), line 12		9,404	201.		6,727.	
13			milar amounts paid (Part IX, colu				7,722			3,423.	
14			to or for members (Part IX, colu					0.		0.	
45		•	er compensation, employee bene				539	940.	49	0,319.	
ou i			fundraising fees (Part IX, column		• • • • • • • • • • • • • • • • • • • •			0.		0.	
ē			sing expenses (Part IX, column (I		414 000						
_ m 17			es (Part IX, column (A), lines 11				147	258.	54	5,915.	
			es Add lines 13-17 (must equal				8,409			9,657.	
			expenses Subtract line 18 from				994	445.		7,070.	
88	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	40 1000	CAPOTION CONTRACTOR TO TO		<u> </u>		Beginning of Curr		End of		
Not Assets or Fund Balances 7 C C C C C C C C C C C C C C C C C C C	Total a	ssets (Part X, line 16)			-	7,582	902.	25,12	1,111.	
¥ 21		•	s (Part X, line 26)			· · · · · · 	4,075			4,795.	
ع الم			fund balances Subtract line 21				3,507		19,58	6,316.	
Part II			e Block	nom me zy, , , , ,	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					
			, I declare that I have exammed th	is return, including acco	mpanying sched	ules and stateme	ents, and to the be	st of my k	nowledge and	belief, it is	
true, cor	rect, and c	orepiei	e. Declaration of prepayer (other than	officer) is based on all ii	nformátion of wh	ich preparer has	any knowledge.	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
		- V\	Lan 1 1/2 ~	2			1 1	INRI	16		
Sign	P 3	Signatui	re of officer				Date	100.	 		
Here		1AIJA	A ARBOLINO		TREASU	IRER					
	-		print name and title								
		<u> </u>	eparer's name	Preparer's signature		Date	Check	_# P	TIN		
Paid	i	• • •	A BRADSHAW , CPA	Magnet 0 Bra	dow	11/08/1	1 -	employed P00501222			
Prepare	Firm's		▶KPMG LLP				Firm's EIN > 13-5565207				
Use Only			▶1676 INTERNATION	AL DRIVE MCLE	AN, VA 2	2102	Phone no		286-800	0	
May the			is return with the preparer show				1 i none no		X Yes	No	
			ion Act Notice, see the separat				······································			90 (2015)	

JSA 5E1010 1 000 39433G 720F

JSA 5E1020 1 000 39433G 720F Form 990 (2015)

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?...... 2 Х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II................ 4 Х 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. Χ_ 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 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space. the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II....... 7 Х 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 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. Х 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X 11a Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Х 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more Х 11c 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 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Х 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. Х 13 14a Did the organization maintain an office, employees, or agents outside of the United States?.......... Х 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 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Х 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)....... Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X

Part	Checklist of Required Schedules (continued)		V :	
_1			Yes	No
20a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		3 7	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		17	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		.,	
	employees? If "Yes," complete Schedule J	23	X	
24 a	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	0.4-		v
	through 24d and complete Schedule K If "No," go to line 25a	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		
d	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	٠.		•
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	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?			v
	If "Yes," complete Schedule L, Part I	25b		<u>x</u>
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			v
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			3.5
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_X
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)			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	001		v
_	Schedule L, Part N	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	20-		v
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29	Х	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		х
24	conservation contributions? If "Yes," complete Schedule M	30		
31	Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		<u> </u>
32	complete Schedule N, Part II	32		x
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		<u> </u>
34	or IV, and Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
oo a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a		<u> </u>
D		35h		
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		 -
30		26		х
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36	_	
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 foderal income tax surposes? If "Yes," complete Schooling R.			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	27		v
20	Part VI			×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	х	
	19? Note. All Form 990 filers are required to complete Schedule O.			(2015)

Form	990 (2015)		Р	age 5
Par				
	Check if Schedule O contains a response or note to any line in this Part V	• • •	· · · ·	
•			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	 ;
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0.			
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)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
	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		<u>X</u> ,
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>X</u>
	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			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b_		 i
7	Organizations that may receive deductible contributions under section 170(c).			ļ
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	X	
	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	7c		х
	required to file Form 8282?	70		
a	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u>x</u>
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	;		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12 a	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
JSA 5E 104	0.1.000	Form	990	(2015)

seci	Ion A. Governing Body and Management			Yes	No
4.	Takes the sumber of voting members of the governing body of the and of the toy year	1a 7			
та	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 committee, explain in Schedule O		ł	l	
b		1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rela		1		
_	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or unc				
J	supervision of officers, directors, or trustees, or key employees to a management company or other		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	·	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's as		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to ele				
, a	one or more members of the governing body?		7a		х
ь	Are any governance decisions of the organization reserved to (or subject to approval b				
-	stockholders, or persons other than the governing body?	• •	7b		х
8	Did the organization contemporaneously document the meetings held or written actions under	,			
•	the year by the following:	tunon com g			
а	The governing body?)	8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot t				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9_		X
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	rnal Revenue	Code	?.)	
		,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of s	uch chapters,	ĺ	1	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pur	rposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before file	ng the form?.	11a	<u> </u>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	i			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests the	- 1			
	rise to conflicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the po	•	40.	v	
	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13 14	X	
14	Did the organization have a written document retention and destruction policy?		14	^	
15	Did the process for determining compensation of the following persons include a review and				
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation		15a		 X
a	The organization's CEO, Executive Director, or top management official		15b		X
b	Other officers or key employees of the organization				
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	arrangomont			
104	with a taxable entity during the year?		16a	-	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to				
	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ MD, NY,				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section	501(0	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply				
	Own website Another's website X Upon request Other (explain in School	edule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents	s, conflict of inte	erest	policy	, and
	financial statements available to the public during the tax year				
20	State the name, address, and telephone number of the person who possesses the organization's be MAIJA ARBOLINO 224 WEST 57TH STREET NEW YORK, NY 10019 212-548-0600	ooks and record	s >		

orm 990 (2015)	ALLIANCE	FOR	OPEN	SOCIETY	INTERNATIONAL,	INC

81-0623035

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

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

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

		}		((C)					
(A) (B)					ition			(D)	(E)	(F)
Name and Title	Average	I '				than o		Reportable	Reportable	Estimated
	hours per week (list any	l	box, unless person is bo officer and a director/tru					compensation from	compensation from related	amount of other
•	hours for	L .		_	_			the	organizations	compensation
	related organizations below dotted line)	⊻ ⊱	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)MAIJA ARBOLINO	2.00									
DIRECTOR/TREASURER	38.00	x		x				0.	327,567.	111,598
(2)A. NICOLE CAMPBELL	10.00	<u> </u>			<u> </u>					
DIRECTOR/SECRETARY	30.00	х		х	1			0.	214,283.	53,682
(3)CHRISTOPHER E. STONE	2.00					-				
DIRECTOR/PRESIDENT	38.00	х		x				0.	754,922.	126,130
(4)JONATHAN SOROS	1.00									
DIRECTOR	2.00	х						0.	0.	1,396
(5)WILLIAM F. WENDLER, II	2.00									
DIRECTOR	0.	х		<u> </u>			1	0.	0.	_ 1,396
(6)WILLIAM C. CLARKE, III	2.00									_
DIRECTOR	0.	Х		L				0.	0.	1,396
(7)EDDIE C. BROWN	2.00]								
DIRECTOR	0.	Х						0.	0.	1,396
_(8)										
(10)				-						
(11)						-				
(12)						-				!
(13)				<u> </u>						
(14)			† 				<u> </u>			

Form 990 (2015)

Part VII Section A. Officers, Directors, Tre	1	y En	pic			and F	ligi	T		ees (c			
` (A) ' Name and title	Average hours per week (list any hours for	box office	unle: r and	Pos heck ss pe	rson (irect	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		other compensati		f
	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 inizatio related nization	d
		 		-	-	-							
	†	1	ļ							ļ			
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		-			-	-	ļ						
		-	ļ			-	<u> </u>						
		-		-	-	-							
		<u> </u>	_	L.									
to Total from continuation sheets to Part VII, S	ection A						>	0.	1,296,	0.		96,9	0.
d Total (add lines 1b and 1c)	limited to t	hose	liste				o re	0. eceived more than	1,296, \$100,000 d		2	96,9	194.
reportable compensation from the organization		0.	-									Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3	-	x
4 For any individual listed on line 1a, is the organization and related organizations gr	sum of repeater than	oortab \$15	le (50,0	com	per	nsatio	naı s,"	nd other compens	sation from	the			
<i>individual</i>	accrue co	mpen	satı	on	fron	n any	un	related organization			4	<u>X</u>	-
for services rendered to the organization? If "Y Section B. Independent Contractors	es," comple	te Scl	nedu	ule .	l for	such	per	son	· · · · · · · ·		5		X
Complete this table for your five highest com- compensation from the organization Report of year													
(A) Name and business ad	dress				-			(B) Description of se	ervices	c	(C) Compens	ation	
ATTACHMENT 3						_	+						
			_		_		‡						
							土						
2 Total number of independent contractors (i more than \$100,000 in compensation from the							se I	isted above) who	received				

Form	990 (20	015)	ALLIANCE FO	R OPEN SOC	IETY INTERNAT	CIONAL, INC	81-06230	35' Page 9
Par	t VIII							
,		Check of Schedule O co	ntains a respon	se or note to ar	ny line in this Part V (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	b c d e f	Federated campaigns Membership dues	1b 1c 1d 1e 1e 1f 1f 1 f 1 f 1 f 1 f 1 f 1 f 1 f		26,090,970			
9		Total. Add lines 14-11 1 1 1	<u> </u>	Business Code	20,030,370			
Program Service Revenue	2a b c d	All III						
õ	g	All other program service reversed. Add lines 2a-2f			0		<u></u>	<u> </u>
	3 4 5		cluding dividen	ds, interest,▶ proceeds .▶	683,437			683,437
	6a b c	Gross rents	(i) Real	(II) Personal		. <u>.</u>		
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)	(i) Securities 1,122,219. 1,244,565 -122,346	(II) Other				
Other Revenue	d 8a	Net gain or (loss) Gross income from fundra events (not including \$ of contributions reported on	using 330	ATCH 4	-122,346			-122,346
Other F	b c 9a	See Part IV, line 18 Less direct expenses Net income or (loss) from fu Gross income from gaming	b ndraising events		5,400		-	5,400
	b	See Part IV, line 19 Less direct expenses	a		-			
	10a	Net income or (loss) from g Gross sales of inventoreturns and allowances	ory, less		0			
	b c	Less cost of goods sold Net income or (loss) from sa	b les of inventory _	▶				
	<u> </u>	Miscellaneous Revenu	<u> </u>	Business Code	4		-	
	11a b c	IRS OVERPAYMENT REFUND GAIN ON FOREIGN CURRENCY	TRANSACTION	900099	7,603 1,663			7,603 1,663
	"	All other revenue						
	е 12	Total. Add lines 11a-11d . Total revenue. See instruction			9,266 26,666,727			575,757
JSA 5E10	51 1 000							Form 990 (2015)

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)

Dò not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B)	(C)	(D)
8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments See Part IV, line 21	3,010,839.	3,010,839.		
2 Grants and other assistance to domestic				
ındıvıduals See Part IV, line 22	685,482.	685,482.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign	4 688 100	4 600 400		
individuals See Part IV, lines 15 and 16	4,677,102.	4,677,102.		
4 Benefits paid to or for members	0.			
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.			
7 Other salaries and wages	401,341.	78,896.	36,411.	286,034
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	45,391.	7,999.	3,653.	33,739
9 Other employee benefits	8,420.		8,270.	150
10 Payroll taxes	35,167.	10,379.	2,909.	21,879
11 Fees for services (non-employees)	_			
a Management	0.			
b Legal	5,384.		5,384.	·
c Accounting	61,684.		61,684.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17.	0.	05.200		<u> </u>
f Investment management fees	86,012.	85,389.		623
9 Other (If line 11g amount exceeds 10% of line 25, column	185,153.	156,701.	532.	27,920
(A) amount, list line 11g expenses on Schedule O)	0.			27,320
12 Advertising and promotion	30,507.	258.		30,249
14 Information technology	1,142.		925.	217
15 Royalties.	0.			
16 Occupancy	0.			
17 Travel	8,475.	7,061.	266.	1,148
18 Payments of travel or entertainment expenses				· · · · · · · · · · · · · · · · · · ·
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	13,731.	11,271.		2,460
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	9,769.		9,769.	
24 Other expenses Itemize expenses not covered				
above (List miscellaneous expenses in line 24e If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O)				
aTAX REGISTRATION/FILING FEE	600.		600.	
BANK FEES	4,281.		1,807.	2,474
cADVERTISING	525.		150.	375
dPOSTAGE	856.		127 000	856
e All other expenses	137,796.	0.731.325	131,090.	6,706
25 Total functional expenses Add lines 1 through 24e 26 Joint costs. Complete this line only if the	9,409,657.	8,731,377.	263,450.	414,830
organization reported in column (B) joint costs from a combined educational campaign and				
fundraising solicitation Check here	<u>, 1</u>			
following SOP 98-2 (ASC 958-720)	0.			

5E1052 1 000

Part X	Balance Sheet			·
	' Check if Schedule O contains a response or note to any line in this Pa	art X		
•		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	2,781,325.	1	2,031,549
2	Savings and temporary cash investments.	0.	2	
3	Pledges and grants receivable, net	4,798,082.	3	9,654,874
4	Accounts receivable, net	0.	4	
5	Loans and other receivables from current and former officers, directors,			
-	trustees, key employees, and highest compensated employees		1	
	Consider Book II of Cobodula I	0.	5	
6	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.	6	
2 7	Notes and loans receivable, net	0.		
7 8 8	Inventories for sale or use	0.		
4 9	Prepaid expenses and deferred charges	3,495.		2,05
	Land, buildings, and equipment cost or	3,473.	-	2,03
lua	other basis Complete Part VI of Schedule D	-		
<u> </u>	Less accumulated depreciation	0	10c	
11			11	13,432,633
12	Investments - publicly traded securities		12	13,432,03.
			13	
13	Investments - program-related See Part IV, line 11	0.		
14	Intangible assets		+	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	7,582,902.		25,121,11
17	Accounts payable and accrued expenses	140.	-	5 271 40
18	Grants payable	3,898,020.	-	5,271,49
19	Deferred revenue	0.	 	
20	Tax-exempt bond liabilities	0.		
21	Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	
22	Loans and other payables to current and former officers, directors,			
[trustees, key employees, highest compensated employees, and			
22	disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	0.		
24	Unsecured notes and loans payable to unrelated third parties	0.	24	
25	Other liabilities (including federal income tax, payables to related third			
l	parties, and other liabilities not included on lines 17-24) Complete Part X			
	of Schedule D	177,694.	+	263,30
26_	Total liabilities. Add lines 17 through 25	4,075,854.	26	5,534,79
8	Organizations that follow SFAS 117 (ASC 958), check here \(\times \) and complete lines 27 through 29, and lines 33 and 34.			
E 27	Unrestricted net assets	160,973.	27	240,75
28	Temporarily restricted net assets	3,346,075.	28	19,345,56
29	Permanently restricted net assets	0.	29	
27 28 29 30 31 32 33 33	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
2 30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	3,507,048.	33	19,586,31
34	Total liabilities and net assets/fund balances	7,582,902.	34	25,121,11
1-:		,,302,020	1	Form 990 (20

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2015)

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.

2015

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No 1545-0047

мап	ie oi	the organization					Employer iden	trication number
ALI	IAI	NCE FOR OPEN SOCIETY	INTERNATION	AL, INC			81	-0623035
Рa	rt I	Reason for Public Cha	rity Status (All o	rganizations must o	omplet	e this pa	art.) See instructions	
The	orga	anization is not a private four	ndation because it	is (For lines 1 through	gh 11, ch	eck only	one box)	
1		A church, convention of chu	ırches, or associal	tion of churches desci	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in section	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ))	
3		A hospital or a cooperative	hospital service of	rganization described i	n sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed in	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st		•	•			
5		An organization operated f		a college or universit	v owned	d or ope	rated by a governme	ental unit described in
-		section 170(b)(1)(A)(iv). (C			,,	- 0. 0		
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170(b)(1)(Δ)(γ)	
7	X	An organization that norma	_			•		om the general nublic
•	لث	described in section 170(b)			ipport in	om a go	veriline mai unit or m	on the general public
8		A community trust describe		•	Dort II \			
9	H	An organization that norma	•		-		contributions momb	orehin foos, and gross
3								· · ·
		receipts from activities rela		-		-	• •	
		support from gross invest					•	tax) from businesses
		acquired by the organization						
10	\vdash	An organization organized a	•	•	•			
11		An organization organized a						-
		one or more publicly suppo	-			•		
	_	the box in lines 11a through						_
а	L	☐ Type I A supporting orga	•	•	_		+ , ,	
		the supported organization			elect a m	ajority o	f the directors or trus	tees of the supporting
	_	_ organization You must co						
b	L	☐ Type II. A supporting orga	anization supervise	ed or controlled in co	nnection	with its	supported organizati	on(s), by having
		control or management o	f the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported
	_	_ organization(s) You must	complete Part IV	Sections A and C.				
¢	L	$oldsymbol{\bot}$ Type III functionally integ	grated. A supportii	ng organization opera	ited in co	onnectio	n with, and functional	ly integrated with,
	_	_ its supported organization	(s) (see instruction	s) You must comple	te Part I	V, Section	ons A, D, and E.	
d	L	☐ Type III non-functionally	integrated A supp	porting organization o	perated	ın conne	ection with its suppor	ted organization(s)
		that is not functionally inte	egrated The organ	nization generally mus	st satisfy	a distrib	ution requirement and	d an attentiveness
	_	_ requirement (see instructi	ons) You must co	mplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е	L	$oldsymbol{ol}}}}}}}}}} $	inization received	a written determinatio	n from t	he IRS ti	hat it is a Type I, Type I	I, Type III
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	ion	
f	En	ter the number of supported	organizations					
g	Pro	ovide the following information	on about the suppo	orted organization(s)		···-		····
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization				(vi) Amount of
				(described on lines 1-9 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				,			,,	
					Yes	No		
(A)						1		
			·	_				
(B)						Į		
	_				 	ļ		<u> </u>
(C)						}		
	_				 	-		
(D)						1		
								
(E)								1
						†		
Tot	al]	1	1

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

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

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	Sec	tion A. Public Support						
membership fees received (00 not included any supported organization) included any supported organization) included on ine half included on ine it that exceeds 2% of the amount shown on ine 11, column (10,	Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
organization's benefit and either paid to or expended on its behalf	1	membership fees received (Do not	7,513,664	5,551,252	6,930,121	9,390,704	26,090,970	55,476,711
furnished by a governmental unit to the organization without charge	2	organization's benefit and either paid						0
5 The portion of total contributions by each person (other than a government or publicly supported ageneral or public support at waxeds 2% of the amount shown on line 11, column (n)	3	furnished by a governmental unit to the	·					0_
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),	4	Total. Add lines 1 through 3	7,513,664	5,551,252	6,930,121	9,390,704.	26,090,970	55,476,711
Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 7 Amounts from line 4	5	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Amounts from line 4	6							
Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 7 Amounts from line 4				L		L	L	19,146,410
7, \$13,664 \$,5,551,252 \$6,930,121 \$9,390,704 \$26,090,970 \$5,476,711 8 Gross income from interest, dividends, payments received on securities loans, reints, royalties and income from similar sources. \$547 \$939 \$106 \$82 \$683,437 \$685,111 9 Net income from unrelated business activities, whether or not the business is regularly carried on \$687,437 \$685,111 9 Net income Do not include gain or loss from the sale of capital assets (Explain in Part VI) ATCH. 1 \$16,485 \$13,435 \$5,400 \$35,300 \$11 Total support. Add line 7 through 10 \$56,197,122 \$13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section \$501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) \$14 \$34.07 % \$15 Public support percentage from 2014 Schedule A, Part II, line 14 \$15 \$43.62 % \$163 \$3113% support test - 2015. If the organization did not check the box on line 13, and line 14 is \$331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization \$160, 3113 \$113 \$113 \$113 \$113 \$113 \$113 \$11			(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Gross income from interest, dividends, payments received on securies loans, rents, royaltes and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) ATCH. 1 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2014 Schedule A, Part II, line 14 16 33/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33/1/3% or more, check this box and stop here. The organization did not check a box on line 13 or 16a, and line 15 is 33/1/3% or more, check this box and stop here. The organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publi		, , , , , ,						
activities, whether or not the business is regularly carried on		Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar					·	
loss from the sale of capital assets (Explain in Part VI) . ATCH. 1	9	activities, whether or not the business						0
Total support. Add lines 7 through 10. Gross receipts from related activities, etc (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	10	loss from the sale of capital assets			16,485	13,415	5,400	35,300
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	11					<u> </u>		56,197,122
Section C. Computation of Public Support Percentage 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	12	Gross receipts from related activities, etc. (s	see instructions),				12	
Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))		organization, check this box and stop here	<u></u>	<u></u>				
Public support percentage from 2014 Schedule A, Part II, line 14	<u>Sec</u>							
16a 33 1/3 % support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		Public support percentage for 2015 (li	ne 6, column (f) divided by line	11, column (f))		14	
this box and stop here. The organization qualifies as a publicly supported organization								
b 331/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	16a							
check this box and stop here. The organization qualifies as a publicly supported organization	L		-		-			
17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	D		J			•		· —
10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	172			_				
Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	114							
organization		_			· ·		•	•
b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		-			_	•	•	b □
15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	b							and line
Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization				-				
supported organization								
ınstructions ,	18	supported organization ,						▶
						•		. 🗀

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

(Complete only if you checked the box on line 9 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.)

<u>Sec</u>	tion A. Public Support				r	· · · · · · · · · · · · · · · · · · ·	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees					1	
	received (Do not include any "unusual grants ")				_		
2	Gross receipts from admissions, merchandise					_	
	sold or services performed, or facilities		1		}		
	furnished in any activity that is related to the					!	
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf			'	Í	1	
5	The value of services or facilities						
	furnished by a governmental unit to the				i		
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
þ	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,					1 :	
	payments received on securities loans, rents, royalties and income from similar					1	
	sources						
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses		ļ				
	acquired after June 30, 1975					<u> </u>	
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,		1				
	whether or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets		4	1	ļ		l
	(Explain in Part VI)				L		
13	Total support. (Add lines 9, 10c, 11,		1		\		
	and 12)		<u> </u>	<u> </u>	<u> </u>		
14	First five years. If the Form 990 is for	or the organiza	ition's first, seco	nd, third, fourth	, or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here.			<u> </u>	<u></u>	<u></u>	<u></u>
<u>Sec</u>	tion C. Computation of Public Sup						
15	Public support percentage for 2015 (line 8,					15	%
16	Public support percentage from 2014 Sche			<u></u>		16	%
	tion D. Computation of Investmen					, - , -	
17	Investment income percentage for 2015 (lin					17	%
18	Investment income percentage from 2014					18	%
19 a	331/3% support tests - 2015 If the org	-					
	17 is not more than 331/3%, check this						
þ	331/3% support tests - 2014. If the orga						. —
	line 18 is not more than 331/3%, check		-	•	• •	• • •	
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	o, check this b	ox and see instr	uctions -

Schedule A (Form 990 or 990-EZ) 2015

Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

0000	ion A. All Supporting Organizations		Vas	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain	1	Tes	NO
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	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		
þ	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	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 Part VI what controls the organization put in place to ensure such use.	3с	_	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b 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 Part VI 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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	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 Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b_		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	<u> </u>	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	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)	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 Part VI .	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 Part VI.	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 Part VI.	9c		
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)	10b		

Schedu	le A (Form 990 or 990-EZ) 2015			age 3
Part	Supporting Organizations (continued)		V	A1 ::
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	l		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
	·		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	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 Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
Jeen	on o. Type it oupporting organizations		Yes	Nο
			163	140
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	.		
		1_		
Secti	on D. All Type III Supporting Organizations		¥ .	
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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			i
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons)	
а	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			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)	
				No
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		1
		£a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	٥.		
	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		ĺ	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		
	Schedule A (Form	990 or	990-E	Z) 2015

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations	3	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov 20, 1970 See in	structions. All
other Type III non-functionally integrated supporting organizations must con	nplete Se	ections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
- Adjusted Net modifie		(A) Thorreal	(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	1 1		1
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		
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		
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	ited Type III supporting	g organization (see
instructions)			· ·

Schedule A (Form 990 or 990-EZ) 2015

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
_	on D - Distributions			Current Year
٦	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exer		ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI) See instructions.	- ,		
9	Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
<u>i</u>	Carryover from 2010 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section			
	D, line 7 \$			
	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount		<u> </u>	
С				
5	Remaining underdistributions for years prior to 2015, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2015 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			·
7	Excess distributions carryover to 2016 Add lines 3j			
	and 4c			
	Breakdown of line 7			
_ <u>a</u>				
b	Evenes from 2012			
	Excess from 2013	 - 		
<u>d</u>	Excess from 2014			
ę	Excess from 2015	l l		l

Schedule A (Form 990 or 990-EZ) 2015

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II -	OTHER INCOME	3			ATTACHMENT 1	
DESCRIPTION	2011	2012	2013	2014	2015	TOTAL
SPECIAL EVENTS			16,485	13,415.	5,400	35,300
TOTALS			16,485	13,415.	5,400	35,300.

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

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Attach to Form 990. Inspection Employer identification number

ALL	JIANCE FOR OPEN SOCIETY INTERNATIONAL, INC	81-0623035
Рa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds o	r Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised
•	funds are the organization's property, subject to the organization's exclusive legal control? .	1 1 1 1
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant f	
0	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	
	conferring impermissible private benefit?	
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).	
		of a historically important land area
		of a certified historic structure
	Preservation of open space	of a continea motorio structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	n the form of a conservation
_	easement on the last day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
ď	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
u	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termi	
	tax year	nated by the organization during the
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspec	tion handling of
•	violations, and enforcement of the conservation easements it holds?	-)
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	
•	b	inservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing of	conservation easements during the year
•	\$	sonser valion casements daring the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sect	tion 170(h)(4\/R)(i)
•	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue an	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's finance	
	organization's accounting for conservation easements	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its works of art, historical treasures, or other similar assets held for public exhibition, edipublic service, provide, in Part XIII, the text of the footnote to its financial statements that de	ucation, or research in furtherance of
þ	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its works of art, historical treasures, or other similar assets held for public exhibition, edit	
	public service, provide the following amounts relating to these items	deation, or research in future affect of
	(i) Revenue included in Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar	
-	following amounts required to be reported under SFAS 116 (ASC 958) relating to these item	-
а	Revenue included in Form 990, Part VIII, line 1	
ь	Assets included in Form 990, Part X	
	Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2015

Schedule D (Form 990) 2015

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990,	Part IV, line	11b See Form 990,	, Part X, line 12.
•	(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuat Cost or end-of-year mark	
(1) Financia	al derivatives				
	-held equity interests				
(3) Other_					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col (B) line 12)				
Part VIII	Investments - Program Related. Complete if the organization answered	"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	et value
(1)					
(2)					
_(3)					
(4)					
_(5)					
(6)					
(7)					
(8)					
(9)	n (b) must equal Form 990, Part X, col (B) line 13)				
Part IX	Other Assets.				
raitix	Complete if the organization answered	"Yes" on Form 990	Part IV line	11d See Form 990	Part X line 15
	(a) Des		1 41114, 11116	7 114. 000 1 01111 000	(b) Book value
(1)	(4) 500	on paon		·	(B) DOOK VAILED
(2)					
(3)					
(4)		·			
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col	umn (b) must equal Form 990, Part X, col. (B) lii	ne 15)		>	
Part X	Other Liabilities.				
	Complete if the organization answered	"Yes" on Form 990	Part IV, line	e 11e or 11f See For	m 990, Part X,
	line 25.				····
1.	(a) Description of liability	(b) Book value	<u>:</u>		
	ral income taxes				
	BLE TO OSI	230,3			
	AUDIT/TAX PREP FEE	28,9			
	AUDIT/TAX PREP FEE	2,8			
	REGISTRATION/FILING FEES		00.		
	SACTION FEE - MOBILECAUSE INC.		16.		
	ADVERTISING FEE		.50.		
(8)					
(9)	/h		00		
i otal. (Colur	mn (b) must equal Form 990, Part X, col (B) line 25)	▶ 263,3	00.		

2. 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.

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Schedule D (Form 990) 2015

X

JSA

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 2A

UNREALIZED LOSS ON INVESTMENTS OF (\$1,328,599).

SCHEDULE D, PART XI, LINE 2D

INVESTMENT MANAGEMENT FEES (\$86,012)

SCHEDULE D, PART XI, LINE 4B

SUMMARIZED BALANCE OF \$9,266 CONSIST OF THE FOLLOWING:

GAIN ON FOREIGN CURRENCY TRANSACTIONS \$1,663

IRS OVERPAYMENT REFUND \$7,603

THE ABOVE AMOUNTS ARE SHOWN NET OF THE CURRENT YEAR'S EXPENSES ON THE FINANCIAL STATEMENTS BUT MUST BE TREATED SEPARATELY ON FORM 990.

SCHEDULE D, PART XII, LINE 2D

SUMMARIZED BALANCE OF (\$160,063) CONSIST OF THE FOLLOWING:

GAIN ON FOREIGN CURRENCY TRANSACTIONS (\$1,663)

Part XIII Supplemental Information (continued)

IRS OVERPAYMENT REFUND (\$7,603)

RETURN OF GRANT FUNDS (\$6,620)

NET PRESENT VALUE ADJUSTMENT GRANTS (\$141,951)

ADJUSTMENT FOR PRIOR YEAR'S OVER-ACCRUED CONSULTANT FEES (\$2,226)

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.

Open to Publ

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

OMB No 1545-0047

ALL]	ANCE FOR OPEN SOCIETY	INTERNATIO	NAL, INC		81-0623035	,
Part	General Information of Form 990, Part IV, line 14		Outside the U	Jnited States. Complete	if the organization answe	red "Yes" on
	For grantmakers. Does the orga assistance, the grantees' eligibiling and some or assistance?	ty for the grant	s or assistance	e, and the selection criteri	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	ind other
	Astrodes and Design (The follow	Dart I las	0 (-6) 6-			
3	Activities per Region (The follow (a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	EUROPE			GRANTMAKING	<u></u>	4,600
(2)	MIDDLE EAST AND NORTH AFRICA		1	GRANTMAKING		358,143
(3)	SUB-SAHARAN AFRICA			GRANTMAKING		4,314,359
(4)			li			
(5)						
(6)						
(7)						
(8)						
(9)						
(10)			10			
(11)						
(12)						
(13)						
(14)			1			
(15)						
(16)						
(17)						
3a	Sub-total,	 				4,677,102
b	Total from continuation sheets to Part I					2/3///102
c	Totals (add lines 3a and 3b)					4,677,102

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

Schedule F (Form 990) 2015

81-0623035

1	Part IV, line 15, for any re		į.	1	dopiloatod ii addi		necueu		// \$4=+b==
	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
				TO SUPPORT	-				
			MIDDLE EAST/NORTH AFRICA	THE ARAB ART	52,500	WIRE		<u> </u>	
				FUNDS TO		1			
)			SUB-SAHARAN AFRICA	SUPPORT SACE	392,214	WIRE			
				FUNDS TO					
}			SUB-SAHARAN AFRICA	SUPPORT SACE	392 214	WIRE			
				FUNDS TO		1			
)			SUB-SAHARAN AFRICA	SUPPORT SACE	392,214	WIRE			
,				FUNDS TO					
)			SUB-SAHARAN AFRICA	SUPPORT SACE	196,107	WIRE			
				FUNDS TO		1			
			SUB-SAHARAN AFRICA	SUPPORT SACE	392 214	WIRE			
				FUNDS TO					
			SUB-SAHARAN AFRICA	SUPPORT SACE	392,214	WIRE			
				FUNDS TO		i l			
			SUB-SAHARAN AFRICA	SUPPORT SACF	196,107	WIRE			
				FUNDS TO		1			
<u> </u>			SUB-SAHARAN AFRICA	SUPPORT SACE	392,215	WIRE		<u> </u>	
••				FUNDS TO		1			
0)			SUB-SAHARAN AFRICA	SUPPORT SACE	392,215	WIPE			
	j			FUNDS TO		1			
<u>)</u>			SUB-SAHARAN AFRICA	SUPPORT SACE	392,215	WIRE			
				FUNDS TO				1 "1	
2)			SUB-SAHARAN AFRICA	SUPPOPT SACE	392,215	WIRE		<u> </u>	
				FUNDS TO					
3)			SUB-SAHARAN AFRICA	SUPPORT SACE	392,215	WIRE			
\$ }									
•)									
5)									
5)					· . · · · · · · · · · · · · · · · · · ·				
				l		l			
Ente	total number of recipient orga	nizations listed abov	e that are recognized as c	harities by the i	foreign country, red	cognized as tax-	exempt		
by th	e IRS, or for which the grantee	or counsel has provi	ded a section 501(c)(3) eq	uıvalency letter	·		▶		4.
Ente	r total number of other organiza	tions or entities	<u> </u>				•		9

JSA 5E1275 1 000 39433G 720F ALLIANCE FOR OPEN SOCIETY INTERNATIONAL, INC

81-0623035

Schedule F (Form 990) 2015

Part III

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

(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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) FELLOWSHIPS / PROJECT SUPPORT	MIDDLE EAST/NORTH AFRICA	11	305,643	WIRE			
(2)					 		
(3)							
(4)							
(5)							
(6)					··		
(7)			-				
(8)							
(9)					<u> </u>		
10)							
11)							
12)	1						
13)							
14)							
15)							
16)							
17)	1						
18)							

Schedule F (Form 990) 2015

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"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713, do not file with Form 990)

Schedule F (Form 990) 2015

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No

Yes

Part V

Supplemental Information

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

MONITORING THE USE OF GRANT

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 II ARE REPORTED ON THE ACCRUAL METHOD OF ACCOUNTING.

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www irs gov/form990

2015 Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ALLIANCE FOR OPEN SOCIETY INTERNATIONAL, INC

Employer identification number

81-0623035

Par	t I General Information on Grants and Assistance	
	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	
	the selection criteria used to award the grants or assistance?	No
	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	

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

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 non-cash assistance	(h) Purpose of grant or assistance
1) ADVOCATES FOR CHILDREN AND YOUTH INC							TO ENGAGE IN
1 N CHARLES STREET, SUITE 2400	52-1555895	IRC 501(C)(3)	85,000				RESEARCH, PUBLIC EDI
2) AMERICAN CIVIL LIBERTIES UNION FOUNDATION O							TO ADVOCATE FOR
3600 CLIPPER MILL ROAD, SUITE 350	23-7209538	IRC 501(C)(3)	150,000				INCREASED POLICE
3) ASSOCIATED BLACK CHARITIES INC		!					TO SUPPORT THE
1114 CATHEDRAL STREET BALTIMORE, MD 21201	52-1427774	IRC 501(C)(3)	50,000				BALTIMORE ACTION
4) BALTIMORE URBAN DEBATE LEAGUE, INC		1 1				1	TO ENGAGE A
2601 NORTH HOWARD STREET, SUITE 150	81-0596405	IRC 501(C)(3)	25,000				CONSULTING FIRM TO
5) BEHAVIORAL HEALTH SYSTEM BALTIMORE INC		;					TO SUPPORT
ONE NORTH CHARLES STREET, SUITE 1300	52-1519025	IRC 501(C)(3)	160,000	·			EDUCATIONAL AND
6) BETTER WAVERLY COMMUNITY ORGANIZATION INC						l	TO SUPPORT 901 ARTS
P O BOX 16007 BALTIMORE MD 21218	52-1126968	IRC 501(C)(3)	25,000				TO USE ART AS AN
7) BUSINESS VOLUNTEERS MARYLAND							TO PPOVIDE MENTORS
1201 S SHARP STREETSUITE 302	52-1810831	IRC 501(C)(3)	20,000				AND ADVISORS TO
8) CENTER FOR POPULAR DEMOCRACY							TO EXPAND ORGANIZING
449 TROUTMAN ST, SUITE A BROOKLYN, NY 11237	45-3813436	IRC 501(C)(3)	200,000				AND LEADERSHIP
9) CIVIC WORKS, INC	_	(,		ļ	TO ENABLE THE
2701 ST LO DRIVE BALTIMORE, MD 21213	52-1925614	IRC 501(C)(3)	100,000				BALTIMORE CENTER FOR
0) COLLABORATIVE SOLUTIONS							TO SUPPORT DEVELOP-
2140 MCCULLOUGH STREET BALTIMORE, MD 21217	21-8640181	GRANTEE W/O EX	7,500				MENT AND EXECUTION
1) COMMUNITY CONFERENCING CENTER, INC							TO PROVIDE AN
1500 UNION AVENUE, SUITE 2700	52-2337316	IRC 501(C)(3)	100,000				EFFECTIVE COMMUNITY
2) COMMUNITY LAW IN ACTION, INC				1			TO ENGAGE IN COMMUN
	06-1710518	IRC 501(C)(3)	140,000			i	ITY ORGANIZING,

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

Schedule I (Form 990) (2015)

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

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

▶ Attach to Form 990

▶ Information about Schedule I (Form 990) and its instructions is at www irs gov/form990

2015
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

ALLIANCE FOR OPEN SOCIETY INTERNATIONAL. INC.

Employer identification number

81-0623035

ALLIANCE FOR OPEN SOCIETY INTERN	ALIONAL, I					01-0023033	'
Part I General Information on Grants a	nd Assistanc	e					
Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's proc	ints or assistani	ce?					X Yes No
Part II Grants and Other Assistance to 990, Part IV, line 21, for any rec		•			,		es" on Form
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 non-cash assistance	(h) Purpose of grant or assistance
(1) PREESTATE LEGAL PROJECT		1				į	TO REDUCE THE BULLY
231 E BALTIMORE ST BALTIMORE, MD 21202	26-2174290	IRC_501(C)(3)	65,000				INY OF AND DISPARAT
(2) FUSION PARTNERSHIPS, INC							TO SUPPORT THE MARY
1601 GUILFORD AVENUE, 2 SOUTH	52-2148413	IRC_501(C)(3)	9,144		_		LAND RESTORATIVE
(3) FUSION PARTNERSHIPS, INC							TO SUPPORT NEW LENS
1601 GUILFORD AVENUE 2 SOUTH	52-2148413	TRC 501 (C) (3)	25.000	l		!	IN DISTNO MEDITA AS A

(1) FPEESTATE LEGAL PPOJECT		1		\ \	TO REDUCE THE BULLY-
231 E BALTIMORE ST BALTIMORE, MD 21202	26-2174290	IRC_501(C)(3)	65,000		INY OF AND DISPARATE
(2) FUSION PARTNERSHIPS, INC					TO SUPPORT THE MARY-
1601 GUILFORD AVENUE, 2 SOUTH	52-2148413	IRC_501(C)(3)	9,144		LAND RESTORATIVE
(3) FUSION PARTNERSHIPS, INC					TO SUPPORT NEW LENS
1601 GUILFORD AVENUE, 2 SOUTH	52-2148413	TRC 501(C)(3)	25,000	_ \	IN USING MEDIA AS AN
(4) FUSION PARTNERSHIPS, INC					TO SUPPORT THE OUT-
1601 GUILFORD AVENUE, 2 SOUTH	52-2148413	IRC 501(C)(3)	63,000		REACH, ADVOCACY AND
(5) FUSION PARTNERSHIPS INC					TO SUPPORT BALTIMORE
1601 GUILFORD AVENUE, 2 SOUTH	52-2148413	IRC_501(C)(3)	25,000		UNITED VIEWFINDERS
(6) FUSION PARTNERSHIPS, INC	T -				TO PROVIDE SUPPORT
1601 GUILFORD AVENUE 2 SOUTH	52-2148413	IRC 501(C)(3)	25,000	[THE HOUSING ALLIANCE
(7) FUSION PARTNERSHIPS, INC					TO PROVIDE SUPPORT
1601 GUILFORD AVENUE, 2 SOUTH	52-2148413	IRC 501(C)(3)	25,000		TO POWER INSIDE TO
(8) FUSION PARTNERSHIPS, INC					TO PROVIDE SUPPORT
1601 GUILFORD AVENUE, 2 SOUTH	52-2148413	IRC_501(C)(3)	25,000		TO AFRIKAH YOUTH
(9) HOLISTIC LIFE FOUNDATION, INC					TO DOCUMENT THE
2601 NORTH HOWARD STREET, SUITE 140	03-0375886	IRC 501(C)(3)	25,000		school-Based CURRIC-
(10) JOB OPPORTUNITIES TASK FORCE, INC					TO SUPPORT THE
217 EAST REDWOOD STREETSUITE 1500	52-2278450	IRC 501(C)(3)	100,000		GRANTEE'S COMMUNICA-
(11) JUSTICE POLICY INSTITUTE		1			TO ENGAGE IN RE-
1012 14TH STREET NW, SUITE 600	20-0102713	IRC_501(C)(3)	150,000		SEARCH, POLICY AND
(12) LIVING CLASSROOMS FOUNDATION					TO PROVIDE RE-ENTRY
802 SOUTH CAROLINE STREET	52-1369524	IRC 501(C)(3)	100,000		SERVICES TO RESIDENT

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Schedule I (Form 990) (2015)

JSA 5E1288 1 000

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

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

Open to Public Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www irs gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

ALLIANCE FOR OPEN SOCIETY INTERNATIONAL, INC

OMB No 1545-0047

81-0623035

Par	art I General Information on Grants and Assi	stance	
1	Does the organization maintain records to substant	iate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	
	the selection criteria used to award the grants or as	sistance? X Yes	No
2	Describe in Part IV the organization's procedures for	or monitoring the use of grant funds in the United States	

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

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 non-cash assistance	(h) Purpose of grant or assistance
(1) MARYLAND DISABILITY LAW CENTER, INC							TO PROTECT STUDENTS
1500 UNION AVENUE, SUITE 2000	51-0215570	IRC_501(C)(3)	225,000				WITH DISABILITIES
(2) MARYLAND PROFESSIONALS FOR QUALITY ADDICTIO							TO PROVIDE GENERAL
1206 BROOK MEADOW DRIVE BALTIMORE, MD 21286	20-1803417	IRC 501(C)(3)	270,000				SUPPORT
(3) MARYLAND WOMEN'S COALITION FOR HEALTH CARE	}	\ \ \					TO SUPPORT THE EDU-
6306 SWORDS WAY BETHESDA, MD 20817	52-1081261	GRANTEE W/O EX	10 000				CATION AND ADVOCACY
(4) NATIONAL COUNCIL ON ALCOHOLISM & DRUG DEPEN	_						TO PROVIDE GENERAL
28 EAST_OSTEND_STREET, SUITE 303	52-1591416	IRC 501(C)(3)	200,000			,	SUPPORT
(5) NEW SONG COMMUNITY CHURCH							TO SUPPORT THE
1601 NORTH CALHOUN STREET	57-0812595	IRC 501(C)(3)	25,000				EFFORTS OF MEN OF
(6) PHARMACISTS' EDUCATION AND ADVOCACY COUNCIL]						TO TRAIN HEALTH
5212 ONION ROAD PYKESVILLE MD 21132	52-2029910	IRC 501(C)(3)	10,000				PROFESSIONALS
(7) STPONG CITY BALTIMORE							TO SUPPORT YOUTH
3503 NORTH CHARLES STREET	52-0897806	IRC 501(C)(3)	25,000				EMPOWERED SOCIETY
(8) THE UNIVERSITY OF MARYLAND FOUNDATION, INC.	}	 		}			TO SUPPORT THE
3300 METZEROTT ROAD ADELPHI, MD 20783	52-1125663	IRC_501(C)(3)	50,000				CHOICE PROGRAM
(9) UNION BAPTIST HEAD START	<u> </u>						TO SUPPORT YOU'RE
1211 DRUID HILL AVE BALTIMORE, MD 21217	52-0846223	IRC 501(C)(3)	25,000				THE Q-BACK'S EFFORTS
(10) UNIVERSITY OF BALTIMORE FOUNDATION, INC							TO SUPPORT THE
1130 NORTH CHARLES STREET	23-7036780	IRC 501(C)(3)	25,000				TRUANCY COURT PROJ
(11) UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION]						TO SUPPORT THE
620 W BALTIMORE STREET, FLOOR 2	31-1678679	IRC 501(C)(3)	95,000	<u> </u>		<u></u>	PRISONER ADVOCACY
(12) UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION	1	1					TO ENABLE THE SCHOOL
620 W BALTIMORE STREET, FLOOR 2	31-1678679	IRC 501(C)(3)	280,000		<u> </u>		OF LAW DRUG POLICY
 Enter total number of section 501(c)(3) and Enter total number of other organizations is 	•	•					

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

Schedule I (Form 990) (2015)

JSA 5E1288 1 000

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

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

2015
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Employer identification number 81-0623035

(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 non-cash assistance	(h) Purpose of gran or assistance
UPTON PLANNING COMMITTEE, INC							TO ENGAGE YOUTH I
P @ BOX 16433 BALTIMORE, MD 21217	52-1016700	IRC 501(C)(3)	25,000				FOOD SECURITY AND
YOUNG LIFE BALTIMORE CITY							TO PROVIDE SUPPOR
1729 PARK AVE APT 4 BALTIMORE, MD 21217	84-0385934	IRC 501(C)(3)	25,000				TO YOUNG LIFE GEM
YOUR PUBLIC RADIO CORPORATION							TO UNDERWRITE A
2216 NOPTH CHARLES STREET	31-1770828	IRC 501(C)(3)	12,500				SERIES OF RADIO
)							
)							
)							
)							
)		<u> </u>					
)							
)							
)							

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

ALLIANCE FOR OPEN SOCIETY INTERNATIONAL, INC

Part I General Information on Grants and Assistance

Schedule I (Form 990) (2015)

JSA 5E1288 1 000

39433G 720F

V 15-7F

81-0623035 Page 2

Schedule I (Form 990) (2015) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

(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 FELLOWSHIP / PROJECT SUPPORT	15	685,482			
2			ļ		
3					
4					
5					
3					
7					

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

MONITORING THE USE OF GRANT

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, BUT ARE NOT A REGULAR COMPONENT OF GRANT MONITORING.

Schedule I (Form 990) (2015)

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization ALLIANCE FOR OPEN SOCIETY INTERNATIONAL, INC Employer identification number 81-0623035

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			ĺ
	Travel for companions Payments for business use of personal residence			ĺ
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			ĺ
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			ĺ
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			ĺ
	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 in line			
	1a ⁹	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			1
	Independent compensation consultant Compensation survey or study			ĺ
	Form 990 of other organizations Approval by the board or compensation committee			l
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	L	L X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	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			l
	compensation contingent on the revenues of:			ļ <u>-</u>
а	The organization?	5a		X
b	Any related organization?	5b		X
_	If "Yes" to line 5a or 5b, describe in Part III.	1		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	1	l	
	compensation contingent on the net earnings of		ļ	
а	The organization?	6a		3
b	Any related organization?	6b		-
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed		-	
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		}
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		İ	
	ın Part III	8		>
9.	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	g	l	Į.

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

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015_

ace 2

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)-(ı)(B)	in column (B) reported as deferred on pnor Form 990
MAIJA ARBOLINO	(1)	0	0.	0.	0	0	0.	0
1DIRECTOR/TREASURER	(0)	304,945	20, <u>0</u> 00.	2,622	46,307	65,291.	439,165.	
A. NICOLE CAMPBELL	(0)	0	0.	0	0	0	0	0
2DIRECTOR/SECRETARY	(11)	210,930.	2,700.	653.	19,360.	34,322	267,965	
CHRISTOPHER E STONE	(0)	0	0	0	0.	0.	0.	0
3DIRECTOR/PRESIDENT	(n)	658,765.	85,000	11,157.	98,815.	27,315.	881,052.	
	(1)							
4	(u)							
	(1)							
5	(n)							
	(1)							
6	(n)							
	(0)							
7	(11)							
	(1)							
8	(n)							
	(0)							
9	(ii)							
	(1)							
10	(ii)							
	(1)							
11	(n)							
	(0)							
12	(11)							
	(0)							
13	(11)							
	(0)							
14	(n)							l
	(1)							
15	(11)							
	(1)							
16	[(n)							

Schedule J (Form 990) 2015

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AOSI

ALLIANCE FOR OPEN SOCIETY INTERNATIONAL, INC

81-0623035

Schedule J (Form 990) 2015

Part || Supplemental Information

Complete this part to 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

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 - \$41,064 75 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 - NONE

Schedule J (Form 990) 2015

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	Types of Bronerty	NTERNATI(DNAL, INC		81-0623035			
Par	Types of Property	(a)	(b)	(c)		(d)		
		Check if applicable	(b) Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1	Method of	f deterr		
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods			<u> </u>	+			
6 7								
8	Boats and planes,				 			
9	Securities - Publicly traded	<u> </u>	2,471.	156,120	. FAIR MARK	ET V	7ΔΤ.ΙΙ	
10	Securities - Closely held stock		2,1,1	130/120				
11	Securities - Closely field stock							
• • •	or trust interests							
12	Securities - Miscellaneous				 			
13	Qualified conservation							
13	contribution - Historic							
	structures							
14	Qualified conservation						-	
	contribution - Other				Ì			
15	Real estate - Residential				 			
16	Real estate - Commercial							
17	Real estate - Other				 			
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens			-				
24	Archeological artifacts							
25	Other ►()		· · · · · · · · · · · · · · · · · · ·					
26	Other ▶()							
27	Other ►()							
28	Other ▶()							
29	Number of Forms 8283 received	by the ora	anization during the tax v	ear for contributions fo	r			
	which the organization completed F							
	·		•	•			Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, li	nes 1 through			1
	28, that it must hold for at least th	ree years fr	om the date of the initial o	contribution, and which	is not required))		1
	to be used for exempt purposes for	the entire h	olding period?			30a		X
b	If "Yes," describe the arrangement in	n Part Ii						
31	Does the organization have a	gift accep	tance policy that require	s the review of any	non-standard			
	contributions?					31		X
32a	Does the organization hire or use					[T		
	contributions?					32a		Х
b	If "Yes," describe in Part II					l J		
33	If the organization did not report and describe in Part II	n amount in	column (c) for a type of pro	pperty for which column	(a) is checked,			

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

Schedule M (Form 990) (2015)

Schedule M (Form 990) (2015)

Supplemental Information. Complete this part to 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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ALLIANCE FOR OPEN SOCIETY INTERNATIONAL, INC

Employer identification number

81-0623035

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,
2015, AOSI RECORDED EXPENSES OF \$666,058 FOR SERVICES UNDER THE
AGREEMENT, INCLUDING \$490,316 FOR SALARIES AND BENEFITS. AT DECEMBER 31,
2015, AOSI HAD PAYABLE OF \$230,309 DUE TO OSI FOR SERVICES RENDERED UNDER
THE AGREEMENT.

PART III, LINE 2

PLEASE REFER TO PART III, SECTION 4A FOR DETAIL DESCRIPTION OF NEW PROGRAMS.

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'S CONFLICTS OF INTEREST AND GIFT POLICY (THE "POLICY") REQUIRES

Employer identification number

81-0623035

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 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 AND CHAIRMAN OF THE MOREOVER, THE POLICY REQUIRES SUCH INDIVIDUALS TO RECUSE BOARD. 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

AOSI HAS NO EMPLOYEES. EMPLOYEES OF OPEN SOCIETY INSTITUTE, A RELATED SECTION 501(C)(3) TAX EXEMPT ORGANIZATION, SERVE AS OFFICERS OF AOSI.

AOSI DOES NOT REIMBURSE OPEN SOCIETY INSTITUTE OR PAY OFFICERS

COMPENSATION FOR TIME SPENT ON AOSI MATTERS.

PART VI, SECTION C, LINE 19

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

Page 2

Schedule O (Form 990 or 990-EZ) 2015

Name of the organization

ALLIANCE FOR OPEN SOCIETY INTERNATIONAL, INC

Employer identification number

81-0623035

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

PART XI, LINE 9

SUMMARIZED BALANCE OF \$150,797 CONSISTS OF THE FOLLOWING:

NET PRESENT VALUE ADJUSTMENT TO GRANT EXPENSE \$141,951.

RETURN GRANTS \$6,620

ADJUSTMENT FOR PRIOR YEAR'S OVER-ACCRUED CONSULTANT FEES \$2,226

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
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.

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

DESCRIPTION

GRANTS

EXPENSES

ATTACHMENT 2

REVENUE

JSA 5E1228 1 000 Schedule O (Form 990 or 990-EZ) 2015

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Schedule O (Form 990 or 990-EZ) 2015				Page 2
Name of the organization			Employer (dentification	number
ALLIANCE FOR OPEN SOCIETY INTERNATIONAL,	INC		81-0623035	
FORM 990, PART III, LINE 4D - OTHER PROC	GRAM SERVI	<u>CES</u>	ATTACHMENT 2	(CONT'D)
DESCRIPTION		GRANTS	EXPENSES	REVENUE
ARAB FUND FOR ARTS AND CULTURE (AFAC)		52,500.	52,500).
HUMAN RIGHTS INITIATIVE		4,600.	4,600).
	TOTALS	57,100.	57,100	<u>).</u>
		<u> </u>	ATTACHMENT 3	
990, PART VII- COMPENSATION OF THE FIVE	HIGHEST PA	AID IND. CONTRACTOR	RS	
NAME AND ADDRESS		DESCRIPTION OF SE	RVICES COM	PENSATION
SGS CONSULTING THE WOODLANDS BUILDING 16 GROUND FLOOR WOODMEAD SANDTON SOUTH AFRICA 2157		PROJECT MANAGEMEI	NT	130,473.
		<u> </u>	ATTACHMENT 4	
FORM 990, PART VIII - EXCLUDED CONTRIBUT	<u> </u>			
DESCRIPTION	MOUNT			
SILENT AUCTION	330.			
TOTAL	330.			
	_		ATTACHMENT 5	
FORM 990, PART VIII - FUNDRAISING EVENTS	<u>5</u>			
DESCRIPTION	GROSS INCOME		-	NET INCOME
SILENT AUCTION	5,4	00.		5,400.
TOTALS	5,4	00.		5,400.

ALLIANCE FOR OPEN SOCIETY INTERNATIONAL, INC

81-0623035

SCHEDULE R (Form 990)

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

Department of the Treasury Internal Revenue Service Name of the organization

ALLIANCE FOR OPEN SOCIETY INTERNATIONAL, INC

Employer identificatio 81-0623035

OMB No 1545-0047

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

(a) Name, address, and EIN of related organization				(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	Section 6	g) 512(b)(13) rolled lity?
							Yes	No		
(1) OFEN SOCIETY INSTITUTE	13-7029285									
224 WEST 57TH STREET	NEW YORK, NY 10019	CHARITABLE	NY	501 (C) (3)	PF	N/A		х		
(2) FOUNDATION TO PROMOTE OPEN SOCI	26-3753801									
224 WEST 57TH STREET	NEW YORK, NY 10019	CHARITABLE	DE	501 (C) (3)	PF	N/A		х		
(3) OFEN SOCIETY FUND, INC	13-3095822									
224 WEST 57TH STREET	NEW YORK, NY 10019	CHARITABLE	NY	501 (C) (3)	PF	N/A		l x		
(4) OPEN SOCIETY POLICY CENTER	52-2028955						1			
224 WEST 57TH STREET	NEW YORK, NY 10019		DC	501(C)(4)		N/A	1	x		
(5)										
(6)				<u> </u>			 	\vdash		
(7)				-			 			

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

Schedule R (Form 990) 2015

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AOSI

(d) Direct controlling

entity

because it had one or more related organizations treated as a partnership during the tax year

ıncome

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34

(3) (4) (5) (6) (7)

Schedule R (Form 990) 2015

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Schedule R (Form 990) 2015

(a) Name, address, and EIN of related organization

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AOSI

Page 2

(k) Percentage

managing partner?

(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)

Schedule R (Form 990) 2015

School	ule R (Form 990) 2015		Pag	je .
Par	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36			
Not	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	_	Yes	No
1	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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a		X
b	Gift, grant, or capital contribution to related organization(s)	15	ì	7
c		1c	Х	
d	Loans or loan guarantees to or for related organization(s)	1d		>
	Loans or loan guarantees by related organization(s)	1e		7
f	Dividends from related organization(s)	1f		
a	Sale of assets to related organization(s).	1g		×
ĥ	Purchase of assets from related organization(s)	1h		->
i	Exchange of assets with related organization(s).	1i		7
	Lease of facilities, equipment, or other assets to related organization(s)	11		>
•				_
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		2
i	Performance of services or membership or fundraising solicitations for related organization(s)	11		$\overline{}$
m	Performance of services or membership or fundraising solicitations by related organization(s),	1m	х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	T	_,
	Sharing of paid employees with related organization(s)	10	Х	
				_
D	Reimbursement paid to related organization(s) for expenses	1p	X	
ā	Reimbursement paid by related organization(s) for expenses	1a		7
.,				_
r	Other transfer of cash or property to related organization(s)	1r	.	3
	Other transfer of cash or property from related organization(s).	1s		7
	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 three	holds		_
	(a) (b) (c)	(d)		
	Name of related organization Transaction Amount involved Method (type (a-s) amou	of deter nt invol		9
	, sector,		_	
(1)_				
(2)				
(3)				_

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(6)

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AOSI

ALLIANCE FOR OPEN SOCIETY INTERNATIONAL, INC

81-0623035

Schedule R (Form 990) 2015

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

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

) (c) (c) Primary activity Legal domicile (state or foreign country)		Legal domicile Predominant Are all partners Share of state or foreign income (related section total income country) unrelated excluded 501(c)(3)			(g) Share of end-of-year assets	(h) Disproportionate allocations?		(I) Code V UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
		sections 512 514)					Yes	No		Yes	No	
_												
_								,				
									-			-
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-												
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			-				1					
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			-	-							ļ	
			+-	-						+-		
							+			-	 	
		country)	from tax under	from tax under organiz	from tax under organizations?	from tax under organizations?	from tax under organizations?	from tax under organizations?	from tax under organizations?	from tax under organizations? (Form 1065)	from lax under organizations? (Form 1065)	from tax under organizations? (Form 1065)

JSA 5E1310 1 000 Schedule R (Form 990) 2015

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AOSI

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Schedule R (Form 990) 2015

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Supplemental Information

Complete this part to 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.