Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 01-01-2020 , and ending 12-31-2020

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

C Name of organization
OPEN SOCIETY POLICY CENTER INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 224 WEST 57TH STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10019

D Employer identification number
52-2028955

E Telephone number
(212) 548-0600

G Gross receipts $ 139,000,000

F Name and address of principal officer:
THOMAS PERRIELLO
224 WEST 57TH STREET
NEW YORK,NY 10019

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☐ 501(c)(3) ☑ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.OPENSOCIETYPOLICYCENTER.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1997

M State of legal domicile: DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO PROMOTE SOCIAL JUSTICE AND HUMAN RIGHTS THROUGH DOMESTIC AND FOREIGN POLICY ADVOCACY.

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	3
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	3
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	94,881,557	139,000,000
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	94,881,557	139,000,000
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	93,866,978	138,003,786
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,007,026	6,589,420
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	99,874,004	144,593,206
19	Revenue less expenses. Subtract line 18 from line 12	-4,992,447	-5,593,206

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	28,027,963	8,982,600
21	Total liabilities (Part X, line 26)	31,683,384	18,049,483
22	Net assets or fund balances. Subtract line 21 from line 20	-3,655,421	-9,066,883

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2021-12-13

BEHICE KINDERMAN TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P00501222

Firm's name ▶ KPMG LLP — Firm's EIN ▶ 13-5565207

Firm's address ▶ 8350 BROAD STREET SUITE 900
MCLEAN, VA 22102

Phone no. (703) 286-8000

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROMOTE SOCIAL JUSTICE AND HUMAN RIGHTS THROUGH DOMESTIC AND FOREIGN POLICY ADVOCACY.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 96,732,491 including grants of $ 94,683,047) (Revenue $)

DOMESTIC POLICY: OSPC ACHIEVES ITS POLICY GOALS THROUGH ADVOCACY, COALITION-BUILDING AND GRANTMAKING ON A RANGE OF DOMESTIC POLICY AREAS, WHICH IN 2020 INCLUDED THE FOLLOWING: MILITARY ASSISTANCE & EXPORT CONTROL, JUSTICE ASSISTANCE,COUNTERTERRORISM, CORPORATE TRANSPARENCY & ACCOUNTABILITY, HUMAN RIGHTS, VOTING RIGHTS & ELECTIONS, IMMIGRATION, JUDICIAL NOMINATIONS, MASS INCARCERATION, CIVIL RIGHTS, EDUCATION, POLICING AND RE ENTRY.

4b (Code:) (Expenses $ 45,186,593 including grants of $ 43,320,739) (Revenue $)

INTERNATIONAL POLICY: OSPC ACHIEVES ITS POLICY GOALS THROUGH ADVOCACY,COALITION-BUILDING AND GRANTMAKING ON A RANGE OF FOREIGN POLICY AREAS, WHICH IN 2020 INCLUDED THE FOLLOWING: GLOBAL DRUG POLICY, GLOBAL HEALTH PROGRAMS, AFRICA, ASIA, EUROPE & EURASIA, MIDDLE EAST NORTH AFRICA AND SOUTHWEST ASIA (MENA/SWA).

4c (Code:) (Expenses $ including grants of $) (Revenue $)

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

4e **Total program service expenses** ▶ 141,919,084

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
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)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	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 federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	30		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	

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

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? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	No
b	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**	No
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**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	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**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	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**	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . .	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. 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.	**1a**	5		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**	Yes	

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

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

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶TASHA NG 224 WEST 57TH STREET NEW YORK,NY 10019 (212) 548-0600

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PATRICK GASPARD DIRECTOR, CHAIR (UNTIL 12/31/20)	1.60 38.40	X		X				35,272	844,794	181,191
(2) ANDREA SOROS COLOMBEL DIRECTOR	0.02 10.00	X						0	0	5,160
(3) ALEXANDER SOROS DIRECTOR	0.02 10.00	X						0	0	5,160
(4) THOMAS PERRIELLO EXECUTIVE DIRECTOR	0.35 39.65	X		X				3,745	420,451	84,048
(5) GARA LAMARCHE DIRECTOR	0.02 0.00	X						0	0	1,211
(6) LALEH ISPAHANI INTERIM DEPUTY DIRECTOR	7.48 32.52			X				58,039	252,202	92,604
(7) DEBORAH FINE SECRETARY	0.67 39.33			X				6,285	367,435	66,782
(8) BEHICE KINDERMAN TREASURER	27.44 12.56			X				86,592	21,648	60,372
(9) HANNAH ZLOTNICK ASSISTANT SECRETARY	14.23 25.77			X				41,691	75,529	54,608
(10) CAROLINE CHAMBERS DEPUTY DIRECTOR(UNTIL 2/12/20)	0.50 39.50			X				2,998	237,378	13,039

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								234,622	2,219,437	564,175

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

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
JOI O CHANEY 4501 CONNECTICUT AVENUE NW 519 WASHINGTON, DC 20008	CONSULTING SERVICES	255,200
WEST END STRATEGY TEAM 2401 PENNSYLVANIA AVE NW SUITE 41 WASHINGTON, DC 20037	CONSULTING SERVICES	237,857
GOODWIN SIMON STRATEGIC RESEARCH INC 1624 FRANKLIN ST SUITE 1001 OAKLAND, CA 94612	CONSULTING SERVICES	155,825
THE RABEN GROUP LLC 1341 G STREET NW FLR 5 WASHINGTON, DC 20005	CONSULTING SERVICES	144,000
NP CONSULTING INC 1100 G STREET NW SUITE 750 WASHINGTON, DC 20005	CONSULTING SERVICES	135,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 8

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d	139,000,000			
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f				
g Noncash contributions included in lines 1a - 1f:$	1g				
h **Total.** Add lines 1a-1f		139,000,000			
Program Service Revenue	Business Code				
2a					
b					
c					
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f					
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)					
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
	(i) Real	(ii) Personal			
6a Gross rents	6a				
b Less: rental expenses	6b				
c Rental income or (loss)	6c				
d Net rental income or (loss)					
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	7a				
b Less: cost or other basis and sales expenses	7b				
c Gain or (loss)	7c				
d Net gain or (loss)					
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
b Less: direct expenses	8b				
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d					
12 **Total revenue.** See instructions		139,000,000	0	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	105,451,619	105,451,619		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	32,552,167	32,552,167		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	59,187		59,187	
c Accounting	35,165		35,165	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,110,909	2,065,109	45,800	
12 Advertising and promotion				
13 Office expenses	835		835	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	7,308	4,667	2,641	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,800	13,875	7,925	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REIMB TO OPEN SOCIETY I	4,251,349	1,788,690	2,462,659	
b MAGAZINE & OTHER SUBSCR	56,104		56,104	
c REIMB TO AOSI	23,327	23,327		
d ALL OTHER EXPENSES	23,286	19,480	3,806	
e All other expenses	150	150		
25 **Total functional expenses.** Add lines 1 through 24e	144,593,206	141,919,084	2,674,122	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		5,629,793	1	8,981,341
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		22,381,557	3	
	4	Accounts receivable, net			4	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,358			
	b	Less: accumulated depreciation	10b 12,358	0	10c	0
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		16,613	15	1,259
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		28,027,963	16	8,982,600
Liabilities	17	Accounts payable and accrued expenses		147,443	17	339,517
	18	Grants payable		31,474,188	18	17,428,863
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		61,753	25	281,103
	26	**Total liabilities.** Add lines 17 through 25		31,683,384	26	18,049,483
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		-3,655,421	27	-9,066,883
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		-3,655,421	32	-9,066,883
	33	Total liabilities and net assets/fund balances		28,027,963	33	8,982,600

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	139,000,000
2	Total expenses (must equal Part IX, column (A), line 25)	2	144,593,206
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,593,206
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-3,655,421
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	181,744
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	-9,066,883

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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.	3b		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization
OPEN SOCIETY POLICY CENTER INC

Employer identification number
52-2028955

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33$^{1}/_{3}$% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
OPEN SOCIETY POLICY CENTER INC

Employer identification number
52-2028955

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
OPEN SOCIETY POLICY CENTER INC

Employer identification number
52-2028955

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

Name of organization
OPEN SOCIETY POLICY CENTER INC

Employer identification number
52-2028955

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.)** ▶ **$** _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
OPEN SOCIETY POLICY CENTER INC

Employer identification number
52-2028955

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or 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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part 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).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Year
a	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	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange programs
- **e** ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c	Beginning balance	**1c**
d	Additions during the year	**1d**
e	Distributions during the year	**1e**
f	Ending balance	**1f**

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds.

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

	(a) Current year	**(b)** Prior year	**(c)** Two years back	**(d)** Three years back	**(e)** Four years back
1a Beginning of year balance					
b Contributions . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- **a** Board designated or quasi-endowment ▶ .....
- **b** Permanent endowment ▶ .....
- **c** Term endowment ▶ .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations . . . . . **3a(i)**		
(ii) Related organizations . . . . . **3a(ii)**		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? **3b**

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	**(a)** Cost or other basis (investment)	**(b)** Cost or other basis (other)	**(c)** Accumulated depreciation	**(d)** Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		358	358	0
e Other		12,000	12,000	0
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				0

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 valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3)Other		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

Part X Other Liabilities.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	281,103

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 ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	139,000,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	139,000,000
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	139,000,000

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	144,411,462
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	-181,744		
e	Add lines **2a** through **2d**			2e	-181,744
3	Subtract line **2e** from line **1**			3	144,593,206
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	144,593,206

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART X, LINE 2:	OSPC IS EXEMPT FROM FEDERAL INCOME TAXES, AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE (IRC). OSPC RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THESE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	GRANT RECOVERY -300,000. PRESENT VALUE ADJUSTMENT TO GRANT PAYABLE 118,256.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
OPEN SOCIETY POLICY CENTER INC

Employer identification number
52-2028955

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in region (by type) (such as, 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 the region	**(f)** Total expenditures for and investments in the region
(1) EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		7,671,284
(2) SOUTH AMERICA	0	0	GRANTMAKING		7,522,290
(3) MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		4,276,664
(4) SOUTH ASIA	0	0	GRANTMAKING		3,290,617
(5) NORTH AMERICA	0	0	GRANTMAKING		3,026,720
(6) SUB-SAHARAN AFRICA	0	0	GRANTMAKING		2,597,070
(7) EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		2,343,942
(8) CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		1,545,000
(9) RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		278,581
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0	0			32,273,587
b Total from continuation sheets to Part I . . .	0	0			278,581
c Totals (add lines 3a and 3b)	0	0			32,552,168

(a) Name and address of person	(b) Title (if any)	(c) Year	(d) Number of employees	(e) Number of volunteers	(f) Number of independent contractors	(g) Compensation (if any)	(h) Hours for volunteers (if any)	(i) Number of independent contractors (if any)	(j) Description of purpose of assistance
Ms		2022	SURVEY MULTI			1101.00 Gross			
			SURVEY MULTI			1101.00 Gross			
			SURVEY MULTI			1101.00 Gross			
Ms		2022	SURVEY MULTI			41.00 Gross			
			SURVEY MULTI			41.00 Gross			
			SURVEY MULTI			41

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 noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

ReturnReference	Explanation
PART I, LINE 2:	THE EXECUTIVE DIRECTOR OF OSPC OR THE DIRECTOR OF ADMINISTRATION CIRCULATES THE GRANT PROPOSAL TO ALL BOARD MEMBERS FOR THEIR APPROVAL. GRANT RECIPIENTS ARE REQUIRED TO SUBMIT NARRATIVE AND FINANCIAL REPORTS ON THEIR ACTIVITIES. OSPC STAFF, OFFICERS AND DIRECTORS REVIEW AND APPROVE THE REPORTS.
PART I, LINE 3:	ACCRUAL METHOD OF ACCOUNTING WAS USED TO REPORT GRANT EXPENDITURES ON SCHEDULE F.
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

Note: This report is for the benefit of Kansas residents only. Information may not be complete for investors in other states. Fund shares are not registered for sale in all states.

Oppenheimer Rochester Limited Term New York Municipal Fund

Assets and Other Investments for Regulatory Reporting Purposes

Investments in securities of the Fund listed below are stated at value as of the close of the New York Stock Exchange on 7/31/2020 (unless otherwise noted).

7/31/2020
Semi-Annual Report
Investment Company Act file number: 811-05130

Click here for Fund's Semi-Annual Report

Search Instruction to Scans and Assistance

Use the search function to find the CUSIP number of the security you are looking for. Click on the column header to sort the column in ascending or descending order.

Name of Issuer and Title of Issue	CUSIP Number	Investment Category	Ticker Symbol	Number of Shares or Principal Amount	Value of Shares or Principal Amount	Percentage of Net Assets	Maturity Date
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183AA0	MU - Municipal		500,000			11/01/2020
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183AB8	MU - Municipal		500,000			11/01/2021
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183AC6	MU - Municipal		500,000			11/01/2022
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183AD4	MU - Municipal		500,000			11/01/2023
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183AE2	MU - Municipal		500,000			11/01/2024
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183AF9	MU - Municipal		500,000			11/01/2025
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183AG7	MU - Municipal		500,000			11/01/2026
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183AH5	MU - Municipal		500,000			11/01/2027
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183AJ1	MU - Municipal		500,000			11/01/2028
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183AK8	MU - Municipal		500,000			11/01/2029
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183AL6	MU - Municipal		500,000			11/01/2030
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183AM4	MU - Municipal		500,000			11/01/2031
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183AN2	MU - Municipal		500,000			11/01/2032
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183AP7	MU - Municipal		500,000			11/01/2033
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183AQ5	MU - Municipal		500,000			11/01/2034
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183AR3	MU - Municipal		500,000			11/01/2035
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183AS1	MU - Municipal		500,000			11/01/2036
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183AT9	MU - Municipal		500,000			11/01/2037
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183AU6	MU - Municipal		500,000			11/01/2038
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183AV4	MU - Municipal		500,000			11/01/2039
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183AW2	MU - Municipal		500,000			11/01/2040
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183AX0	MU - Municipal		500,000			11/01/2041
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183AY8	MU - Municipal		500,000			11/01/2042
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183AZ5	MU - Municipal		500,000			11/01/2043
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183BA9	MU - Municipal		500,000			11/01/2044
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183BB7	MU - Municipal		500,000			11/01/2045
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183BC5	MU - Municipal		500,000			11/01/2046
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183BD3	MU - Municipal		500,000			11/01/2047
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183BE1	MU - Municipal		500,000			11/01/2048
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183BF8	MU - Municipal		500,000			11/01/2049
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183BG6	MU - Municipal		500,000			11/01/2050
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183BH4	MU - Municipal		500,000			11/01/2051
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183BJ0	MU - Municipal		500,000			11/01/2052
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183BK7	MU - Municipal		500,000			11/01/2053
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183BL5	MU - Municipal		500,000			11/01/2054
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183BM3	MU - Municipal		500,000			11/01/2055
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183BN1	MU - Municipal		500,000			11/01/2056
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183BP6	MU - Municipal		500,000			11/01/2057
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183BQ4	MU - Municipal		500,000			11/01/2058
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183BR2	MU - Municipal		500,000			11/01/2059
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183BS0	MU - Municipal		500,000			11/01/2060
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183BT8	MU - Municipal		500,000			11/01/2061
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183BU5	MU - Municipal		500,000			11/01/2062
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183BV3	MU - Municipal		500,000			11/01/2063
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183BW1	MU - Municipal		500,000			11/01/2064
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183BX9	MU - Municipal		500,000			11/01/2065
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183BY7	MU - Municipal		500,000			11/01/2066
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183BZ4	MU - Municipal		500,000			11/01/2067
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183CA8	MU - Municipal		500,000			11/01/2068
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183CB6	MU - Municipal		500,000			11/01/2069
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183CC4	MU - Municipal		500,000			11/01/2070
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183CD2	MU - Municipal		500,000			11/01/2071
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183CE0	MU - Municipal		500,000			11/01/2072
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183CF7	MU - Municipal		500,000			11/01/2073
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183CG5	MU - Municipal		500,000			11/01/2074
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183CH3	MU - Municipal		500,000			11/01/2075
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183CJ9	MU - Municipal		500,000			11/01/2076
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183CK6	MU - Municipal		500,000			11/01/2077
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183CL4	MU - Municipal		500,000			11/01/2078
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183CM2	MU - Municipal		500,000			11/01/2079
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183CN0	MU - Municipal		500,000			11/01/2080
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183CP5	MU - Municipal		500,000			11/01/2081
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183CQ3	MU - Municipal		500,000			11/01/2082
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183CR1	MU - Municipal		500,000			11/01/2083
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183CS9	MU - Municipal		500,000			11/01/2084
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183CT7	MU - Municipal		500,000			11/01/2085
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183CU4	MU - Municipal		500,000			11/01/2086
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183CV2	MU - Municipal		500,000			11/01/2087
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183CW0	MU - Municipal		500,000			11/01/2088
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183CX8	MU - Municipal		500,000			11/01/2089
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183CY6	MU - Municipal		500,000			11/01/2090
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183CZ3	MU - Municipal		500,000			11/01/2091
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183DA7	MU - Municipal		500,000			11/01/2092
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183DB5	MU - Municipal		500,000			11/01/2093
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183DC3	MU - Municipal		500,000			11/01/2094
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183DD1	MU - Municipal		500,000			11/01/2095
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183DE9	MU - Municipal		500,000			11/01/2096
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183DF6	MU - Municipal		500,000			11/01/2097
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183DG4	MU - Municipal		500,000			11/01/2098
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183DH2	MU - Municipal		500,000			11/01/2099
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183DJ8	MU - Municipal		500,000			11/01/2100
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183DK5	MU - Municipal		500,000			11/01/2101
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183DL3	MU - Municipal		500,000			11/01/2102
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183DM1	MU - Municipal		500,000			11/01/2103
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183DN9	MU - Municipal		500,000			11/01/2104
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183DP4	MU - Municipal		500,000			11/01/2105
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183DQ2	MU - Municipal		500,000			11/01/2106
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183DR0	MU - Municipal		500,000			11/01/2107
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183DS8	MU - Municipal		500,000			11/01/2108
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183DT6	MU - Municipal		500,000			11/01/2109
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183DU3	MU - Municipal		500,000			11/01/2110
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183DV1	MU - Municipal		500,000			11/01/2111
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183DW9	MU - Municipal		500,000			11/01/2112
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183DX7	MU - Municipal		500,000			11/01/2113
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183DY5	MU - Municipal		500,000			11/01/2114
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183DZ2	MU - Municipal		500,000			11/01/2115
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183EA6	MU - Municipal		500,000			11/01/2116
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183EB4	MU - Municipal		500,000			11/01/2117
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183EC2	MU - Municipal		500,000			11/01/2118
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183ED0	MU - Municipal		500,000			11/01/2119
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183EE8	MU - Municipal		500,000			11/01/2120
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183EF5	MU - Municipal		500,000			11/01/2121
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183EG3	MU - Municipal		500,000			11/01/2122
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183EH1	MU - Municipal		500,000			11/01/2123
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183EJ7	MU - Municipal		500,000			11/01/2124
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183EK4	MU - Municipal		500,000			11/01/2125
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183EL2	MU - Municipal		500,000			11/01/2126
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183EM0	MU - Municipal		500,000			11/01/2127
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183EN8	MU - Municipal		500,000			11/01/2128
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183EP3	MU - Municipal		500,000			11/01/2129
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183EQ1	MU - Municipal		500,000			11/01/2130
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183ER9	MU - Municipal		500,000			11/01/2131
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183ES7	MU - Municipal		500,000			11/01/2132
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183ET5	MU - Municipal		500,000			11/01/2133
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183EU2	MU - Municipal		500,000			11/01/2134
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183EV0	MU - Municipal		500,000			11/01/2135
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183EW8	MU - Municipal		500,000			11/01/2136
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183EX6	MU - Municipal		500,000			11/01/2137
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183EY4	MU - Municipal		500,000			11/01/2138
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183EZ1	MU - Municipal		500,000			11/01/2139
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183FA5	MU - Municipal		500,000			11/01/2140
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183FB3	MU - Municipal		500,000			11/01/2141
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183FC1	MU - Municipal		500,000			11/01/2142
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183FD9	MU - Municipal		500,000			11/01/2143
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183FE7	MU - Municipal		500,000			11/01/2144
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183FF4	MU - Municipal		500,000			11/01/2145
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183FG2	MU - Municipal		500,000			11/01/2146
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183FH0	MU - Municipal		500,000			11/01/2147
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183FJ6	MU - Municipal		500,000			11/01/2148
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183FK3	MU - Municipal		500,000			11/01/2149
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183FL1	MU - Municipal		500,000			11/01/2150
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183FM9	MU - Municipal		500,000			11/01/2151
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183FN7	MU - Municipal		500,000			11/01/2152
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183FP2	MU - Municipal		500,000			11/01/2153
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183FQ0	MU - Municipal		500,000			11/01/2154
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183FR8	MU - Municipal		500,000			11/01/2155
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183FS6	MU - Municipal		500,000			11/01/2156
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183FT4	MU - Municipal		500,000			11/01/2157
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183FU1	MU - Municipal		500,000			11/01/2158
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183FV9	MU - Municipal		500,000			11/01/2159
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183FW7	MU - Municipal		500,000			11/01/2160
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183FX5	MU - Municipal		500,000			11/01/2161
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183FY3	MU - Municipal		500,000			11/01/2162
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183FZ0	MU - Municipal		500,000			11/01/2163
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183GA4	MU - Municipal		500,000			11/01/2164
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183GB2	MU - Municipal		500,000			11/01/2165
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183GC0	MU - Municipal		500,000			11/01/2166
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183GD8	MU - Municipal		500,000			11/01/2167
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183GE6	MU - Municipal		500,000			11/01/2168
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183GF3	MU - Municipal		500,000			11/01/2169
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183GG1	MU - Municipal		500,000			11/01/2170
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183GH9	MU - Municipal		500,000			11/01/2171
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183GJ5	MU - Municipal		500,000			11/01/2172
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183GK2	MU - Municipal		500,000			11/01/2173
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183GL0	MU - Municipal		500,000			11/01/2174
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183GM8	MU - Municipal		500,000			11/01/2175
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183GN6	MU - Municipal		500,000			11/01/2176
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183GP1	MU - Municipal		500,000			11/01/2177
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183GQ9	MU - Municipal		500,000			11/01/2178
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183GR7	MU - Municipal		500,000			11/01/2179
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183GS5	MU - Municipal		500,000			11/01/2180
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183GT3	MU - Municipal		500,000			11/01/2181
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183GU0	MU - Municipal		500,000			11/01/2182
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183GV8	MU - Municipal		500,000			11/01/2183
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183GW6	MU - Municipal		500,000			11/01/2184
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183GX4	MU - Municipal		500,000			11/01/2185
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183GY2	MU - Municipal		500,000			11/01/2186
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183GZ9	MU - Municipal		500,000			11/01/2187
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183HA3	MU - Municipal		500,000			11/01/2188
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183HB1	MU - Municipal		500,000			11/01/2189
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183HC9	MU - Municipal		500,000			11/01/2190
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183HD7	MU - Municipal		500,000			11/01/2191
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183HE5	MU - Municipal		500,000			11/01/2192
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183HF2	MU - Municipal		500,000			11/01/2193
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183HG0	MU - Municipal		500,000			11/01/2194
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183HH8	MU - Municipal		500,000			11/01/2195
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183HJ4	MU - Municipal		500,000			11/01/2196
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183HK1	MU - Municipal		500,000			11/01/2197
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183HL9	MU - Municipal		500,000			11/01/2198
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183HM7	MU - Municipal		500,000			11/01/2199
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183HN5	MU - Municipal		500,000			11/01/2200
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183HP0	MU - Municipal		500,000			11/01/2201
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183HQ8	MU - Municipal		500,000			11/01/2202
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183HR6	MU - Municipal		500,000			11/01/2203
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183HS4	MU - Municipal		500,000			11/01/2204
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183HT2	MU - Municipal		500,000			11/01/2205
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183HU9	MU - Municipal		500,000			11/01/2206
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183HV7	MU - Municipal		500,000			11/01/2207
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183HW5	MU - Municipal		500,000			11/01/2208
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183HX3	MU - Municipal		500,000			11/01/2209
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183HY1	MU - Municipal		500,000			11/01/2210
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183HZ8	MU - Municipal		500,000			11/01/2211
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183JA2	MU - Municipal		500,000			11/01/2212
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183JB0	MU - Municipal		500,000			11/01/2213
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183JC8	MU - Municipal		500,000			11/01/2214
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183JD6	MU - Municipal		500,000			11/01/2215
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183JE4	MU - Municipal		500,000			11/01/2216
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183JF1	MU - Municipal		500,000			11/01/2217
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183JG9	MU - Municipal		500,000			11/01/2218
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183JH7	MU - Municipal		500,000			11/01/2219
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183JJ3	MU - Municipal		500,000			11/01/2220
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183JK0	MU - Municipal		500,000			11/01/2221
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183JL8	MU - Municipal		500,000			11/01/2222
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183JM6	MU - Municipal		500,000			11/01/2223
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183JN4	MU - Municipal		500,000			11/01/2224
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183JP9	MU - Municipal		500,000			11/01/2225
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183JQ7	MU - Municipal		500,000			11/01/2226
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183JR5	MU - Municipal		500,000			11/01/2227
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183JS3	MU - Municipal		500,000			11/01/2228
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183JT1	MU - Municipal		500,000			11/01/2229
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183JU8	MU - Municipal		500,000			11/01/2230
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183JV6	MU - Municipal		500,000			11/01/2231
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183JW4	MU - Municipal		500,000			11/01/2232
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183JX2	MU - Municipal		500,000			11/01/2233
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183JY0	MU - Municipal		500,000			11/01/2234
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183JZ7	MU - Municipal		500,000			11/01/2235
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183KA0	MU - Municipal		500,000			11/01/2236
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183KB8	MU - Municipal		500,000			11/01/2237
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183KC6	MU - Municipal		500,000			11/01/2238
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183KD4	MU - Municipal		500,000			11/01/2239
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183KE2	MU - Municipal		500,000			11/01/2240
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183KF9	MU - Municipal		500,000			11/01/2241
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183KG7	MU - Municipal		500,000			11/01/2242
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183KH5	MU - Municipal		500,000			11/01/2243
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183KJ1	MU - Municipal		500,000			11/01/2244
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183KK8	MU - Municipal		500,000			11/01/2245
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183KL6	MU - Municipal		500,000			11/01/2246
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183KM4	MU - Municipal		500,000			11/01/2247
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183KN2	MU - Municipal		500,000			11/01/2248
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183KP7	MU - Municipal		500,000			11/01/2249
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183KQ5	MU - Municipal		500,000			11/01/2250
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183KR3	MU - Municipal		500,000			11/01/2251
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183KS1	MU - Municipal		500,000			11/01/2252
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183KT9	MU - Municipal		500,000			11/01/2253
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183KU6	MU - Municipal		500,000			11/01/2254
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183KV4	MU - Municipal		500,000			11/01/2255
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183KW2	MU - Municipal		500,000			11/01/2256
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183KX0	MU - Municipal		500,000			11/01/2257
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183KY8	MU - Municipal		500,000			11/01/2258
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183KZ5	MU - Municipal		500,000			11/01/2259
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183LA9	MU - Municipal		500,000			11/01/2260
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183LB7	MU - Municipal		500,000			11/01/2261
ALBANY N Y CAP RES CORP REV SERIES 2015 A	012183LC5	MU - Municipal		500,000			11/01/2

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

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

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

Return Reference	Explanation
PART I, LINE 2:	PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES GRANTS OF OVER $250,000 ARE CIRCULATED TO THE OSPC BOARD FOR APPROVAL. GRANTS OF $250,000 OR LESS ARE APPROVED BY EITHER THE EXCUTIVE DIRECTOR, THE DIRECTOR OR THE CO-DIRECTOR FOR DOMESTIC POLICY GRANT MAKING (EXCEPT IN THE CASE OF A CONFLICT OF INTEREST) IN KEEPING WITH A BUDGET APPROVED BY THE BOARD. THOSE GRANTS ARE REPORTED TO THE BOARD AT THE END OF THE YEAR. GRANT RECIPIENTS ARE REQUIRED TO SUBMIT NARRATIVE AND FINANCIAL REPORTS ON THEIR ACTIVITIES. OSPC STAFF REVIEW AND APPROVE THE REPORTS.

Additional Data

Return to Form

Software ID:

Software Version:

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
OPEN SOCIETY POLICY CENTER INC

Employer identification number
52-2028955

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1PATRICK GASPARD DIRECTOR, CHAIR (UNTIL 12/31/20)	**(i)**	35,167	0	105	5,275	2,957	43,504	0
	(ii)	842,277	0	2,517	126,342	46,617	1,017,753	0
2THOMAS PERRIELLO EXECUTIVE DIRECTOR	**(i)**	3,745	0	0	564	1,343	5,652	0
	(ii)	420,451	0	0	63,345	18,796	502,592	0
3DEBORAH FINE SECRETARY	**(i)**	6,285	0	0	719	1,560	8,564	0
	(ii)	367,435	0	0	42,031	22,472	431,938	0
4LALEH ISPAHANI INTERIM DEPUTY DIRECTOR	**(i)**	57,807	0	232	8,671	9,609	76,319	0
	(ii)	251,192	0	1,010	37,679	36,645	326,526	0
5CAROLINE CHAMBERS DEPUTY DIRECTOR(UNTIL 2/12/20)	**(i)**	2,998	0	0	0	247	3,245	0
	(ii)	31,992	0	205,386	7,412	5,380	250,170	0
6HANNAH ZLOTNICK ASSISTANT SECRETARY	**(i)**	41,326	0	365	4,048	16,132	61,871	0
	(ii)	74,868	0	661	7,332	27,096	109,957	0
7BEHICE KINDERMAN TREASURER	**(i)**	86,123	0	469	8,523	39,783	134,898	0
	(ii)	21,531	0	117	2,131	9,935	33,714	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	OSPC HAS NO EMPLOYEES. THERE IS A WRITTEN RESOURCE SHARING ARRANGEMENT IN PLACE ACCORDING TO WHICH CERTAIN EMPLOYEES OF OPEN SOCIETY INSTITUTE PERFORM FUNCTIONS AND CONDUCT ACTIVITIES NECESSARY FOR OSPC TO PURSUE ITS TAX-EXEMPT MISSION, AND OSPC PAYS OPEN SOCIETY INSTITUTE FOR ITS SHARE OF THE COST, WHICH IS TRACKED AND CALCULATED ON AN ONGOING BASIS. OSPC ADVANCES FUNDS TO OPEN SOCIETY INSTITUTE TO COVER ITS ALLOCABLE COSTS. EMPLOYEE COMPENSATION IS DETERMINED BY OPEN SOCIETY INSTITUTE AND IS BASED ON MARKET COMPARABILITY DATA AND IS DOCUMENTED IN OPEN SOCIETY INSTITUTE'S RECORDS.
PART I, LINES 4A-B	LINE 4A CAROLINE CHAMBERS RECEIVED A SEVERANCE PAYMENT OF $ 205,386 DURING 2020 FROM A RELATED ORGANIZATION. LINE 4B THE FOLLOWING INDIVIDUALS PARTICIPATE IN A SECTION 457 (F) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN ("THE PLAN") SPONSORED BY THE FILING ORGANIZATION OR A RELATED ORGANIZATION: PATRICK GASPARD. THE FOLLOWING 457 (F) AMOUNTS WERE DEFERRED DURING YEAR AND REPORTED ON SCHEDULE J, PART II, COLUMN (C) : PATRICK GASPARD - $69,366,59 AND THOMAS PERRIELLO - $1,659.00.

Additional Data

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
OPEN SOCIETY POLICY CENTER INC

Employer identification number
52-2028955

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	ALEXANDER SOROS AND ANDREA SOROS COLOMBEL HAVE A FAMILY RELATIONSHIP. PATRICK GASPARD, THOMAS PERRIELLO AND DEBORAH FINE HAVE A BUSINESS RELATIONSHIP.
FORM 990, PART VI, SECTION B, LINE 11B	OSPC'S AUDIT COMMITTEE IS IN CHARGE OF REVIEWING THE AUDITED FINANCIAL STATEMENTS AND THE 990 TAX RETURN. THE FORM 990 IS PREPARED AND REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM IN CONJUNCTION WITH THE IN-HOUSE FINANCE STAFF. THE AUDIT COMMITTEE REVIEWS THE FORM 990. THE FORM 990 IS THEN PROVIDED TO OSPC'S GOVERNING BOARD PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION B, LINE 12C	OSPC'S CONFLICTS OF INTEREST AND GIFT POLICY (THE "POLICY") REQUIRES BOARD MEMBERS, OFFICERS, EXPERT/ADVISORY COMMITTEE MEMBERS, AND EMPLOYEES TO CERTIFY COMPLIANCE WITH THE POLICY AND DISCLOSE AFFILIATIONS WITH ORGANIZATIONS OR INDIVIDUALS WITH WHOM OSPC 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 OSPC. 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 BOARD. MOREOVER, THE POLICY REQUIRES SUCH INDIVIDUALS TO RECUSE THEMSELVES FROM CONSIDERATION OF THE RELEVANT TRANSACTION AND ALL RELATED DISCUSSIONS, UNLESS THEY ARE ASKED BY THE DECISION-MAKERS TO PROVIDE NECESSARY INFORMATION REGARDING THE PROPOSED TRANSACTION. IN NO EVENT MAY INTERESTED STAFF MEMBERS APPROVE TRANSACTIONS IN WHICH THEY HAVE AN INTEREST, NOR MAY THEY BE PRESENT WHEN A VOTE IS TAKEN WITH RESPECT TO THE TRANSACTION.
FORM 990, PART VI, SECTION B, LINE 15	OSPC HAS NO EMPLOYEES. THERE IS A WRITTEN RESOURCE SHARING ARRANGEMENT IN PLACE ACCORDING TO WHICH CERTAIN EMPLOYEES OF OPEN SOCIETY INSTITUTE PERFORM FUNCTIONS AND CONDUCT ACTIVITIES NECESSARY FOR OSPC TO PURSUE ITS TAX-EXEMPT MISSION, AND OSPC PAYS OPEN SOCIETY INSTITUTE FOR ITS SHARE OF THE COST, WHICH IS TRACKED AND CALCULATED ON AN ONGOING BASIS. OSPC ADVANCES FUNDS TO OPEN SOCIETY INSTITUTE TO COVER ITS ALLOCABLE COSTS. EMPLOYEE COMPENSATION IS DETERMINED BY OPEN SOCIETY INSTITUTE AND IS BASED ON MARKET COMPARABILITY DATA AND IS DOCUMENTED IN OPEN SOCIETY INSTITUTE'S RECORDS.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.
FORM 990, PART VI, SECTION A, LINE 9	GARA LAMARCHE CAN ONLY BE REACHED AT THE FOLLOWING MAILING ADDRESS: DEMOCRACY ALLIANCE 1575 I STREET NW, SUITE 425, WASHINGTON DC 20005
FORM 990, PART XI, LINE 9:	GRANT RECOVERY 300,000. NPV GRANTS -118,256.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
OPEN SOCIETY POLICY CENTER INC

Employer identification number
52-2028955

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

(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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) OPEN SOCIETY INSTITUTE 224 WEST 57TH STREET NEW YORK, NY 10019 13-7029285	CHARITABLE	NY	501(C)(3)	PF	N/A	Yes	
(2) FOUNDATION TO PROMOTE OPEN SOCIETY 224 WEST 57TH STREET NEW YORK, NY 10019 26-3753801	CHARITABLE	DE	501(C)(3)	PF	N/A	Yes	
(3) OPEN SOCIETY FUND INC 224 WEST 57TH STREET NEW YORK, NY 10019 13-3095822	CHARITABLE	NY	501(C)(3)	PF	N/A		No
(4) ALLIANCE FOR OPEN SOCIETY INTERNATIONAL 224 WEST 57TH STREET NEW YORK, NY 10019 81-0623035	CHARITABLE	DE	501(C)(3)	LINE 7	OSI		No
(5) SOROS ECONOMIC DEVELOPMENT FUND 224 WEST 57TH STREET NEW YORK, NY 10019 13-3965896	CHARITABLE	NY	501(C)(3)	PF	OSI		No

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)OPEN SOCIETY INSTITUTE	P	4,251,348	FMV

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART II	ALTHOUGH OSPC 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.

Additional Data

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Software Version: