## Form **990**

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service (except black lung benefit trust or private foundation)
 ► The organization may have to use a copy of this return to satisfy state reporting requirements.

A	For the	2012 calen	dar year, or tax year beginning , 2012, and ending			,		
В	Check if an		C		Employ	er Identifical	tion Number	
		ss change	Singularity Institute for Artificial		58-2	256591	7	
	$\vdash$	change	Intelligence, Inc.	E	Telepho			
	<del></del>	return	2721 Shattuck Ave #1023		(510	)) 717	-1477	
	<del>     </del>	nated	Berkeley, CA 94705	-	(01)	,, , , , ,		<del></del>
		ded return		10	Gross re	ceints \$	1,639	655
	<del>     </del>		F Name and address of principal officer: Luke Muehlhauser	I(a) Is this a g				1 4 7
	Аррис	cation pending	I Manie and address of principal officers. Luke Muchilliauser	(b) Are all aff			H	No
	Tou out	mat atatua		If 'No,' att	ach a list.	(see instruct	ions)	<b>L</b>
<u>-</u>		mpt status	11 series(e) cortes ( ) (means may	(c) Group exe	amption nu	mbor ►		
<u>1</u>	Websi		W.Incolling				domicile: CA	
K		organization:		n: 2000	III 3	ate of legal	domicie. Cr.	<u> </u>
Pa	irt I	Summar	y ha the examination's mission or most significant activities: Manadana 1 -		h h a a sa			lora
	<b>1</b> Br	eny descri	be the organization's mission or most significant activities: To develo	p_tne_	rueory	/_and_	particu	Tars_
မွ	9	<u>r sare</u>	<u>self-improving Artificial Intelligence; to supple to creation of a research community focused on </u>	2017 110	ver I	esearc	in_diiu_	
逼	<u> </u>	oster t	ence; and to otherwise improve the probability	of him	anity	gurwi	vina	
Governance	2 CH	illettid	if the organization discontinued its operations or disposed of more	e than 25%	6 of its r	net assets	- <u>v</u> =- <u>19</u>	
Ö	3 Nu	imber of vo	ting members of the governing body (Part VI, line 1a)			3		5
ంర	4 Ni	umber of inc	dependent voting members of the governing body (Part VI, line 1b)		[	4		<u>5</u> 3
ties	<b>5</b> To	tal number	of individuals employed in calendar year 2012 (Part V, line 2a)		[	5		11
Activities &			of volunteers (estimate if necessary)			6		0
Ac			ed business revenue from Part VIII, column (C), line 12			7 a	***************************************	0.
	<b>b</b> Ne	et unrelated	business taxable income from Form 990-T, line 34	·		7 b		0.
				1	or Year		Current Y	
Φ			and grants (Part VIII, line 1h)		664,2		1,006	
딦			ice revenue (Part VIII, line 2g)		282,1			<u>,086.</u>
Revenue			come (Part VIII, column (A), lines 3, 4, and 7d)			11.	332	<u>,805.</u>
<u>a</u>			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		946,3	56	1,633	016
			milar amounts paid (Part IX, column (A), lines 1-3)		340,3	30.	1,033	, , , , , , , , , , , , , , , , , , , ,
			to or for members (Part IX, column (A), line 4)					
			er compensation, employee benefits (Part IX, column (A), lines 5-10)		348,8	10	171	,944.
S	i			<u> </u>	340,0	40.	4/1	, , , , , , , , , , , , , , , , , , , ,
Expenses			fundraising fees (Part IX, column (A), line 11e)					
xbe			ing expenses (Part IX, column (D), line 25) ► 53,108.		li-			
ш		,	es (Part IX, column (A), lines 11a-11d, 11f-24e).		<u>606,8</u>			<u>,155.</u>
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)		955,7	44.	1,314	<u>,099.</u>
		venue less	expenses. Subtract line 18 from line 12		-9,3		319	<u>,847.</u>
0 00				Beginning (			End of Ye	
Net Assets Fund Balanc	<b>20</b> To	tal assets (	Part X, line 16)		439,3			,388.
nd E	<b>21</b> To	tal liabilitie	s (Part X, line 26)		8,8	61.	6	<u>,098.</u>
žZ	<b>22</b> Ne	t assets or	fund balances. Subtract line 21 from line 20.		430,4	43.	752	<u>,290.</u>
Pa	rt II	Signatur	e Block					
Linde	r nenalties	of periury I de	clare that I have examined this return, including accompanying schedules and statements, and to the	e best of my k	nowledge a	and belief, it	is true, correct	, and
comp	olete. Decla	ration of prepa	rer (other than officer) is based on all information of which preparer has any knowledge.					
		<b>—</b>						
Sig	ın	Signatur	e of officer	Date				
He	re		Muehlhauser	Execut	ive D	<u>ir.                                    </u>		
		Type or	print name and title.			Local	<del></del>	
		Print/Type pi	reparer's name Preparer's signature Date	/ Ct	neck	if PTIN		
Pai	d	Susan G	Bittleston, CPA WAY VILLAR 6/19	4/13 50	lf-employed	P01	256169	
	parer	Firm's name	Snow, Bittleston & Co., CPAs, LLP	-				
	e Only	Firm's addre		Fii	m's EiN 🏲		······	
	<u>.</u>		Los Gatos, CA 95030-7228	Pt	one no.	408-354	-8500	
May	the IRS	discuss the	is return with the preparer shown above? (see instructions)			X	Yes	No

Forn	n <b>990</b> (2012)	Singularity In	stitute for	Artificial		58-2	256591	7 Page <b>2</b>
Pai	t III State	ement of Program S	Service Accomp	lishments				
		k if Schedule O contains		question in this Part	: III			X
1	Briefly descr	ibe the organization's m	ission:					
	See_Sche	dule_O						
2	-	ization undertake any sigr						<b></b>
		990-EZ?				*******	∙∙∙ ∐ '	Yes X No
		cribe these new services					_	
3		nization cease conductir				program services?.	. X	Yes No
		cribe these changes on S		See Schedul				
4	Describe the	organization's program (3) and 501(c)(4) organiz	service accomplish	ments for each of its 947(a)(1) trusts are re	s three largest pr	ogram services, as se amount of grants a	measured nd allocati	I by expenses.
	others, the to	otal expenses, and rever	nue, if any, for each	program service re	ported.	ic arrivant or grants a	na anocati	0113 10
4 a	(Code:	) (Expenses \$	1,170,855.	including grants of	\$	) (Revenue	\$	295,086.)
	See Sche				· · · · · · · · · · · · · · · · · · ·	<del></del>	***************************************	
	20-20-							
4 b	(Code:	) (Expenses \$		including grants of	\$	) (Revenue	\$	)
						- <del> </del>		
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	was and and water than with a					ion alabasis Salahain alabasan angaran mandan apasinin malahan sandan sanda		
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4 c	(Code:	) (Expenses \$		including grants of	\$	(Revenue	\$	)
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<i>A</i> -1	Other program	n services. (Describe in	Schodule (1)					
	Other program (Expenses	\$		of \$	) (Pa	venue \$		)
			1,170,	of \$ 855	) (ixe	* C1100 Y		
- T - W	. June program	. Section authorizes	±, ± / ∪ , (	J J J ,				

Page 2

Page 3 Form 990 (2012) Singularity Institute for Artificial 58-2565917 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Χ Schedule A ...... 1 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?..... 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 X 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. Χ 4 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 Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Χ Pärt I..... 6 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...... X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV. 9 X 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.............. Χ 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, 11 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. 11 a Χ **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. Χ 11 b 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. Χ 11 c

	The state of the s		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
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? <i>If 'Yes,' complete Schedule J.</i>	23		Х
	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25.	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
	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		ļ
25	a Section 501(c)(3) and 501(c)(4) 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		Х
I	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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
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):			
i	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L	31		Х
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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
t	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
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	Х	

BAA Form **990** (2012) Form 990 (2012) Singularity Institute for Artificial

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	, , , .		
			Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	100000		
	<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1000		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	EEEE
2	a 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			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	(E)	E.	
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3 b		
4	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
	b If 'Yes,' enter the name of the foreign country: ▶		1 3 6	MALE.
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			BURE
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	a 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?	6 a		х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ь		
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	2000	х
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	1000	189	1000
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	000		1000
1	a Did the organization make any taxable distributions under section 4966?	9a		
1	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
0	Section 501(c)(7) organizations. Enter:	-533		
1	a Initiation fees and capital contributions included on Part VIII, line 12	1	1	
1	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		123	
1	Section 501(c)(12) organizations. Enter:	STEP .		
-	a Gross income from members or shareholders	AST I	36	
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
1	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	333	40	
	Section 501(c)(29) qualified nonprofit health insurance issuers.	DESIGN OF	1000	138/
-	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	VIII.	1	1
	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		No.	
	Enter the amount of reserves on hand	-	1131	v
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
-	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	000 (*	2010
AA	TEEA0105L 08/08/12	Form	33U (2	U12)

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI..... Section A. Governing Body and Management Yes No 1 a 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. **b** Enter the number of voting members included in line 1a, above, who are independent... 3 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee or key employee?..... 2 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?..... Х Did the organization make any significant changes to its governing documents Х since the prior Form 990 was filed?.... 5 X Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . X 6 Did the organization have members or stockholders?..... 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X members of the governing body?.... 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х stockholders, or other persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a Х a The governing body?..... X **b** Each committee with authority to act on behalf of the governing body?..... 8 b Is there any officer, director or 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..... Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No Yes X 10 a 10 a Did the organization have local chapters, branches, or affiliates? 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? 10 b X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Х 12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12 a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b X 12 c X 13 Х Did the organization have a written whistleblower policy?.... X 14 Did the organization have a written document retention and destruction policy?..... 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? 15 a X a The organization's CEO, Executive Director, or top management official. See. Schedule . 0 . . . . X **b** Other officers of key employees of the organization... See . Schedule . O. . . . . . . . . . . . . 15 b 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 Х taxable entity during the year? . . . . 16 a **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 taken steps to safeguard the 16 b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ CA GA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Another's website X Upon request Other (explain in Schedule O) Own website Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

5.2	-2	56	5	a.	17
	Z	$\mathcal{L}$	$\cdot$	2.	_ /

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

Check if Schedule O contains a response to any question in this Part VII.

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

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

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

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

			(C)							
(A) Name and Title	(B) Average hours per	one be office	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Michael Vassar	0									
Board Member	0							1,500.	0.	0.
(2) Edwin Evans	0									
Chairman	0	X						0.	0.	0.
_(3)_Kevin_Fischer	0				1					
Director	0	X						0.	0.	0.
_(4) Tomer Kagan	0							-	_	_
Director	0	X						0.	0.	0.
_(5)_Eliezer_Yudkowsky	_ 60 _	. ,,						00 700		0 688
Director	0	X	-	X				89,700.	0.	3,677.
_(6) Amy Willey	_40_			v				40 500		2 21 5
COO  (7) Luke Muehlhauser	0			X	$\dashv$			49,500.	0.	3,215.
Executive Dir.	$-\frac{40}{0}$			Х	l			47,806.	0.	1 026
(8) Louie Helm	40			<u> </u>	$\dashv$			47,000.	<u>v.</u>	1,926.
Deputy Director				Х				40,000.	0.	2,268.
(9)			1	*	1			40,000.	<u> </u>	2,200.
(10)			1		1					
(11)					1					
(12)				1						
(13)			1	1						
(14)										

Part VII Section A. Officers, Directors, Trus		rtey	CII			<del></del>	all	u nignest con	ipensaleu Emp	loyees	(cont)
(A) Name and title	Average hours per week	box	i, unie	Po- check ess p	erson	e than is bot tor/trus	h an	(D)  Reportable compensation from	<b>(E)</b> Reportable compensation from	amo	<b>(F)</b> stimated unt of other
	(list any hours for related organiza tions below dotted line)	or director	Institutional trustee	Officer	Key employee	employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	org an	npensation rom the janization d related anizations
(15)											
<u>(16)</u>											
(17)											<u></u>
<u>(18)</u>											
<u>(19)</u>		-									
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1 b Sub-total							<b>&gt;</b>	228,506. 0.	0. 0.		11,086. 0.
d Total (add lines 1b and 1c)							▶	228,506. more than \$100,000	0. O of reportable comp		11,086.
from the organization • 0			·			·····				y	Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it	or trus individua	tee, al	key	emp	loye	e, o	r hi	ghest compensate	d employee	. 3	X
<b>4</b> For any individual listed on line 1a, is the sum of re the organization and related organizations greater (such individual)	lhan \$15	50,00	0?	lf 'Y	ion es'	and comp	othe lete	er compensation f Schedule J for	rom	4	Х
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,'	compens	satio	n fro	om a	any i	unrel	ated	d organization or i	ndividual	5	X
Section B. Independent Contractors											
Complete this table for your five highest compensa- compensation from the organization. Report compensation.	ted inde tion for t	pend he ca	dent denc	con tar y	trac ear	tors endir	that ng w	ith or within the org	an \$100,000 of panization's tax year.		
Name and business addres	ss .						-	Description o	f services	( <b>C</b> Comper	nsation
							_				
2 Total number of independent contractors (including but		ed to	thos	se lis	sted	abov	e) w	who received more t	han l		
\$100,000 in compensation from the organization <b>BAA</b>		EEA01	08L	01/24	1/13					Form 9	990 (2012)

				(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	Revenue excluded from ta under sections 512, 513, or 514
AND OTHER SIMILAR AMOUNTS	a Federated campaigns	1a					
2	<b>b</b> Membership dues	1b					
5	c Fundraising events	10					
	d Related organizations	10					
	e Government grants (contributions						
	All other contributions, gifts, gran similar amounts not included abo     Noncash contributions included in		2/000/000.				
	h Total. Add lines 1a-1f	AND THE PERSON NAMED IN		1,006,055.			
			Business Code	2700070001		TO A TEXT SEE A SEE	
2	a Conference Income-Su	mmit		295,086.	295,086.		
	c				Carl Town		
	d						
	e						
	f All other program service		A16-115-1-52				
	g Total. Add lines 2a-2f			295,086.			Carried County
3	Investment income (includ other similar amounts)	ling dividend	ds, interest and	401			401
4		f tax-exemn	t bond proceeds	481.			481
5		i tun onemp	>				
		(i) Real	(ii) Personal				
6	a Gross rents						
	b Less: rental expenses	N. S.					
	c Rental income or (loss)						
	d Net rental income or (loss)	)					
7	a Gross amount from sales of	(i) Securities	(ii) Other				
	assets other than inventory.		338,033.				
	b Less: cost or other basis and sales expenses		5,709.				
	c Gain or (loss)		332,324.		SECTION SECTION		
	d Net gain or (loss)			332,324.	-1,009.		333,333.
8	a Gross income from fundrai (not including \$ of contributions reported o	n line 1c).					
	See Part IV, line 18		a				
10.40	<ul><li>b Less: direct expenses</li><li>c Net income or (loss) from</li></ul>		b vents	SOUTH RESIDENCE OF THE PERSONS ASSESSED.			
	a Gross income from gaming See Part IV, line 19	Alle the Explication					
	b Less: direct expenses						
	c Net income or (loss) from		_	HIGHTING ASSESSMENT OF			
	a Gross sales of inventory. le	ess returns					
	and allowances						
	c Net income or (loss) from :				NAME OF TAXABLE PARTY.		
-	Miscellaneous Revenue	sales of life	Business Code	CONTRACTOR OF THE PARTY OF THE	STATE OF THE PARTY		
11							
	D					CHEROLE	
	d All other revenue					100 EV - 100 EV	
	e Total. Add lines 11a-11d				JAN STREET, ST		PINSON SERVICE
	Total revenue. See instruct			1,633,946.		0.	333,814.

### 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 re		n in this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	,			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				维用原则特别使是
5	Compensation of current officers, directors, trustees, and key employees	239,592.	210,649.	14,472.	14,471.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7		188,729.	188,729.		
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	8,797.	8,797.		
10	Payroll taxes	34,826.	32,618.	1,104.	1,104.
11					
	Management				
	b Legal	8,387.		8,387.	
	Accounting	21,399.		21,399.	
	d Lobbying				
	Investment management fees	1			
	Other, (If line 11g amt exceeds 10% of line 25, col-				
	umn (A) amt, list line 11g expenses on Sch 0)	1,521.	1,425.	48.	48.
	Advertising and promotion	31,493.	31,493.	1 007	
13	Office expenses	9,630.	7,703.	1,927.	
14 15	Royalties.	8,914.	8,156.	758.	
16	Occupancy.	45,401.	36,321.	9,080.	
17	Travel	20,179.	16,143.	2,018.	2,018.
	Payments of travel or entertainment expenses for any federal, state, or local public officials.	20,113.	10/113.	2,010.	2,010.
	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates.	15 550	10.150		
22 23	Depreciation, depletion, and amortization	15,579. 6,755.	12,463. 6,755.	3,116.	
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.)	6,733.	6,733.		
a	Other Direct Program Expenses	371,277.	337,248.		34,029.
	Contract Services	246,267.	246,267.		
	Bank Charges/Paypal Charges	14,827.		14,827.	
	Taxes, Licenses & Reg	9,791.		9,791.	
	All other expenses.	30,735.	26,088.	3,209.	1,438.
25	Total functional expenses. Add lines 1 through 24e	1,314,099.	1,170,855.	90,136.	53,108.
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 X if following SOP 98-2 (ASC 958-720).				Form <b>990</b> (2012)
RΔΔ		TEE 403101 10/1			L A P 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

		Check if Schedule O contains a response to any question	n in this Part X			
***************************************				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing		407,219.	1	542,513.
	2	Savings and temporary cash investments		7,422.	2	210,475.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former office trustees, key employees, and highest compensated employ Part II of Schedule L	/ees. Complete		5	
	6	Loans and other receivables from other disqualified person section 4958(f)(1)), persons described in section 4958(c)(3)(B), employers and sponsoring organizations of section 501(c)(9) volume beneficiary organizations (see instructions). Complete Part	and contributing		6	
A S	7	Notes and loans receivable, net			7	
ASSETS	8	Inventories for sale or use			8	
T S	9	Prepaid expenses and deferred charges			9	
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	8,563.			
		Less: accumulated depreciation		24,663.	10 c	3,375.
	11	Investments – publicly traded securities			11	
	12	Investments – other securities. See Part IV, line 11	3		12	
	13	Investments – program-related. See Part IV, line 11			13	
	14	Intangible assets	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		14	
	15	Other assets. See Part IV, line 11			15	2,025.
	16	Total assets. Add lines 1 through 15 (must equal line 34).		439,304.	16	758,388.
	17	Accounts payable and accrued expenses		8,861.	17	
	18	Grants payable		18		
	19	Deferred revenue	,		19	
Ļ	20	Tax-exempt bond liabilities			20	
A B	21	Escrow or custodial account liability. Complete Part IV of S	,		21	
r I	22	Loans and other payables to current and former officers, di key employees, highest compensated employees, and disq Complete Part II of Schedule L	ualified persons.		22	
Ļ	23	Secured mortgages and notes payable to unrelated third pa	arties		23	
E S	24	Unsecured notes and loans payable to unrelated third partic	es		24	
	25	Other liabilities (including federal income tax, payables to r and other liabilities not included on lines 17-24). Complete	elated third parties, Part X of Schedule D.		25	6,098.
	26	Total liabilities. Add lines 17 through 25.		8,861.	26	6,098.
ZET		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	X and complete			
AS	27	Unrestricted net assets.		430,443.	27	752,290.
人の公里下の	28	Temporarily restricted net assets			28	
Ś	29	Permanently restricted net assets	. , , , , , , , , , , , , , , , , , , ,		29	
P		Organizations that do not follow SFAS 117 (ASC 958), check hi				
		and complete lines 30 through 34.				
PZC	30	Capital stock or trust principal, or current funds	. ,		30	
	31	Paid-in or capital surplus, or land, building, or equipment fu		31		
۲	32	Retained earnings, endowment, accumulated income, or ot	her funds		32	
BALAZOWS	33	Total net assets or fund balances	£	430,443.	33	752,290.
Š	34	Total liabilities and net assets/fund balances	,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	439,304.	34	758,388.
BA	4					Form <b>990</b> (2012)

Pa	rt XI Reconciliation of Net Assets									
-	Check if Schedule O contains a response to any question in this Part XI			,	. X					
1	Total revenue (must equal Part VIII, column (A), line 12).	1	1,63	3,9	46.					
2	Total expenses (must equal Part IX, column (A), line 25).	2	1,31	4,0	99.					
3	Revenue less expenses. Subtract line 2 from line 1	3	31	319,847						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	43	430,443						
5										
6										
7										
8	Prior period adjustments	8								
9	Other changes in net assets or fund balances (explain in Schedule O). See. Schedule O	9		2,0	00.					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	75	2,2	90.					
Pai	t XII Financial Statements and Reporting									
	Check if Schedule O contains a response to any question in this Part XII				🗍					
				es						
1	Accounting method used to prepare the Form 990: X Cash Accrual Other									
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.									
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	X						
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both:	d on a								
	X Separate basis Consolidated basis Both consolidated and separate basis									
t	Were the organization's financial statements audited by an independent accountant?		. 2b		_X					
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	te								
	Separate basis Consolidated basis Both consolidated and separate basis				TEN.					
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?		. <b>2</b> c		<u>x</u>					
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.									
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		. 3a		<u>X</u>					
t	olf '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	t 	. 3 b							
BAA			Form 9	90 (2	2012)					

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

Department of the Treasury Internal Revenue Service

Total

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

OMB No. 1545-0047

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the organization Employer identification number Singularity Institute for Artificial 58-2565917 Intelligence, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(bX1XAXvi).** (Complete Part II.) 7 X 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). 9 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly 11 supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type II С Type III - Functionally integrated Type III — Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.... Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?.... 11 g (i) 11 g (ii) A family member of a person described in (i) above?..... (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) Provide the following information about the supported organization(s) h (ii) EIN (iv) Is the organization in column (i) listed in (v) Did you notify the organization in column (i) of your support? (vii) Amount of monetary (i) Name of supported organization (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (vi) Is the organization in column (i) organized in the support your governing document? U.S.? No No Yes No Yes Yes (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2012

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

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

Sec	tion A. Public Support						
Cale beg	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	285,652.	432,139.	756,002.	664,212.	1,008,055.	3,146,060.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	285,652.	432,139.	756,002.	664,212.	1,008,055.	3,146,060.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,047,024.
6	Public support. Subtract line 5 from line 4						2,099,036.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
7	Amounts from line 4	285,652.	432,139.	756,002.	664,212.	1,008,055.	3,146,060.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	7,271.	1,155.	5.	11.	332,805.	341,247.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11	Total support. Add lines 7 through 10						3,487,307.
12	Gross receipts from related activ	ities, etc (see inst	ructions)				1,063,575.
13	First five years. If the Form 990 is to organization, check this box and	for the organization stop here	's first, second, thin	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	<b> </b>
Sec	tion C. Computation of Pub	olic Support Po	ercentage				
14	Public support percentage for 20	12 (line 6, column	(f) divided by line	e 11, column (f)).		14	60.19%
	Public support percentage from 2						68.14%
	<b>33-1/3% support test</b> — <b>2012.</b> If and <b>stop here.</b> The organization	qualifies as a pub	licly supported or	ganization			X
b	<b>33-1/3% support test</b> — <b>2011.</b> If the and <b>stop here.</b> The organization	he organization di qualifies as a pub	d not check a box licly supported or	on line 13 or 16a ganization	a, and line 15 is 3	33-1/3% or more,	check this box
17 a	10%-facts-and-circumstances teror more, and if the organization rethe organization meets the 'facts'	meets the 'facts-ai	nd-circumstances	' test, check this l	box and stop her	e. Explain in Part	IV how
	10%-facts-and-circumstances teror more, and if the organization rorganization meets the 'facts-and	meets the 'facts-ar I-circumstances' to	nd-circumstances est. The organizat	test, check this to tion qualifies as a	box and <b>stop her</b> publicly supporte	e. Explain in Part ed organization	IV how the
18	Private foundation. If the organiz	ation did not ched	k a box on line 1	ਤ, 16a, 16b, 17a,	or 1/b, check thi	s box and see ins	tructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal yr beginning in) 🟲	(a) 2008	<b>(b)</b> 2009	(c) 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any unusual grants.)						
2	Gross receipts from admis-						
	sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
<b>4</b> 5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a						
	governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŧ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
(	: Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)		and The state of the state of t				
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add ins 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 in organization, check this box and	s for the organiza	ation's first, secor	nd, third, fourth, or	r fifth tax year as	a section 501(c)(3)	<b>&gt;</b>
Sec	tion C. Computation of Pub						
15	Public support percentage for 20	12 (line 8, columr	n (f) divided by lir	ne 13, column (f)).			%
	Public support percentage from 2						8
	tion D. Computation of Inve						
	Investment income percentage for				mn (f))		8
	Investment income percentage fr						8
	33-1/3% support tests - 2012. If	the organization	did not check the	box on line 14, a	nd line 15 is mor	e than 33-1/3%, and	d line 17
100	is not more than 33-1/3%, check	this box and stop	here. The organ	iization qualifies a	s a publicly supp	orted organization.	· · · · · · · · · · · · · · · · · · ·
h	33-1/3% support tests - 2011 If	the organization of	did not check a b	ox on line 14 or lin	ne 19a, and line	16 is more than 33-	1/3%, and
	33-1/3% support tests — 2011. If line 18 is not more than 33-1/3% Private foundation. If the organiz	, check this box a	ind <b>stop here.</b> Th	e organization qua	alifies as a public	ily supported organi	zation

Schedule A	(Form 990 or 990-EZ) 2012	Singularity	Institute	for Artific	ial 58-2565917	Page 4
Part IV	Supplemental Informati Part II, line 17a or 17b; (See instructions).	<b>on.</b> Complete tand Part III, line	his part to pr e 12. Also coi	ovide the expla nplete this part	nations required by Part II, lin for any additional information	e 10; ı.
			. — —			
<del> </del>						
<b></b>						an anne men sens sons sons
NAMES AND ADDRESS ASSESS ASSESS ASSESSED.						
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#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

PUBLIC DISCLOSURE COPY

**Schedule of Contributors** 

► Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No. 1545-0047

2012

Name of the organization Singulari	ty Institute for Artificial	Employer identification number		
Intellige	nce, Inc.	58-2565917		
Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	on		
	4947(a)(1) nonexempt charitable trust not	t treated as a private foundation		
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treation	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation			
Check if your organization is cover	red by the General Rule or a Special Rule			
,	, or (10) organization can check boxes for both the General	I Pula and a Special Pula. See instructions		
•	, or (10) organization can check boxes for both the deficial	Trule and a Opecial Nate. See instructions.		
General Rule				
For an organization filing Form 99 contributor. (Complete Parts I a	90, 990-EZ, or 990-PF that received, during the year, \$5,000 or	more (in money or property) from any one		
— contributor. (Complete Parts 1 a	and it.)			
Special Rules				
X For a section 501(c)(3) organiz. 509(a)(1) and 170(b)(1)(A)(vi) a (2) 2% of the amount on (i) For	ation filing Form 990 or 990-EZ that met the 33-1/3% support and received from any one contributor, during the year, a co rm 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Compl	ort test of the regulations under sections ontribution of the greater of (1) \$5,000 or lete Parts I and II.		
For a section 501(c)(7), (8), or (10	0) organization filing Form 990 or 990-EZ that received from any 1,000 for use exclusively for religious, charitable, scientif	y one contributor, during the year,		
total contributions of more than	n \$1,ŏ00 for use <i>exclusively</i> for religious, charitable, scientif ldren or animals. Complete Parts I, II, and III.	fic, literary, or educational purposes, or		
		y one contributor, during the year		
contributions for use exclusively for	<ol> <li>organization filing Form 990 or 990-EZ that received from any or religious, charitable, etc., purposes, but these contributions di</li> </ol>	d not total to more than \$1,000.		
If this box is checked, enter here in	the total contributions that were received during the year for an the parts unless the <b>General Rule</b> applies to this organization be	exclusively religious, charitable, etc, ecause it received nonexclusively		
1 - 1 - 1	butions of \$5,000 or more during the year	· · · · · · · · · · · · · · · · · · ·		
0. ()	the the Council Date and/or the Council Date does not file Calculate D. (Farmer			
answer 'No' on Part IV, line 2, of its Form	by the General Rule and/or the Special Rules does not file Schedule B (Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2,	of its Form 990-PF, to certify that it does not		
meet the filing requirements of Sch	nedule B (Form 990, 990-EZ, or 990-PF).	-		
BAA For Paperwork Reduction Ac	ct Notice, see the Instructions for Form 990, 990EZ,	Schedule <b>B</b> (Form 990, 990-EZ, or 990-PF) (2012		
or 990-PF.				

Page

1 of

1 of **Part 1** 

Name of organization
Singularity Institute for Artificial

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

Employer identification numbe

58-2565917

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$2 <u>50,000</u> .	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$158,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>72,500.</u>	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 160,000.	Person X Payroll  Noncash   (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>22,300.</u>	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)

Page

1 to

1 of Part II

Name of organization
Singularity Institute for Artificial

Employer identification number

58-2565917

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
	N/A		
		\$	
(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
		\$\$	

BAA

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization Singularity Institute for Artificial

1 to 1 of Part III
Employer identification number
58-2565917

organizations that total more than For organizations completing Part III, enter contributions of \$1,000 or less for the year.	\$1,000 for the year. Complete total of exclusively religious, char. (Enter this information once. See	columns (a) through (e) and the following line entry.	
(b) Purpose of gift Use of gift		(d) Description of how gift is held	
N/A			
Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee	
(b) Purpose of gift	(c) Use of gift	Description of how gift is held	
(e) Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(b) Purpose of gift	Use of gift	Description of how gift is held	
(e) Transfer of gift Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee	
	organizations that total more than For organizations completing Part III, enter contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional  (b) Purpose of gift  N/A  Transferee's name, addres  Transferee's name, addres	N/A  Transferee's name, address, and ZIP + 4  Durpose of gift  Transferee's name, address, and ZIP + 4  Transfer of gift  Transferee's name, address, and ZIP + 4  Transfer of gift  Use of gift  Transfer of gift  Use of gift  Transfer of gift  Use of gift  Transfer of gift	

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

**Supplemental Financial Statements** 

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 2012

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

	ngularity Institute for Artificial telligence, Inc.	58-2565917
	rt   Organizations Maintaining Donor Advised Funds or Other Similar Funds	or Accounts. Complete if
G	the organization answered 'Yes' to Form 990, Part IV, line 6.	or risosumor compress in
	(a) Donor advised funds	(b) Funds and other accounts
1		(b) i unus and other accounts
2		
3		
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 are the organization's property, subject to the organization's exclusive legal control?	advised funds Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds ca for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purp	n be used only
	impermissible private benefit?	Yes No
	rt II Conservation Easements. Complete if the organization answered 'Yes' to	Form 990, Part IV, line 7.
1		
		historically important land area
	Protection of natural habitat Preservation of a c	ertified 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 last day of the tax year.	a conservation easement on the
		Held at the End of the Tax Year
	a Total number of conservation easements	2 a
	<b>b</b> Total acreage restricted by conservation easements	2 b
	c Number of conservation easements on a certified historic structure included in (a)	2 c
	<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic	
	structure listed in the National Register.	2 d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization tax year ►	ganization during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling	of violations,
	and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	g the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the S	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)?	basered branch
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statinglude, if applicable, the text of the footnote to the organization's financial statements that describes conservation easements.	bes the organization's accounting for
aı	t III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.	
1 8	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue s art, historical treasures, or other similar assets held for public exhibition, education, or research in furthers in Part XIII, the text of the footnote to its financial statements that describes these items.	tatement and balance sheet works of ance of public service, provide,
I	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue state historical treasures, or other similar assets held for public exhibition, education, or research in furtherance following amounts relating to these items:	of public service, provide the
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	.,,
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gramounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
ä	Revenues included in Form 990, Part VIII, line 1	<b>&gt;</b> \$
	Assets included in Form 990, Part X	

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property

(a) Cost or other basis (investment)

b Buildings.
c Leasehold improvements.
d Equipment
e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

(c) Accumulated depreciation

(d) Book value

3, 165.
2, 419.
3, 165.
2, 769.
3, 375.

Schedule D (Form 990) 2012

Part VII	Investments - Other Securities. See	Form 990, Part X,		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
	ial derivatives			
	y-held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(A) (B) (C) (D) (E) (F) (G)				
(H)				
(1)				
	nn (b) must equal Form 990, Part X, column (B) line 12.) •			
Part VIII	Investments - Program Related. See	Form 990, Part X,	line 13. N/A	
	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or	
			end-of-year market value	
(1)				
(2)				
(3)				
(5)				
(6)				
(7)				
(8)				,,
(9)				
(10)				
Total. (Colum	nn (b) must equal Form 990, Part X, column (B) line 13.) 🕨			
Part IX	Other Assets. See Form 990, Part X, I			
Part IX		ine 15. N/A scription	(b) Book valu	ie
Part IX			(b) Book valu	ie
(1) (2)			(b) Book valu	ie
(1) (2) (3)			(b) Book valu	ie
(1) (2) (3) (4)			(b) Book valu	ie
(1) (2) (3) (4) (5)			(b) Book valu	ie .
(1) (2) (3) (4) (5) (6)			(b) Book valu	ie
(1) (2) (3) (4) (5) (6) (7)			(b) Book valu	le
(1) (2) (3) (4) (5) (6) (7) (8)			(b) Book valu	Je .
(1) (2) (3) (4) (5) (6) (7) (8) (9)			(b) Book valu	ie .
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)		scription		ie .
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	(a) Des	scription  B), line 15.)		Je
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co	(a) Description of liability	scription  B), line 15.)		ie .
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co	Jumn (b) must equal Form 990, Part X, column (b) Other Liabilities. See Form 990, Part X (a) Description of liability ral income taxes	B), line 15.)		le .
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co  Part X  (1) Fede (2) Cre	(a) Description of liability	3), <i>line 15.</i> )		le .
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X (1) Fede (2) Cre (3)	Jumn (b) must equal Form 990, Part X, column (b) Other Liabilities. See Form 990, Part X (a) Description of liability ral income taxes	B), line 15.)		le .
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X  (1) Fede (2) Cre (3) (4)	Jumn (b) must equal Form 990, Part X, column (b) Other Liabilities. See Form 990, Part X (a) Description of liability ral income taxes	B), line 15.)		Je .
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X  (1) Fede (2) Cre (3) (4) (5)	Jumn (b) must equal Form 990, Part X, column (b) Other Liabilities. See Form 990, Part X (a) Description of liability ral income taxes	B), line 15.)		JIE .
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co  Part X  (1) Fede (2) Cre (3) (4) (5) (6)	Jumn (b) must equal Form 990, Part X, column (b) Other Liabilities. See Form 990, Part X (a) Description of liability ral income taxes	B), line 15.)		JIE .
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co  Part X  (1) Fede (2) Cre (3) (4) (5) (6) (7)	Jumn (b) must equal Form 990, Part X, column (b) Other Liabilities. See Form 990, Part X (a) Description of liability ral income taxes	B), line 15.)		JIE .
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co  Part X  (1) Fede (2) Cre (3) (4) (5) (6) (7) (8)	Jumn (b) must equal Form 990, Part X, column (b) Other Liabilities. See Form 990, Part X (a) Description of liability ral income taxes	B), line 15.)		le .
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co  Part X  (1) Fede (2) Cre (3) (4) (5) (6) (7) (8) (9)	Jumn (b) must equal Form 990, Part X, column (b) Other Liabilities. See Form 990, Part X (a) Description of liability ral income taxes	B), line 15.)		JIE .
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co  Part X  (1) Fede (2) Cre (3) (4) (5) (6) (7) (8) (9) (10)	Jumn (b) must equal Form 990, Part X, column (b) Other Liabilities. See Form 990, Part X (a) Description of liability ral income taxes	B), line 15.)		JIE .
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X  (1) Fede (2) Cre (3) (4) (5) (6) (7) (8) (9) (10) (11)	Jumn (b) must equal Form 990, Part X, column (b) Other Liabilities. See Form 990, Part X (a) Description of liability ral income taxes	B), line 15.)	8.	JIE .

	D (Form 990) 2012 Singularity Institute for Artific:		58-2565917	Page 4
	Reconciliation of Revenue per Audited Financial Statemen			
	I revenue, gains, and other support per audited financial statements.			
	ounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	CASTAL STATES	
	unrealized gains on investments			
	ated services and use of facilities			
	overies of prior year grants			
	er (Describe in Part XIII.)			
	lines 2a through 2d			
	tract line 2e from line 1.	I I	3	
	unts included on Form 990, Part VIII, line 12, but not on line 1:			
	stment expenses not included on Form 990, Part VIII, line 7b			
	er (Describe in Part XIII.)		4c	
	lines 4a and 4b.			
	I revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Part XII	Reconciliation of Expenses per Audited Financial Statements	ents with Expe	1	
	ounts included on line 1 but not on Form 990, Part IX, line 25:			
	ated services and use of facilities	1 201	Section 1	
	r year adjustments.			
	r losses			
	r (Describe in Part XIII.)			
	lines 2a through 2d.		2e	
	ract line 2e from line 1			
	unts included on Form 990, Part IX, line 25, but not on line 1:	1 1	1000	
	stment expenses not included on Form 990, Part VIII, line 7b	4a		
	r (Describe in Part XIII.)			
c Add I	lines 4a and 4b			-400
	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	)	5	
Part XIII	Supplemental Information			
ine 4; Par	this part to provide the descriptions required for Part II, lines 3, 5, and 9; P t X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also cor	mplete this part to	provide any additional information	ition.
			Schedule <b>D</b> (Form	990) 2012
BAA			Ochedule D (LOITH	2201 5015

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

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Employer identification number

Name of the organization Singularity Institute for Artificial	Employer identification number
Intelligence, Inc.	58-2565917
Form 990, Part III, Line 1 - Organization Mission	
To develop the theory and particulars of safe self-improv	ing Artificial
Intelligence; to support novel research and foster the cr	ceation of a research
community focused on safe Artificial General Intelligence	; and to otherwise improve
the probability of humanity surviving future technological	ıl advances.
Form 990, Part III, Line 3 - Ceased Conducting or Significant Changes To	Services
Towards the later part of 2012, the Board of Directors an	nd Managing Team decided
that they would like to concentrate more of their program	services towards the
research of ensuring that the creation of smarter-than-hu	man intelligence benefits
society Embracing this new focus and direction, it was d	decided that the Institute
would no longer conduct its annual Singularity Summit Con	ference. The trademarks and
intellectual property connected to the Singularity Summit	were sold to the
Singularity Education Group in December 2012.	
Form 990, Part III, Line 4a - Program Service Accomplishments	
Program 1: Research	
The Singularity Institute (SI) increased its research out	put with the publication of
more peer reviewed research than any other year in its ex	istence. In 2012 SI Research
Fellows and Research Associates wrote 14 published (and f	orthcoming) publications. SI
also grew its team of Research Associates to 10, and hire	d 2 additional Research
Fellows-Alex Altair and Kaj Sotala-to support its growing	research program. In
addition, SI hosted its first Workshop on Logic, Probabil	ity, and Reflection, in
which participants achieved a significant result in mathe	matical logic (a "loophole"
in Tarski's undefinability theorem) that is expected to g	enerate 1-3 papers. Finally,
SI continued its efforts to better understand relevant re	search problems/directions
through consultations with its advisors-such as Max Tegma	rk and Nick Bostrom - and

Name of the organization Singularity Institute for Artificial Intelligence, Inc.	58-2565917
Form 990, Part III, Line 4a - Program Service Accomplishments	
published a series of proposals detailing ways in which AI:	risk reduction might be
purchased.	
Program 2: Outreach	
SI held its annual Singularity Summit in San Francisco. With	n another set of
prestigious speakers including, Steven Pinker, Peter Norvig,	, Ray Kurzweil, and Nobel
Laureate Daniel Kahneman; over 600 attendees; and coverage h	by the BBC, the Wall
Street Journal, other popular media outlets; the Summit was	once again SI's most
successful_outreach_activity	
In_addition, SI_increased_engagement_with_the_AGI_research_o	community through
interviews_with_researchers_Pei_Wang,_Bill_Hibbard,_and_Ben_	Goertzel. MIRI also
sponsored a \$1,000 Prize for the Best AGI Safety Paper at the	ne AGI-12 conference. SI
also continued its outreach to the general public with the c	completion of Facing the
Intelligence Explosion and a popular "Ask Me Anything" by Exe	ecutive Director Luke
Muehlhauser of Reddit.	
Finally, in 2012 SI helped launch a new 501(c)3 non-profit -	the Center for Applied
Rationality to continue the work SI began on rationality tr	aining. This included the
execution of four rationality training workshops, each atter	nded by 20+ participants
from the general public, and a fifth rationality training wo	orkshop attended by 20+
high school students with exceptional mathematical ability.	
Form 990, Part VI, Line 11b - Form 990 Review Process	
A draft copy of the form 990 is supplied to the Executive Di	rector and other
Managing members of the organization. They will review the d	lraft form for

Name of the organization Singularity Institute for Artificial	Employer identification number
Intelligence, Inc.	58-2565917
Form 990, Part VI, Line 11b - Form 990 Review Process (continued)	
completeness of the return and will present inquiries and s	uggestions to the
preparer as well as provide revisions and corrections to re-	turn. A final copy of the
form will then be prepared and filed.	
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of	Conflicts
The Board of Directors reviews on an annual basis compliance	e with the conflict of
interest policy with all personnel	
Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO,	Top Management
The compensation of the person is reviewed and approved by	the board of directors of
the organization, provided that persons with conflicts of in	nterest with respect to
the compensation arrangement at issue are not involved in the	his review and approval.
The compensation of the person is reviewed and approved using	ng data as to comparable
compensation for similarly qualified persons in functionally	y comparable positions at
similarly_situated_organizations	
There is contemporaneous documentation and recordkeeping wit	th respect to the
deliberations and decisions regarding the compensation arran	ngement.
Description of Titles:	
Chief employed executive - The CEO (i.e., chief executive of	fficer), executive
director or top management official (i.e., a person who has	ultimate responsibility
for implementing the decisions of the organization's governi	ing_body_or_for
supervision the management, administration or operations of	the organization)
Officer - A person elected or appointed to manage the organi	zation's daily

Name of the organization Singularity Institute for Artificial	Employer identification number
Intelligence, Inc.	58-2565917
Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers &	& Key Employees (continued)
compensation for similarly qualified persons in functionally co	omparable positions at
similarly situated organizations	
There is contemporaneous documentation and recordkeeping with a	respect to the
deliberations and decisions regarding the compensation arrangements	ment.
Description of Titles:	
Chief employed executive - The CEO (i.e., chief executive office	cer), executive
director or top management official (i.e., a person who has ult	imate responsibility
for implementing the decisions of the organization's governing	body or for
supervision the management, administration or operations of the	e organization)
Officer - A person elected or appointed to manage the organizat	ion's daily
operations, such as a president, vice-president, secretary or tr	
of the organization are determined by reference to its organizi	
or_resolutions of its governing body, or as otherwise designate	
state law, but at a minimum include those officers required by a	pplicable state law.
Include as officers the organization's top management official_	and_top_financial
official (the person who has ultimate responsibility for managi	ng the organization's
finances).	
Key Employee - An employee of the Organization who meets all th	ree of the following
tests: (a) \$150,000 test: receives reportable compensation from	
all related organizations in excess of \$150,000 for the year, (	
Test: the employee; (i) has responsibility, powers, or influenc	<u> </u>

Name of the organization Singularity Institute for Artificial Intelligence, Inc.	58-2565917
Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers &	& Key Employees (continued)
Organization as a whole that is similar to those of officers, of	lirectors, or
trustees; (ii) manages a discreet segment or activity of the Or	ganization that
represents 10% or more of the activities, or shares authority t	o control or
determine 10% or more of the Organization's capital expenditure	es,
operating budget or compensation for employees; and (c) Top 20	Test: is one of the
20 employees (that satisfy the \$150,000 Test and Responsibility	Test) with the
highest reportable compensation from the Organization and relat	ed organization for
the year.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
Own website and upon request	

2012

# **Schedule O - Supplemental Information**

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Singularity Institute for Artificial Intelligence, Inc.

58-2565917

<b>Form</b>	990,	Part :	XI,	Line	e 9				
Other	Cha	nges	In	Net	<b>Assets</b>	Or	Fund	<b>Balances</b>	,

Recovered loss from settlement  $\frac{$2,000.}{$2,000.}$