Department of the Treasury Internal Revenue Service

# **Short Form**

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)

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

The organization may have to use a copy of this return to satisfy state reporting requrements.

OMB No 1545-1150

2004

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning , 2004, and ending , 20					, 20		
B	Address change use IRS Inhal or Singularity Institute for Artificial Intelligence, Inc.				yer idei 25659	ntification number	
						mber -2524	
	Amended return Application pending	<b>F</b> Group Numb		otion			
	• Section 501(c)(3)	organizations and 4947(a)(1) nonexempt charitab a completed Schedule A (Form 990 or 990-EZ).		G Accounting me Other (specify)		☑ Cash ☐ Accrual	
_	Website: ▶ http	o://singinst.org		H Check ► ☐ is not required		•	
J	Organization type (	(check only one)— ✓ 501(c) (3) < (insert no)	4947(a)(1) or	Schedule B (Fo	rm 990	, 990-EZ, or 990-PF)	
ĸ		organization's gross receipts are normally not more that a Form 990 Package in the mail, it should file a re					
L	Add lines 5b, 6b, and	d 7b, to line 9 to determine gross receipts, if \$100,000 o	r more, file Form 990 instead	d of Form 990-EZ	▶ \$		
Р	art I Revenue	e, Expenses, and Changes in Net Assets	or Fund Balances (	See page 37 of	the in:	structions.)	
	1 Contribution	ons, gifts, grants, and similar amounts received			1	69,272.21	
	1	service revenue including government fees and	contracts		2		
	3 Membersh	hip dues and assessments			3		
	4 Investmen	nt income			4	511.36	
	5a Gross ame	nount from sale of assets other than inventory	5a				
	b Less cost	at or other basis and sales expenses					
_	c Gain or (lo	oss) from sale of assets other than inventory (lii		ch schedule)	5c		
Ę	1	vents and activities (attach schedule). If any amou					
Revenue		renue (not including \$ of c	contributions	_			
	1	•	· · · ·   <del>  </del>				
3	b Less' direct expenses other than fundraising expenses						
		es of inventory, less returns and allowances	7a			·····	
		es of inventory, less returns and allowances	7b				
$\sim$		of it or (loss) from sales of inventory (line 7a less	· Ine 7h)		7c		
V	8 Other reve	enue (describe > Amazon.com Associate	ine /b) .		8	103.01	
<u> </u>		enue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		/ ▶	9	69,886.58	
⊰−	1				10	24,000.00	
	)	paid to or for members			11	· · · · · · · · · · · · · · · · · · ·	
၂ တ		and the second s			12		
Expenses		nal fees and other payments to independent co			13	11,000.00	
- <u>a</u>		cy, rent, utilities, and maintenance			14		
_	15 Printing-o	publications postage and shipping			15	908.40	
) <u>[</u>	40	penses (describe > Travel, books, state filing	s, bank fees, credit ca	rd fees	16	1,527.77	
心	✓ IZ Vietal expe	enses (add lines 10 through 16)		•	17	37,436.17	
		(aeficit) for the year (line 9 less line 17)			18	32,445.76	
Agets sets	1192 Nellasset	s of fund balances at beginning of year (from		nust agree with	19	80,086.45	
		anges in net assets or fund balances (attach ex	(planation)		20		
Ì		s or fund balances at end of year (combine line		<b>&gt;</b>	21	112,532.21	
		-SheetsIf Total assets on line 25, column (B			tead o	f Form 990-EZ	
		(See page 40 of the instructions.)		(A) Beginning of y	ear	(B) End of year	
2:	2 Cash, savinos.	and investments		80,086.	45 22	102,137.69	
23	R Land and build	linas			23		
24	4 Other assets (d	describe   Undeposited checks, Paypal trans	sfer in progress	0.	00 24	10,549.41	
2	5 Total assets			80,086.		112,687.10	
26	6 Total liabilities	(describe > expense for thank-vou mailing	)		00 26	154.89	
2		fund balances (line 27 of column (B) must agr	ree with line 21)	80.086	45 27	112 532 21	

For Privacy Act and Paperwork Reduction Act Notice, see the separate Instructions.

Form **990-EZ** (2004)

wrote and published paper on extrapolated volition, wrote and published paper on Bayesian probability theory as related to philosophy of science. (Grants \$ 24,000, 286) 24,000, 287 24,000, 287 24,000, 288 24,000, 288 24,000, 289 24,00		t III	Statement of Program Service Accom					Expenses	
Describe what was achieved in carrying out the organization's exempt purposes in a clear and concise many and 497/(a)(1) transport persons benefited, or diver relevant information for each program title in the program service and published paper on Bayesian wrote and published paper on Bayesian probability theory as related to philosophy of science. (Grants \$ 24,000)	Wha	t is the	e organization's primary exempt purpose? 💆	Create a Friendly, self-imp	roving Artificial I	ntelligence			
28 Research Fellowship, Elizer Yudkowsky - continued work on Al morality and decision theory, wrote and published paper on Bayesian probability theory as related to philosophy of science. (Grants \$ 24,000) 28a 24,000.00 27 [Pier Emerson, Executive Director - maintained Singularity institute website, published newsletters, answered queries from public.  30 Singularity institute website - provided information about Artificial Intelligence to public; provided research results to public; operated email list for persons interested in Singularity; coordinated (Singularity volunteers. (Grants \$ 29a 11,000.00 274.69 2	Desc	ribe w	hat was achieved in carrying out the organization	ation's exempt purposes In	a clear and cond	ise manner,	and	4947(a)(1)	trusts,
wrote and published paper on extrapolated volition, wrote and published paper on Bayesian probability theory as related to philosophy of science. (Grants \$ 24,000) 88a 24,000.00 27 [Grants \$ 124,000] 88b 24,000.00 287 [Grants \$ 125,000] 88b 24,000.00 28b 25,000] 88b 25,000.00 28b 25,000.0						·	opti	onal for othe	:rs )
probability theory as related to philosophy of science. (Grants \$ 24,000) 88a 24,000.00  37 Tyler Emerson, Executive Director - maintained Singularity Institute website, published newsletters, answered gueries from public. (Grants \$ ] 29a 11,000.00  38 Singularity Institute website - provided information about Artificial Intelligence to public; provided research results to public; operated small list for persons interested in Singularity; coordinated Singularity volunteers. (Grants \$ ] 30a 742.69  30 Other program services (attach schedule) (Grants \$ ] 31a 2  31 Other program services expenses (add lines 28a through 31a) . ▶ 22 35,742.69  31 Other program services expenses (add lines 28a through 31a) . ▶ 23 2,742.69  32 Total program services expenses (add lines 28a through 31a) . ▶ 23 2,742.69  33 Fart IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See page 41 of the instructions). (B) Cempensated (B) Compensated (B) Compensated (B) Compensated (B) Compensated (C) C) C			· • • · · · • • • • • · · · · • · · · ·				İ	ĺ	
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Park V Other Information (Note the attachment requirement in General Instruction V, page 14.)  Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.  Were any changes made to the organizing or govering documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.  If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaning your reason for not reporting the income on Form 990-T.  a Did the organization had without a statement explaning your reason for not reporting the income on Form 990-T.  a Did the organization had surrelated business gross income of \$1,000 or more or 603(e) notice, reporting, and proxy tax requirements?  b If "Yes," has it filed a tax return on Form 990-T for this year?  Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)  The bid the organization berow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?  b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved.  50 501(c)(7) organizations. Enter a initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  10a 501(c)(3) and (4) organizations. Did the organization engage in any section 4955 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.  c Amount of tax miposed on organization managers or disqualified persons during the year under:  section 4911 ▶ 0; section 4912 ▶ 0; section 4915 ▶ 0  b 501(c)(3) and (4) organizations. Did the organization organization during the year of did to become aware			(A) Name and address	hours per week	(If not paid,	employee benefit	plans &	account	and
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If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.  By 1 (1909) A property of the period of the p	34			·				-	V
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?  b if "Yes," has it filled a tax return on Form 990-T for this year?  Was there a liquidation, dissolution, termination, or substantial contraction during the year? (if "Yes," attach a statement)  Both the organization file Form 1120-POL for this year?  Both the organization file Form 1120-POL for this year?  Both the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?  b if "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved.  b Gross receipts, included on line 9, for public use of club facilities  b Gross receipts, included on line 9, for public use of club facilities  c Amount of tax imposed on organizations. Enter Amount of tax imposed on the organization during the year under:  section 4911 ▶ 0, section 4912 ▶ 0; section 4958 excess benefit transaction during the year of dil to become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.  c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ 0  d Enter: Amount of tax on line 40c, above, reimbursed by the organization  c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ 0  d Enter: Amount of tax on line 40c, above, reimbursed by the organization  c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ 0  d Enter: Amount of tax on line 40c, above, reimbursed by the organization  c Amount of tax imposed on organization of this return is filed. ▶ 60cgia, Callifornia  The books are in care of ₱ Eliezer Yudkowsky  Located at ▶ 895 Burbank Dr #3, Santa Clara, CA  Lip 4 ♦ 95051-4927  Located at ₱ 895 Burbank D	35		, , ,	•				- 1	
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?  b if "Yes," has it filed a tax return on Form 990-T for this year?  6 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (if "Yes," attach a statement)  7 Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶  8 Did the organization file Form 1120-POL for this year?  8 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?  b if "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved.  if "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved.  if "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved.  if "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved.  if "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved.  if "Yes," attach the schedule specified in the line 38 instructions included on line 9  if "Yes," attach an explanation.  if yes, "attach an explanation during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.  c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958  c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958  it the states with which a copy of this return is filed. ▶ Georgia, California  The books are in care of ▶ Eliezer Yudkowsky.  Telephone no. ▶ (866,) 983-5697  Located at ▶ 895 Burbank Dr #3, Santa Clara, CA  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and sta	-		~	<del>-</del>				I .	
b if "Yes," has it filed a tax return on Form 990-T for this year?  Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)  at Enter amount of political expenditures, direct or indirect, as described in the instructions.   b Did the organization file Form 1120-POL for this year?  Ba Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?  b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved.  50 If (C)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  50 If (c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911   b 50 If (c)(3) and (4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.  c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958   d Enter: Amount of tax on line 40c, above, reimbursed by the organization  List the states with which a copy of this return is filed.  Georgia, California  The books are in care of  Eliezer Yudkowsky  Located at  895 Burbank Dr #3, Santa Clara, CA  ZIP + 4  95051-4927  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, copress has any knowledge.  Check if  Prepare's SSN or PTIN (See Gen Inst W)  Date  Check if  Prepare's SSN or PTIN (See Gen Inst W)	а							I .	
was there amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a  Inter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a  In the organization file Form 1120-POL for this year?  In the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?  If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved.  If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved.  If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved.  If "Yes," attach are separated as a supplementary of the period covered by this return?  If "Yes," attach are separated as a supplementary of the period covered by this return?  If "Yes," attach are separated as a supplementary of the period covered by this return in the period covered by the set under separated on line 9  If "Yes," attach are separated on during the year under section 4955 ▶ 0  If the become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.  If the become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.  If the become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.  In the become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.  In the become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.  In the become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.  In the become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.  I			5						
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Ba Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?  b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved.  38b 39c 10f(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  39b 40a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4915 ▶ 0  b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.  c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ 0  d Enter: Amount of tax on line 40c, above, reimbursed by the organization.  1 List the states with which a copy of this return is filed. ▶ Georgia, California  12 The books are in care of ▶ Eliezer Yudkowsky Telephone no. ▶ (866.) 983-5697  Located at ▶ 895 Burbank Dr #3, Santa Clara, CA Zip + 4 ▶ 95051-4927  3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ □  and enter the amount of tax-exempt interest received or accrued during the tax year ▶   43    Under penalties of perjuy, 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  Please  Sign	37a	Enter	amount of political expenditures, direct or inc	direct, as described in the i	nstructions. 🕨 🚨	7a			1
such loans made in a prior year and still unpaid at the start of the period covered by this return?  b if "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved.  38b  39c  39c  39c  39c  39c  39c  39c  39	b	Did th	ne organization file Form 1120-POL for this	year?					
b if "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved.  38b  501(c)(7) organizations. Enter: a linitiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0  b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.  c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ 0  d Enter: Amount of tax on line 40c, above, reimbursed by the organization  List the states with which a copy of this return is filed. ▶ Georgia, California  The books are in care of ▶ Eliezer Yudkowsky Telephone no. ▶ (866) 983-5697  Located at ▶ 895 Burbank Dr #3, Santa Clara, CA Zip + 4 ▶ 95051-4927  33 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ □  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.  Date  Check if Preparer's SSN or PTIN (See Gen Inst W)	38a	Did th	ne organization borrow from, or make any lo	ans to, any officer, directo	r, trustee, or key	employee <b>or</b>	were	any	
b Gross receipts, included on line 9, for public use of club facilities		such	loans made in a prior year and still unpaid a	it the start of the period co	vered by this retu	rn?			
b Gross receipts, included on line 9, for public use of club facilities  501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under: section 4911	b	If "Yes	s," attach the schedule specified in the line 38 i	nstructions and enter the am	, o a				
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b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.  c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ 0  d Enter: Amount of tax on line 40c, above, reimbursed by the organization	b	Gross	receipts, included on line 9, for public use	of club facilities		196			
b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.  c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958   d Enter: Amount of tax on line 40c, above, reimbursed by the organization   list the states with which a copy of this return is filed.   Georgia, California  The books are in care of Eliezer Yudkowsky  Located at 895 Burbank Dr #3, Santa Clara, CA  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  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, cores, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Date  Check if Preparer's SSN or PTIN (See Gen Inst W)	40a	501(c)							
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List the states with which a copy of this return is filled.   Georgia, California  The books are in care of Eliezer Yudkowsky  Located at 895 Burbank Dr #3, Santa Clara, CA  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  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  Date  Check if Preparer's SSN or PTIN (See Gen Inst. W)						, and 4958 ►.			<u> </u>
Telephone no. ► (866) 983-5697  Located at ► 895 Burbank Dr #3, Santa Clara, CA  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here  and enter the amount of tax-exempt interest received or accrued during the tax year  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  Please  Sign  Date  Check if Preparer's SSN or PTIN (See Gen Inst W)		Enter:	: Amount of tax on line 40c, above, reimburs	sed by the organization ,		–			<u> </u>
Located at   895 Burbank Dr #3, Santa Clara, CA  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  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  Date  Date  Check if Preparer's SSN or PTIN (See Gen Inst W)		LIST IN	e states with which a copy of this return is file		Tolomi		866	) 983-5697	,
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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.  Please Sign  Date  Date  Check if  Preparer's SSN or PTIN (See Gen. Inst. W)	+3	and e	inter the amount of tax-exempt interest rece	ived or accrued during the	tax vear .		ш		
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 Date  Date  Date  Date  Check if Preparer's SSN or PTIN (See Gen Inst W)			Under penalties of periury 1 declare that I have exami	ned this return, including accomp	anving schedules and	statements, and	to the	best of my kr	owledge
Date  Date  Date  Check if Preparer's SSN or PTIN (See Gen Inst W)	<b>.</b>		and belief, it is true, correct, and complete. Declarati	on of preparer (other than officer)	is based on all inform	nation of which	prepare	er has any kno	owledge
Date   Da		1	1 3 2		1	May ?		2005	-
	olar				0			<del></del>	
				eacher	Ingeto	R			
				Date	Check if self-	Prepare	r's SSN	or PTIN (See Ge	n Inst W)

### SCHEDULE A

(Form 990 or 990-EZ)

# Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Employer identification number Name of the organization 58 2565917 Singularity Institute for Artificial Intelligence, Inc. Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense account and other (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation nployee benefit plans & than \$50,000 per week devoted to position deferred compensation allowances None -----Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms) If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of others receiving over \$50,000 for professional services

		P	age 2			
		Yes	No			
ng any s paid ne 38,	1		<b>V</b>			
Other tion of						
th any les, or ajority ng the						
	2a		<u>/</u>			
	2b 2c		<u> </u>			
	2d		<u> </u>			
	2e		~			
f how	3a	~				
	3b		<u> </u>			
advice	4a		•			
	4b		<b>V</b>			
ctions.)						
the hospital's name, city,						
nit. Section 170(b)(1)(A)(iv).						
he general public. Section						
mbership no mor from bus in Part N	e than nesse /-A.)	n <b>33</b> 1/3 es acq	% of juired			
of section	n 509	9(a)(2).	(See			

Sche	dule /	A (Form 990 or 990-EZ) 2004		F	Page 2
Pa	rt II	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	atte or	ring the year, has the organization attempted to influence national, state, or local legislation, including any empt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid incurred in connection with the lobbying activities   \$	1		v
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities				
2	sut wit ow	ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any ostantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or h any taxable organization with which any such person is affiliated as an officer, director, trustee, majority ner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the insactions)			
а	Sal	le, exchange, or leasing of property?	2a		~
b		nding of money or other extension of credit?	2b	ļ	~
С		rnishing of goods, services, or facilities?	2c		~
d		yment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		~
е		insfer of any part of its income or assets?	2e		~
3a	you	you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how a determine that recipients qualify to receive payments.)	3a	•	
		you have a section 403(b) annuity plan for your employees?	3b	ļ	~
4a		I you maintain any separate account for participating donors where donors have the right to provide advice	1		~
<b>.</b>		the use or distribution of funds?	4a 4b	-	1
	DO	you provide credit counseling, debt management, credit repair, or debt negotiation services?	4D	<u> </u>	
Pa	<u>rt I\</u>	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The	orga	inization is not a private foundation because it is (Please check only ONE applicable box)			
5		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part V)			
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8		A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)			
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) Enter the hospital state			-
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Sect (Also complete the <b>Support Schedule</b> in Part IV-A.)	ion 170	O(b)(1)	(A)(ıv)
11a		An organization that normally receives a substantial part of its support from a governmental unit or from the gene 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A)	ral pub	lic. Se	ection
11b		A community trust. Section 170(b)(1)(A)(vi) (Also complete the <b>Support Schedule</b> in Part IV-A.)			
12		An organization that normally receives (1) more than 331/5% of its support from contributions, membershi receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no moits support from gross investment income and unrelated business taxable income (less section 511 tax) from but by the organization after June 30, 1975. See section 509(a)(2) (Also complete the <b>Support Schedule</b> in Part	re tha	n 33%	5% o
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supp described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of sect section 509(a)(3))			
		Provide the following information about the supported organizations. (See page 5 of the instructions	)		
		(a) Name(s) of supported organization(s)  (b) Line from	numb abov		

	Support Schedule (Complete only E: You may use the worksheet in the instructions	•				
Cale	ndar year (or fiscal year beginning in)	(a) 2003	<b>(b)</b> 2002	(c) 2001	(d) 2000	(e) Total
15	Gifts, grants, and contributions received (Do					
	not include unusual grants. See line 28.),	41,539.59	76,495.95	32,887.94	12,500.0	00 163,423.48
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's chantable, etc., purpose					
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	383.21	78.07	17.57	5.6	64 484.49
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income Attach a schedule Do not					
	include gain or (loss) from sale of capital assets	200.49	87.35	145.79	0.0	
23_	Total of lines 15 through 22	42,123.29	76,661.37	33,051.30	12,505.6	<del></del>
24	Line 23 minus line 17	42,123.29	76,661.37	33,051.30	12,505.6	
25	Enter 1% of line 23	421.23	766.61	330.51	125.0	<del></del>
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in column	n (e), line 24	▶ 26	sa 3,286.83
b	Prepare a list for your records to show the nam governmental unit or publicly supported organiz	ation) whose tota	al gifts for 2000 th	rough 2003 exce	eded the	
	amount shown in line 26a Do not file this list with	th your return. E	nter the total of all	these excess am		
C	Total support for section 509(a)(1) test: Enter lin				▶ 26	ic 164,341.60
d	Add: Amounts from column (e) for lines: 18	484.49	19	40		400 000 04
	22 .	433.63	26b 125,442.	<u> 19</u>	> 26	
e	Public support (line 26c minus line 26d total)				. > 26	····
f	Public support percentage (line 26e (numera				▶ 26	
27	Organizations described on line 12: a Fo person," prepare a list for your records to show to not file this list with your return. Enter the (2003)	the name of, and sum of such an	total amounts rec nounts for each year (2001)	eived in each yea ear:	r from, each "c	disqualified person."
b	For any amount included in line 17 that was received show the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year:  (2003) (2002)	year, that was mo 5 through 11, as w the larger amount	re than the larger well as individuals.) t described in (1) o	of (1) the amount Do not file this list or (2), enter the su	on line 25 for that with your return of these differences	ne year or (2) \$5,000 turn. After computing ferences (the excess
					(2000)	
С	Add Amounts from column (e) for lines 15		16		▶ 27	'c
_						ì
ď			l			<u> </u>
e	Public support (line 27c total minus line 27d total support for section 509(a)(2) test: Enter all	mount from line (		►   27f	21	-
f g	Public support percentage (line 27e (numera				27	g %
h	Investment income percentage (line 18, colu					
28	Unusual Grants: For an organization described prepare a list for your records to show, for each description of the nature of the grant. Do not fill	d in line 10, 11, ch year, the nam	or 12 that receive e of the contribut	ed any unusual gor, the date and	rants during 2 amount of the	2000 through 2003, grant, and a brief

Sche	dule A (Form 990 or 990-EZ) 2004		F	age 4
Pa	Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	29	Yes	No
30	other governing instrument, or in a resolution of its governing body?			
	brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
32	Does the organization maintain the following:	00-		ŀ
a b	Records indicating the racial composition of the student body, faculty, and administrative staff?  Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	32a		-
	basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to.			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering recial panel sections 4.01 through 4.05	25		

Daga	

Pa	rt VI-A Lobbying Expendite (To be completed O						instructions.)	•
Che	ck ▶ a ☐ if the organization belong	s to an affilia	ated group Che	ck ▶ b 🔲 ıf	you checked '	a" an	d "limited control	" provisions apply
	Limits of	-	ng Expenditure				(a) Affiliated group totals	(b) To be completed for ALL electing organizations
			<u> </u>		1	36		- Gamanana
36 37	Total lobbying expenditures to influ  Total lobbying expenditures to influ	•		• •		37		
38	Total lobbying expenditures (add li	•				38		
39	Other exempt purpose expenditure					39		
40	Total exempt purpose expenditures				1	40	,	
41	Lobbying nontaxable amount. Ente							
•	If the amount on line 40 is—		obbying nontaxa	-		1		
	Not over \$500,000		of the amount on		1	1		
	Over \$500,000 but not over \$1,000,000	-	000 plus 15% of th		1 1	l		
	Over \$1,000,000 but not over \$1,500,00		000 plus 10% of the			41		
	Over \$1,500,000 but not over \$17,000,000		000 plus 5% of the	excess over \$1,	1 1			
42	Grassroots nontaxable amount (en		•			42		
43	Subtract line 42 from line 36. Enter					43		
44	Subtract line 41 from line 38. Enter	-0- if line 4	1 is more than lin	e 38		44		
	Caution: If there is an amount on e	either line 43	l or line 44, you m	nust file Form 47	20.			
		1-Voor Ave	eraging Period	I Under Secti	on 501/h)			
	(Some organizations that ma	ade a sectio		do not have to	complete all			pelow
		•	Lobi	bying Expenditu	ures During	4-Yea	ır Averaging P	eriod
	Calendar year (or fiscal year beginning in) ▶		(a) 2004	<b>(b)</b> 2003	(c) 2002		<b>(d)</b> 2001	(e) Total
45	Lobbying nontaxable amount							
46	Lobbying ceiling amount (150% of	line 45(e))					<u></u>	
47	Total lobbying expenditures	· · ·						
48	Grassroots nontaxable amount							
49	Grassroots ceiling amount (150% o	f line 48(e))						
50	Grassroots lobbying expenditures							
	Lobbying Activity b (For reporting only b				Part VI-A) (	See	page 11 of th	ne instructions.)
Duri	ing the year, did the organization atti	empt to influ	ience national, st	ate or local legis	lation, includ	ing a	ny Yes No	Amount
	mpt to influence public opinion on a			-		•	163 110	Amount
а	Volunteers							_
b	Paid staff or management (Include	compensati	on in expenses re	ported on lines	c through h.			4
C	Media advertisements							
d	Mailings to members, legislators, o	r the public					<u> </u>	
е	Publications, or published or broad	cast statem	ents					
f	Grants to other organizations for lo						- 2	
g		=		-				-
h				•			·	+
1	Total lobbying expenditures (Add lif "Yes" to any of the above, also a			tailed description	on of the lobb	 Sylna	activities.	1
	,		5 5					

Part VII	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt
	Organizations (See page 11 of the instructions.)

51					following with any other organization descri	ribed ii	n section
				· · · · · · · ·	on 527, relating to political organizations?	ΓV	es No
а		•	orting organization	to a noncharitable exempt orga			<b>63 140</b>
	• • •	Cash				a(i) (ii)	<u> </u>
		Other assets			· · · · · · · · · · · · · · · · · · ·	317	<del>  •</del>
þ		er transactions:				(i)	~
		-		noncharitable exempt organizat		(ii)	1
				itable exempt organization .		iii)	1
			, equipment, or oth	ner assets		iv)	1
		Reimbursement a	•			(v)	1
		Loans or loan gua				vi)	1
_				ship or fundraising solicitations		c	1
_		_		sts, other assets, or paid emplo	Column (b) should always show the fair mar		luo of the
d	goo	ds, other assets, o	r services given by	the reporting organization If the	he organization received less than fair mark ls, other assets, or services received:		
(8	1)	(b)		(c)	(d)		
Line	no	Amount involved	Name of none	charitable exempt organization	Description of transfers, transactions, and sharing	g arrang	gements
			,				
	_						
		·					
				· · · · · · · · · · · · · · · · · · ·			
				······································			
					<u> </u>		
	des	cribed in section 50 (es," complete the	•	other than section 501(c)(3)) or i		Yes	☑ No
		(a) Name of organiz	ation	(b) Type of organization	(c) Description of relationship	<del></del>	····
			•		·		
		·····					
			·· <del>··············</del>				
		<u> </u>					

Attachment to: 2004 Form 990-EZ, Schedule A, Part III, Line 3
Singularity Institute for Artificial Intelligence, Inc

EIN: 58-2565917

# Grant determination method:

1

The Singularity Institute makes Fellowship grants where the following conditions obtain:

- \*) The work performed is of unique relevance and value to the Singularity, to Artificial Intelligence, or to Friendly Artificial Intelligence.
  - \*) The work is unfunded or underfunded by existing institutions.
- \*) No benefit would be realized by embracing the work on a contractual or employee basis; or the Singularity Institute lacks the administrative or project structure to do so; or the work can only be performed under the aegis of an existing institution; or we judge that the work would best be carried out independently.

The Singularity Institute makes Friendliness safety grants to AI projects or organizations where the following conditions obtain:

- \*) The organization has declared the intention of developing real AI (Artificial General Intelligence) and/or recursively self-improving AI.
- \*) The organization does not possess the resources or the determination to independently implement those basic safety features the Singularity Institute believes to be prudent.
- \*) The organization is willing to develop and implement such safety features in their AI if the development of those safety features is paid for by the Singularity Institute.

Attachment to: 2004 Form 990-EZ, Part I, Line 10 Singularity Institute for Artificial Intelligence, Inc

Schedule of grants for 2004:

Research Fellowship - Eliezer Yudkowsky

Amount: \$24,000

Description: Provides for the continuation of Eliezer Yudkowsky's theoretical analysis of Friendly Artificial Intelligence, his activities in Artificial Intelligence design and analysis, and his activities in Singularity advocacy and evangelism.

EIN: 58-2565917

Justification: Eliezer Yudkowsky has been recognized as one of the most active proponents of the Singularity since 1996, and has been the sole technical theorist on AI morality since 2001. This Research Fellowship has enabled him for the first time to work on the Singularity full-time, including analysis of Friendly AI and AI design.

(Please note that as Yudkowsky is both a Research Fellow and a Director, no donated funds are used for this Fellowship unless the donor explicitly consents that the funds may be used for that program. The funds for this Fellowship are kept in a separate bank account.)

Attachment to: 2004 Form 990-EZ, Part IV Singularity Institute for Artificial Intelligence, Inc

List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	<ul><li>(C) Compensation,</li><li>(D) Contributions to benefit plans,</li><li>(E) Expense account</li></ul>
<b>D</b>	D 11 (G1 1 D)	•
Brian Atkins	President/Chair, Director	- 0 -
612 German Lane	2	- 0 -
Franklin, TN 37067		- 0 -
Sabine Atkins	Director	- 0 -
612 German Lane	1	- 0 -
Franklin, TN 37067		- 0 -
Michael Raimondi	Director	- 0 -
1406 Skyridge Dr.	1	- 0 -
Woodstock, GA 30188		- 0 -
m., ., .,		
Eliezer Yudkowsky	Secretary/Treasurer, Director	
895 Burbank Dr #3	2	- 0 -
Santa Clara, CA 95051		- 0 -
Tyler Emerson	Executive Director	11,000
PO Box 402	60	- 0 -
	00	- 0 -
Los Altos, CA 94023		- v -

EIN: 58-2565917