

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)

Department of the Treasury Internal Revenue Service

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

Form 990 header section including: A For the 2006 calendar year, or tax year beginning, and ending; B Check if applicable; C Name of organization; D Employer identification number; E Telephone number; F Accounting method; G Website; J Organization type; K Check here; L Gross receipts.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

Table with 21 rows detailing Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Includes sub-rows for contributions, program revenue, membership, interest, rents, sales, and total revenue/expenses.

Handwritten initials/signature: BWT B

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
22 b	Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0			
25 a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	227,175	227,175		0
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	0	0	0	0
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	0			
27	Pension plan contributions not included on lines 25a, b, and c	0			
28	Employee benefits not included on lines 25a - 27	0			
29	Payroll taxes	0			
30	Professional fundraising fees				
31	Accounting fees	2,500		2,500	
32	Legal fees	0			
33	Supplies	4,096		4,096	
34	Telephone	4,078		4,078	
35	Postage and shipping	1,019		1,019	
36	Occupancy	0			
37	Equipment rental and maintenance	0			
38	Printing and publications	348		348	
39	Travel	11,591			11,591
40	Conferences, conventions, and meetings	108,310	108,310		
41	Interest	0			
42	Depreciation, depletion, etc (attach schedule)	905	692	213	0
43	Other expenses not covered above (itemize):				
a	See attached statement	35,545	19,150	12,718	3,677
b		0	0	0	0
c		0	0	0	0
d		0	0	0	0
e		0	0	0	0
f		0	0	0	0
g		0	0	0	0
44	<b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	395,567	355,327	24,972	15,268

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? <input checked="" type="checkbox"/> Create a Friendly, self-improving Artificial Intelligence	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
<p>a Eliezer Yudkowsky-research Fellowship: continued research on Artificial General Intelligence and Friendly AI. wrote and released "AI as a Positive and Negative Factor in Global Risk" and "Cognitive Biases Potentially Affecting Judgment of Global Risk," spoke about the Singularity and Friendly AI at multiple conferences.</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	63,000
<p>b Tyler Emerson- Executive Director organized Singularity Summit at Stanford, first conference focused explicitly on Singularity dialogue; updated and maintained the Singularity Institute website, published newsletters; answered questions from the public and donors; organized Singularity Challenge.</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	60,000
<p>c Carolyn Burke, Communications Director: collaborated extensively with executive director on Singularity Summit at Stanford, improved the Singularity Institute's communications materials, worked with media.</p> <p>Allison Taguchi, Development Director, developed donor prospect meetings and answered questions, wrote foundation grants, developed corporate contacts.</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	103,000
<p>d Singularity Summit at Stanford: leading forum for Singularity dialogue, 13 speakers and over 1000 attendees, extensively covered by media, lectures made available online for free public download. (Expense \$100,000)</p> <p>Singularity Institute websites, provided information about Artificial Intelligence to public, provided research results to public, operated email list for people interested in Singularity, coordinated Singularity volunteers. (Expense \$10,000)</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	110,000
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	0
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) <input checked="" type="checkbox"/>	<b>336,000</b>

**Part IV Balance Sheets** (See the instructions.)

				(A)		(B)
				Beginning of year		End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only						
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing			95,105	<b>45</b>	157,896
	<b>46</b> Savings and temporary cash investments				<b>46</b>	
	<b>47 a</b> Accounts receivable	<b>47a</b>	0			
	<b>b</b> Less: allowance for doubtful accounts	<b>47b</b>	0	0	<b>47c</b>	0
	<b>48 a</b> Pledges receivable	<b>48a</b>	0			
	<b>b</b> Less: allowance for doubtful accounts	<b>48b</b>	0	0	<b>48c</b>	0
	<b>49</b> Grants receivable				<b>49</b>	
	<b>50 a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			0	<b>50a</b>	0
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				<b>50b</b>	
	<b>51 a</b> Other notes and loans receivable (attach schedule)	<b>51a</b>	0			
	<b>b</b> Less: allowance for doubtful accounts	<b>51b</b>	0	0	<b>51c</b>	0
	<b>52</b> Inventories for sale or use				<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges				<b>53</b>	
	<b>54 a</b> Investments—publicly-traded securities	<input type="checkbox"/> Cost	<input type="checkbox"/> FMV	0	<b>54a</b>	0
	<b>b</b> Investments—other securities (attach schedule)	<input type="checkbox"/> Cost	<input type="checkbox"/> FMV	0	<b>54b</b>	0
	<b>55 a</b> Investments—land, buildings, and equipment: basis	<b>55a</b>	0			
	<b>b</b> Less: accumulated depreciation (attach schedule)	<b>55b</b>	0	0	<b>55c</b>	0
	<b>56</b> Investments—other (attach schedule)			0	<b>56</b>	0
	<b>57 a</b> Land, buildings, and equipment basis	<b>57a</b>	9,903			
	<b>b</b> Less: accumulated depreciation (attach schedule)	<b>57b</b>	905	0	<b>57c</b>	8,998
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> Undeposited checks, Paypal transfer in progress )			0	<b>58</b>	0	
<b>59</b> <b>Total assets</b> (must equal line 74) Add lines 45 through 58			95,105	<b>59</b>	166,894	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses				<b>60</b>	1,083
	<b>61</b> Grants payable				<b>61</b>	
	<b>62</b> Deferred revenue				<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)			0	<b>63</b>	0
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule)			0	<b>64a</b>	0
	<b>b</b> Mortgages and other notes payable (attach schedule)			0	<b>64b</b>	0
	<b>65</b> Other liabilities (describe <input type="checkbox"/> Expense for thank-you mailing )			0	<b>65</b>	0
<b>66</b> <b>Total liabilities.</b> Add lines 60 through 65			0	<b>66</b>	1,083	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>					
	<b>67</b> Unrestricted				<b>67</b>	
	<b>68</b> Temporarily restricted				<b>68</b>	
	<b>69</b> Permanently restricted				<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>					
	<b>70</b> Capital stock, trust principal, or current funds				<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund				<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds			95,105	<b>72</b>	165,811
<b>73</b> <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)			95,105	<b>73</b>	165,811	
<b>74</b> <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73.			95,105	<b>74</b>	166,894	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>		
<b>2</b>	Donated services and use of facilities	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify) _____	<b>b4</b>		0
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	0
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	0
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify) _____	<b>d2</b>		0
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0
<b>e</b>	Total revenue (Part I, line 12) Add lines <b>c</b> and <b>d</b>		<b>e</b>	0

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	
<b>b</b>	Amounts included on line a but not on Part I, line 17:			
<b>1</b>	Donated services and use of facilities	<b>b1</b>		
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b>	Other (specify) _____	<b>b4</b>		0
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	0
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	0
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify) _____	<b>d2</b>		0
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0
<b>e</b>	Total expenses (Part I, line 17) Add lines <b>c</b> and <b>d</b>		<b>e</b>	0

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name Tyler Emerson Str 1158 Morse ave. #10 City Sunnyvale ST CA ZIP 94089	Title President Hr/WK 60	60,000	0	0
Name Eliezer Yudkowsky Str 444 Saratoga Ave. 2 City Santa Clara ST CA ZIP 95050	Title Secretary Hr/WK 60	63,000	0	0
Name Allison Taguchi Str 20885 Redwood Rd. City Castro Vally ST CA ZIP 94546	Title Employee Hr/WK 45	40,000	0	0
Name Carolyn Burke Str 155 Dalhousie Street City Toronto ST ON ZIP M5B 2P7	Title Employee Hr/WK 45	63,000	0	0
Name Brian Atkins Str 3060 Liberty Hills Dr City Franklin ST TN ZIP 37067	Title Chairman Hr/WK 2	0	0	0
Name Sabine Atkins Str 3060 Liberty Hills Dr City Franklin ST TN ZIP 37067	Title Director Hr/WK 2	0	0	0
Name Ray Kurzweil Str 15 Walnut St. City Wellesley ST MA ZIP 02481	Title Director Hr/WK 2	0	0	0
Name Michael Raimondi Str 762 East Lake Lndg City Marietta ST GA ZIP 30062	Title Director Hr/WK 2	1,000	0	0
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)</b>		Yes	No
<b>75 a</b>	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . <b>7</b>		
<b>b</b>	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . . . .	<b>75b</b>	X
<b>c</b>	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization " . . . . . If "Yes," attach a statement that includes the information described in the instructions.	<b>75c</b>	X
<b>d</b>	Does the organization have a written conflict of interest policy? . . . . .	<b>75d</b>	X

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions )

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				

<b>Part VI Other Information (See the instructions.)</b>		Yes	No
<b>76</b>	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change . . . . .	<b>76</b>	X
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If "Yes," attach a conformed copy of the changes.	<b>77</b>	X
<b>78 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>78a</b>	X
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>78b</b>	X
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	<b>79</b>	X
<b>80 a</b>	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization? . . . . .	<b>80a</b>	X
<b>b</b>	If "Yes," enter the name of the organization ► . . . . . and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81 a</b>	Enter direct and indirect political expenditures (See line 81 instructions ) . . . . . <b>81a</b>		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>81b</b>	X

Part VI Other Information (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 82a through 91b regarding organizational activities, financials, and foreign accounts.

**Part VI Other Information (continued)**

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c

Yes  No

If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments		2,732			
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a		0		0	0
b		0		0	0
c		0		0	0
d		0		0	0
e		0		0	0
104 Subtotal (add columns (B), (D), and (E))		2,732		0	0
105 Total (add line 104, columns (B), (D), and (E))					2,732

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)



**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13)

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

				Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	----- -----				
b	----- -----				
c	----- -----				
<b>Totals</b>				0	

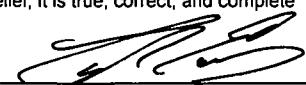
**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	----- -----				
b	----- -----				
c	----- -----				
<b>Totals</b>				0	

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?


**Please Sign 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.

Signature of officer:  Date: 1/16/2008

Type or print name and title: TYLER EMERSON CREECH

**Paid Preparer's Use Only**

Preparer's signature:  Date: 1/16/2008

Check if self-employed:

Preparer's SSN or PTIN (See Gen. Inst. X): P00543498

Firm's name (or yours if self-employed), address, and ZIP + 4: CHRISTOPHER HUANG CPAS, INC. 1172 MURPHY AVE. SUITE 237, SAN JOSE, CA 95131

EIN: 20-3290811

Phone no: 408-437-8928



**Part III Statements About Activities** (See page 2 of the instructions.)

Yes No

**1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B )

**1** X

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** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )

**a** Sale, exchange, or leasing of property?

**2a** X

**b** Lending of money or other extension of credit?

**2b** X

**c** Furnishing of goods, services, or facilities?

**2c** X

**d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

**2d** X

**e** Transfer of any part of its income or assets?

**2e** X

**3 a** Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments )

**3a** X

**b** Did the organization have a section 403(b) annuity plan for its employees?

**3b** X

**c** Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

**3c** X

**d** Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

**3d** X

**4 a** Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g

**4a** X

**b** Did the organization make any taxable distributions under section 4966?

**4b** X

**c** Did the organization make a distribution to a donor, donor advisor, or related person?

**4c** X

**d** Enter the total number of donor advised funds owned at the end of the tax year ► \_\_\_\_\_

**e** Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► \_\_\_\_\_

**f** Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► \_\_\_\_\_

**g** Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► \_\_\_\_\_

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization 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's name, city, and state ▶ ..... City ..... ST ..... Country .....
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A.)
- 11 a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
- 11 b  A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
- 12  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 charitable, etc., 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) (Also complete the Support Schedule in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

**Provide the following information about the supported organizations.** (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					<b>0</b>

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12 ) *Use cash method of accounting.*

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	101,016	69,272	41,540	76,496	288,324
<b>16</b> Membership fees received					0
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose					0
<b>18</b> 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	694	511	383	78	1,666
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> 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					0
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets		103	200	87	390
<b>23</b> Total of lines 15 through 22	101,710	69,886	42,123	76,661	290,380
<b>24</b> Line 23 minus line 17	101,710	69,886	42,123	76,661	290,380
<b>25</b> Enter 1% of line 23	1,017	699	421	767	
<b>26</b> Organizations described on lines 10 or 11:					
<b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> 5,808
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b>
<b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e)					<b>26c</b> 290,380
<b>d</b> Add Amounts from column (e) for lines	18 1,666	19			<b>26d</b> 2,056
	22 390	26b			<b>26e</b> 288,324
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> 288,324
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 99.29%
<b>27</b> Organizations described on line 12:					
<b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year					
(2005) _____ (2004) _____ (2003) _____ (2002) _____					
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals ) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year					
(2005) _____ (2004) _____ (2003) _____ (2002) _____					
<b>c</b> Add Amounts from column (e) for lines	15 _____	16 _____			<b>27c</b> 0
	17 _____	20 _____	21 _____		<b>27d</b> 0
<b>d</b> Add Line 27a total _____ and line 27b total _____					<b>27e</b> 0
<b>e</b> Public support (line 27c total minus line 27d total)					
<b>f</b> Total support for section 509(a)(2) test Enter amount from line 23, column (e)					<b>27f</b>
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> 0.00%
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> 0.00%
<b>28</b> Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					

**Part V Private School Questionnaire** (See page 9 of the instructions )  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
<b>31</b> 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? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement ) ----- ----- -----		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement ) ----- ----- -----		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
<b>35</b> 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 racial nondiscrimination? If "No," attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a**  if the organization belongs to an affiliated group      Check **b**  if you checked "a" and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

		(a) Affiliated group totals	(b) To be completed for all electing organizations
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)		
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	0	0
<b>39</b>	Other exempt purpose expenditures		
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	0	0
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is—      The lobbying nontaxable amount is— Not over \$500,000      20% of the amount on line 40 Over \$500,000 but not over \$1,000,000      \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000      \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000      \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000      \$1,000,000		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	0	0
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	0	0
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	0	0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
 See the instructions for lines 45 through 50 on page 13 of the instructions )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount					0
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0
<b>47</b> Total lobbying expenditures					0
<b>48</b> Grassroots nontaxable amount					0
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0
<b>50</b> Grassroots lobbying expenditures					0

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
<b>a</b> Volunteers		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
<b>c</b> Media advertisements		X	
<b>d</b> Mailings to members, legislators, or the public		X	
<b>e</b> Publications, or published or broadcast statements		X	
<b>f</b> Grants to other organizations for lobbying purposes		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
<b>i</b> Total lobbying expenditures (Add lines c through h.)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities





**Line 1 (990) - Public Support and Contributions**

	Cash	Non Cash
<b>Line 1a - Contributions to Donor Advised Funds</b>		
<b>Line 1b - Direct public support</b>		
1 Contributions	463,541	1
2 Membership dues and assessments (contributions from the public)		2
3 Commercial co-venture		3
4 Special events contributions (Line 9 - Special Events)	0	4
5		5
6		6
7		7
8		8
9		9
<b>10 Total</b>	<b>463,541</b>	<b>10 0</b>
<b>Line 1c - Indirect public support</b>		
<b>Line 1d - Government contributions (grants)</b>		

**Line 43 (990) - Other Deductions**

35,545

19,150

12,718

3,677

		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
	Description				
1	Bank Service Charge	1,936			1,936
2	Auto Expense	841			841
3	Contributions	39		39	
4	Dues & Subscription	2,049		2,049	
5	FTB Tax	250		250	
6	Internet	3,284	3,284		
7	License & Permit	369		369	
8	Marketing	900			900
9	Outside Service	15,866	15,866		
10	Professional Service Fee	10,011		10,011	
11		0			
12		0			
13		0			
14		0			
15		0			
16		0			
17		0			
18		0			
19		0			
20		0			

**Line 57 (990) - Land, Buildings, and Equipment**

Land (net of any amortization)		Land (net of any amortization)	
		Beginning	End
1	.....		
2	.....		
3	.....		
4	.....		
5	.....		
6	Total land (net of any amortization)	0	0

Buildings and equipment		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7	Computer		6,924		692
8	Furniture		2,979		213
9	.....				
10	.....				
11	.....				
12	.....				
13	.....				
14	.....				
15	.....				
16	.....				
17	Total buildings and equipment	0	9,903	0	905
18	Buildings and equipment (less accumulated depreciation)			0	8,998
19	Total land, buildings and equipment			0	8,998

Category or Item		Cost/Other Basis	Accumulated Depreciation	Book Value
1	.....			
2	.....			
3	.....			
4	.....			
5	.....			
6	.....			
7	.....			
8	.....			
9	.....			
10	.....			
11	Total	0	0	0

**Line 22 (Sch A (990/990-EZ)) - Other Income**

Description	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total	
1	AMAZON.COM ASSOCIATE	103	200	87	390	
2	.....				0	
3	.....				0	
4	.....				0	
5	.....				0	
6	.....				0	
7	.....				0	
8	.....				0	
9	.....				0	
10	.....				0	
	Total of Other Income	0	103	200	87	390

----- Forwarded message -----

From: <[webform@paypal.com](mailto:webform@paypal.com)>

Date: Nov 15, 2007 5:30 PM

Subject: Re: BusinessSolutions (Routing Code: C840-L001-T12016-S111-W000000)  
(KMM14450983I96L0KM) :ppk1

To: Eliezer Yudkowsky <[donate@singinst.org](mailto:donate@singinst.org)>

Dear Eliezer Yudkowsky,

Thank you for contacting PayPal.

My name is Benjamin. I apologize for the delay in responding to your e-mail. We are aware of the issue some accounts are having viewing downloading their History and I sincerely regret the inconvenience it has caused you. Your account has been added to an open ticket. Our technicians are working to resolve this matter. We appreciate your patience and understanding.

If you have any further questions, please feel free to contact us again.

Sincerely,  
Benjamin  
Merchant Solutions  
PayPal, an eBay Company

----- Forwarded message -----

From: <[customercare@paypal.com](mailto:customercare@paypal.com)>

Date: Nov 30, 2007 4:58 PM

Subject: request for email response (KMM17046961I96L0KM) :ppk1

To: [Emerson@singinst.org](mailto:Emerson@singinst.org)

Thank you for contacting PayPal in regards .

This is in regards to your concern about not being able to download the history of your PayPal transactions for the year 2006. We do apologize for any inconvenience this has caused you, unfortunately we do not have an exact timeframe as to when will this be resolved. Rest assured we are very aware of this known issue and we are currently working our very best on this to be resolved as soon as possible.

Please let me know if you need further assistance.

Sincerely,  
Carmen  
Consumer Support  
PayPal, an eBay Company