** PUBLIC DISCLOSURE COPY *	* *	PUBLIC	DISCLOSURE	COPY	* *
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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Department of the Treasury

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



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BERKELEY, CA 94704 H(a) Is this a group return Applicat F Name and address of principal officer:NATHANIEL SOARES SAME AS C ABOVE H(b) Are all subordinates? I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) J Website: ▶ WWW. INTELLIGENCE ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other ▶ I Briefly describe the organization's mission or most significant activities: TO ENSURE THAT THE CREATION OF SMARTER-THAN-HUMAN INTELLIGENCE HAS A POSITIVE IMPACT. SMARTER-THAN-HUMAN INTELLIGENCE HAS A POSITIVE IMPACT. 2 Check this box ▶ I fit the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of volumeers of the governing body (Part VI, line 1a) 3 4 Number of individuals employed in calendar year 2016 (Part V, line 2a) 5 6 Total number of olunteers (estimate if necessary) 6 7 a Total number of volunteers (estimate if necessary) 6 7 a Total number of error Form 990-T, line 34 1, 584, 114, 2, 277, 66 9 Program service revenue (Part VIII, line 1b) 48, 522, 56, 69 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4, 774, 11, 02 <th>AF</th> <th>or the</th> <th>2016 calendar year, or tax year beginning and e</th> <th>ending</th> <th>and the second se</th> <th></th>	AF	or the	2016 calendar year, or tax year beginning and e	ending	and the second se									
INC. Doing business as 58-2565917 Doing business as 0.00000000000000000000000000000000000	B CH	pplicabl	MACHINE INTELLIGENCE RESEARCH INSTITUT	MACHINE INTELLIGENCE RESEARCH INSTITUTE,										
Initial Internation In		chang	I INC.											
Instant Number and street (of P.0. box if mail is not delivered to street address) Room/suite E Telephone number Instant 2030 ADDISON ST, FL 7 510-859-4381 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts 3 2,620,65 Maneaded FN ame and address of principal officer:NATHANIEL SOARES H(a) Is this a group return for subordinates included? Yes Yes I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 J Website: WWW .INTELLIGENCE ORG H(c) Group exemption number H(c) Group exemption number Part I Summary Summary State of legal domicile: Part I Summary I the organization's mission or most significant activities: TO ENSURE THAT THE CREATION OF 2 Check this box I the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of individuals employed in calendar year 2016 (Part VI, line 1a) 4 4 4 Number of individuals employed in calendar year 2016 (Part V, line 2a) 5 5 Total number of ouding members of the governing body (Part VI, line 1a) 4 7b 6		chang	Doing business as	58-2	565917									
Gross receipts \$ 2,620,65 Appended pending Gross receipts \$ 2,620,65 Appended pending F Name and address of principal officer: NATHANIEL SOARES SAME AS C ABOVE H(a) Is this a group return for subordinates? Yes Xi H(b) Are all subordinates? J website: WWW. INTELLIGENCE ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other ▶ L Year of formation: 2000 M State of legal domicile: Part I Summary I Briefly describe the organization's mission or most significant activities: TO ENSURE THAT THE CREATION OF SMARTER-THAN-HUMAN INTELLIGENCE HAS A POSITIVE IMPACT. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of individuals employed in calendar year 2016 (Part VI, line 1a) 3 4 4 Number of individuals employed in calendar year 2016 (Part VI, line 2a) 5 6 Total number of volunteers (estimate if necessary) 7a 7a 7a Total unrelated business revenue from Form 990-T, line 34 Prior Year 1, 584, 114, 2, 277, 66 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 48, 522, 56, 69 10 Other revenu		_return Final return	2030 ADDISON ST, FL 7	te E Telephone number										
Image: Line term DERKELET, CA 94704 H(a) Is this a group return Application F Name and address of principal officer:NATHANIEL SOARES For subordinates? I Tax-exempt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527 J Website: WWW.INTELLIGENCE.ORG H(b) Are all subordinates? H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 2000 M State of legal domicile: Part I Summary I Briefly describe the organization's mission or most significant activities: TO ENSURE THAT THE CREATION OF SMARTER-THAN-HUMAN INTELLIGENCE HAS A POSITIVE IMPACT. IMPACT. 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of independent voting members of the governing body (Part VI, line 1a) 4 4 4 Number of individuals employed in calendar year 2016 (Part VI, line 2a) 6 6 6 Total number of volunteers (estimate if necessary) 7a 7a 7b 7 a total number of volunteers (estimate if necessary) 7a 7a 7a		ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,620,651.								
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K Form of organization: X Corporation Trust Association Other L Year of formation: 2000 M State of legal domicile: Part I Summary Image: Summary	JW	Vebsit	e: VWW.INTELLIGENCE.ORG		topped and the second									
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9 Program service revenue (Part VIII, line 2g) 21,947. 13,47 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 48,522. 56,69 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,774. 11,02	۵	8	Contributions and grants (Part VIII, line 1h)		1,584,114.	2,277,661.								
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ň					13,476.								
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	eve				48,522.	56,690.								
	۳				4,774.	11,025.								
			Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,659,357.	2,358,852.									
					20,000.	0.								
14 Benefits paid to or for members (Part IX, column (A), line 4) 0.					0.									
	ŝ				730,162.	1,101,325.								
	nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.								
b Total fundraising expenses (Part IX, column (D), line 25) 69,133.	ĝ			33.										
11 Other expenses (Part IX, column (A), lines 11a 11d, 11f 24e) 3027 , 3027 , 3027 , 10	ω					663,411.								
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,652,563. 1,764,73					1,652,563.	1,764,736.								
19 Revenue less expenses. Subtract line 18 from line 12 6,794. 594,11		19	Revenue less expenses. Subtract line 18 from line 12		6,794.	594,116.								
	or													
20 Total assets (Part X, line 16) 2,666,100. 3,314,69	sets	20	Total assets (Part X, line 16)			3,314,697.								
21 Total liabilities (Part X, line 26) 409, 262. 211, 33	dB					211,338.								
2,256,838. 3,103,35	Fun				2,256,838.	3,103,359.								

Part II Signature Block

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Internal Revenue Service

Form

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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.

Sign Here	Signature of officer MALO BOURGON, TREASURER/COO	Date
	Type or print name and title	
-	Print/Type preparer's name	Date Check PTIN
Paid	CHRISTINE PEREZ	11/16/17 self-employed P01262808
Preparer	Firm's name HARRIS & CO., PLLC	Firm's EIN > 26-4022510
Use Only	Firm's address 2289 S. BONITO WAY, STE. 100	
	MERIDIAN, ID 83642	Phone no. (208) 333-8965
May the II	RS discuss this return with the preparer shown above? (see instructions)	X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions. 632001 11-11-16

	MACHINE INTELLIGENCE RESEARCH INSTITUTE,
Form	990 (2016) INC. 58-2565917 Page 2
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO ENSURE THAT THE CREATION OF SMARTER-THAN-HUMAN INTELLIGENCE HAS A POSITIVE IMPACT. THUS, THE CHARITABLE PUROSE OF THE ORGANIZATION IS
	TO: A) PERFORM RESERACH RELEVANT TO ENSURING THAT SMATER-THAN-HUMAN
	INTELLIGENCE HAS A POSITIVE IMPACT; B) RAISE AWARENESS OF THIS
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?Yes 🕱 No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,149,941. including grants of \$) (Revenue \$)
	REASEARCH PROGRAM ACTIVITIES - AFTER DOUBLING THE SIZE OF THE RESEARCH TEAM IN 2015, MIRI SLOWED IT'S GROWTH IN 2016 AND FOCUSED ON
	INTEGRATING THE NEW ADDITIONS INTO THE TEAM, MAKING RESEARCH PROGRESS,
	AND WRITING UP A BACKLOG OF EXISTING RESULTS.
	2016 WAS A BIG YEAR FOR MIRI ON THE RESEARCH FRONT, WITH NEW
	RESEARCHERS MAKING SOME OF THE MOST NOTABLE CONTRIBUTIONS. MIRI'S 2016
	BIGGEST RESULT WAS SCOTT GARRABRANT'S LOGICAL INDUCTORS FRAMEWORK,
	WHICH REPRESENTS BY A SIGNIFICANT MARGIN OUR LARGEST PROGRESS TO DATE ON THE PROBLEM OF LOGICAL UNCERTAINTY. MIRI ALSO RELEASED "ALIGNMENT
	FOR ADVANCED MACHINE LEARNING SYSTEMS" (AAMLS), A NEW TECHNICAL AGENDA
	SPEARHEADED BY JESSICA TAYLOR.
4b	(Code:) (Expenses \$105,570. including grants of \$) (Revenue \$13,746.)
	OUTREACH - IN 2016 MIRI:
	RAN AN EXPERIMENTAL MONTH-LONG COLLOQUIUM SERIES FOR ROBUST AND BENEFICIAL ARTIFICIAL INTELLIGENCE (CSRBAI) FEATURING THREE WEEKEND
	WORKSHOPS AND EIGHTEEN TALKS (BY STUART RUSSELL, TOM DIETTERICH,
	FRANCESCA ROSSI, BART SELMAN, PAUL CHRISTIANO, JESSICA TAYLOR, AND
	OTHERS).
	HOSTED SIX NON-CSRBAI RESEARCH WORKSHOPS (THREE ON OUR AGENT FOUNDATIONS AGENDA, THREE ON AAMLS) AND CO-RAN THE MIRI SUMMER FELLOWS
	PROGRAM. WE ALSO SUPPORTED DOZENS OF MIRIX EVENTS, AND HOSTED A GRAD
	STUDENT SEMINAR AT OUR OFFICES FOR UC BERKELEY STUDENTS.
4c	(Code:) (Expenses \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,255,511.
40	Total program service expenses ► 1,255,511.

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	990 (2016) INC. 58-2565	917	P	age 3
Pa	t IV Checklist of Required Schedules			_
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>

Form 990 (2016)

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	<u>990 (2016)</u> INC. 58-2565	5917	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
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		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			<u> </u>
Ŭ	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		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			<u> </u>
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	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		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			<u> </u>
	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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•••	If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		X
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	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		1	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2016)

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Form	990 (2016) INC. 58-2565	917	P	age 5
Par				AGC C
<u> </u>	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 19			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 16			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	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:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	!		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	I	└──
	Note. See the instructions for additional information the organization must report on Schedule O.		1	
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	ł		
	Enter the amount of reserves on hand	 		+
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	<u>x</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	l	

Form 990 (2016)

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Part VI 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.

Check if	Schedule O	contains a res	ponse or note to	o anv line i	n this Part VI

Form 990 (2016)

X

Sec	tion A. Governing Body and Management												
-			Yes	No									
1a	Enter the number of voting members of the governing body at the end of the tax year 1a												
	If there are material differences in voting rights among members of the governing body, or if the governing	1											
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.												
Ь	b Enter the number of voting members included in line 1a, above, who are independent 1b 3												
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1											
-	officer, director, trustee, or key employee?	2		x									
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	<u> </u>		<u> </u>									
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		x									
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X									
	 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 												
74		7a		x									
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	-1a		<u> </u>									
b		76		x									
•	persons other than the governing body?	7b											
8			x										
	The governing body?	8a	<u>^</u>	x									
b	Each committee with authority to act on behalf of the governing body?	<u>8b</u>		_									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O												
Sec	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)												
			Yes										
	Did the organization have local chapters, branches, or affiliates?	10a		X									
b	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?												
	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?												
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.												
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X										
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X										
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe												
	in Schedule O how this was done	12c	X										
13	Did the organization have a written whistleblower policy?	13	X										
14	Did the organization have a written document retention and destruction policy?	14	X										
15	Did the process for determining compensation of the following persons include a review and approval by independent												
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?												
а	The organization's CEO, Executive Director, or top management official	15a	X										
b	Other officers or key employees of the organization	15b	X										
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).												
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a												
	taxable entity during the year?	16a		X									
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation												
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			1									
	exempt status with respect to such arrangements?	16b											
Sec	tion C. Disclosure												
17	List the states with which a copy of this Form 990 is required to be filed CA, GA												
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3)s only)	availat	ole										
	for public inspection. Indicate how you made these available. Check all that apply.												
	X Own website X Another's website X Upon request Other (explain in Schedule O)												
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	ncial										
-	statements available to the public during the tax year.												
20	State the name, address, and telephone number of the person who possesses the organization's books and records:												
-	THE ORGANIZATION - 510-859-4381												
	2030 ADDISON ST, FL 7, BERKELEY, CA 94704												

Form 990 (20		58-2565917	Page 7
Part VII C	Compensation of Officers, Directors, Trustees, Key Employ	ees, Highest Compensated	
E	Employees, and Independent Contractors		
C	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated	Employees	
1a Complete	e this table for all persons required to be listed. Report compensation for the c	alendar year ending with or within the organization	n's tax year.
Enter -0- in co	of the organization's current officers, directors, trustees (whether individuals oblumns (D), (E), and (F) if no compensation was paid.		isation.
List the	of the organization's current key employees, if any. See instructions for defini organization's five current highest compensated employees (other than an off sation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$10	ficer, director, trustee, or key employee) who receive	ved report- nizations.
	of the organization's former officers, key employees, and highest compensate ompensation from the organization and any related organizations.	ed employees who received more than \$100,000 c	of

• 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.

Check this box if neither the organization n		orga I	Iniza			npe	isat	(D)		(=)
(A) Name and Title	(B) Average hours per week	box	not ci , unle:	Posi heck ss pe	rson i	than is bot or/trus	h an	Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) EDWIN EVANS CHAIRPERSON	1.00	x		x				0.	0.	0.
(2) ELIEZER YUDKOWSKY	60.00			**						
DIRECTOR/SECRETARY		x		X				122,490.	0.	14,101.
(3) MATTHEW FALLSHAW	1.00									
DIRECTOR		X						0.	0.	0.
(4) ANNA SALAMON	1.00								0	0
DIRECTOR	60.00	X			\vdash			0.	0.	0.
(5) NATE SOARES Executive director	60.00	x		x				70,000.	0.	7,407.
(6) MALO BOURGON	60.00	<u> </u>		•	├──		-	70,000.		7,2076
COO/TREASURER	00.00			x				76,394.	0.	12,989.
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Form 990 (2016) INC .									58-250	<u>559</u>	17	Pa	ge 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)(B)(C)(D)(E)Name and titleAverage hours per weekPosition (do not check more than one box, unless person is both an officer and a director/trustee)Reportable compensation fromReportable compensation											Estir amo ot	F) nated unt o ther	of
(list any hours for related organizations the low line) 000 hours for related 000 hours for related 000 hours for related 000 hours for hours for related 000 hours for ho												ensati n the nizatio relate izatio	on ed
										_			
1b Sub-total		1	<u> </u>	L	<u> </u>	<u> </u>		268,884.		0.	34	,49	97.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								0.268,884.		0. 0.	34	,49	<u>0.</u> 97.
2 Total number of individuals (including but r compensation from the organization),000 of reportable	•			1
3 Did the organization list any former officer										Γ		/es	No X
line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s 4 For any individual listed on line 1a, is the su	um of reportab	le co	omp	ensa	atior	n an	d ot	her compensation from		··· -	3		x
 and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," <i>con</i> 	accrue compe	nsat	tion 1	from	any	y un	relat	ted organization or indiv			<u>4</u> 5		x
Section B. Independent Contractors													
1 Complete this table for your five highest co the organization. Report compensation for										ensa			
(A) Name and business	the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) Name and business address NONE Description of services (C)										(C) mpens	satior	۱
								·					
				_									
									and the second				

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

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		(2016) INC.					58-2565	917 Page 9
Pa	rt VII	I Statement of Reve	nue					
		Check if Schedule O cont	tains a response	or note to any lin	e in this Part VIII			
	_				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
tts Its	1 a	Federated campaigns	1a					
		Membership dues						
Ş	с	Fundraising events						
Hig I		Related organizations						
, iii		Government grants (contribut						
rior S	f	All other contributions, gifts, gran	nts, and					
the first		similar amounts not included abo	ve 1f 2,	277,661.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	s 1a-1f: \$	74,954.				
<u>8 8</u>	h	Total. Add lines 1a-1f			2,277,661.			
				Business Code				
8	2 a	BOOK SALES		451211	13,476.	13,476.		
Že	b	· · · · · · · · · · · · · · · · · · ·						
S all	С							
Program Service Revenue	d		··· <u>··</u> · · <u>··</u>					
5 E	е		<u> </u>					
ā		All other program service reve						
	g	Total. Add lines 2a-2f			13,476.			
	3	Investment income (including			16 142			46 442
		other similar amounts)			46,443.			46,443.
	4	Income from investment of ta	• •					
	5	Royalties						
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities 272,046.	(ii) Other				
		assets other than inventory	212,040.					
	D	Less: cost or other basis	261 799					
	_	and sales expenses Gain or (loss)	10 247	· · · · · · · · · · · · · · · · · · ·				
	С А	Net gain or (loss)	10,247	►	10,247.			10,247.
		Gross income from fundraisir			10/21/1			10/11/0
nu	oa	including \$						
Other Revenue		contributions reported on line						
Å,		Part IV, line 18						
the	ь	Less: direct expenses	b					
ò		Net income or (loss) from fun						
		Gross income from gaming a	-					
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gan						
	10 a	Gross sales of inventory, less	returns					
		and allowances						
	b	Less: cost of goods sold	b					
	с	Net income or (loss) from sale	es of inventory .		~			
		Miscellaneous Revenu	91	Business Code	11 000			
		OTHER REVENUE		900099	11,025.	11,025.		
	b							
	c					1		
	d	All other revenue			11,025.			
	е 12	Total. Add lines 11a-11d Total revenue. See instructions.			2,358,852.	24,501.	0.	56,690.
63200	12 9 11-1			····· 🚩	_,000,0021	,0010		Form 990 (2016)

INC.

Form 990 (2016)

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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). X Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (C) (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. Management and general expenses 7b. 8b. 9b. and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, 5 217,969. 70,942. 303,381. 14,470. trustees, and key employees Compensation not included above, to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 461,785. 31,320. Other salaries and wages 641,934. 148,829. 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 79,450. 56,524. 19,813. 3,113. Other employee benefits Q 76,560 54,416. 18,227. 3,917. 10 Payroll taxes Fees for services (non-employees): 11 a Management 20,003. 20,003. b Legal 14,899. 14,899. c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 e 4,888. 4,888. Investment management fees f Other, (If line 11g amount exceeds 10% of line 25, α 30,373. 262,799 232,426. column (A) amount, list line 11g expenses on Sch 0.) 3,118. 4,391. 1.098. 175. Advertising and promotion 12 69,373. 49,255. 17.343. 2,775. 13 Office expenses 17,108. 6,348. 964. 24,420. 14 Information technology 15 Royalties 110,179. 74,940. 31,113. 4,126. 16 Occupancy 7,320. 9,559. 51,991 35,112. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 40,397. 34,884 5,513. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 29,249. 29,249 Depreciation, depletion, and amortization 22 17,149. 12,201. 4,276. 672. 23 Insurance Other expenses. Itemize expenses not covered 24 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 0.) BAD DEBT EXPENSE 5,600. 5,600. 5,154. 1,289. 164. 3,701. **OTHER EXPENSES** h 1,630. 1,157. 408. 65. MEALS AND ENTERTAINMENT С d DUES AND SUBSCRIPTIONS 915. 322. 52. 1,289. All other expenses е 1,255,511. 440,092. 69,133. 1,764,736. Total functional expenses. Add lines 1 through 24e 25 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 Lif following SOP 98-2 (ASC 958-720)

INC.

Form 990 (2016)

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Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,044,142. 365,991. 1 1 Cash - non-interest-bearing 35,114. 20,408. 2 Savings and temporary cash investments 2 219,000. 122,740. 219,000. 3 Pledges and grants receivable, net 3 151,149. Accounts receivable, net 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Assets 7 Notes and loans receivable, net 7 Inventories for sale or use 8 8 47,257. 14,634. Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other 136,099. basis. Complete Part VI of Schedule D 10a 94,544. 41,555. 19,431. 10c b Less: accumulated depreciation 10b 1,840,915. 1,743,506. Investments - publicly traded securities 11 11 2,331. 20,081. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 10,277. 10,277. 15 15 Other assets. See Part IV, line 11 2,666,100. 3,314,697. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 52,420. 31,782. Accounts payable and accrued expenses 17 17 18 18 Grants payable 331,920. 165,960. 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, .iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 24,922. 13,596. 25 Schedule D 409,262. 211,338. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🖾 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 2,957,411. 1,830,040. 27 Unrestricted net assets 27 145,948. 426,798. Temporarily restricted net assets 28 28 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 2,256,838. 3,103,359. 33 33 Total net assets or fund balances 3,314,697. 2,666,100. 34 Total liabilities and net assets/fund balances 34 Form 990 (2016)

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Form	1990 (2016) INC.	58-256	5917	Pac	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,35		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,76		
3	Revenue less expenses. Subtract line 2 from line 1	3			16.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,25		
5	Net unrealized gains (losses) on investments	5	9	1,5	55.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			10.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	16	5,9	60.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,10	<u>3,3</u>	<u>59.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	• • • • • • • • • • • • • • • • • • • •		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. <u>2b</u>	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			x	
	review, or compilation of its financial statements and selection of an independent accountant?		. <u>2c</u>		
0	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngie Audit			x
•-	Act and OMB Circular A-133?	 المحمد المحمد	. <u>3a</u>		<u> </u>
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?		25		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b_	000	

Form **990** (2016)

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							OMB No. 1545-0047
SCHEDULE A	Public Cha	rity Status an	d Pub	olic Su	Ipport		OMB No. 1545-0047
(Form 990 or 990-EZ)		nization is a section 501					2016
0		47(a)(1) nonexempt cha					Open to Public
Department of the Treasury Internal Revenue Service		Attach to Form 990 or F (Form 990 or 990-FZ) and (ww.irs.aov/foi	m990.	Inspection
Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. Name of the organization MACHINE INTELLIGENCE RESEARCH INSTITUTE, Employee							identification number
·	INC.				,	5	8-2565917
Part I Reason for	Public Charity Status (All organizations must co	mplete thi	s part.) Se	e instructions		
	ate foundation because it is: (
· · ·	tion of churches, or association	• • •	•				
	d in section 170(b)(1)(A)(ii). (
3 A hospital or a co	operative hospital service org	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4 A medical researc	h organization operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
city, and state:							
5 An organization of	perated for the benefit of a co	llege or university owned	d or operat	ed by a g	overnmental u	nit describ	bed in
section 170(b)(1)	(A)(iv). (Complete Part II.)						
	r local government or government	mental unit described in a	section 17	'0{b}(1)(A)	(v).		
7 X An organization th	at normally receives a substa	antial part of its support f	rom a gove	ernmental	unit or from t	ne general	public described in
	(A)(vi). (Complete Part II.)						
	t described in section 170(b)						
=	earch organization described						
	non-land-grant college of agric	culture (see instructions).	Enter the	name, city	/, and state of	the colleg	e or
university:							
-	at normally receives: (1) more	-	-				-
	o its exempt functions - subje						
	ated business taxable income	e (less section 511 tax) in	om busine:	sses acqu	lifed by the of	ganization	alter Julie 30, 1975.
	a)(2). (Complete Part III.)	ively to test for public or	fotu Soo r	notion Ef	0(-)(4)		
	rganized and operated exclus rganized and operated exclus	•	-			any out the	numoses of one or
	ported organizations describe						
	12d that describes the type of						
	rting organization operated, s			-		-	r aivina
	rganization(s) the power to re						
	ou must complete Part IV, Se						
	orting organization supervised		tion with it	s support	ed organizatio	n(s), by ha	iving
	gement of the supporting org						
	You must complete Part IV,					5 .	•
	nally integrated. A supportin		in connect	tion with, a	and functional	lly integrate	ed with,
•••	ganization(s) (see instructions						
	nctionally integrated. A supp					rted organi	ization(s)
that is not funct	ionally integrated. The organiz	zation generally must sat	tisfy a distr	ribution re	quirement and	d an attent	iveness
requirement (se	e instructions). You must cor	mplete Part IV, Sections	s A and D,	and Part	V .		
e 🗌 Check this box	if the organization received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	II, Type III	
functionally inte	grated, or Type III non-functio	onally integrated support	ing organiz	zation.			
f Enter the number of su	pported organizations					•••••	
	formation about the supported		in the orose	nizzbon listad			6.11 A
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the organ in your governin		(v) Amount of support (see in	•	(vi) Amount of other support (see instructions)
		above (see instructions))	Yes	No			
							<u> </u>
	1						
						<u> </u>	
	· · · · · · · · · · · · · · · · · · ·		1				
Total							

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TULAI						
LHA For Paperwork Reduction Act N	lotice, see the Instru	ictions for Form 990) or 990-EZ. 6320	21 09-21-16	Schedule A (Form	990 or 990-EZ) 2016

5	8-	2	5	6	5	9	1	7	Page 2	
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	· . M	ACHINE IN	TELLIGENC	E RESEARC	H INSTITU		•	
	Schedule A (Form 990 or 990-EZ) 2016 INC . 58-2565917 Page 2							
Pa	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.)							
	ction A. Public Support							
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not	1006055.	1329419.	1237556.	1584114.	2277661.	7434805.	
-	include any "unusual grants.")	10000221	1329419.	123/350.	1304114.	44//001.	/434003.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
~	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
		1006055.	1329419.	1237556.	1584114.	2277661.	7434805.	
	Total. Add lines 1 through 3 The portion of total contributions	1000033.	1323413.	12373301	1204114.	2277001.	74540051	
5	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)						2353590.	
6	Public support. Subtract line 5 from line 4.						5081215.	
	ction B. Total Support					p.,		
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
	Amounts from line 4	1006055.	1329419.	1237556.	1584114.	2277661.	7434805.	
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources	481.	22,876.	11,574.	44,482.	46,443.	125,856.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)		<u>3,079.</u>	1,250.	4,774.	11,025.	20,128.	
11	Total support. Add lines 7 through 10						7580789.	
	Gross receipts from related activities,	•	/			12	338,506.	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)		
	organization, check this box and stor	here					<u></u>	
	ction C. Computation of Publ						<u> </u>	
14	Public support percentage for 2016 (14	67.03 %	
15	Public support percentage from 2015					15	58.43 %	
16 a	33 1/3% support test - 2016. If the o							
	stop here. The organization qualifies							
b	33 1/3% support test - 2015. If the o							
	and stop here. The organization qual							
17a	10% -facts-and-circumstances tes							
	and if the organization meets the "fac							
	meets the "facts-and-circumstances"							
	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not c	neck a box on line	5 13, 10a, 100, 0r	ira, anu une 13 IS	1070 01	

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . Schedule A (Form 990 or 990-EZ) 2016

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	edule A (Form 990 or 990-EZ) 2016 I		Decentile and im-			58-256	5917 Page 3
Ра	rt III Support Schedule for (-		-			
	(Complete only if you checked			organization failed	I to qualify under F	Part II. If the organi	zation fails to
Sec	qualify under the tests listed b tion A. Public Support	elow, please com	plete Part II.)				
-	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and		(2) 2010	(0/2011	(4/ 2010	(0)	(1) 1010.
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
E	The value of services or facilities	· · ·					
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
- C	tion P. Total Sunnart						
	ction B. Total Support	·····				r	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Cale 9	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Cale 9	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Cale 9	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, rovalties	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Cale 9 10a	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Cale 9 10a	ndar year (or fiscal year beginning in) 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	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Cale 9 10a	ndar year (or fiscal year beginning in) 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	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Cale 9 10a b	ndar year (or fiscal year beginning in) 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	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Cale 9 10a b	ndar year (or fiscal year beginning in) 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 Add lines 10a and 10b Net income from unrelated business	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Cale 9 10a b	ndar year (or fiscal year beginning in) 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 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Cale 9 10a b	ndar year (or fiscal year beginning in) 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 Add lines 10a and 10b Net income from unrelated business	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Cale 9 10a b c 11	ndar year (or fiscal year beginning in) 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 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Cale 9 10a b c 11	ndar year (or fiscal year beginning in) 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 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Cale 9 10a b c 11 12 13	ndar year (or fiscal year beginning in) 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 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
Cale 9 10a b c 11 12 13	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 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is fo	r the organization's	s first, second, thi	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
Cale 9 10a b c 11 12 13 14	ndar year (or fiscal year beginning in) 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 Add lines 10a and 10b Net income from unrelated businesss activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is fo check this box and stop here	r the organization's	s first, second, thi	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
Cale 9 10a b c 11 12 13 14 Sec	ndar year (or fiscal year beginning in) 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 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is fo check this box and stop here	r the organization's	s first, second, this	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
Cale 9 10a b c 11 12 13 14 Sec 15	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 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) First five years. If the Form 990 is fo check this box and stop here stion C. Computation of Publ Public support percentage for 2016 (r the organization's ic Support Pe line 8, column (f) d	s first, second, this rcentage ivided by line 13, s	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
Cale 9 10a b c 11 12 13 14 Sec 15 16	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 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) First five years. If the Form 990 is fo check this box and stop here stion C. Computation of Public Public support percentage for 2016 (Public support percentage from 2015	r the organization's ic Support Pe line 8, column (f) d 5 Schedule A, Part	s first, second, this rcentage ivided by line 13, -	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
Cale 9 10a b 11 12 13 14 Sec 15 16 Sec	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 Add lines 10a and 10b Net income from unrelated businesss activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is fo check this box and stop here stion C. Computation of Public Public support percentage for 2016 (Public support percentage from 2015 stion D. Computation of Inve	r the organization's ic Support Pe line 8, column (f) d 5 Schedule A, Part stment Incom	s first, second, this rcentage ivided by line 13, o III, line 15 e Percentage	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
Cale 9 10a b c 11 12 13 14 Sec 15 16 Sec 17	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 Add lines 10a and 10b Net income from unrelated businesss activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is fo check this box and stop here tion C. Computation of Publ Public support percentage for 2016 (Public support percentage form 2015 etion D. Computation of Inve Investment income percentage for 20	r the organization's ic Support Pe line 8, column (f) d 5 Schedule A, Part stment Incom 016 (line 10c, colur	s first, second, this rcentage ivided by line 13, III, line 15 e Percentage nn (f) divided by li	rd, fourth, or fifth t column (f))	ax year as a section	n 501(c)(3) organiz 15 16 17	2ation,
Cale 9 10a b c 11 12 13 14 Sec 17 18	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 Add lines 10a and 10b Net income from unrelated businesss activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is fo check this box and stop here stion C. Computation of Public Public support percentage for 2016 (Public support percentage for 2016 (Public support percentage for 2015 stion D. Computation of Inve Investment income percentage for 20	r the organization's ic Support Pe line 8, column (f) d 5 Schedule A, Part stment Incom D16 (line 10c, colur 2015 Schedule A,	s first, second, thi rcentage ivided by line 13, III, line 15 e Percentage nn (f) divided by lin Part III, line 17	rd, fourth, or fifth t column (f))	ax year as a section	n 501(c)(3) organiz 15 16 17 18	2ation,
Cale 9 10a b c 11 12 13 14 Sec 17 18	ndar year (or fiscal year beginning in) 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 Add lines 10a and 10b Net income from unrelated businesss activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is fo check this box and stop here stion C. Computation of Puble Public support percentage from 2015 toton D. Computation of Inve Investment income percentage from 33 1/3% support tests - 2016. If the	r the organization's ic Support Pe line 8, column (f) d 5 Schedule A, Part stment Incom D16 (line 10c, colur 2015 Schedule A, e organization did r	s first, second, thi rcentage ivided by line 13, III, line 15 e Percentage nn (f) divided by li Part III, line 17 not check the box	rd, fourth, or fifth t column (f)) ne 13, column (f)) on line 14, and lin	ax year as a section e 15 is more than a	0n 501(c)(3) organiz 15 16 17 18 33 1/3%, and line	zation,
Cale 9 10a b c 11 12 13 14 Sec 15 16 15 17 18 19a	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 Add lines 10a and 10b Net income from unrelated businesss activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is fo check this box and stop here stion C. Computation of Puble Public support percentage for 2016 (Public support percentage for 2016 Divestment income percentage from 33 1/3% support tests - 2016. If the more than 33 1/3%, check this box and	r the organization's ic Support Pe line 8, column (f) d 5 Schedule A, Part stment Incom D16 (line 10c, colur 2015 Schedule A, e organization did r nd stop here. The	s first, second, this rcentage ivided by line 13, (III, line 15 e Percentage nn (f) divided by line Part III, line 17 not check the box e organization qua	rd, fourth, or fifth t column (f)) ne 13, column (f)) on line 14, and lin lifies as a publicly	ax year as a section e 15 is more than a supported organiz	15 16 17 18 33 1/3%, and line	zation, 2ation, % % % % 17 is not
Cale 9 10a b c 11 12 13 14 Sec 15 16 15 17 18 19a	ndar year (or fiscal year beginning in) 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 Add lines 10a and 10b Net income from unrelated businesss activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is fo check this box and stop here stion C. Computation of Puble Public support percentage from 2015 toton D. Computation of Inve Investment income percentage from 33 1/3% support tests - 2016. If the	r the organization's ic Support Pe line 8, column (f) d 5 Schedule A, Part stment Incom 2015 Schedule A, e organization did r ind stop here. The e organization did r	s first, second, this rcentage ivided by line 13, 4 III, line 15 e Percentage nn (f) divided by lin Part III, line 17 not check the box e organization qua not check a box or	rd, fourth, or fifth t column (f)) ne 13, column (f)) on line 14, and lin lifies as a publicly n line 14 or line 19:	ax year as a section e 15 is more than a supported organiz a, and line 16 is m	15 16 17 18 33 1/3%, and line factor or than 33 1/3%,	zation,

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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Schedule A (Form 990 or 990-EZ) 2016 INC. Part IV Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I. complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations No Yes 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. За b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. Зb c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4b c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action 5a was accomplished (such as by amendment to the organizing document). b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. 10a

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

10b

	dule A (Form 990 or 990-EZ) 2016 INC. 58-25	6591	7 Pa	ige 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		r	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	<u> </u>	L
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	<u>3a</u>	 	
b		1 .	1	
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2016 INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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<u> </u>	 Type in Non-Functionally integrated 509(a)(5) Supporting Organizations
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must complete Sections A through E.

other Type III non-functionally integrated supporting organizations must co Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	11		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7	· · · · · · · · · · · · · · · · · · ·	
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016 INC.		<u> </u>	8-2565917 Page 7
Part V Type III Non-Functionally Integrated 50			
Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accomplish ex			
2 Amounts paid to perform activity that directly furthers exer			
organizations, in excess of income from activity			· · · · · · · · · · · · · · · · · · ·
3 Administrative expenses paid to accomplish exempt purport	ses of supported organization	s	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions			
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations to which	the organization is responsive		
(provide details in Part VI). See instructions			
9 Distributable amount for 2016 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reason-			
able cause required explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014		,	
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D,			
line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			· · · · · · · · · · · · · · · · · · ·
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions			
			· · · · · · · · · · · · · · · · · · ·
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in			
•			
Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j			
and 4c			
8 Breakdown of line 7:		· · · · · · · · · · · · · · · · · · ·	
a			······
b Excess from 2013			
c Excess from 2014			· · · · · · · · · · · · · · · · · · ·
d Excess from 2015			
e Excess from 2016		L	

Schedule A (Form 990 or 990-EZ) 2016

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MACHINE INTELLIGENCE RESEARCH INSTITUTE, Schedule A (Form 990 or 990 EZ) 2016 INC. 58-2565917 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER INCOME
2012 AMOUNT: \$ 0.
2013 AMOUNT: \$ 3,079.
2014 AMOUNT: \$ 1,250.
2015 AMOUNT: \$ 4,774.
2016 AMOUNT: \$ 11,025.

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** PUBLIC DISCLOSURE COPY **

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	 Schedule of Contributors ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990. 	омв №. 1545-0047 2016
Name of the organiza	ntion MACHINE INTELLIGENCE RESEARCH INSTITUTE, INC.	Employer identification number 58-2565917
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	tion is covered by the General Rule or a Special Rule. 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Ochedule	D (10111 990, 990-L2, 01 990-F7) (2010)		Faye
Name of or MACHI	ganization NE INTELLIGENCE RESEARCH INSTITUTE,		yer identification number
INC.		58	3-2565917
Part I	Contributors (See instructions). Use duplicate copies of Part I i	if additional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1			। _ চি

		\$300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$67,604.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u></u>		\$ <u>83,309.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$70,613.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
 		\$60,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> 623452 10-18-16		\$\$\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2016)

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Name of or	'ganization NE INTELLIGENCE RESEARCH INSTITUTE,	Employer identification number		
INC.	NE INTELLIGENCE RESEARCH INSTITUTE,	58-2565917		
Part I	Contributors (See instructions). Use duplicate copies of Part I if	additional space is needed.		
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of co	ontribution
7			Person	X

		\$67,350.	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$114,894.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$55,522.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash

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Page 2

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Schedule B (Form 990, 990-EZ, or 990-PF) (2016)	Page 3
Name of organization	Employer identification number
MACHINE INTELLIGENCE RESEARCH INSTITUTE,	
INC.	58-2565917

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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Name of orga	(Form 990, 990-EZ, or 990-PF) (2016) nization E INTELLIGENCE RESEAR(CH INSTITUTE,	Employer identification number
Part III	Exclusively religious, charitable, etc., co the year from any one contributor. Complete completing Part III, enter the total of exclusively religin Use duplicate copies of Part III if additio	e Columns (a) through (e) and the foll bus, charitable, etc., contributions of \$1,000	d in section 501(c)(7), (8), or (10) that total more than \$1,000 for owing line entry. For organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	
- - - -	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. - -	Transferee's name, address,	(e) Transfer of g and ZIP + 4	Ift Relationship of transferor to transferee
(a) No. from			(d) Description of how gift is held
Part I	(b) Purpose of gift	(c) Use of gift	
F	··· ··	(e) Transfer of g	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address,	(e) Transfer of g and ZIP + 4	ift Relationship of transferor to transferee

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Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

(Forr Depart	SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service MACULTINE TANDED DE Complete If the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. MACULTINE TANDED DE CHAPTONE DE					
Nam	ame of the organization MACHINE INTELLIGENCE RESEARCH INSTITUTE, INC.				Emp	bloyer identification number 58-2565917
Pai	rt I Organiza	ations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or A	ccou	ints.Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lir				
			(a) Donor advised funds	(t) Fun	ds and other accounts
1		nd of year				
2		f contributions to (during year)				
3		of grants from (during year)				
4		t end of year				
5	-	on inform all donors and donor advisors in	-			Yes No
6		on's property, subject to the organization's on inform all grantees, donors, and donor a				
0		poses and not for the benefit of the donor				
		vate benefit?				
Pa	rt II Conserv	ation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV,	line 7.	
1		servation easements held by the organizat				
		n of land for public use (e.g., recreation or		orically	impor	tant land area
	Protection of	of natural habitat	Preservation of a cert	ified his	storic	structure
	Preservation	n of open space				
2	Complete lines 2a	through 2d if the organization held a quali	fied conservation contribution in the form	of a co	nserva	ation easement on the last
	day of the tax yea	r.				Held at the End of the Tax Year
а		onservation easements			2a	
b		ricted by conservation easements			2b	
C		vation easements on a certified historic st		r	2c	
d		vation easements included in (c) acquired		ure		
•		nal Register			2d	
3		vation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organ	izatior	during the tax
4	year	where property subject to conservation ea				
5		tion have a written policy regarding the pe				
5		forcement of the conservation easements				Yes No
6		er hours devoted to monitoring, inspecting				
-	•		,			U y
7	Amount of expense	ses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	ntion ea	semer	nts during the year
	▶\$		•			
8	Does each consei	rvation easement reported on line 2(d) abo	ve satisfy the requirements of section 170)(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				Yes I No
9	In Part XIII, descri	be how the organization reports conservat	ion easements in its revenue and expense	e staten	nent, a	and balance sheet, and
		ble, the text of the footnote to the organiza	tion's financial statements that describes	the org	anizat	tion's accounting for
	conservation ease	ements. ations Maintaining Collections of	Ant Historical Transverse or C	thor 6		
Pa		f the organization answered "Yes" on Form			211111	ai A35015.
		elected, as permitted under SFAS 116 (A		mont ar	d bal	ance sheet works of art
ia	•	s, or other similar assets held for public ex				
		tnote to its financial statements that desci			public	service, provide, arr arczan,
ь		elected, as permitted under SFAS 116 (A		t and b	alance	e sheet works of art. historical
-		r similar assets held for public exhibition, e				
	relating to these it					•
	-	Ided on Form 990, Part VIII, line 1				\$
						\$
2	• •	received or held works of art, historical tre			provid	e
	-	unts required to be reported under SFAS				
а		I on Form 990, Part VIII, line 1				\$
		n Form 990, Part X				\$
LHA	For Paperwork R	eduction Act Notice, see the Instruction	is for Form 990.			Schedule D (Form 990) 2016

LHA	For Paperwork	Reduction	Act Notice,	see the	Instructions
632051	08-29-16				

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Schedule	D (Form	990) 2016
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Sche	dule D (Form 990) 2016 INC •						58	3-25	65917	Page 2
Par	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, o	or Other	Similar	Asse	ts (continu	ied)
3	Using the organization's acquisition, access	ion, and other record	is, checl	k any of the	following tha	nt are a sigr	nificant us	e of its	collection	items
	(check all that apply):		_							
а	Public exhibition	d			hange progra	ams				
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how th	ney further th	ne organizati	on's exem	ot purpose	e in Parl	t XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical trea	sures, or oth	er similar a	ssets		-	
	to be sold to raise funds rather than to be m							<u> L</u>	Yes	
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" on F	orm 990, F	Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod		•						-	
	on Form 990, Part X?					•••••	••••••	L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
									Amount	
	Beginning balance						1c			
	Additions during the year									
e	Distributions during the year									
f	Ending balance								1	
	Did the organization include an amount on F					-	n	····· ∟	Yes	⊢ No
Par	If "Yes," explain the arrangement in Part XIII.							<u></u>		
Far	t V Endowment Funds. Complete							na haati	6 1 5 5 5 5 5 5 5 5 5 5	
		(a) Current year	(b) P	rior year	(c) Two year	rs dack (d) Three yea	IS DACK	(e) Four y	ears back
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses	·								
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
-	End of year balance				L					
2	Provide the estimated percentage of the cur	•		g, column (a	a)) held as:					
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
•	The percentages on lines 2a, 2b, and 2c sho	•						• • •		
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for the	organizat	lion	Г	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations					•••••	••••••		3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza				•••••	•••••	••••••	•••••	3b	
4 Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		owment	tunds.	······································					
ra	Complete if the organization answere			/ line 11e C			10			
·		(a) Cost or o								
	Description of property	basis (investr		(b) Cost basis	or other (other)	•••	umulated eciation		(d) Book	value
	Land							+		
ь	Buildings							+		
	Leasehold improvements			7	3,192.		23,708	8.	49	,484.
	Equipment				4,737.		15,71			,024.
	Other				8,170.		2,134			,036.
	Add lines 1a through 1e. (Column (d) must e		X, colur	mn (B), line 1	0c.)					,544.
_							_			

Schedule D (Form 990) 2016

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	edule D (Form 990) 2016	INC.			58-	2565917	Page 3
Pa	rt VII Investments -	Other Securities.					
	Complete if the org	ganization answered "Yes"	on Form 990, Part IV	/, line 11b. See Form 990,	Part X, line 12.		
(a)	Description of security or cate	GOLA (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end-	of-year market v	alue
(1)	Financial derivatives						
(2)	Closely-held equity interests	s					
(3)	Other						
_(<u> </u>		
(
(
(
(
_(<u> </u>				
((
(
	. (Col. (b) must equal Form 99						
Pa	rt VIII Investments -	-					
		ganization answered "Yes"					
	(a) Description of	Investment	(b) Book value		aluation: Cost or end-	oi-year market v	
	<u>1)</u>					· · · · · ·	
-	2)						
	3)						
	f)		=				
	5) 3)						
	3) 7)						
	3)		·		,		<u> </u>
-	3)						
	. (Col. (b) must equal Form 99	0. Part X col. (B) line 13.)					
	rt IX Other Assets.		·····				
<u> </u>		ganization answered "Yes"	on Form 990, Part IV	/. line 11d. See Form 990.	Part X, line 15.		
	<u> </u>		Description	·		(b) Book va	lue
- (1}					-	
-	2)						
	3)						
-	4)						
_(5)	_					
(6)						
_(7)						
(3)						
	9)						
		Form 990, Part X, col. (B) line	ə 15.)		>		
Pa	rt X Other Liabiliti						
		ganization answered "Yes"	on Form 990, Part IV		n 990, Part X, line 25.		
<u>1.</u>		Description of liability		(b) Book value	4		
	1) Federal income taxes			200	4		
	2) OTHER ACCRUE			<u>320.</u> 13,276.	4		
_	3) CREDIT CARD	raiadu <u>s</u>		13,2/0.	4		
	4)				4		
	5)				4		
	6)				1		

(9) 13,596. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🚺

(7) (8)

Sche	dule D (Form 990) 2016 INC .		,	58-2	2565917	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revo	enue per R	eturn	•	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	2,450	,407.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	91,555.			
b	Donated services and use of facilities					
С	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		,555.
3	Subtract line 2e from line 1			3	2,358	,852.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,358	,852.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	-	enses per	Retu	rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total expenses and losses per audited financial statements			1	1,764	,736.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities					
b	Prior year adjustments	2b				
c	Other losses					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	1,764	,736.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				-
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,764	,736.
Pa	rt XIII Supplemental Information.					

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

PART X, LINE 2:

THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THAT GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THAT POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR FISCAL YEARS 2016 OR 2015. THE 632054 08-28-16

MACHINE INTELLIGENCE RESEARCH INSTITUTE, Schedule D (Form 990) 2016 INC. 58-2565917 Page 5 Part XIII Supplemental Information (continued)
ORGANIZATION FILES FORM 990 IN THE U.S. FEDERAL JURISDICTION. THE
ORGANIZATION IS GENERALLY NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL
REVENUE SERVICE FOR YEARS BEFORE 2013.
Schedule D (Form 990) 2016

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Name	of the	organization	

► Information about Schedule M (Form 990) and its instructions is at www.lrs.gov/form990. MACHINE INTELLIGENCE RESEARCH INSTITUTE, Employe

form990. Inspection Employer identification number 58-2565917

Open To Public

	INC.	
Part I	Types of Property	

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L		(a) Check if	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of d noncash contrib	etermini		
		applicable	items contributed	Form 990, Part VIII, line 1	noncash contrib	ution an	nount	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes	<u> </u>						
8	Intellectual property			10.011				
9	Securities - Publicly traded	X	2	12,011	FAIR MARKE	r va	LUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous	X	29	62,943	.FAIR MARKE	r va	LUE	
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							-
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other 🕨 ()							
26	Other ()							
27	Other ► ()							
28	Other 🕨 ()							
29	Number of Forms 8283 received by the organi							
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29			0	
							Yes	No
30a	During the year, did the organization receive b	y contribution	on any property re	ported in Part I, lines 1 thro	ough 28, that it			
	must hold for at least three years from the dat			-				
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contri	butions?	31		X
32a	Does the organization hire or use third parties	or related o	rganizations to sol	icit, process, or sell noncas	sh			
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	or a type of proper	ty for which column (a) is cl	necked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule N	l (Form	990) ([2016]

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Schedule M	1 (Form 990) (2016) INC •	58-2565917	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb this part for any additional information.	and whether the organiza ination of both. Also com	ation plete
		<u></u>	

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.		OMB No. 1545-0047 2016 Open to Public Inspection
Name of the organization		Employer	identification number 565917
FORM 990, PA	RT III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION	:
IMPORTANT IS	SUE; C) ADVISE RESEARCHERS, LEASERS AND LAYPE	OPLE A	ROUND
THE WORKL; D) AS NECESSARY, IMPLEMENT A SMARTER-THAN-HUMA	N INTE	LLIGENCE
WITH HUMANE,	STABLE GOALS.		

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ADDITIONALLY MIRI PUBLISHED TWO PAPERS IN A TOP AI CONFERENCE, UAI: "A FORMAL SOLUTION TO THE GRAIN OF TRUTH PROBLEM" (CO-AUTHORED WITH JAN LEIKE, NOW AT DEEPMIND) AND "SAFELY INTERRUPTIBLE AGENTS" (CO-AUTHORED BY LAURENT ORSEAU OF DEEPMIND AND A MIRI RESEARCH ASSOCIATE, STUART ARMSTRONG OF THE FUTURE OF HUMANITY INSTITUTE).

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: HELPED PUT TOGETHER OPENAI GYM'S SAFETY ENVIRONMENTS AND THE CENTER FOR

HUMAN-COMPATIBLE AI'S ANNOTATED AI SAFETY READING LIST, IN

COLLABORATION WITH A NUMBER OF RESEARCHERS FROM OTHER INSTITUTIONS.

GAVE A HALF DOZEN TALKS AT NON-MIRI EVENTS: INCLUDING THE NYU "ETHICS OF AI" CONFERENCE, EFFECTIVE ALTRUISM GLOBAL, EAGXOXFORD, THE SOCIETY FOR RISK ANALYSIS, AND THE ENVISION CONFERENCE 2016 AT PRINCETON.

ATTENDED OTHER ACADEMIC EVENTS, INCLUDING NIPS, ICML, AAAI, IJCAI, THE WORKSHOP FOR SAFETY AND CONTROL FOR ARTIFICIAL INTELLIGENCE, AND THE FUTURE OF AI SYMPOSIUM AT NYU.

Schedule O (Form 990 or 9	Page 2				
Name of the organization	MACHINE	INTELLIGENCE	RESEARCH	INSTITUTE,	Employer identification number
_	INC.				58-2565917

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DID NOT HAVE ANY COMMITTEES THAT HAD THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT COPY OF THE FORM 990 IS SUPPLIED TO THE EXECUTIVE DIRECTOR AND OTHER MANAGING MEMBERS OF THE ORGANIZATION. THEY WILL REVIEW THE DRAFT FORM FOR COMPLETENESS OF THE RETURN AND WILL PRESENT INQUIRIES AND SUGGESTIONS TO THE PREPARER AS WELL AS PROVIDE REVISIONS AND CORRECTIONS TO THE RETURN. A FINAL COPY OF THE FORM WILL THEN BE PREPARED AND FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS REVIEWS ON AN ANNUAL BASIS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY WITH ALL PERSONNEL.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS OF THE ORGANIZATION, PROVIDED THAT THE PERSONS WITH CONFLICTS OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE ARE NOT INVOLVED IN THIS REVIEW AND APPROVAL. THE COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED USING DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGMENT.

FORM 990, PART VI, SECTION C, LINE 19:

 THE ORGANIZATION MAKES ITS DOCUMENTS AVAILABLE ON THE INSTITUTE'S OWN

 632212 08-25-16
 Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization MACHINE INTELLIGENCE RESEARCH INSTITUTE, INC.	Page 2 Employer identification number 58-2565917
WEBSITE AND UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACT SERVICES:	
PROGRAM SERVICE EXPENSES	232,426.
MANAGEMENT AND GENERAL EXPENSES	30,373.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	262,799.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	262,799.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CURRENT YEAR SECTION 481(A) ADJUSTMENT	165,960.
FORM 990, PART XII, LINE 2C: THE ORGANIZATION ESTABLISHED AN AUDIT COMMITTEE IN 2016.	THIS COMMITTEE
WAS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT AND SELEC	·····
INDEPENDENT ACCOUNTANT.	
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