## Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α.	ror t	ne zuzu calen	uar year, or lax year begin	iiiiig	, 2020,	and ending			,	20	
В	Check	if applicable:	С					D Employ	er ident	ification number	
	Α	ddress change	PARTNERSHIP ON A	I TO BENEFIT				32-	0518	917	
	$\square_{N}$	ame change	PEOPLE AND SOCIE	CTY				E Telepho			
		nitial return	115 SANSOME STRE	ET, SUITE #1200				817	-911	-6061	
	-	nal return/terminated	SAN FRANCISCO, C	CA 94104			-	017	711	0001	
		mended return						<b>G</b> Gross re	aninta !	\$ 7 720	,140.
	$\mathbf{H}$		<b>F</b> Name and address of principal	al officer:		н		group retur			1371
	ША	pplication pending		al officer: TERAH LYON	S		` '	subordinates		103	
_	т		Same As C Above	\d (based or )	4047(-)(1)		If "No,"	attach a list	See ins	tructions Lies	Шио
<del>!</del>		-exempt status:	X 501(c)(3) 501(c) (	) ◀ (insert no.)	4947(a)(1) or	527					
<u>,,</u>			TPS://WWW.PARTNE	T T			··/ ·	exemption nu			
K		n of organization:	X Corporation Trust	Association Other ►	LY	ear of formation	1: 2017	/ IVI S	tate of l	egal domicile: D(	<u>;                                    </u>
Pa	rt I	Summar	у								
	1		be the organization's miss								
ခွ			LOBAL SECTORS, D	DEVEL	OPMEN'I	<u>'S 11</u>	<u>N AT ADVA</u>	NCE			
ā		POSITIVE	OUTCOMES FOR PE	OPLE AND SOCIET	<u>Y</u>						
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é	3	Check this bo	oting members of the gove	on discontinued its opera					net as <b>3</b>	seis.	10
∾্	4		dependent voting member						4		10
ies	5		of individuals employed in		•	,			5		38
Activities & Governance	6		of volunteers (estimate if						6		0
Acl	7a	Total unrelate	ed business revenue from	Part VIII, column (C), li	ne 12				7a		0.
	b	Net unrelated	d business taxable income	from Form 990-T, Part	I, line 11				7b		0.
							Pr	rior Year		Current Y	ear
ø)	8		and grants (Part VIII, line				6	,144,1	78.	7,720	,140.
ğ	9	-	vice revenue (Part VIII, line	<del>-</del> .							
Revenue	10		ncome (Part VIII, column (	-							
Œ	11		e (Part VIII, column (A), li								
	12		e – add lines 8 through 11				6	,144,1			,140.
	13		imilar amounts paid (Part					127,5	00.	222	.,869.
	14		I to or for members (Part I								
Ø	15	Salaries, other	5-10)	4	<u>,010,3</u>	39.	5,709	,565.			
JSe	16 a	Professional	fundraising fees (Part IX,	column (A), line 11e)							
Expenses	b	Total fundrais	sing expenses (Part IX, co	lumn (D), line 25) ►							
ũ	17	Other expens	ses (Part IX, column (A), li	nes 11a-11d, 11f-24e).		<del></del>	3	,109,6	56	2 551	,158.
	18	·	es. Add lines 13-17 (must	•				,247,4			3,592.
	19		s expenses. Subtract line 1					,103,3			3,452.
- Ses			o experience autitude into					g of Curren		End of Y	•
anc a	20	Total assets	(Part X, line 16)					, 823, 9		13,477	
Net Assets Fund Baland	21		es (Part X, line 26)					,040,5			7,728.
det.	22	Net assets or	fund balances. Subtract I	ine 21 from line 20				,783,3		12,019	•
Pa	rt II	Signatur		21 110111 11110 20			12	, 105,5	03.	12,013	, 911.
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com	plete. C	Declaration of prepare	eclare that I have examined this ret arer (other than officer) is based on	all information of which prepare	er has any knowled	ige.	e best of filly	y kilowieuge	and ben	er, it is true, correc	i, anu
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ivia	y une	เหอ นเรยนรร โท	nis return with the prepare	SHOWIT ADOVE! See INS	น นนเปมร					. X Yes	No

. ui	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	BRINGING DIVERSE VOICES TOGETHER ACROSS GLOBAL SECTORS, DISCIPLINES AND DEMOGRAPHICS
	SO DEVELOPMENTS IN AI ADVANCE POSITIVE OUTCOMES FOR PEOPLE AND SOCIETY.
2	Did the organization undertake any significant program services during the year which were not listed on the prior
~	Form 990 or 990-EZ?
	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
3	If "Yes," describe these changes on Schedule O.
4	•
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,
	and revenue, if any, for each program service reported.
4 a	(Code:) (Expenses \$5,341,619. including grants of \$222,868.) (Revenue \$7,713,733.)
	PARTNERSHIP ON AI TO BENEFIT PEOPLE AND SOCIETY OPERATES FOR CHARITABLE,
	EDUCATIONAL, AND SCIENTIFIC PURPOSES TO FURTHER THE RESEARCH, DEVELOP BEST PRACTICES,
	AND EDUCATE THE PUBLIC ABOUT ARTIFICIAL INTELLIGENCE.
4 b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4.	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
7.0	/ (Codd) / (Expenses $\gamma$ including grains of $\gamma$ / (Nevertide $\gamma$ )
1.	Other program services (Describe on Schedule O.)
40	Other program services (Describe on Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )
1.	**
46	• Total program service expenses ► 5,341,619.

# Form 990 (2020) PARTNERSHIP ON AI TO BENEFIT Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	X	110
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Χ	
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	Х	
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		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
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 donor-restricted endowments or in 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, VIII, IX, or X as applicable.			
ā	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
ŀ	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.	11 b		Χ
(	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	11 c		X
C	I 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	11 d		Χ
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Χ	
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	11 f	Х	
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
ł	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
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
ŀ	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	Х	
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		Х
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	_	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions	17		Х
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		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
	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	Х	

# Form 990 (2020) PARTNERSHIP ON AI TO BENEFIT Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23	X	
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, 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		Х
	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>	25b		Х
26	former officer, director, trusteé, key employee, créator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	instructions, for applicable filing thresholds, conditions, and exceptions):			
	<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		X
	<b>b</b> A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	contributions? If 'Yes,' complete Schedule M	30		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Χ
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
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Χ
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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Note: All Form 990 filers are required to complete Schedule O.	38	Χ	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		X
RΛ			aan (	

Form 990 (2020) PARTNERSHIP ON AI TO BENEFIT

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

			Yes	No
	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 38			
ı	a If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
ı	a If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
4 8	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)?	4 a		Х
ı	o 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).			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
ı	a If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
i	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
	services provided to the payor?	7 a		X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			3.7
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ı	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. 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.			
ä	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
ı	bid the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?	13a		
•	Note: See the instructions for additional information the organization must report on Schedule O.	ısa		
	, ,			
	Denter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14a		21
		ואט		
13	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
. 0	If 'Yes,' complete Form 4720, Schedule O.			

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 10 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Χ Schedule O how this was done ...... 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... 14 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? X a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization..... 15 b 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?..... 16 a 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 exempt status with respect to such arrangements?.. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

TERAH LYONS 115 SANSOME STREET SUITE 1200 SAN FRANCISCO CA 94104 817-944-6061

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

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

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

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

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

Check this box if neither the organization nor any relate	ed organiz	ation	con	nper	ısate	ed any	/ cu	rrent officer, direct	or, or trustee.	
				(C)	)					
(A) Name and title	(B) Average hours	Pos thar is	s both	n an c	ot che unles officer /truste	eck moss s personand a ee)	re on	(D)  Reportable compensation from the organization	<b>(E)</b> Reportable compensation from	<b>(F)</b> Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
_(1)_TERAH_LYONSExecutive Dir.	$-\frac{40}{0}$	Х						240,516.	0.	0.
(2) SAMIR GOSWAMI COO	$-\frac{40}{0}$			Х				201,842.	0.	0.
(3) STEVEN ADLER  CHIEF OF STAFF	$-\frac{40}{0}$			Х				160,726.	0.	0.
	$-\frac{40}{0}$			Х				131,383.	0.	0.
ANDREA_CROSS ASS DIR OF CONT	$-\frac{40}{0}$			Х				130,405.	0.	0.
		-								
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII   Section	on A. Officers, Directors, Tru	1	Key	Em		_	es,	and	d Highest Com	pensated Emp	loyees	<b>(</b> conti	inued)
		(B)			((	•							
	(A)		ge (do not check more box, unless person i					one h an	(D)	(E)		(F)	
	Name and title	hours per week	offic	cer a	nd a d	direct	or/trus	tee)	Reportable compensation from	Reportable compensation from related organizations	C	ated am of other	
		(list any hours	or d	ısul	Officer	Key	High	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	the o	nsation rganizat	ion
		for related	Individual or director	onn	cer	emp	lest o	ner er				d related anization	
		organiza - tions	DY EX	nalt		Key employee	omp						
		below dotted line)	Individual trustee or director	Institutional trustee		ð	Highest compensated employee						
		ilile)		ď			ited						
(15)													
			•										
(16)													
(17)													
(18)													
40													
(19)													
(20)													
		1											
(21)													
			1										
(22)													
(23)													
(24)													
(24)			-										
(25)													
			•										
1 b Subtotal								<b>&gt;</b>	864,872.	0.	!		0.
	ntinuation sheets to Part VII, Secti							<b></b>	0.	0.			0.
d Total (add line	es 1b and 1c)							<b></b>	864,872.	0.			0.
	f individuals (including but not limited	I to those I	isted	abo	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	pensatio	n	
from the organ	nization <b>5</b>												
_												Yes	No
3 Did the organi on line 1a? If	zation list any <b>former</b> officer, directives, 'complete Schedule J for suc	tor, truste h individu	e, ke <i>ial</i>	ey e	mplo	oyee	e, or	high	nest compensated	employee	3		Х
	•												
the organization	dual listed on line 1a, is the sum of on and related organizations greate	er than \$1	50,00	00?	/f '}	es,	com	iple	te Schedule J for	ITOTTI			
	al										. 4	X	
5 Did any perso for services re	n listed on line 1a receive or accruendered to the organization? If 'Yes	e comper	isatio	n fr	om	any I fo	unre	late	ed organization or	individual	5		Х
	pendent Contractors	,						p			.   -		21
1 Complete this	table for your five highest compen from the organization. Report compen	sated ind	epen	den	t cor	ntra	ctors	tha	t received more the	han \$100,000 of			
compensation			trie c	aien	uar	year	enai	ng v	i	<u> </u>		^\	
(A) (B) Name and business address Description of service								of services	Compe	<b>C)</b> :nsatic	n		
-													
	of independent contractors (including the		ited to	o the	se I	isted	l abo	ve)	who received more	than			
\$100,000 of co	ompensation from the organization	0											

#### Form 990 (2020) PARTNERSHIP ON AI TO BENEFIT 32-0518917 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII.... (A) Total revenue (B) (D) Related or Unrelated Revenue excluded from tax exempt business under sections 512-514 function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns . . . . . . . . **b** Membership dues..... 1 b 4,784,451 c Fundraising events..... 1 c d Related organizations..... 1 d e Government grants (contributions) . . . . 1,150,000 f All other contributions, gifts, grants, and similar amounts not included above . . . 1 f 1,785,689 q Noncash contributions included in lines 1a-1f. . . . . . . . . . h Total. Add lines 1a-1f . . . . 7,720,140 **Business Code** Program Service Revenue b **f** All other program service revenue. . . g Total. Add lines 2a-2f ..... Investment income (including dividends, interest, and Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6 a Gross rents . . . . . . . 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis 7a 7b and sales expenses c Gain or (loss). . . . . . . 7с **d** Net gain or (loss)..... 8 a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . . . . . . . . 8a 8b **b** Less: direct expenses..... c Net income or (loss) from fundraising events ...... 9 a Gross income from gaming activities. 9a **b** Less: direct expenses..... 9b c Net income or (loss) from gaming activities..... **10 a** Gross sales of inventory, less..... returns and allowances. . . . . . . . . . 0a 10b **b** Less: cost of goods sold.... **c** Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous Revenue

140

0

0

d All other revenue. e Total. Add lines 11a-11d

12

Total revenue. See instructions.....

#### 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).

Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	222,869.	222,869.	3 1	
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				
5	Compensation of current officers, directors, trustees, and key employees	864,871.	864,871.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	4,228,009.	2,852,931.	1,375,078.	· ·
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)			1,373,076.	
^	· · ·	264,737.	264,737.	051 040	
9	Other employee benefits	351,948.		351,948.	
	Payroll taxes				
	Fees for services (nonemployees):				
	Management				
Ł	Legal	214,471.		214,471.	
	: Accounting	139,317.		139,317.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	13,085.		13,085.	
12	Advertising and promotion	-315.		-315.	
	Office expenses	313.		313.	
	Information technology	118,684.	86,639.	32,045.	
15	Royalties.	110,001.	00,000.	32,013.	
16	Occupancy	1,013,023.	501,237.	511,786.	
17	Travel	60,531.	51,374.	9,157.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	007031.	31/3/1.	3,137.	
19	Conferences, conventions, and meetings	13,763.	13,763.		
20	Interest	,	,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	87,789.	-7,433.	87,789.	
23	Insurance	·	·	·	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	CONSUTING EXPENSES	415,686.	415,686.		
	CONSULTING EXPENSES	121,898.	-,	121,898.	
	PAYROLL PROCESSING	54,873.		54,873.	
	PROFESSIONAL DEVELOPMENT	49,849.		49,849.	
	All other expenses	248,504.	67,512.	180,992.	
25	Total functional expenses. Add lines 1 through 24e	8,483,592.	5,334,186.	3,141,973.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to	any line	in this Part X	<u></u>	<u></u>	<u></u>	
					(A) Beginning of year		<b>(B)</b> End of year	
	1	Cash — non-interest-bearing			10,403,126.	1	10,721,741.	
	2	Savings and temporary cash investments			329,861.	2	330,202.	
	3	Pledges and grants receivable, net			350,315.	3	700,000.	
	4	Accounts receivable, net			2,251,932.	4	1,226,383.	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	director, or, or 35%		5			
	6	Loans and other receivables from other disqualified p		<u> </u>				
	0	section 4958(f)(1)), and persons described in section				6		
	7	Notes and loans receivable, net		7				
Ø	8	Inventories for sale or use		L		8		
set	9	Prepaid expenses and deferred charges		<u> </u>	129,760.	9	201 002	
Assets	_		1 1		129,760.	9	291,883.	
ŗ		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		203,455.				
		Less: accumulated depreciation		69,391.	180,825.	10 c	134,064.	
	11	Investments — publicly traded securities				11		
	12	Investments – other securities. See Part IV, line 11.	-		12			
	13	Investments – program-related. See Part IV, line 11.			13			
	14	Intangible assets.	80,797.	14	73,364.			
	15	Other assets. See Part IV, line 11		-	97,312.	15	2.	
	16	Total assets. Add lines 1 through 15 (must equal line	33)		13,823,928.	16	13,477,639.	
	17	Accounts payable and accrued expenses	811,019.	17	689,866.			
	18	Grants payable		<u> </u>		18		
	19	Deferred revenue	_		19			
	20	Tax-exempt bond liabilities		_		20		
ies	21	Escrow or custodial account liability. Complete Part		<u> </u>		21		
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	utor. or 35	i%		22		
_	23	Secured mortgages and notes payable to unrelated the		<u> </u>		23		
	24	Unsecured notes and loans payable to unrelated third	l parties			24		
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com			229,546.	25	767,862.	
	26	<b>Total liabilities.</b> Add lines 17 through 25			1,040,565.	26	1,457,728.	
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	e ► X					
<u>a</u>	27	Net assets without donor restrictions			11,831,431.	27	10,743,945.	
Ř	28	Net assets with donor restrictions		<u></u>	951,932.	28	1,275,966.	
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here >					
ō	29	Capital stock or trust principal, or current funds	apital stock or trust principal, or current funds					
ets	30	Paid-in or capital surplus, or land, building, or equipment of the surplus of the	nent fund.			30		
SS	31	Retained earnings, endowment, accumulated income	, or other	funds		31		
t A	32	Total net assets or fund balances			12,783,363.	32	12,019,911.	
ž	33	Total liabilities and net assets/fund balances			13,823,928.	33	13,477,639.	
RΔ	Δ		TEEA0111L	10/07/20	•		Form <b>990</b> (2020)	

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)		7,7	20,1	40.
2	Total expenses (must equal Part IX, column (A), line 25)			83,5	
3	Revenue less expenses. Subtract line 2 from line 1			63,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	1		83,3	
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities				
7					
8	Prior period adjustments				-
9	Other changes in net assets or fund balances (explain on Schedule O)				0.
10					
<b>D</b> =	column (B)) 10	1	2,0	19,9	911.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. [ ]
		_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	Χ	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on separate basis, consolidated basis, or both:    X   Separate basis	ia			
			٥.	Х	
	<b>b</b> Were the organization's financial statements audited by an independent accountant?		2b	Λ	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
(	<b>c</b> If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3	<b>a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit	Ī			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b		
3AA	TEEA0112L 10/19/20		Form	990	(2020)

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

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization Employer identification number PARTNERSHIP ON AI TO BENEFIT PEOPLE AND SOCIETY 32-0518917 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations ..... **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

### 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.)

begin 1 2	ndar year (or fiscal year ning in)  Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')  Tax revenues levied for the organization's benefit and	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	<b>(f)</b> Total
2	membership tees received. (Do not include any 'unusual grants.')				. ,	(6) 2020	(i) Total
	organization's benefit and					7,294,451.	7,294,451.
	either paid to or expended on its behalf						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	0.	0.	0.	0.	7,294,451.	7,294,451.
	Public support. Subtract line 5 from line 4						7,294,451.
Sect	ion B. Total Support						
Caler begir	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
7	Amounts from line 4	0.	0.	0.	0.	7,294,451.	7,294,451.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.
	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI.					425,689.	425,689.
	Total support. Add lines 7 through 10						7,720,140.
12	Gross receipts from related activ	rities, etc. (see ins	tructions)			12	0.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or fi	fth tax year as a	section 501(c)(3)	▶ □
Sect	ion C. Computation of Pul	blic Support P	ercentage				
	Public support percentage for 20						94.49%
16a	Public support percentage from 2 33-1/3% support test—2020. If the	he organization di	d not check the bo	ox on line 13. and	d line 14 is 33-1/3	S% or more, check	0.00 % this box
	and <b>stop here.</b> The organization	qualifies as a pub	olicly supported or	ganization			► <u>X</u>
b	<b>33-1/3% support test—2019.</b> If the and <b>stop here.</b> The organization	e organization did qualifies as a pub	not check a box olicly supported or	on line 13 or 16a ganization	, and line 15 is 33	3-1/3% or more, o	check this box
	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-ar	nd-circumstances	test, check this b	ox and stop here	. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and Private foundation. If the organization	meets the facts-ard-circumstances' t	nd-circumstances est. The organiza	test, check this be tion qualifies as a	oox and <b>stop here</b> a publicly support	e. Explain in Part ed organization	VI how the ►

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	ists listed below,	please complete	i ait ii.)					
	lar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total		
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(a) 2010	<b>(b)</b> 2017	(6) 2010	( <b>u)</b> 2019	(e) 2020	(i) Total		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						•		
3	Gross receipts from activities that are not an unrelated trade or business under section 513.								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified 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.)								
	tion B. Total Support				1				
	dar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total		
	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								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)								
	First 5 years. If the Form 990 is organization, check this box and	stop here					▶ □		
	tion C. Computation of Pul								
	Public support percentage for 20	•			-		%		
	Public support percentage from 2					16	%		
	tion D. Computation of Inv					<u>.                                    </u>			
	Investment income percentage for	· ·		-			0/0		
	8 Investment income percentage from 2019 Schedule A, Part III, line 17								
	<b>33-1/3% support tests—2020.</b> If t is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The orgar	nization qualifies	as a publicly supp	orted organization	۱ 🟲 📗		
	<b>33-1/3% support tests—2019.</b> If t line 18 is not more than 33-1/3% <b>Private foundation.</b> If the organization	, check this box	and <b>stop here.</b> Th	e organization qu	ialifies as a public	ly supported organ	nization ►		
20	i iivate ibuiiuatibii. Ii tile orgalii.	Zation ald Hot CHE		1 <del>-1</del> , 13a, 01 130, (	CHECK THIS DOX ALL	1 300 11131111101115.	· · · · · · · · · · · · · · · · · · ·		

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### **Section A. All Supporting Organizations**

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in <b>Part VI</b> 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 <b>Part VI</b> 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 lines 3b			
	and 3c below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 <b>Part VI</b> 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 <b>Part VI</b> what controls the organization used to ensure that	40		
F-	all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
Эd	5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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 was			
	accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> 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	6		
_	the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b> .	0		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI.</b>	9с		
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 line 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.).	1 <b>0</b> b		

Part	t IV	Supporting Organizations (continued)			
11	Lloc t	the examination eccented a gift or contribution from any of the following persons?		Yes	No
		the organization accepted a gift or contribution from any of the following persons?  son who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,			
-		overning body of a supported organization?	11a		
b	A fan	nily member of a person described in line 11a above?	11b		
		controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c		
Sect	tion I	B. Type I Supporting Organizations		11	
1	Did #	he governing body, members of the governing body, officers acting in their official capacity, or membership of one		Yes	No
'	or mo office organ than	ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported inization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers			
		g the tax year.	1		
2	that o	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sect	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 ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the			
		orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
1	Did #	the examination provide to each of its supported examinations, by the last day of the fifth month of the		Yes	No
'	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		
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).					
		2			
3	Ry re:	ason of the relationship described in line 2, above, did the organization's supported organizations have a significant			
Ū	voice	in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played			
		is regard.	3		
Sect	tion I	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Пт	The organization satisfied the Activities Test. Complete line 2 below.			
b	Πт	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Πт	he organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	instrı	ıctions	s).
•	Λ - 1::	The Tark Annual Page Or and Oh halves	ĺ		
		ities Test. Answer lines 2a and 2b below.		Yes	No
а	suppo organ respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> nizations and explain how these activities directly furthered their exempt purposes, how the organization was possive to those supported organizations, and how the organization determined that these activities constituted			
	subst	tantially all of its activities.	2a		
b	more	he activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the			
		ons for the organization's position that its supported organization(s) would have engaged in these activities or the organization's involvement.	2b		
3	Parer	nt of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	Did th	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>If 'Yes' or 'No,' provide details in <b>Part VI.</b></i>	3a		
b	Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizati	ons				
1	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.						
Sec	ction A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
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					
Sec	ction 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):						
	Average monthly value of securities	1a					
	Average monthly cash balances	1b					
	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 0.015 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 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sec	ction C — Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	<u> </u>	4					
5	Income tax imposed in prior year	5					
6	<b>Distributable Amount.</b> 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-functionally inte	egrated	Type III supporting or	ganization			

Schedule A (Form 990 or 990-EZ) 2020

BAA

Par	Part V   Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Sec	tion D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes	1			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required — provide details in Part VI)	5			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	6			
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details				
	in <b>Part VI</b> ). See instructions.	8			
9	Distributable amount for 2020 from Section C, line 6	9			
10	Line 8 amount divided by line 9 amount	10			

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
<b>b</b> Excess from 2017			
c Excess from 2018			
<b>d</b> Excess from 2019			
e Excess from 2020			
DAA		Calaadala A /Ea	000 000 EZ\ 000

BAA

Schedule A (Form 990 or 990-EZ) 2020

32-0518917

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.)

#### Part II, Line 10 - Other Income

Nature and Source		2020	2019	2018	2017	2016
OTHER INCOME	Total	425,689. 425,689.	\$ 0.	\$ 0.	\$ 0.	\$ 0.

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization PARTNERSHIP ON AI TO BENEFIT

#### **Schedule of Contributors**

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

Employer identification number

2020

OMB No. 1545-0047

	PEOPLE	AND SOCIETY	32-0518917
Organiz	ation type (check one)	:	
Filers of	f:	Section:	
Form 99	00 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	on
		527 political organization	
Form 99	00-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
	nly a section 501(c)(7)	red by the <b>General Rule</b> or a <b>Special Rule.</b> , (8), or (10) organization can check boxes for both the General Rule and a S <sub>l</sub>	pecial Rule. See instructions.
General	Rule		
		ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalir one contributor. Complete Parts I and II. See instructions for determining a contribu	
Special	Rules		
X	under sections 509(a) received from any or	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line contributor, during the year, total contributions of the greater of (1) \$5,000; line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	e 13, 16a, or 16b, and that
	during the year, tota purposes, or for the	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recell contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scient prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' id address), II, and III.	ific, literary, or educational
	during the year, con \$1,000. If this box is charitable, etc., purp	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receptibutions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contacked, enter here the total contributions that were received during the year lose. Don't complete any of the parts unless the <b>General Rule</b> applies to this contact religious, charitable, etc., contributions totaling \$5,000 or more during the	ributions totaled more than r for an <i>exclusively</i> religious, organization because
		isn't covered by the General Rule and/or the Special Rules doesn't file Sched No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 9	

Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization

PARTNERSHIP ON AI TO BENEFIT

Employer identification number

32-0518917

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$400,000.	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		\$500,014.	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
3		\$ <u>578,375.</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
4		\$1,100,000.	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
<u>5</u>		\$ <u>_771,939.</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
<u>6_</u> _		\$500,000.	Person X Payroll

Name of organization				
PARTNERSHIP	ON	ΑI	TO	BENEFIT

Employer identification number

32-0518917

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$4 <u>00,000</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
8		\$ <u>300,000</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
9		\$4 <u>00,000</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
10_		\$ <u>500,000.</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
<u>11</u> _		\$4 <u>00,000</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
<u>12</u> _		\$400,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

3

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Name of organization					
PARTNERSHIP	ON	ΑI	TO	BENE	FIT

Employer identification number

32-0518917

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
<u>13</u> _		\$4 <u>00,000</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				
<u>14</u> _		\$ <u>400,000</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				
		\$	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 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.)				

1

Employer identification number

PARTNERSHIP ON AI TO BENEFIT

32-0518917

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

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
BAA	Sch	edule B (Form 990, 990-E	7 or 990-PF) (2020

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Name of organization				
PARTNERSHIP	ON	ΑI	TO	BENEFIT

Employer identification number 32-0518917

	or (10) that total more than \$1,000 for t the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	ompleting Part III, enter the total o (Enter this information once. See i	of <i>exclusively</i> religious, charitable, etc.,		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	N/A				
	Transferee's name, addres	(e) Transfer of gift	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	- , , , , , , , , , , , , , , , , , , ,	(e) Transfer of gift			
	Transferee's name, addres	ss, and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee				
	Transièree's fiame, auures		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, addres	(e) Transfer of gift	Relationship of transferor to transferee		
	inansièree's name, adurés				
		·			

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8),

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

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

#### If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

	<b>xy Tax) (See separate instruc</b> Section 501(c)(4), (5), or (6) o	tions), then organizations: Complete Part III.			
		P ON AI TO BENEFIT		Employer identific	ation number
	PEOPLE AND	SOCIETY		32-051891	
		rganization is exempt under section	` '	-	zation.
1		organization's direct and indirect political con of 'political campaign activities')	ampaign activities in	Part IV.	
2	Political campaign activity ex	xpenditures (See instructions)			\$
3	Volunteer hours for political	campaign activities (See instructions)			
Pai	t I-B Complete if the or	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	▶ ζ	0.
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955.		0.
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 8	Was a correction made?				Yes No
	If 'Yes,' describe in Part IV.				
Pai	t I-C Complete if the o	rganization is exempt under section	on 501(c), excep	t section 501(c)(3)	
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	n activities ► \$	}
2	Enter the amount of the filing 527 exempt function activities	g organization's funds contributed to other	organizations for sec	tion ▶ Ş	<u> </u>
3	Total exempt function expen line 17b	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	▶ξ	<b>-</b>
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the all is received that were promptly and directly delal action committee (PAC). If additional spa	ivered to a separate po	olitical organization, such	n as a separate
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2020

Part II-A Complete if section 501(	the organizatior (h)).	is exempt under se	ection 501(c)(3) and	l filed Form 5768 (ele	ction under
address,	EIN, expenses, and	s to an affiliated group (an I share of excess lobbying sked box A and 'limited or	g expenditures).	ated group member's name,	
(The term	Limits on Lobby	ing Expenditures ns amounts paid or incu	rred.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1 a Total lobbying expendite	-	•	<u> </u>		
<b>b</b> Total lobbying expendit	•				
c Total lobbying expendit	•	•		0.	0.
<b>d</b> Other exempt purpose					
e Total exempt purpose e	expenditures (add lin	es 1c and 1d)		0.	0.
<b>f</b> Lobbying nontaxable ar both columns		ount from the following ta			
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable	e amount is:		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1	, ,	\$100,000 plus 15% of the exces			
Over \$1,000,000 but not over \$ Over \$1,500,000 but not over \$		\$175,000 plus 10% of the exces \$225,000 plus 5% of the excess			
Over \$17,000,000		\$1,000,000.	over \$1,500,000.		
g Grassroots nontaxable				0.	0.
h Subtract line 1g from lir					0.
i Subtract line 1f from lin	e 1c. If zero or less,	enter -0			0.
j If there is an amount othe section 4911 tax for this	er than zero on either s year?	line 1h or line 1i, did the or	rganization file Form 4720	reporting	Yes No
(Som	e organizations tha	4-Year Averaging Period t made a section 501(h) e ow. See the separate ins	election do not have to	complete all of the five rough 2f.)	
	Lobby	ying Expenditures During	g 4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					0.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					0.
c Total lobbying expenditures					0.
<b>d</b> Grassroots nontaxable amount					0.
e Grassroots ceiling amount (150% of line 2d, column (e))					0.
<b>f</b> Grassroots lobbying expenditures					0.
BAA				Schedule C (Form	^^^ ^

32-0518917

## Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(election under section 501(h)).						
-ar	or each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description				(b)		
	he lobbying activity.	Yes	No		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:						
	<ul> <li>a Volunteers?</li> <li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li> <li>c Media advertisements?</li> </ul>						
	d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?						
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1c through 1i  a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
	b If 'Yes,' enter the amount of any tax incurred under section 4912						
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(section 501(c)(6).	(c)(5)	, or				
2	Were substantially all (90% or more) dues received nondeductible by members?				1 2 3	Yes	No
	(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	c)(5)	, or s	ectio	n 50	1(c)	
1	Dues, assessments and similar amounts from members.		1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).						
	a Current year		2 a				
	<b>b</b> Carryover from last year		2b				
	c Total		2 c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4				
5	Taxable amount of lobbying and political expenditures (See instructions)		5				

#### Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

# SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

PARTNERSHIP ON AI TO BENEFIT

PE(	OPLE AND SOCIETY			32-0518917	
Pai	rt I Organizations Maintaining Don	or Advised Funds or Othe	er Similar Func	ls or Accounts.	
	Complete if the organization ans	swered 'Yes' on Form 990,	, Part IV, line 6	).	
		(a) Donor advised f	unds	(b) Funds and other a	eccounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and do are the organization's property, subject to the	onor advisors in writing that the e organization's exclusive legal of	assets held in don control?	or advised funds	No
6	Did the organization inform all grantees, done for charitable purposes and not for the benefimpermissible private benefit?	ors, and donor advisors in writin it of the donor or donor advisor,	ng that grant funds or for any other p	can be used only purpose conferring	— □ No
Da	<u> </u>			103	
Pai		swarad 'Vas' on Farm 000	Part IV/ line 5	7	
	Complete if the organization ans  Purpose(s) of conservation easements held be			<u>'                                    </u>	
ı	Preservation of land for public use (for example)	· · · · · · · · · · · · · · · · · · ·	<u>···</u> ··	n of a historically important	land area
	Protection of natural habitat	iple, recreation or education)		n of a certified historic struc	
	Preservation of open space		LI Teservation	n or a continea motoric struc	tare
2	<u> </u>	held a qualified conservation cont	ribution in the form	of a conservation easement of	n the
_	last day of the tax year.	field a qualified conservation cont		of a conservation easement o	iii tiic
				Held at the End o	f the Tax Year
;	a Total number of conservation easements			. 2a	
I	<b>b</b> Total acreage restricted by conservation ease	ements		2 b	
	<b>c</b> Number of conservation easements on a cert	ified historic structure included	in (a)	. 2c	
•	<b>d</b> Number of conservation easements included structure listed in the National Register	in (c) acquired after 7/25/06, ar	nd not on a historic	2. 2d	
3	Number of conservation easements modified, tratax year ►	ansferred, released, extinguished, o	or terminated by the	organization during the	
4	Number of states where property subject to cons	ervation easement is located >			
5	Does the organization have a written policy re				
	and enforcement of the conservation easeme				No
6	Staff and volunteer hours devoted to monitoring,  •		•	-	-
7	Amount of expenses incurred in monitoring, insp ▶\$	ecting, handling of violations, and	enforcing conserva	ition easements during the yea	ar
8	Does each conservation easement reported of and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the red	quirements of sect	ion 170(h)(4)(B)(i) Yes	No
9	In Part XIII, describe how the organization re include, if applicable, the text of the footnote conservation easements.		1 1 1 1 1 1		11. 6
Pai	Organizations Maintaining Collection Complete if the organization ans	ections of Art, Historical swered 'Yes' on Form 990	Freasures, or C , Part IV, line 8	Other Similar Assets.	
1:	a If the organization elected, as permitted under historical treasures, or other similar assets he Part XIII the text of the footnote to its financi	eld for public exhibition, educati	on, or research in	tement and balance sheet w furtherance of public servic	orks of art, e, provide in
l	<b>b</b> If the organization elected, as permitted under historical treasures, or other similar assets held following amounts relating to these items:	er FASB ASC 958, to report in it for public exhibition, education, or	s revenue stateme research in furthera	ent and balance sheet works ance of public service, provide	s of art, the
	(i) Revenue included on Form 990, Part VIII	, line 1		▶\$	
	(ii) Assets included in Form 990, Part X				
2	, ,				
;	a Revenue included on Form 990, Part VIII, line	e 1		▶\$	
	<b>h</b> Assets included in Form 990 Part X			►\$	

TEEA3301L 08/18/20

Part III Organizations Maintaining	Collections of Art, Histo	rical Treasures, oi	Other Similar Ass	<b>sets</b> (contir	nued)
3 Using the organization's acquisition, access items (check all that apply):	ion, and other records, check ar	ny of the following that m	nake significant use of its	collection	
a Public exhibition	<b>d</b> Loan o	or exchange program			
<b>b</b> Scholarly research	e Other				
c Preservation for future generations					
<b>4</b> Provide a description of the organization's of Part XIII.	,	· ·			
5 During the year, did the organization sol to be sold to raise funds rather than to be				Yes	No No
Part IV Escrow and Custodial Arran			swered res on ro	mi 990, Pa	אונוע,
1 a Is the organization an agent, trustee, cu	stodian or other intermediary	for contributions or oth	er assets not included	<b>□</b> .,	п.,
on Form 990, Part X?				Yes	No
<b>b</b> If 'Yes,' explain the arrangement in Part	Alli and complete the following	ig table:		Amount	
- Deginning helenes			1.	Amount	
c Beginning balanced Additions during the year					
e Distributions during the year					
f Ending balance					
2a Did the organization include an amount				Ves	No
<b>b</b> If 'Yes,' explain the arrangement in Part			-	<u> </u>	H"
2	7 mil erieek nere ii tile explait	attorninae 2001. provide			
Part V Endowment Funds. Comple	te if the organization and	swered 'Yes' on Fo	orm 990. Part IV. li	ne 10.	
· · · · · · · · · · · · · · · · · · ·	Current year (b) Prior year			(e) Four ye	ars back
1 a Beginning of year balance					
<b>b</b> Contributions					
c Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
<b>g</b> End of year balance					
2 Provide the estimated percentage of the	current year end balance (line	e 1g, column (a)) held	as:		
a Board designated or quasi-endowment ▶	<u> </u>				
<b>b</b> Permanent endowment ▶	<u> </u> %				
c Term endowment ►	5				
The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.				
3 a Are there endowment funds not in the poss	ession of the organization that a	re held and administered	for the		
organization by:				Yes	No
(i) Unrelated organizations				3a(i)	
(ii) Related organizations				3a(ii)	
<b>b</b> If 'Yes' on line 3a(ii), are the related org	·			. 3b	
4 Describe in Part XIII the intended uses of		nt funds.			
Part VI Land, Buildings, and Equip Complete if the organization		n 990, Part IV, line	11a. See Form 99	0, Part X,	line 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
1 a Land.					
<b>b</b> Buildings.		-22,195.	-63,434.		1,239.
c Leasehold improvements		14,695.	204.		4,491.
<b>d</b> Equipment		7,326.	1,465.		5,861.
<b>e</b> Other		203,629.	131,156.	7	2 <b>,</b> 473.
Total. Add lines 1a through 1e. (Column (d) m	ust equal Form 990, Part X, c	olumn (B), line 10c.)		13	4,064.

BAA Schedule D (Form 990) 2020

Part VII Investments – Other Securities.	d 'Voc' on Form 00	N/A	100 Dart V lina 12
Complete if the organization answered  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	
(1) Financial derivatives	(D) Doon value	(c) method of variation, cost of one of	your market value
(2) Closely held equity interests.		1	
(3) Other			
(A)			
(B)	-		
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII Investments — Program Related. Complete if the organization answered	d 'Vas' on Form 99	N/A N Part IV line 11c See Form 9	00 Part Y line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	
(1)	(b) Book value	(b) metrica of variation, cost of one	or your market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			
Part IX Other Assets. Complete if the organization answered	N/A d 'Yes' on Form 990	\ 0  Part IV  line 11d  See Form 9	90 Part X line 15
	escription	0, 1 dr. 17, iiile 11d. dec 1 diiii 3	(b) Book value
(1)	•		, ,
(2)			
(3)			
<u>(4)</u>			
(5)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (	(B) line 15.)	<b>&gt;</b>	
Part X Other Liabilities.	E 000 B LIV I: 1	1 116 0 5 000 5 1 7 17 05	
Complete if the organization answered 'Yes' on I	Form 990, Part IV, line I	Te or 11f. See Form 990, Part X, line 25	
1. (a) Description (a) Description (b) Federal income taxes	חייים וומטווונץ		(b) Book value
(2) OTHER LIABILITIES			230,367.
(3) PPP LOAN			537,495.
(4)			,
(5)			
(6)			
(7)			
<u>(8)</u> (9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)		<b>-</b>	767,862.
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo			
tax positions under FASB ASC 740. Check here if the text of the footnote ha	s heen provided in Part YIII	. Se	e Part XIII 🛛

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	1
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	7,720,140.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1	3	7,720,140.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,720,140.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses 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	8,483,592.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
<b>b</b> Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1	3	8,483,592.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.	4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,483,592.
Part XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, 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 - FASB ASC 740 Footnote

PART X - FIN 48 FOOTNOTE

BAA

SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE

THE ORGANIZATION IS A QUALIFIED ORGANIZATION EXEMPT FROM FEDERAL INCOME

TAXES UNDER THE PROVISIONS OF THE INTERNAL REVENUE CODE SECTION 501 (C) (3)

AND SECTION 23701D OF THE CALIFORNIA REVENUE AND TAXATION CODE AND;

Schedule D (Form 990) 2020

#### Part XIII | Supplemental Information (continued)

#### Part X - FASB ASC 740 Footnote (continued)

THEREFORE, HAS NO PROVISIONS FOR FEDERAL OR STATE INCOME TAXES.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA
PROVIDE ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY THE
ORGANIZATION IN THEIR TAX RETURN THAT MIGHT BE UNCERTAIN. MANAGEMENT HAS
CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN BY THE
ORGANIZATION IN THEIR FEDERAL AND STATE TAX RETURNS ARE MORE LIKELY THAN NOT TO BE
SUSTAINED UPON EXAMINATION

#### **SCHEDULE F** (Form 990)

Department of the Treasury Internal Revenue Service

#### **Statement of Activities Outside the United States**

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16. 
► Attach to Form 990.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

PARTNERSHIP ON AI TO BENEFIT PEOPLE AND SOCIETY

32-0518917

Employer identification number

General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,

the grantees' eligibility for	the grants or assi	stance, and the s	selection criteria used to award	the grants or assistance	e?XYes No
2 For grantmakers. Describe in United States.	າ Part V the organi	zation's procedure	s for monitoring the use of its gra	nts and other assistance of	outside the
3 Activities per Region. (The	following Part I,	line 3 table can b	e duplicated if additional space	e is needed.)	
<b>(a)</b> Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) NORTH AMERICA-CANADA			CONFERENCE TRAVEL		1,629.
(2) EUROPE-SWITZERLAND			CONFERENCE TRAVEL		2,327.
(3) EUROPE			CONFERENCE TRAVEL		2,491.
(4) UNITED KINGDOM			CONFERENCE TRAVEL		2,805.
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3 a</b> Subtotal					9,252.
sheets to Part I					

0

c Totals (add lines 3a and 3b). . .

0

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter..... 

BAA

Schedule F (Form 990) 2020

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	<b>(d)</b> Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
BAA	1			ı	1	Schedule F	(Form 990) 2020

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

 BAA
 TEEA3505L
 09/16/20
 Schedule F (Form 990) 2020

#### Part V Supplemental Information

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

BAA TEEA3504L 09/16/20 Schedule F (Form 990) 2020

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization PARTNERSHIP OI	N AI TO BENEF	IT				Employer identifi	
PEOPLE AND SO						32-05189	L7
Part I General Information on G							
1 Does the organization maintain records the selection criteria used to award the	to substantiate the am ne grants or assistan	ount of the grants or ce?	assistance, the grantees'				Yes X No
2 Describe in Part IV the organization's pro	ocedures for monitoring	ng the use of grant fu	inds in the United States.				
Part II Grants and Other Assistar	nce to Domestic	Organizations	and Domestic Gove	ernments. Comple	te if the organiza	tion answered '\	es' on
Form 990, Part IV, line 21,	, for any recipien	t that received	more than \$5,000. F	Part II can be dupli	cated if additiona	al space is neede	ed.
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) OPEN IMAGERY NETWORK INC							Workshop
740 15th Street Northwest							sponsorhip for
Washington, DC 20005			10,000.	0.			ICLR - ag i
(2) University of Cambridge Depar							Research
Trumpington Street							fellowship
, Cambridge CB1PZGB United Ki			15,168.	0.			grant gift to C
(3) American Psychological Associ							Co-chair
PO Box 419868							sponsorship;
BOSTON, MA 9868			12,500.	0.			PAI supportin
(4)							Event
CCAT-LAT							sponsorship;
Rambla Rep De México 6125							SSIG / CCAT -
(5) , Montevideo CP 11400 Uruguay			10,000.	0.			LA
WITNESS							Co-chair
80 Hanson Place 5th Floor							sponsorship;
(6) Brooklyn, NY 11217			12,500.	0.			PAI supportin
Black in AI							Workshop
555 Bryant Street Suite 708							sponsorship;
(7) PALO ALTO, CA 94301			12,000.	0.			Black in AI
First Draft News Inc							Honorarium for
219 W 40th Street, 14th Floor							nonprofit
(8) NEW YORK, NY 10018			20,000.	0.			participat
Carnegie Mellon University							Research
5000 Forbes Ave							fellowship
2 Enter total number of section 501(c)(	3) and government of	rganizations listed	in the line 1 table			•	

3 Enter total number of other organizations listed in the line 1 table.

Part III Grants and Other Assistance to can be duplicated if additional sp	Domestic Individuace is needed.	uals. Complete if the	he organization an	swered 'Yes' on Form	990, Part IV, line 22. Part III
(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

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

BAA Schedule I (Form 990) 2020

#### **Continuation Sheet for Schedule I (Form 990)**

 Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III. 2020

Continuation Page 1 of 1

Name of the organization Employer identification number PARTNERSHIP ON AI TO BENEFIT 32-0518917 Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.) (c) IRC section (g) Description of (a) Name and address of organization or government (b) EIN (d) Amount of cash (f) Method of (h) Purpose of (e) Amount of nonvaluation (book, FMV, appraisal, grant or assistance (if applicable) grant cash assistance noncash assistance other) 125,551. 0. grant gift to C PITTSBURGH, PA 15213

#### **SCHEDULE J** (Form 990)

#### Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PARTNERSHIP ON AI TO BENEFIT PEOPLE AND SOCIETY

Employer identification number 32-0518917

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

section 53.4958-6(c)?..... BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Detinent	<b>(D)</b> Nieusteursleie	<b>(F)</b> T-1-1 - f	(E) Commonation
(A) Name and Title	-	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
TERAH LYONS	(i)	240,516.	0.	0.	0.	0.	240,516.	0.
1 Executive Dir.	(ii)	0.	0.	0.	$\frac{1}{0}$ .	0.	0.	0.
SAMIR GOSWAMI	(i)	201,842.	0.	0.	0.	0.	201,842.	0.
<b>2</b> COO	(ii)	0.	0.	0.	$\frac{1}{0}$ .	0.	0.	0.
STEVEN ADLER	(i)	160,726.	0.	0.	0.	0.	160,726.	0.
3 CHIEF OF STAFF	(ii)	0.	0.	0.	$\frac{1}{0}$ .	0.	$\overline{0}$ .	0.
	(i)							
4	(ii)				T		T	
	(i)							
5	(ii)		[				Γ	
	(i)						L	
6	(ii)							
	(i)		L		L		L	
7	(ii)							
	(i)				L		L	
8	(ii)							
	(i)							
9	(ii)							
	(i)						L	
10	(ii)							
	(i)						L	
11	(ii)							
	(i)				L		<b>_</b>	
12	(ii)							
	(i)				L		<b>_</b>	
13	(ii)							
	(i)				<b> </b>		<b></b>	
14	(ii)							
	(i)		<b> </b>		L		<b> </b>	
15	(ii)							
	(i)		<b> </b>		L		<b> </b>	
16	(ii)							

BAA

TEEA4102L 09/25/20

Schedule J (Form 990) 2020

#### Part III Supplemental Information

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

#### **SCHEDULE 0** (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

2020

Department of the Treasury Internal Revenue Service Name of the organization

PARTNERSHIP ON AI TO BENEFIT PEOPLE AND SOCIETY

Employer identification number

32-0518917

#### Form 990. Part VI. Line 11b - Form 990 Review Process

No review was or will be conducted.

#### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.

#### **FORM 990**

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE FORM 990 WAS PREPARED BY OUTSIDE ACCOUNTANTS AND REVIEWED BY MANAGEMENT BEFORE SIGNING. A COPY OF THE FORM 990 WAS SUBMITTED TO THE BOARD MEMBERS PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS APPLICABLE TO ANY DIRECTORS, OFFICER, MEMEBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS, OR KEY EMPLOYEES IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST. AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF HIS OR HER FINANCIAL INTEREST AND ALL MATERIAL FACTS TO THE BOARD OF DIRECTORS OF THE CORPORATION OR TO ANY SPECIAL COMMITTEES WITH BOARD-DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.

AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL EXCUSE HIMSELF/HERSELF FROM THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF WHETHER A CONFLICT OF INTEREST EXISTS IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS.

Employer identification number 32-0518917

AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR COMMITTEE

MEETING, BUT AFTER SUCH PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE

DISCUSSION OR, AND THE VOTE OF, THE TRANSACTION OR ARRANGEMENT THAT

RESULTS IN THE POSSIBLE CONFLICT OF INTEREST.

THE BOARD OR THE COMMITTEE SHALL UNDERTAKE, OR APPOINT A DISINTERESTED

PERSON OR COMMITTEE TO UNDERTAKE, AN APPROPRIATE DUE DILIGENCE INVESTIGATION,

INCLUDING AN ANALYSIS OF ALL MATERIAL FACTS RELATED TO THE

POSSIBLE CONFLICT OF INTEREST, COLLECTION OF DATA ON COMPARABLE ARRANGEMENTS OR

TRANSACTIONS, AND THE DEVELOPMENT AND INVESTIGATION OF

ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT.

AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE SHALL DETERMINE
WHETHER THE CORPORATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS
TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD
NOT GIVE RISE TO A CONFLICT OF INTEREST.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE SALARY OF THE TOP MANAGEMENT POSITION IS DEVELOPED AND APPROVED BY THE BOARD OF

DIRECTORS BASED ON CONTEMPORANEOUS SALARY AND MARKET DATA. THIS

PROCESS IS DOCUMENTED IN BOARD MINUTES. SALARY IS REVIEWED ON AN ANNUAL

BASIS. THIS PROCESS WAS LAST UNDERGONE IN 2020. ALSO, IN 2019, AN INDEPENDENT

FIRM/CONSULTANT WAS RETAINED TO ASSESS TOP OFFICIAL

COMPENSATION.

Employer identification number 32-0518917

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE COO COMPENSATION IS DETERMINED BY THE EXECUTIVE DIRECTOR AND APPROVED

BY THE BOARD. COMPENSATION IS BASED ON CONTEMPORANEOUS SALARY DATA AND

COMPARATIVE COMPENSATION WITHIN THE ORGANIZATION BASED ON POSITION AND

RESPONSIBILITY. SALARY IS REVIEWED ON AN ANNUAL BASIS. THIS PROCESS WAS

LAST UNDERGONE IN 2020.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

GOVERNING DOCUMENTTS, AND CONFLICT OF INTEREST, WHISTLEBLOWER, AND DOCUMENT RETENTION POLICIES, AS WELL AS THE FORM 990 ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES DESCRIPTION

TOT/ PROG SERVICE MGT & GENERAL FUNDRAISING

PROFESSIONAL FEES -

\$ 475686 \$ 351,897 \$123789

### Form **4562**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Business or activity to which this form relates

## **Depreciation and Amortization** (Including Information on Listed Property)

► Attach to your tax return.

PARTNERSHIP ON AI TO BENEFIT PEOPLE AND SOCIETY

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

**ZUZU** 

Attachment Sequence No. 179

32-0518917

Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions). 1 2 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-..... Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions. \_\_\_\_\_\_ 5 6 (b) Cost (business use only) (a) Description of property 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7...... Tentative deduction. Enter the smaller of line 5 or line 8..... 9 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instrs... 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11..... 12 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12...... ▶ 13 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year. See instructions ..... 15 Other depreciation (including ACRS)..... MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2020 ..... If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here..... Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (a) Classification of property (g) Depreciation deduction (e) Convention year placed in service (business/investment use Recovery period only - see instructions) 19 a 3-year property..... **b** 5-year property...... c 7-year property.... d 10-year property... e 15-year property.... f 20-year property.... S/L 25 yrs g 25-year property.... 27.5 yrs MM S/L h Residential rental 27.5 yrs MM S/L property..... i Nonresidential real 39 yrs MM S/L MM S/L property... Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System S/L **20 a** Class life..... 12 yrs **b** 12-year..... S/L 30 yrs MM S/L **c** 30-year..... **d** 40-year...<u>...</u>.... 40 yrs MM S/L Part IV | Summary (See instructions.) 21 Listed property. Enter amount from line 28...... 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions . . . . . . . . For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs. 23

CACA1112L 12/22/20

# 2020 California Exempt Organization Annual Information Return

FORM

199

Calendar Ye	ear 2020	or fiscal y	/ear beginning (mm/do	d/yyyy)		, and ending (	mm/dd/yyyy)			
Corporation/Org	ganizatior	n name PA	ARTNERSHIP ON	AI TO BE	ENEFIT	<del></del>		(	California corporation nu	ımber
			EOPLE AND SOC	CIETY					4122735	
Additional infor	mation. S	See instruction	ns.						FEIN 32-0518917	
Street address	(suite or	room)							PMB no.	
	SOME	STREE	T,SUITE #120	0			Tau i			
SAN FRA	ANCIS	sco					State CA		Zip code <b>94104</b>	
Foreign country							Foreign province/state/coun		Foreign postal code	
						Γ				
B Amended C IRC Section D Final information ■ □ Di Enter date C Check acc 1 □ C F Federal re 4 □ Oth G Is this a g H Is this org	return . on 4947(a rmation r issolved e: (mm/d counting r Cash eturn filed aer 990 se group filir ganizatior	a)(1) trust return?  Std/yyyy) • method:  2 X Accru d? 1 • cries ng? See instr	Surrendered (Withdrawn)  al 3 0ther 990T 2 0 990-f uctions exemption ame?	Yes Yes Yes Merged / I	X No X No Reorganized Sch H (990) X No	not reported to t  J If exempt under organization eng See instructions  K Is the organization of the see instructions  L Is the organization of th	tion have any changes to its he FTB? See instructions.  R&TC Section 23701d, has aged in political activities?  On exempt under R&TC Secte gross receipts from res.  On a limited liability compartion file Form 100 or Form 100 or under audit by the IRS or year?	the 2370 sign 23	Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes	X No X No X No X No X No
						O Is federal Form  Date filed with If	1023/1024 pending? RS	_	Yes	No
Part I	Compl	lete Part I	unless not required	to file this for	m. See Ge	l neral Information	B and C.			
Receipts and Revenues	2 G 3 G 4 T 5 G 6 G 7 T	Gross dues Gross cont Total gross This line m Cost of goo Cost or oth Total costs	s and assessments for ibutions, gifts, grants receipts for filing remust be completed. It does sold	rom members ts, and similar equirement test f the result is leaders expenses of as	and affilia amounts t. Add line ess than \$ ssets sold.	tes	SEE SCH B.	2 3 4	7,720	,140.
									8,483	
Expenses							m line 8			,452.
Filing Fee	12 U 13 F 14 U 15 F	Payments  Jse tax ba  Penalties a	ee General Informati balance. If line 11 is lance. If line 12 is m	ion Ks more than line nore than line 1 neral Informati	e 12, subtraction J	ract line 12 from l tt line 11 from line	ine 11	14 15		0.
Sign	Under pe	enalties of per	rjury, I declare that I have e	examined this return	i, including ac	companying schedules	and statements, and to the b	est of my	y knowledge and belief,	it is true,
Here	Signatur of office	re 🛌	. Deciaration of preparer (c	опентнап (ахрауег)	Title	rive direct	Date OR		• Telephone 817-944-606	1
Doid	Preparei signature	r's ►	TIIM TUINUUT T			Date	Check if self-		● PTIN	
Paid Preparer's			JUM TUNULI ESCALON TAX	SERVICES			employed		P00023162 ● Firm's FEIN	
Use Only	Firm's na (or yours	s, if 🔽	2345 YALE S		T FLOOI	3			47-4911684	
	self-emp and addi			CA 94306		•			Telephone	
									650-348-299	3
	May t	he FTB di	scuss this return wit	h the preparer	shown ab	ove? See instruct	ions		Yes	No

PARTNERSHIP ON AI TO BENEFIT

Part II Organizations with gross receipts of more than \$50,000 and private foundations

		regai	rdless of amount of gross receipts -	<ul> <li>complete P</li> </ul>	art II or furnisl	h subs	titute information				
		1	Gross sales or receipts from all	business ac	tivities. See i	nstruc	tions		1		
		2	Interest						2	2	
		3	Dividends							3	
Rece		4	Gross rents						<u> </u>	ī	
from Othe		5	Gross royalties							;	
Sour	ces	6	Gross amount received from sale								
		_			-				_		<del> </del>
		7	Other income. Attach schedule.						′ ⊨	_	
		8	Total gross sales or receipts from other s								
		9	Contributions, gifts, grants, and similar a								222,869.
		10	Disbursements to or for member								
		11	Compensation of officers, direct	**						_	864,871.
Fyne	ncec	12	Other salaries and wages							_	4,228,009.
and	nses	13	Interest								
Disbu ment		14	Taxes							l l	
mem	5	15	Rents							5	1,013,023.
		16	Depreciation and depletion (See							<b>i</b>	80,356.
		17	Other expenses and disburseme	ents. Attach	schedule		SEE ST.	ATEMENT 2	17	<u>'</u>	2,074,464.
		18	Total expenses and disbursements. Add	line 9 through	ine 17. Enter her	e and o	n Page 1, Part I, line	9	18	3	8,483,592.
Sch	edule	. L	Balance Sheet	E	Beginning of	taxab	e year	En	d of t	axab	ole year
Asse	ts			(	a)		(b)	(c)			(d)
1	Cash					1	0,732,987.			•	11,051,943.
2	Net acc	ounts	receivable				2,602,247.			•	1,926,383.
3	Net not	es rec	eivable							•	
4	Invento	ries								•	
5	Federal	and s	tate government obligations							•	
6	Investm	nents i	n other bonds							•	
7	Investm	nents i	n stock							•	
8	Mortgag	ge loar	18							•	
9	Other in	nvestm	nents. Attach schedule							•	
10 a	Depreci	iable a	ssets	1	69,860.			203,4	155.		
b	Less ac	cumul	ated depreciation	_	10,965.		180,825.	69,3	391.		134,064.
11	Land									•	
12	Other a	ssets.	Attach schedule				307,869.			•	365,249.
						1	3,823,928.				13,477,639.
			et worth								
			able				811,019.			•	689,866.
		. ,	, gifts, or grants payable				022/0201			•	
			otes payable							•	
17			yable							•	
			es. Attach schedule				229,546.				767,862.
			or principal fund			1	2,783,363.			•	12,019,911.
			pital surplus. Attach reconciliation				2,703,303.			•	12,019,911.
			lings or income fund							•	
			ies and net worth			1	3,823,928.				13,477,639.
	edule			hooks with	income ner						
OCII	cauic	, 111	Do not complete this schedule i					s less than \$50,00	0		
1	Net inc	ome n	er books		763,452.	_		books this year not in			
			ne tax.	•	,	1 1		h schedule		•	
3	Excess	of cap	ital losses over capital gains	)		8	Deductions in this r				
			ecorded on books this year.				against book income				
			ıle							•	
5	Expense	es reco	orded on books this year not deducted			9	Total. Add line 7 an	d line 8			
			. Attach schedule	)		10	Net income per				
6	Total. A	Add Iin	e 1 through line 5	-	763,452.		Subtract line 9	from line 6			-763,452.

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#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## California Copy Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Name of the organization PARTN	ERSHIP ON AI TO BENEFIT	Employer identification number
PEOPI	E AND SOCIETY	32-0518917
Organization type (check o	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a priva	ate foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private for	oundation
	501(c)(3) taxable private foundation	
, ,	overed by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Ru	ule and a Special Rule. See instructions.
General Rule		
1221	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contrib ny one contributor. Complete Parts I and II. See instructions for determinin	• • • • • • • • • • • • • • • • • • • •
Special Rules		
under sections 509 received from any	on described in section 501(c)(3) filing Form 990 or 990-EZ that met to (a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ, one contributor, during the year, total contributions of the greater of III, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	), Part II, line 13, 16a, or 16b, and that
during the year, to purposes, or for the	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-Eotal contributions of more than \$1,000 exclusively for religious, charitathe prevention of cruelty to children or animals. Complete Parts I (enter and address), II, and III.	able, scientific, literary, or educational
during the year, c \$1,000. If this box charitable, etc., p	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-Econtributions <i>exclusively</i> for religious, charitable, etc., purposes, but not is checked, enter here the total contributions that were received dur urpose. Don't complete any of the parts unless the <b>General Rule</b> apportusively religious, charitable, etc., contributions totaling \$5,000 or more	no such contributions totaled more than ring the year for an <i>exclusively</i> religious, blies to this organization because
	nat isn't covered by the General Rule and/or the Special Rules doesn't r 'No' on Part IV, line 2, of its Form 990; or check the box on line H o	

Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization

PARTNERSHIP ON AI TO BENEFIT

Employer identification number

32-0518917

Part I	Contributors	(see instructions)	). Use duplicate c	opies of Part I i	if additional space is needed.
--------	--------------	--------------------	--------------------	-------------------	--------------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ACCENTURE		Person X
	1616 North Clark Street	\$60,000.	Payroll Noncash
	Chicago, IL 60601		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ADOBE-CUSTOMER		Person X
	345 Park Avenue	\$400,000.	Payroll Noncash
	SAN JOSE, CA 95110-2704		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Alfred P Sloan Foundation		Person X Payroll
	630 5th Ave Suite 2200	\$150,000.	Noncash
	NEW YORK, NY 10111		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	(b) Name, address, and ZIP + 4  Amazon	(c) Total contributions	Person X
	Name, address, and ZIP + 4	(c) Total contributions	Person X Payroll
	Name, address, and ZIP + 4  Amazon	contributions	Person X Payroll
	Name, address, and ZIP + 4  Amazon  440 TERRY AVE N	contributions	Person X Payroll Noncash  (Complete Part II for
4	Name, address, and ZIP + 4  Amazon  440 TERRY AVE N  SEATTLE, WA 98109  (b)	\$500,014.	Person X Payroll
4 (a) No.	Name, address, and ZIP + 4  Amazon  440 TERRY AVE N  SEATTLE, WA 98109  (b) Name, address, and ZIP + 4	\$500,014.	Person X Payroll
4 (a) No.	Name, address, and ZIP + 4  Amazon  440 TERRY AVE N  SEATTLE, WA 98109  Name, address, and ZIP + 4  DeepMind Technologies Ltd	\$500,014.	Person X Payroll
4 (a) No.	Name, address, and ZIP + 4  Amazon  440 TERRY AVE N  SEATTLE, WA 98109  Name, address, and ZIP + 4  DeepMind Technologies Ltd  5 New Street Square	\$500,014.	Person X Payroll
(a) No.	Name, address, and ZIP + 4  Amazon  440 TERRY AVE N  SEATTLE, WA 98109  Name, address, and ZIP + 4  DeepMind Technologies Ltd  5 New Street Square  LONDON, LONDON EC4A3TW United Kingdom  (b)	\$500,014.	Person X Payroll
(a) No. 5 (a) No.	Name, address, and ZIP + 4  Amazon  440 TERRY AVE N  SEATTLE, WA 98109  Name, address, and ZIP + 4  DeepMind Technologies Ltd  5 New Street Square  LONDON, LONDON EC4A3TW United Kingdom  Name, address, and ZIP + 4	\$500,014.	Person X Payroll

Name of organization
PARTNERSHIP ON AI TO BENEFIT

Employer identification number

32-0518917

Part I	Contributors (see instructions).	Use duplicate copies of Part I	if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	Ford Foundation  320 E 43RD ST	\$100,000.	Person X Payroll Noncash
	NEW YORK, NY 10017	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	GOOGLE		Person X Payroll
	PO BOX 2050	\$ <u>771,939.</u>	Noncash
	MOUNTAIN VIEW, CA 94042-2050		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Health Catalyst		Person X Payroll
	45 Prospect Street	\$ 100,000.	Noncash
	CAMBRIDGE, MA 02139		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	(b) Name, address, and ZIP + 4  IBM	(c) Total contributions	Person X
No.	Name, address, and ZIP + 4	(c) Total contributions	
No.	Name, address, and ZIP + 4  IBM  1 Name Outlier and Rd	contributions	Person X Payroll
No.	Name, address, and ZIP + 4  IBM  1 New Orchard Rd.	contributions	Person X Payroll Noncash  (Complete Part II for
No	Name, address, and ZIP + 4  IBM  1 New Orchard Rd.  ARMONK, NY 10504-1722  (b)	\$ 500,000.	Person X Payroll
10	Name, address, and ZIP + 4  IBM  1 New Orchard Rd.  ARMONK, NY 10504-1722  (b)  Name, address, and ZIP + 4	\$ 500,000.	Person X Payroll
10	Name, address, and ZIP + 4  IBM  1 New Orchard Rd.  ARMONK, NY 10504-1722  (b) Name, address, and ZIP + 4  INTEL	\$500,000.  (c) Total contributions	Person X Payroll
10	Name, address, and ZIP + 4  IBM  1 New Orchard Rd.  ARMONK, NY 10504-1722  (b) Name, address, and ZIP + 4  INTEL  2200 Mission College Blvd.	\$500,000.	Person X Payroll
(a) No.	Name, address, and ZIP + 4  IBM  1 New Orchard Rd.  ARMONK, NY 10504-1722  (b) Name, address, and ZIP + 4  INTEL  2200 Mission College Blvd.  SANTA CLARA, CA 95054-1549	\$ 500,000.  (c) Total contributions  \$ 400,000.	Person X Payroll
(a) No.	Name, address, and ZIP + 4  IBM  1 New Orchard Rd.  ARMONK, NY 10504-1722  (b) Name, address, and ZIP + 4  INTEL  2200 Mission College Blvd.  SANTA CLARA, CA 95054-1549  (b) Name, address, and ZIP + 4	\$ 500,000.  (c) Total contributions  \$ 400,000.	Person X Payroll
(a) No.	Name, address, and ZIP + 4  IBM  1 New Orchard Rd.  ARMONK, NY 10504-1722  (b) Name, address, and ZIP + 4  INTEL  2200 Mission College Blvd.  SANTA CLARA, CA 95054-1549  Name, address, and ZIP + 4  John S. and James L. Knight Foundat  Suite 2300	\$ 500,000.  (c) Total contributions  \$ 400,000.	Person X Payroll

Employer identification number

#### PARTNERSHIP ON AI TO BENEFIT

32-0518917

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u> _	LUMINATE FOUNDATION, INC.	_	Person X
	1200 17th STREET NW SUITE 501	\$300,000.	Payroll Noncash
	WASHINGTON, DC 20036	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>14</u> _	MacArthur Foundation	_	Person X
	140 S DEARBORN ST	\$400,000.	Payroll Noncash
	CHICAGO, IL 60603	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u> _	Microsoft	_	Person X
	1 Microsoft Way	\$500,000.	Payroll Noncash
	REDMOND, WA 98052-6399	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>16</u> _	PayPal, Inc.	_	Person X
	PO Box 21072	\$400,000.	Payroll Noncash
	TULSA, OK 74121	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>17</u> _	Populus Technologies, Inc.	_	Person X
	115 Sansome St, Ste 1200	\$50,400.	Payroll Noncash
	PALO ALTO, CA 94304-1130		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>18</u> _	Samsung Electronics Co., Ltd.	-	Person X
	129, Saumsung-ro, Yeongtong-gu	\$ 400,000.	Payroll Noncash
	Suwon-si, Gyeonggi-do Korea, Republic of (South)	-	(Complete Part II for noncash contributions.)

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Name of organization
PARTNERSHIP ON AI TO BENEFIT

Employer identification number

32-0518917

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u> _	SB Group US, Inc.  1 Circle Star Way	\$400,000.	Person X Payroll Noncash
	San Carlos, CA 94070		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>20</u> _	SONY 1-7-1 Konan, Minato-ku	\$400,000.	Person X Payroll Noncash
	TOKYO, TOKYO 108-0075 Japan		(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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.)  (d)  Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

1

Employer identification number

PARTNERSHIP ON AI TO BENEFIT

32-0518917

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

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
BAA	Sch	edule B (Form 990, 990-E	7 or 990-PF) (2020

ochedale D (i oith	<i>JJ</i> 0,	550	LZ, 0	1 330 1 1 ) (202
Name of organization				
PARTNERSHIP	ON	ΑI	TO	BENEFIT

Employer identification number 32-0518917

	or (10) that total more than \$1,000 for t the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	ompleting Part III, enter the total o (Enter this information once. See i	of <i>exclusively</i> religious, charitable, etc.,	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	N/A			
	Transferee's name, addres	(e) Transfer of gift	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	- , , , , , , , , , , , , , , , , , , ,	(e) Transfer of gift		
	Transferee's name, addres	ss, 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, addres	Polationship of transferor to transferor		
	Transièree's fiame, auures		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, addres	(e) Transfer of gift	Relationship of transferor to transferee	
	inansièree's name, adurés			
		·		

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8),

### 2020 Corporation Depreciation and Amortization

3885

Λ.H.o.	ah ta Farra 100 ar Far		- 100								
	ch to Form 100 or For	1014	1 199						Californ	ia cornorat	ion number
00.00	PARTNE	RSHIP ON AI AND SOCIETY							4122		
Par		pense Certain Pro		ection 1	179				11122	. 7 3 3	
1	Maximum deduction									1	\$25,000
2	Total cost of IRC Se								<u> </u>	2	720,000
3	Threshold cost of IR								H-	3	\$200,000
4	Reduction in limitation									4	, = ,
5	Dollar limitation for t								-	5	
6	(a)	Description of property		<b>(b)</b> 0	Cost (business u	use only)	(c)	Elected	cost		
					·						
7	Listed property (elec	ted IRC Section 17	9 cost)			7					
8	Total elected cost of						line 7			8	
9	Tentative deduction.	Enter the smaller	of line 5 or line 8.							9	
10	Carryover of disallov	ved deduction from	prior taxable year	S					[	10	
11	Business income lim				•					11	
12	IRC Section 179 exp					-				12	
13	Carryover of disallov										
Par	•	nd Election of Additi	onal First Year Dep	reciatio		Under R&T	C Sectio	n 243	356		
14	<b>(a)</b> Description	<b>(b)</b> Date acquired	(c)	Don	(d)	(e)	(f)		(g	) tion for	(h) Additional first
	of property	(mm/dd/yyyy)	Cost or other basis		reciation owed or	Depreciation method	n Life rate		Deprecia this y		year
		(		allo	wable in			•			depreciation
	_			earii	ier years	_ ,_					
LH		10/15/2019	9,741.		52.	S/L		39		250.	
LH		5/01/2019	4,150.		67.	S/L		39		106.	
LH		5/01/2019	4,500.		72.	S/L		39		115.	
LH		5/01/2019			67.	S/L		39	106.		
COL	MPUTER	4/15/2018	5,071.		2,028.	200DB		5		974.	
15	Add the amounts in								_		
_	\$2,000. See instruct	ions for line 14, col	umn (h)					15	9	,947.	
Par											
16	Total: If the corporat IRC Section 179 exp		unt on line 12 and	line 15	column (a)	) or					
	Additional first year	depreciation under	R&TC Section 243	356, add	the amoun	its on line					
	Depreciation (if no e	, .				,					
	Total depreciation cl		•							17	
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 1 / is gr line 6 If line 17 is	eater than line 16 less than line 16	, enter t enter th	the difference le difference	ce here and	d on Form	m 100 100	Or Or		
	Form 100W, Side 2,	line 12. (If Californ	ia depreciation an	nounts a	are used to d	determine	net incoi	me b	efore		
	state adjustments or	n Form 100 or Form	100W, no adjustr	nent is i	necessary.).					18	
Par			1		1 .	-	1			-	
19	<b>(a)</b> Description	(b) Date acquired	d (c) Cost o	ır	Amorti	<b>d)</b> ization	(e) R&T		<b>(f)</b> Period	or	(g)
	of property	(mm/dd/yyyy)			allowed or				percenta		Amortization for this year
					in earlie	er years	(see ir	ıstr)			
WEI	BSITE	7/01/201	9 9,	035.		301	. 19	7		15	602.
WEI	BSITE	6/01/201	9 8	060.		313.	. 19	7		15	537.
WEI	BSITE	8/01/201	9 4	,908.		136.	. 19	7		15	327.
WEI	BSITE	9/01/201		,287.		184.	. 19	7_		15	552.
	BSITE	11/01/201		,388.		49.				15	293.
	Total. Add the amou							•		20	7,433.
21	Total amortization cl									21	<u> </u>
22	Amortization adjustn	nent. If line 21 is ar	eater than line 20	, enter t	the difference	ce here and	d on For	m 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2.	line 6. If line 21 is	less than line 20,	enter th	e difference	here and	on Form	100	or	22	

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2020 Corporation Depreciation and Amortization

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Λtto	oh to Form 100 or For	m 100\M/ =0.55								
	ch to Form 100 or For	1014	4 199					Califo	nia corporati	on number
Corpo	PARTNERSHIP ON AI TO BENEFIT PEOPLE AND SOCIETY 41									on number
Par	t I Election To Ex	pense Certain Pro	perty Under IRC S	ection 1	179			-		
1	Maximum deduction	under IRC Section	179 for California.						1	\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service						2	<u> </u>
3	Threshold cost of IR	C Section 179 prop	erty before reducti	ion in lir	mitation				3	\$200,000
4	Reduction in limitation	on. Subtract line 3	from line 2. If zero	or less	, enter -0				4	
5	Dollar limitation for t	axable year. Subtr	act line 4 from line	1. If ze	ro or less, e	enter -0			5	
6	(a)	Description of property		<b>(b)</b> C	ost (business ı	use only)	(c) Electe	d cost		
7	Listed property (elec	ted IRC Section 17	'9 cost)			7				
8	Total elected cost of						ne 7		8	
9	Tentative deduction.	Enter the smaller	of line 5 or line 8.						9	
10	Carryover of disallov	ved deduction from	prior taxable year	S					10	
11	Business income lim	itation. Enter the s	smaller of business	income	e (not less t	han zero) o	r line 5		11	
12	IRC Section 179 exp								12	
13	Carryover of disallov									
Par	t II Depreciation ar	nd Election of Addit	ional First Year Dep	reciation	1 Deduction	Under R&T	C Section 243	356		,
14	(a)	(b)	(c)	D	(d)	(e)	<b>(f)</b>	(	g)	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis		reciation wed or	Depreciation method	Life or rate		ation for year	Additional first year
	or property	(11111111111111111111111111111111111111	01101 50313	allov	wable in	mounou	lato	l III	your	depreciation
				earlier years						
		11/15/2018	3,088.			200DB	7		540.	
		6/30/2018	5,157.		1,473.		7		902.	
FUI	RNITURE	4/01/2018	6,859.		1,960.		7	1,200		
FUI	RNITURE	7/01/2018	8,964.		2,561.		7	1,568.		
LH:	[	10/15/2019	3,465.		19.	S/L	39		89.	
15	Add the amounts in \$2,000. See instruct									
Par		·	, ,							
16	Total: If the corporat									
	IRC Section 179 exp Additional first year Depreciation (if no e	depreciation under	R&TC Section 243	356, add	the amoun	its on line 1				
17	Total depreciation cl	,,			,	(3)				
18	Depreciation adjustn									
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter th	e difference	here and o	on Form 100	or		
	Form 100W, Side 2, state adjustments or								18	
Par										
19	(a)	(b)	(c)		((	d)	(e)	(f)		(g)
	Description	Date acquire	d Cost o		Amorti		R&TC	Period		Amortization
	of property	(mm/dd/yyyy	other bas	SIS	allowed or in earlie		Section (see instr)	percent	age	for this year
MET	BSITE	12/01/201	ο 5	,850.	iii oaiiic	33.	197		15	390.
		12/01/201		, <u>984.</u>		4,732.	197		15	4,732.
	BSITE									4,732.
<u>201</u>	FTWARE	9/01/201	. 5   11,	,400.		11,400.	197		3	
20	Total Add the enser	nto in column (a)			<u> </u>			l	20	
	Total. Add the amou								21	
21	Total amortization cl		'		,				21	
22	Amortization adjustn Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter th	e difference	here and o	on Form 100	or or		
	Form 100W, Side 2.	line 12							22	

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### 2020 Corporation Depreciation and Amortization

3885

		•	•									
	ch to Form 100 or For	m 100W. FORI	М 199									
Corpo	ration name PARTNE	RSHIP ON AI	TO BENEFIT						Califor	nia cor	rporatio	n number
		AND SOCIETY							412	273	5	
Par	t I Election To Ex	cpense Certain Pro	perty Under IRC S	ection 17	9							
1	Maximum deduction									1		\$25 <b>,</b> 000
2	Total cost of IRC Se	ction 179 property	placed in service							2		
3	Threshold cost of IR		-							3		\$200 <b>,</b> 000
4	Reduction in limitation									4		
5	Dollar limitation for t		act line 4 from line							5		
6	(a)	Description of property		<b>(b)</b> Cos	st (business i	use only)	(c)	Elected	cost			
7	Listed property (elec		•									
8	Total elected cost of									8		
9	Tentative deduction.									9		
10	Carryover of disallov									10		
11	Business income lim				•	-				11		
12	IRC Section 179 exp					_				12		
13 Par	,		ional First Year Dep					n 2/12	E.C.			
	· · · · · · · · · · · · · · · · · · ·	1	•				1				1	4-2
14	<b>(a)</b> Description	<b>(b)</b> Date acquired	<b>(c)</b> Cost or		<b>d)</b> ciation	(e) Depreciation	(f Life		Deprecia	<b>g)</b> ation	for	<b>(h)</b> Additional first
	of property	(mm/dd/yyyy)	other basis	allow	ed or	method	ra		this		101	year
					able in r years							depreciation
LH		10/15/2019	23,157.	carne	124.	S/L		39		5.0	0.4	
LH			•		124.	S/L 39		594. 204.		+		
		6/30/2020	14,695.									
	RNITURE & FIX		11,574.				7	1,654.				
	MPUTER	6/30/2020	7,326.		0 550	200DB	5			1,465.		
F.OF	RNITURE AND E	6/30/2019	113,753.	11	3 <b>,</b> 573.	200DB	<u> </u>	7		Т.	80.	
15	Add the amounts in \$2,000. See instruct							15				
Par	t III Summary											
16	Total: If the corporat			45								
	IRC Section 179 exp Additional first year	ense, add the amo depreciation under	ount on line 12 and R&TC Section 243	lline 15, d 856. add f	column (g) he amoun	) <b>or</b> Its on line 1	5 colu	mns (	n) and (h	) or		
	Depreciation (if no e										16	
	Total depreciation cl									[	17	
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16	, enter the	e differenc	e here and	l on For	m 100	or or			
	Form 100W, Side 1, Form 100W, Side 2,	line 12. (If Californ	nia depreciation am	nounts are	e used to	determine r	net inco	me be	efore			
	state adjustments or	n Form 100 or Form	n 100W, no adjustn	nent is ne	ecessary.).						18	
Par	t IV Amortization											
19	(a)	(b)	(c)			d)	(e	)	_ (f)			(g)
	Description of property	Date acquire (mm/dd/yyy)				ization allowable	R&T Sect		Period percent			Amortization for this year
	or property	(11111111111111111111111111111111111111	outer but	0.0		er years	(see i		porcont	ago		ioi tilis year
						-						
											1	
20	Total. Add the amou	ints in column (a)								20	1	
21	Total amortization cl	107								21	1	
			•								1	
	Amortization adjustn Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	difference	here and	on Forn	1 100	or		1	
	Form 100W, Side 2,	line 12						<u></u>		22		

CACA3501L 12/03/20 059 7621204 FTB 3885 2020

2020	California Statements PARTNERSHIP ON AI TO BENEFIT PEOPLE AND SOCIETY	Page 1 32-0518917
Statement 1 Form 199, Part II, Line 9 Contributions, Gifts, Grants, and 9	Similar Amounts Paid	
Donee's Name: Donee's Street Address: Donee's City, State, ZIP: Amount Given:	OPEN IMAGERY NETWORK INC 740 15th Street Northwest Washington, DC 20005	10,000.
Donee's Name: Donee's Street Address: Donee's City, State, ZIP: Amount Given:	University of Cambridge Depar Trumpington Street , Cambridge CB1PZGB United Kingdom	15,168.
Donee's Name: Donee's Street Address: Donee's City, State, ZIP: Amount Given:	American Psychological Associ PO Box 419868 BOSTON, MA 9868	12,500.
Donee's Name: Donee's Street Address: Donee's City, State, ZIP: Amount Given:	CCAT-LAT Rambla Rep De México 6125 , Montevideo CP 11400 Uruguay	10,000.
Donee's Name: Donee's Street Address: Donee's City, State, ZIP: Amount Given:	WITNESS 80 Hanson Place 5th Floor Brooklyn, NY 11217	12,500.
Donee's Name: Donee's Street Address: Donee's City, State, ZIP: Amount Given:	Black in AI 555 Bryant Street Suite 708 PALO ALTO, CA 94301	12,000.
Donee's Name: Donee's Street Address: Donee's City, State, ZIP: Amount Given:	First Draft News Inc 219 W 40th Street, 14th Floor NEW YORK, NY 10018	20,000.
Donee's Name: Donee's Street Address: Donee's City, State, ZIP: Amount Given:	Carnegie Mellon University 5000 Forbes Ave PITTSBURGH, PA 15213	125,551.
Donee's Name: Amount Given:	UNIV OF SAN FRANCISCO	1,650.
Donee's Name: Amount Given:	Shared Prosperity Initiateve	1,500.
Donee's Name: Amount Given:	Participating in AI and Share	1,500.
Donee's Name: Amount Given:	Jessica Rose Sanchez	200.
Donee's Name: Amount Given:	Mario Crippen	200.
Donee's Name:	Aviv Ovadya	

2020

### California Statements

# PARTNERSHIP ON AI TO BENEFIT PEOPLE AND SOCIETY

32-0518917

Page 2

Statement 1 (continued)
Form 199, Part II, Line 9
Contributions, Gifts, Grants, and Similar Amounts Paid

Amount Given:

100.

Total \$ 222,869.

Statement 2
Form 199, Part II, Line 17
Other Expenses

Accounting Fees	\$	139,317.
Advertising and Promotion		-315.
Amortization		7,433.
BANK CHARGES		232.
BOARD EXPENSES-F&B.		3,861.
BUSINESS LICENSES AND PERMITS		459.
Conferences, Conventions, and Meetings		13,763.
CONSULTING EXPENSES		121,898.
CONSUTING EXPENSES.		415,686.
DUES & SUBSCRIPTIONS		2,369.
EMPLOYEE RELOCATION		7,083.
EMPLOYEE VISA FEES		11,568.
EVENTS		-6,823.
EXECUTIVE DIRECTOR FUND-BOARD		26,500.
EXECUTIVE DIRECTOR FUND-ED-LED		18,558.
FOOD		5,590.
Information Technology		118,684.
JANITORIAL		25,978.
Legal Fees		214,471.
MEÁLS AND ENTERTAINMENT		6,445.
MISC BUSINESS EXPENSES		<sup>′</sup> 659.
MISCELLANEOUS		36,490.
NON STAFF MEAL AND ENTERTAINME		516.
NON STAFF MEAL AND ENTERTAINME		8,905.
OFFICE FURNITURE AND EQUIPMENT		10,401.
OFFICE SUPPLIES		2,376.
OPERATIONS DISCRETIONARY		5,426.
OPEX-REAL ESTATE TAX, INSURANCE		2,970.
OTHER BUSINESS EXPENSES		1,537.
Other Employee Benefit		351,948.
Other fees.		13,085.
PAYROLL PROCESSING.		54,873.
Pension Plan Contributions		264,737.
Postage and Shipping		2,212.
PROFEŠSIONAL DEVĒLOPMENT		49,849.
RECRUITMENT TOOLS		26,266.
STAFF MEAL		278.
STAFF MEAL		6,365.
TEAM EVENTS-GENERAL		14,544.
TEAM EVENTS-RETREATS		5,164.
TELEPHONE		22,575.
Travel		60,531.
Total	\$ 2	2,074,464.

PARTNERSHIP ON AI TO BENEFIT PEOPLE AND SOCIETY	32-0518917
Statement 3 Form 199, Schedule L, Line 12 Other Assets	
Net Intangible Assets Prepaid Expenses and Deferred Charges Rounding Total \$\overline{\star}\$	73,364. 291,883. 2. 365,249.
Statement 4 Form 199, Schedule L, Line 18 Other Liabilities	
OTHER LIABILITIES PPP LOAN Total \$\overline{5}\$	230,367. 537,495. 767,862.