\*\* PUBLIC DISCLOSURE COPY \*\*

### **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

AI	or the	e 2022 calendar year, or tax year beginning and	enaing		
В	Check if applicable	C Name of organization PARTNERSHIP ON AI TO BENEFIT		D Employer identific	cation number
	Addre				
	¬Name	DADMNED CUITD ON AT		32-05189	17
H	chang Initial		Room/suite	E Telephone number	
	return _Final _return	2261 MARKET CT #4537	1100III/Suite	628-286-	
	termir ated			G Gross receipts \$	6,581,231.
	Amen return			H(a) Is this a group re	
F	Applic			for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	
Τ.	Гах-ех	empt status: $X$ 501(c)(3) $D$ 501(c) ( ) (insert no.) $D$ 4947(a)(1) of	or 527	1	list. See instructions
J	Websi	te: PARTNERSHIPONAI.ORG		H(c) Group exemption	n number
K	orm of	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2017 N	1 State of legal domicile: DC
	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: BRING	GING D	IVERSE VOICE	ES TOGETHER
Activities & Governance		ACROSS GLOBAL SECTORS, DISCIPLINES AND DE			
rna	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	11
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			11
Se	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			37
ξį	6	Total number of volunteers (estimate if necessary)		6	11
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
Φ				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		6,034,649.	5,755,000.
enc	9	Program service revenue (Part VIII, line 2g)		0.	350,000.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-18,444.	44,005.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,125.	432,226.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,018,330.	6,581,231.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		20,950.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	<u> </u>
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,468,168.	5,268,334.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	55,000.
X	_ b	Total fundraising expenses (Part IX, column (D), line 25) 55,00		2,988,749.	2,678,640.
_	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,477,867.	8,001,974.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-2,459,537.	-1,420,743.
	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
Net Assets or		Total access (Don't V. line 10)	DC	11,337,057.	10,474,361.
SSE	20	Total assets (Part X, line 16)		1,776,685.	2,334,732.
let /	21 22	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20		9,560,372.	8,139,629.
P	art II	Signature Block		J, 300, 312 •	0,133,023.
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the hest of my	knowledge and helief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh		•	Milowiougo una bollot, it io
1140	, 001100	and completel books and or property (canoli than officer) to bacod on an information of the	non proparor	That any knowledge:	
Sig	n	Signature of officer		Date	
Her		REBECCA FINLAY, CEO			
	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature	[	Date Check	PTIN
Paid	j	ELIZABETH W. HELLER Clipachun Aellen	1	1/15/23 if self-employ	P00397829
	parer	Firm's name RSM US LLP	1		2-0714325
	Only	Firm's address 1250 H STREET, SUITE 700			
_		WASHINGTON, DC 20005		Phone no. 20	2-293-2200
Ma	the II	RS discuss this return with the preparer shown above? See instructions			X Yes No

### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or PARTNERSHIP ON AI TO BENEFIT print PEOPLE AND SOCIETY 32-0518917 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 2261 MARKET ST #4537 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. SAN FRANCISCO, CA 94114 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) REBECCA FINLAY The books are in the care of ► 2261 MARKET ST #4537 - SAN FRANCISCO, CA 94114 Telephone No. ► 628-286-6469 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or \_\_\_ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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?
•	If "Yes," describe these changes on Schedule O.
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.
4a	(Code:) (Expenses \$4,996,743. including grants of \$0. (Revenue \$350,000.)
	BY CONVENING DIVERSE, INTERNATIONAL STAKEHOLDERS, PAI SEEKS TO POOL
	COLLECTIVE WISDOM TO EFFECT CHANGE. THROUGH THE DIFFERENT PROGRAMS AND
	INITIATIVES, PAI SPONSORS A WIDE RANGE OF RESEARCH, PUBLISHED WRITINGS,
	DIALOGUE, EDUCATION, CONFERENCES, AND EVENTS ON ISSUES CONCERNING THE
	FUTURE OF AI. PAI'S PLATFORMS AND PROGRAM SERVICES INCLUDE ACTIVITIES
	SUPPORTING RESEARCH, CIVIL SOCIETY BUILDING, COMMUNICATION AND PUBLIC
	ENGAGEMENT, POLICY RECOMMENDATIONS, AND OTHER WORK RELATED TO PAI'S
	FIVE CURRENT FOCUS AREAS: AI, LABOR AND THE ECONOMY; AI AND MEDIA
	INTEGRITY; FAIRNESS, TRANSPARENCY AND ACCOUNTABILITY; ABOUT ML; AND
	SAFETY CRITICAL AI.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
70	(Code:) (Expenses #
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 4,996,743.

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### PARTNERSHIP ON AI TO BENEFIT Part IV Checklist of Required Schedules PEOPLE AND SOCIETY

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
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		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. 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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	and the second s	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		
	domestic government on Part IX column (A) line 12 If "Voc " complete Schodule I. Parts I and II.	21	1	ΙX

### PARTNERSHIP ON AI TO BENEFIT PEOPLE AND SOCIETY

Form 990 (2022) PEOPLE AND SOCIETY
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		X
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? If "Yes," complete		\ <b>.</b>	
	Schedule J	23	X	<b>-</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			77
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	٥		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OEL		х
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			l
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		х
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	_20		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			l
	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		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		21
20	instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
Ū	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? 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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N. Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pal	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
_	5. "		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 40  Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable 0			
	Enter the number of Fermi W Zermolded of line 14. Enter 6 if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4-	Х	
	(gambling) winnings to prize winners?	1c	47	

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Form 990 (2022) PEOPLE AND SOCIETY

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			,,
	to file Form 8282?	7c		X
d		_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	0		
а	5111	9a		
b	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.0		
а	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			
11	Section 501(c)(12) organizations. Enter:			
	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	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		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			17
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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 O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	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)	availat	ole
	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)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	REBECCA FINLAY - 628-286-6469 2261 MARKET ST #4537 SAN FRANCISCO CA 94114			

### Form 990 (2022) 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

- 1a 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A)	(B)			((	<del></del>			(D)	(F)		
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)				200	Reportable	Reportable	Estimated	
	hours per	box				s both	n an	compensation	compensation	amount of	
	week		cer an	d a di	irecto	r/trus I	tee)	from	from related	other	
	(list any	Individual trustee or director						the	organizations	compensation	
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the	
	related organizations	ustee	trust		ee ee	Suadu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related	
	below	ual tr	tional		yoldr	t con	L	1099-NEC)		organizations	
	line)	bivibr	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) REBECCA ANNE FINLAY	40.00	=	=	0	×	Τ 60	ш.				
CEO				х				287,273.	0.	25,241.	
(2) MARIA MANNING	28.00									,	
INTERIM CFO/COO				Х				297,496.	0.	0.	
(3) ANDREA CROSS	40.00									_	
DIR. COMMUNICATION					Х			174,747.	0.	38,139.	
(4) TINA PARK	40.00									_	
HEAD OF METHOD FOR INCLUSION						Х		177,628.	0.	32,445.	
(5) CHRISTINE CUSTIS	40.00										
HEAD OF RESEARCH					Х			174,633.	0.	11,279.	
(6) EKATERINA KLINOVA	40.00										
HEAD OF AI, LABOR AND ECONOMY						X		170,445.	0.	14,220.	
(7) STEPHANIE BELL	40.00										
RESEARCH SCIENTIST						X		163,063.	0.	18,399.	
(8) CAITLIN DALLY	40.00										
HEAD OF PARTNERSHIP ENGAGEMENT						X		160,059.	0.	16,925.	
(9) SASHA RAMSAW	40.00										
HEAD OF HR						Х		165,930.	0.	12,579.	
(10) SAMIR GOSWAMI	40.00										
COO (THRU 1/22)				Х				148,716.	0.	4,593.	
(11) ERIC HORVITZ	10.00										
CHAIR		Х		Х				0.	0.	0.	
(12) ERIC SEARS	10.00							_	_	_	
VICE CHAIR		Х		Х				0.	0.	0.	
(13) CAROL ROSE	10.00										
BOARD MEMBER		Х						0.	0.	0.	
(14) JERREMY HOLLAND	10.00								_	_	
BOARD MEMBER		Х						0.	0.	0.	
(15) FRANCESCA ROSSI	10.00							_	_	_	
BOARD MEMBER	1.	Х						0.	0.	0.	
(16) JATIN AYTHORA	10.00	<b> </b>							_	_	
BOARD MEMBER	10.00	Х						0.	0.	0.	
(17) WILLIAM COVINGTON	10.00	<u></u>								_	
BOARD MEMBER		X						0.	0.	<u> </u>	

PEOPLE AND SOCIETY

Form 990 (2022) PEOPLE AM	ND SOCIE	CTY	<u> </u>						32-05	518	917	Р	age 8
Part VII   Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)				<b>C</b> )			(D)	(E)			(F)	
Name and title	Average	(do		Posi		ነ than c	one	Reportable Reporta			Estimate		ed
	hours per	box	, unle	ss per	rson i	s both	an	compensation	compensatio	n	an	nount	of
	week		Cerar	ia a a	recto	r/trus	iee)	from	from related			other	
	(list any hours for	recto						the	organization			pensa	
	related	or di	e e			sated		organization	(W-2/1099-MIS	SC/		om th	
	organizations	ustee	trust		96	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)			anizat d relat	
	below	lual tr	tional		yoldı	st con yee	_	1				anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orge	ai iiZuti	10110
(18) ANGELA KANE	10.00	_	1		×	1							
BOARD MEMBER		Х						0.		0.			0.
(19) NICOL TURNER LEE	10.00												
BOARD MEMBER		Х						0.		0.			0.
(20) BEN COPPIN	10.00												
BOARD MEMBER	12.22	Х						0.		0.			0.
(21) JOELLE PINEAU	10.00	↓											_
BOARD MEMBER		Х						0.		0.			0.
		-											
		1											
-													
		1											
-													
1b Subtotal								1,919,990.		0.	17.	3,8	20.
c Total from continuation sheets to Part VI								0.		00.	17	2 0	0.
d Total (add lines 1b and 1c)								1,919,990.	000 - f	-	1/.	3,0	20.
2 Total number of individuals (including but no	ot limited to th	iose	liste	a ab	ove	) wn	o re	eceived more than \$100,	υυυ of reportable	9			22
compensation from the organization												Yes	No
3 Did the organization list any <b>former</b> officer,	director, trust	ee. k	cev e	empl	ove	e. or	hio	nhest compensated emp	lovee on				
line 1a? If "Yes," complete Schedule J for si											3		х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4	X	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch r	oers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest con	=	-							•	pensat	tion fro	om	
the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wi	thin		ear.				
(A) Name and business	address							<b>(B)</b> Description of s	ervices	C	(C ompe		ın
VANBARTON GROUP	4441000							RENT AND OCC			отпро	ioatio	
292 MADISON AVE 7TH FLO,	NEW YOR	ĸ	N	v ·	1 0	01'	- 1	EXPENSES	OTANCI		56	1 7	09.
THE MITRE CORPORATION	11111 1011	<u>,</u>				<u> </u>	$\overline{}$	PROGRAM CONS	ULTING			<del>- , ,</del>	<del>0.5.</del>
7515 COLSHIRE DRIVE, MCLE	AN, VA	22	01	2			- 1	SERVICES			16	2,3	75.
RSM US LLP, 331 WEST 3RD	ST, 515	5	PA	YS:	PE	RE						_, -	
CIRCLE, DAVENPORT, IA 528								ACCOUNTING			10	6,3	61.
							П						
							- 1						

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Page 9

### PARTNERSHIP ON AI TO BENEFIT Form 990 (2022) PEOPLE . Part VIII Statement of Revenue PEOPLE AND SOCIETY

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		•	•	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated business revenue	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
ωω	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			600,000.				
ဗ် ဗို		Fundraising events 1c					
fts,							
ية إق		Related organizations 1d Government grants (contributions) 1e					
Sir		- '					
utio	т	All other contributions, gifts, grants, and	155,000.				
έş			133,000.				
on	9			F 755 000			
Og	h	Total. Add lines 1a-1f		5,755,000.			
			Business Code	250 000	250 000		
Program Service Revenue	2 a	SERVICE REVENUE	900099	350,000.	350,000.		
	b						
Score	С						
eve	d						
В	е						
4	f	All other program service revenue					
	g	Total. Add lines 2a-2f		350,000.			
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)		44,005.			44,005.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a 432,608.					
	b	Less: rental expenses 6b 0 •					
	С	Rental income or (loss) 6c 432,608.					
		Net rental income or (loss)		432,608.			432,608.
		Gross amount from sales of (i) Securities	(ii) Other				
	<i>,</i> u	assets other than inventory <b>7a</b>	( )				
	h	Less: cost or other basis					
ø	b	and sales expenses <b>7b</b>					
ŭ		Gain or (loss) 76					
Revenue		· /					
٣		Net gain or (loss)					
ther	8 a	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	Τ				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold10b					
	С	Net income or (loss) from sales of inventory					
S			Business Code				
o o	11 a	MISCELLANEOUS REVENUE	900099	465.			465.
Miscellaneous Revenue	b	FOREIGN CURRENCY EXCH	900099	-847.			-847.
Sell eve	С						
Mis	d	All other revenue					
	е	Total. Add lines 11a-11d		-382.			
	12	Total revenue. See instructions		6,581,231.	350,000.	0.	476,231.

# Form 990 (2022) PEOPLE AND SOCIETY Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</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				
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,	967 007	E01 000	206 000	
•	trustees, and key employees	867,907.	581,899.	286,008.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)  Other salaries and wages	3,582,321.	2,444,275.	1,138,046.	
8	Pension plan accruals and contributions (include	0,002,021	_,,_,	_,,	_
5	section 401(k) and 403(b) employer contributions)	152,298.	111,831.	40,467.	
9	Other employee benefits	347,021.	254,815.	92,206.	
10	Payroll taxes	318,787.	242,874.	75,913.	
11	Fees for services (nonemployees):	-	-	-	
а	Management				
b	Legal	127,313.		127,313.	
С	Accounting	510,141.	383,658.	126,483.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	55,000.			55,000.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	064 400	660 440	006 050	
	column (A), amount, list line 11g expenses on Sch 0.)	964,492.	668,440.	296,052.	
12	Advertising and promotion	130,650.	60 152	62 407	
13	Office expenses	65,797.	68,153. 34,042.	62,497.	
14	Information technology	05,191.	34,042.	31,733.	
15 16	Royalties Occupancy	561,796.		561,796.	
17	Travel	254,942.	179,563.	75,379.	
18	Payments of travel or entertainment expenses			,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,270.	5,229.	1,041.	
20	Interest	422.		422.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	27,610.	13,419.	14,191.	
23	Insurance	17,684.	8,545.	9,139.	
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					
b					
C					
d	All other expenses	11,523.		11,523.	
e 25	Total functional expenses. Add lines 1 through 24e	8,001,974.	4,996,743.	2,950,231.	55,000.
26	Joint costs. Complete this line only if the organization	0,001,014	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	33,000.
_•	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Earm 990 (2022)

Form 990 (2022)
Part X Balance Sheet

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or note	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			8,950,630.	1	6,966,919
	2	Savings and temporary cash investments			330,347.	2	331,546
	3	Pledges and grants receivable, net		400,000.	3	900,000	
	4	Accounts receivable, net	1,410,992.	4	1,336,583		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described	tion 4958(c)(3)(B)		6		
s,	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				121,328.	9	33,160
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	196,660.			
	b	Less: accumulated depreciation		152,611.	36,533.	10c	44,049
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets	6,365.	14	6,365		
	15	Other assets. See Part IV, line 11		80,862.	15	855,739	
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	33)	11,337,057.	16	10,474,361
	17	Accounts payable and accrued expenses			803,108.	17	734,465
	18	Grants payable		18			
	19	Deferred revenue			0.	19	84,925
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	art IV	of Schedule D		21	
S	22	Loans and other payables to any current or form	er offic	er, director,			
Ě		trustee, key employee, creator or founder, substa	antial c	contributor, or 35%			
Liabilities		controlled entity or family member of any of thes	e pers	ons		22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X	000 500		1 515 340
					973,577.	25	1,515,342
	26	*		77	1,776,685.	26	2,334,732
S		Organizations that follow FASB ASC 958, che	ck her	e X			
e)Ce		and complete lines 27, 28, 32, and 33.			0 055 272		6 600 620
alar	27				8,955,372.		6,609,629
Ä	28	Net assets with donor restrictions	605,000.	28	1,530,000		
ڃ		Organizations that do not follow FASB ASC 95	o8, che	eck here			
Ĕ		and complete lines 29 through 33.					
ts (	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq				30	
χŢ	31	Retained earnings, endowment, accumulated inc			9,560,372.	31	Q 120 620
ž	32	Total net assets or fund balances				32	8,139,629
	33	Total liabilities and net assets/fund balances			11,337,057.	33	10,474,361

Pa	rt XI   Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>31.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,	001	.,9	<u>74.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,	<u>43.</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	9,	<u>560</u>	),3	<u>72.</u>	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	8,	139	, 6	<u> 29.</u>
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>				
			_		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 on Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	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					
С	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?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b		
			F	orm	990	(2022)

#### **SCHEDULE A**

(Form 990)

Total

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.

2022

OMB No. 1545-0047

Open to Public

Name of the organization PARTNERSHIP ON AI TO BENEFIT

PEOPLE AND SOCIETY

Employer identification number 32-0518917

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 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). X 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.) 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 on 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 Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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### 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.)

Calendar year (or fiscal year beginning in)  1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022  10 248078. 6144178. 7297270. 6034649. 5755000	(f) Total  35479175.
membership fees received. (Do not	35479175.
·	35479175.
include any "unusual grants ") $10248078 + 6144178 + 7297270 + 6034649 + 5755000$	35479175.
100000 any andoda granto. / 20220010 • 0122110 • 1271210 • 0032027 • 3133000	
2 Tax revenues levied for the organ-	
ization's benefit and either paid to	
or expended on its behalf	
3 The value of services or facilities	
furnished by a governmental unit to	
the organization without charge	
4 Total. Add lines 1 through 3 10248078. 6144178. 7297270. 6034649. 5755000	35479175.
5 The portion of total contributions	
by each person (other than a	
governmental unit or publicly	
supported organization) included	
on line 1 that exceeds 2% of the	
amount shown on line 11,	
column (f)	16982080.
6 Public support. Subtract line 5 from line 4.	18497095.
Section B. Total Support	
Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022	(f) Total
	35479175.
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties,	
and income from similar sources 878. 6,488. 22,757. 476,613	506,736.
9 Net income from unrelated business	
activities, whether or not the	
business is regularly carried on	
10 Other income. Do not include gain	
or loss from the sale of capital	1 742
assets (Explain in Part VI.) 2,125382	
11 Total support. Add lines 7 through 10	35987654.
12 Gross receipts from related activities, etc. (see instructions)	350,000.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and stop here Section C. Computation of Public Support Percentage	
14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	51.40 %
15 Public support percentage for 2022 (line 6, column (i), divided by line 11, column (ii)  15 Public support percentage from 2021 Schedule A, Part II, line 14  15	51.40 % %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this	
stop here. The organization qualifies as a publicly supported organization	
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check	
and <b>stop here.</b> The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10	
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here.	
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15	
more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the	
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instruction	ons

### 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	г	_	_	T	T	
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	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 on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					01( )(0) : ::	
14	First 5 years. If the Form 990 is for the	-		•			
Se	check this box and stop herection C. Computation of Publi	c Support Per					
	Public support percentage for 2022 (I			oolumn (f)\		15	%
	Public support percentage from 2021					16	<del>/</del> 6
	ction D. Computation of Inves					10	70
	Investment income percentage for 20			ne 13 column (fl)		17	%
	Investment income percentage from 2			10, 00141111 (1))		18	%
	a 33 1/3% support tests - 2022. If the						
.00	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2021. If the						ınd
•	line 18 is not more than 33 1/3%, che						
20							

### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **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.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **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.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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 Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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.
  - **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.)

	Yes	No
1		
2		
За		
3b		
3c		
40		
4a		
4b		
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Par	rt IV   Supporting Organizations (continued)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one			l
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)	rs,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	ed		l
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			l
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			l
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. Stion C. Type II Supporting Organizations	2		
	Alon of Typo ii oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			l
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			l
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			l
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard.	3		
	ction E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	tions).		
a	Somplete Selem			
b		( :tt	-1	
2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity Activities Test. Answer lines 2a and 2b below.	see instruction	Yes	No
a			163	140
-	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			l
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			l
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		ı

Schedule A (Form 990) 2022

PEOPLE AND SOCIETY

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Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus			
Sect	on 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		
	on 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):			
а	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		
	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		
Sect	on 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	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see
	instructions).	, ,		,

Schedule A (Form 990) 2022

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Par	t v   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations <sub>(continue</sub>	<u>ed)</u>	
Secti	on D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	orran di occasio ili		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	3		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	,	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	5	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

PARTNERSHIP ON AI TO BENEFIT 32-051<u>8917 Page 8</u> PEOPLE AND SOCIETY Schedule A (Form 990) 2022 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. Part VI (See instructions.)

232028 12-09-22 Schedule A (Form 990) 2022

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Organization type (check one):

### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2022

Name of the organization

PARTNERSHIP ON AI TO BENEFIT

PEOPLE AND SOCIETY

Employer identification number

32-0518917

Filers of:	Section:
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or y one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) contributor, durin	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one g the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; Z, line 1. Complete Parts I and II.
contributor, durin literary, or educat	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one g the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, cional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering (b) instead of the contributor name and address), II, and III.
year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the as exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively be, etc., contributions totaling \$5,000 or more during the year\$
answer "No" on Part IV, lin	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> to 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certifying requirements of Schedule B (Form 990).

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990) (2022)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$1,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	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		\$500,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* 500,000.	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
5	Name, aud 655, and ZIF T T	\$\$	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
6 <u>6</u>	Name, audress, and ZIP + 4	\$\$00,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
8	Name, address, and ZIP + 4	\$ 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
9		\$ 300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
10	Name, address, and ZIP + 4	* 250,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4	\$ 250,000.	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
12	IVAIIIC, AUGI ESS, AIIU ZIF + 4	\$ 250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$155,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIF + +	\$	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.)

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		_ _ _ _ \			
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate)	(d) Date received		
Part I		(See instructions.)	Date received		
(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		
		_			
	_	<del>-</del>   <sub>\$</sub>			

Page 4 Schedule B (Form 990) (2022) Name of organization **Employer identification number** PARTNERSHIP ON AI TO BENEFIT PEOPLE AND SOCIETY 32-0518917 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (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 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### SCHEDULE C

(Form 990)

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

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

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.

**Political Campaign and Lobbying Activities** 

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

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization **Employer identification number** PARTNERSHIP ON AI TO BENEFIT PEOPLE AND SOCIETY 32-0518917 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \_\_\_\_\_\_\$ \_\_\_\_ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$\_\_\_\_\_\_\_\$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (d) Amount paid from (a) Name (b) Address (c) EIN (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

Schedule C (Form 990) 2022	PEOPLE	AND	SUCTETY	F04/a\/0\ and #ila		51891/ Page 2
Part II-A Complete if the or section 501(h)).	rganization	ıs exen	ipt under sectior	1 501 (c)(3) and the	ea Form 5/68 (eie	ction under
A Check if the filing organiz	zation belong	s to an affil	iated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and sh	are of excess	lobbying e	xpenditures).			
B Check if the filing organize	zation checke	ed box A an	d "limited control" pro	visions apply.		
	mits on Lobb nditures" me		nditures nts paid or incurred.)		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to in	fluence publi	c opinion (g	rassroots lobbying)		0.	
<b>b</b> Total lobbying expenditures to in	fluence a legi	slative bod	y (direct lobbying)		0.	
c Total lobbying expenditures (add	l lines 1a and	1b)			0.	
d Other exempt purpose expenditu					8,001,974.	
e Total exempt purpose expenditu					8,001,974.	
f Lobbying nontaxable amount. Er					550,099.	
If the amount on line 1e, column (a)			bying nontaxable am			
Not over \$500,000	, , ,		he amount on line 1e.			
Over \$500,000 but not over \$1,0	00.000		0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1	-		0 plus 10% of the exc			
Over \$1,500,000 but not over \$1			•			
Over \$1,500,000 but not over \$17,000,000         \$225,000 plus 5% of the excess over \$1,500,000.           Over \$17,000,000         \$1,000,000.			σο στοι φτησοσήσου.			
στοι φττ,σσσ,σσσ		Ψ1,000,0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
g Grassroots nontaxable amount (e	enter 25% of I	line 1f)			137,525.	
h Subtract line 1g from line 1a. If zo		,			0.	
i Subtract line 1f from line 1c. If ze	•				0.	
j If there is an amount other than z	•					
reporting section 4911 tax for thi			,		Γ	Yes No
reporting dection for tax for the			raging Period Under			
(Some organizations				• •	of the five columns be	low.
(**************************************			ate instructions for lin	•		
	Lobb	ying Exper	ditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount		327.			550,099.	550,426.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))						825,639.
c Total lobbying expenditures	1	.,637.				1,637.
d Grassroots nontaxable amount		82.			137,525.	137,607.
e Grassroots ceiling amount (150% of line 2d, column (e))						206,411.
					1	

Schedule C (Form 990) 2022

f Grassroots lobbying expenditures

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)).

the lobbying activity.				
	Yes	No	Aı	mount
I 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:				
a Volunteers?				
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
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				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)(	 5) or s	ection	
art in A   Complete in the organization is exempt under section of 1(0)(4), section	001(0)(	o,, or 3	COLIOII	
501(c)(6).				
			Yes	N
501(c)(6).				N
Were substantially all (90% or more) dues received nondeductible by members?				N
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the	prior year	? 3		N
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section	prior year' 501(c)(	? 3 5), or s	ection	
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the	prior year' 501(c)(	? 3 5), or s	ection	
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I answered "Yes."	prior year 501(c)(t	? 3 5), or s (b) Par	ection t III-A, lir	
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I answered "Yes."  Dues, assessments and similar amounts from members	prior year 501(c)(t No" OR	? 3 5), or s (b) Par	ection t III-A, lir	
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the litt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I answered "Yes."  Dues, assessments and similar amounts from members	prior year 501(c)(t No" OR	? 3 5), or s (b) Par	ection t III-A, lir	
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	prior year 501(c)(t No" OR	2 ? 3 5), or s (b) Par	ection t III-A, lir	
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the left III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I answered "Yes."  Dues, assessments and similar amounts from members  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	prior year 501(c)(t No" OR	2 ? 3 5), or s (b) Par	ection t III-A, lir	
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I answered "Yes."  Dues, assessments and similar amounts from members  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  b Carryover from last year  c Total	prior year 501(c)(t No" OR	2 ? 3 5), or s (b) Par	ection t III-A, lir	
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I answered "Yes."  Dues, assessments and similar amounts from members  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  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	prior year 501(c)(t No" OR	2 3 55), or s (b) Par	ection t III-A, lir	
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I answered "Yes."  Dues, assessments and similar amounts from members  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  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	prior year' 501(c)(l No" OR	2 3 55), or s (b) Par	ection t III-A, lir	
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I answered "Yes."  Dues, assessments and similar amounts from members  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  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excest does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures of nondeductible lobbying and political expenditures (do not include amount on fine excest does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures (do not include amount on line 3, what portion of the excest does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures (do not include amount on line 3).	prior year' 501(c)(l No" OR	2? 3 5), or s (b) Par	ection t III-A, lir	
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I answered "Yes."  Dues, assessments and similar amounts from members  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  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	prior year' 501(c)(t) No" OR  al	2 3 3 5), or s (b) Par 2 2 2 3 3	ection t III-A, lin	

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

Department of the Treasury Internal Revenue Service

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 Inspection

Name of the organization

PARTNERSHIP ON AI TO BENEFIT PEOPLE AND SOCIETY

**Employer identification number** 32-0518917

		(a) Donor advised	funds	(b) Funds and other accounts
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 donor advisors in w	riting that the assets hel	d in donor advised fu	nds
	are the organization's property, subject to the organization's e	~		
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes No
Pa	t II Conservation Easements. Complete if the org			
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).		
	Preservation of land for public use (for example, recreat		Preservation of a his	storically important land area
	Protection of natural habitat	,		rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribu	tion in the form of a c	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included in (c) acquired at			
	historic structure listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, rele			nization during the tax
	year	· ·		-
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspecti	on, handling of	
	violations, and enforcement of the conservation easements it	holds?	-	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enf	orcing conservation e	easements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements	of section 170(h)(4)(l	B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its reven	ue and expense state	ment and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's	financial statements t	hat describes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of		sures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its reve	nue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for public	ic exhibition, education,	or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that desc	ribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue	statement and balan	ce sheet works of
	art, historical treasures, or other similar assets held for public $% \left( 1\right) =\left( 1\right) \left( 1\right) $	exhibition, education, or	research in furtheran	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical trea	sures, or other similar as	sets for financial gain	, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these i	tems:	
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990 Part X			\$

	t III Organizations Maintaining Co	llections of Art	t, Histo	rical Tre	asures, o	r Other S	Similar A	ssets	(continu	ıed)
`	Using the organization's acquisition, accession								,	,
	collection items (check all that apply):	•	,	,	Ü	Ü				
а	Public exhibition	d	. 🗀 .	oan or exc	hange progra	am				
b	Scholarly research	e			9-  9					
c	Preservation for future generations	-								
4	Provide a description of the organization's coll	lections and explain	n how the	v further th	e organizatio	n's exemr	nt purpose ir	n Part :	XIII	
5	During the year, did the organization solicit or							TT CITE		
_	to be sold to raise funds rather than to be mail		•						Yes	No
Par	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Part			9				,	,	
1a	Is the organization an agent, trustee, custodial	n or other intermedi	iary for c	ontributions	s or other ass	sets not inc	cluded			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII a									
	, .	·	J						Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on For						?	$\Box$	Yes	□ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	has been	provided on	Part XIII				
Par	t V Endowment Funds. Complete if	the organization an	swered "	Yes" on Fo	rm 990, Part	IV, line 10				
		(a) Current year	<b>(b)</b> Pi	ior year	(c) Two yea	rs back (c	d) Three years	s back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	nt year end balance	e (line 1g	column (a)	) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment%	ó								
	The percentages on lines 2a, 2b, and 2c should	ld equal 100%.								
За	Are there endowment funds not in the possess	sion of the organiza	tion that	are held ar	nd administer	ed for the			_	
	organization by:								`	Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizati	ons listed as require	ed on Sc	hedule R?					3b	
4	Describe in Part XIII the intended uses of the o		wment fu	nds.						
Par	t VI Land, Buildings, and Equipme									
	Complete if the organization answered	"Yes" on Form 990	, Part IV,	line 11a. S	ee Form 990	, Part X, lir	ne 10.			
	Description of property	(a) Cost or o		` '	or other (other)		cumulated eciation		(d) Book	value
	Land	<del></del>			. ,					
b	Buildings									
c	Leasehold improvements									
d	Equipment			8	5,148.		41,101		44	,047.
	Other				1,512.		11,510			2.
	. Add lines 1a through 1e. (Column (d) must eq		X. colum						44	,049.

Schedule D (Form 990) 2022

	ON AI TO BEN		
Schedule D (Form 990) 2022 PEOPLE AND	SOCIETY	32-	-0518917 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 000 Dort IV line	11a Can Form 000 Part V line 12	
(a) Description of investment	(b) Book value		of year market value
	(b) book value	(c) Method of valuation: Cost or end-	-or-year market value
(1)			
(2)			
(3)			
(4)		+	
(5)		+	
<u>(6)</u>		+	
<u>(7)</u>		+	
(8)		+	
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	17d. 6cc 1 6fff 556, 1 art X, line 15.	(b) Book value
(1) ROU ASSET	Besonption		855,739.
			033,1336
(2) (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		855,739.
Part X Other Liabilities.	. 10.)		0007.000
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability	, ,	, ,	(b) Book value
(1) Federal income taxes			
(2) LEASE LIABILITY			1,404,187.
(3) SECURITY DEPOSIT HELD FOR	OTHERS		111,155.
(4)			,
(5)			
(6)			

1,515,342. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

(7) (8) (9)

Schedule D (Form 990) 2022 PEOPLE AND SOCIETY

Part XI Reconciliation of Povenue per Audited Financial Statements With Povenue

Par	rt XI   Reconciliation of Revenue per Audited Financial St		e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1			1	6,581,231.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а				
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		_
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	6,581,231.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		_
С				0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1. rt XII   Reconciliation of Expenses per Audited Financial S	2.)	5	6,581,231.
Pai	rt XII Reconciliation of Expenses per Audited Financial S	tatements With Expens	ses per Return	l <b>.</b>
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total expenses and losses per audited financial statements		1	8,001,974.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	8,001,974.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	8,001,974.
Pai	rt XIII Supplemental Information.	· 		
lines	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide RT X, LINE 2:		art V, line 4; Part X	, line 2; Part XI,
U.S	S. GAAP PROVIDES ACCOUNTING AND DISCLOS	SURE GUIDANCE A	BOUT POSIT	IONS
ጥልፑ	KEN BY THE ORGANIZATION IN THEIR TAX RE	TTIRNS THAT MIG	HT BE IINCE	PRTATN .
	NAGEMENT HAS CONSIDERED ITS TAX POSITION			
POS	SITIONS TAKEN BY THE ORGANIZATION IN TH	IEIR FEDERAL ANI	O STATE TA	X RETURNS
ARI	E MORE LIKELY THAN NOT TO BE SUSTAINED	UPON EXAMINATION	ON.	

### SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization PARTNERSHIP ON AI TO BENEFIT Employer identification number PEOPLE AND SOCIETY 32-0518917 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. e X Solicitation of non-government grants Mail solicitations Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events С X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) A.M CRAWFORD INC. - 870 Yes No MARKET ST SUITE 566, SAN FUNDRAISING COUNSEL Х 0 55,000 -55,000. -55,000. 55 000 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2022

PEOPLE AND SOCIETY

32-0518917 Page 2

Pa	ırt l		•		•			-
		of fundraising event contributions and gro		EZ, I				ts greater than \$5,000.
			(a) Event #1		(b) Event #2	(0	c) Other events	(d) Total events (add col. (a) through col. (c))
e			(event type)		(event type)		(total number)	Goi. (C))
Revenue	1	Gross receipts						
ш	2	Less: Contributions						
	_	Less. Contributions						
_	3	Gross income (line 1 minus line 2)						
	4	Cash prizes						
S	5	Noncash prizes						
kpense	6	Rent/facility costs						
Direct Expenses	7	Food and beverages						
Δ	8	Entertainment						
	9	Other direct expenses						
	10	Direct expense summary. Add lines 4 through						
De	11 irt	1			D + N / I' - 10			
Г		<b>Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990,	Part IV, line 19, or i	repon	ted more than	
		\$10,000 0111 01111 000 EZ, III10 00.		(k	) Pull tabs/instant			(d) Total gaming (add
nue			(a) Bingo		o/progressive bingo	(c	e) Other gaming	col. (a) through col. (c))
Revenue								
	1	Gross revenue						
ses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes %  No		Yes % No		Yes % No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			<u></u>		
9	En	ter the state(s) in which the organization condu	cts gaming activities:					
а	ls t	the organization licensed to conduct gaming ac	tivities in each of these s	states	?			Yes No
b	If "	No," explain:						
		ere any of the organization's gaming licenses re Yes," explain:				/ear?		Yes No
i.		100, одріані.						

Sch	edule G (Form 990) 2022	PEOPLE A	ND	SOCIETY	32-0	518	917	Page 3
11	Does the organization conduct ga			nmembers?			Yes	No
12				rust, or a member of a partnership or other entity formed				
							Yes	∟ No
	Indicate the percentage of gaming					12-	ı	07
						13a 13b		<u>%</u>
				the organization's gaming/special events books and record		100	· · · · ·	
	Name							
	Address							
15:	Does the organization have a cont	ract with a third n	artv.	from whom the organization receives gaming revenue?			Yes	□ No
	Dood the organization have a cont	idot with a tima pi	ai ty					
ŀ	If "Yes," enter the amount of gami	ng revenue receive	ed b	y the organization \$ and the am	ount			
	of gaming revenue retained by the							
(	If "Yes," enter name and address	of the third party:						
	Nama							
	Name							
	Address							
16	Gaming manager information:							
	Name							
	Gaming manager compensation	\$						
	g	-		<u>—</u>				
	Description of services provided							
	Director/officer	Employee		Independent contractor				
	Birector/emicer	Limpleyee		macportating contractor				
17	Mandatory distributions:							
á	Is the organization required under	state law to make	cha	ritable distributions from the gaming proceeds to				
							Yes	∟ No
ł		•		w to be distributed to other exempt organizations or spent i	n the			
Pa	organization's own exempt activitient IV Supplemental Information			\$ explanations required by Part I, line 2b, columns (iii) and (v);	and Part	III. lir	nes 9. 9	9b. 10b.
	• • •			de any additional information. See instructions.		,	, .	, , , , ,
SC	HEDULE G, PART I,	LINE 2B,	LI	ST OF TEN HIGHEST PAID FUNDRAL	SERS	:		
( I	) NAME OF FUNDRAIS	SER: A.M C	'RA	WFORD INC.				
<u>\                                    </u>	, mile of fonding	<u> </u>		11101				
( I	) ADDRESS OF FUNDS	RAISER:						
<u>87</u>	0 MARKET ST SUITE	566, SAN	FR	ANCISCO, CA 94102				

Schedule 6	(Form 990)	PEOPLE AND	SOCIETY	32-0518917	Page 4
Part IV	G (Form 990)  Supplemental Infor	mation (continued)			9-
		(continued)			

### 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.

**2022** 

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

**Questions Regarding Compensation** 

Employer identification number 32-0518917

Yes No 1a 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 1b 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. X Compensation committee Written employment contract X Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X 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: Х **a** Receive a severance payment or change-of-control payment? 4a Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c 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 5 contingent on the revenues of: Х a The organization? 5a Х Any related organization? 5b 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: X a The organization? 6a X 6b b Any related organization? 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 Х 7 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 Х 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

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.

(A) Name and Title		<b>(B)</b> Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) REBECCA ANNE FINLAY	i)	287,273.	0.	0.	17,840.	7,589.	312,702.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARIA MANNING	i)	297,496.	0.	0.	0.	0.	297,496.	0.
INTERIM CFO/COO	ii)	0.	0.	0.	0.	0.	0.	0.
(3) ANDREA CROSS	i)	174,747.	0.	0.	11,706.	29,212.	215,665.	0.
DIR. COMMUNICATION	ii)	0.	0.	0.	0.	0.	0.	0.
(4) TINA PARK	i)	177,628.	0.	0.	9,598.	26,195.	213,421.	0.
HEAD OF METHOD FOR INCLUSION	ii)	0.	0.	0.	0.	0.	0.	0.
(5) CHRISTINE CUSTIS	i) _	174,633.	0.	0.	11,279.	289.	186,201.	0.
HEAD OF RESEARCH	ii)	0.	0.	0.	0.	0.	0.	0.
(6) EKATERINA KLINOVA	i)	170,445.	0.	0.	2,897.	11,820.	185,162.	0.
HEAD OF AI, LABOR AND ECONOMY	ii)	0.	0.	0.	0.	0.	0.	0.
(7) STEPHANIE BELL	i) _	163,063.	0.	0.	9,339.	9,793.	182,195.	0.
RESEARCH SCIENTIST	ii)	0.	0.	0.	0.	0.	0.	0.
(8) CAITLIN DALLY	i)	160,059.	0.	0.	8,456.	10,915.	179,430.	0.
HEAD OF PARTNERSHIP ENGAGEMENT	ii)	0.	0.	0.	0.	0.	0.	0.
(9) SASHA RAMSAW	i)	165,930.	0.	0.	4,253.	8,787.	178,970.	0.
HEAD OF HR	ii)	0.	0.	0.	0.	0.	0.	0.
(10) SAMIR GOSWAMI	i)	55,844.	0.	92,872.	2,985.	1,638.	153,339.	0.
COO (THRU 1/22)	ii)	0.	0.	0.	0.	0.	0.	0.
(	i)							
(i	ii)							
(	i)							
(i	ii)							
(	i)							
(i	ii)							
(	i)							
(i	ii)							
(	i)							
(i	ii)							
(	i) _							
(i	ii)							

# PARTNERSHIP ON AI TO BENEFIT PEOPLE AND SOCIETY

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.
PART I, LINE 4A:
SAMIR GOSWAMI RECEIVED \$92,625.48 OF SEVERANCE PAY

### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

### 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 Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PARTNERSHIP ON AI TO BENEFIT PEOPLE AND SOCIETY

Employer identification number 32-0518917

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: IN AI ADVANCE POSITIVE OUTCOMES FOR PEOPLE AND SOCIETY. FORM 990, PART VI, SECTION A, LINE 3: IN 2022, PARTNERSHIP ON AI DELEGATED FINANCIAL AND OPERATIONAL MANAGEMENT DUTIES TO MLM CONSULTING. MARIA MANNING WAS THE INTERIM CFO/COO (CONSULTANT) FOR PARTNERSHIP ON AI. THE AMOUNT PAID FOR SUCH SERVICES WAS \$297,496. FORM 990, PART VI, SECTION A, LINE 4: UPDATED BYLAWS EXPAND SIZE AND GROW DIVERSITY OF VOICES ON BOARD -PARTNERSHIP ON AI. IN SUMMARY, THE KEY CHANGES WERE: EXPANSION BOARD MEMBERS SEATS FROM 12 TO BETWEEN 16-22 BOARD MEMBERS FOR-PROFIT BOARD SEATS ARE OPEN TO BEYOND PAI INITIAL FOUNDER MEMBERS FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS REVIEWED BY THE CFO, CEO, AND THE AUDIT COMMITTEE. FORM 990, PART VI, SECTION B, LINE 12C: 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.

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, SECTION B, LINE 15:

THE SALARY OF THE TOP MANAGEMENT POSITION IS DEVELOPED AND APPROVED BY THE BOARD OF DIRECTORS BASED ON CONTEMPORANEOUS SALARY AND MARKET DATA. THIS

Schedule O (Form 990) 2022 Page **2** 

Name of the organization PARTNERSHIP ON AI TO BENEFIT PEOPLE AND SOCIETY	Employer identification number 32-0518917
PROCESS IS DOCUMENTED IN BOARD MINUTES. SALARY IS REVIEWED	
BASIS. THIS PROCESS WAS LAST UNDERGONE IN 2022. ALSO, IN 2	022, AN
INDEPENDENT FIRM/CONSULTANT WAS RETAINED TO ASSESS TOP OFF	ICIAL
COMPENSATION.	
THE COO COMPENSATION IS DETERMINED BY THE EXECUTIVE DIRECT	OR AND APPROVED
BY THE BOARD. COMPENSATION IS BASED ON CONTEMPORANEOUS SAL	ARY DATA AND
COMPARATIVE COMPENSATION WITHIN THE ORGANIZATION BASED ON	POSITION AND
RESPONSIBILITY. SALARY IS REVIEWED ON AN ANNUAL BASIS. THI	S PROCESS WAS
LAST UNDERGONE IN 2022.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERE	ST,
WHISTLEBLOWER, DOCUMENT RETENTION POLICIES, FINANCIAL STAT	EMENTS, AND THE
FORM 990 ARE AVAILABLE TO THE PUBLIC UPON REQUEST FOR THE	SAME PERIOD OF
DISCLOSURE AS SET FORTH IN SECTION 6104(D).	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	668,440.
MANAGEMENT AND GENERAL EXPENSES	296,052.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	964,492.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	964,492.
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