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Form **990**

Department of the

Return of Organization Exempt From Income Tax

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

 \blacktriangleright Do not enter social security numbers on this form as it may be made public.

2019

DLN: 93493321253050 OMB No. 1545-0047

Open to Public Inspection

Form **990** (2019)

Cat. No. 11282Y

Treasu	ry		► Go to <u>www.irs.gov/Form990</u> for instructions and the I	atest inform	ation.		Inspection
		enue Service e 2019 c	 alendar year, or tax year beginning 01-01-2019 , and ending 12-31	-2019			
		applicable:	C Name of organization		D Employ	er identi	fication number
□ Ad	dress	change	OpenAI Inc		81-086	1541	
	me ch tial re	-	Doing business as				
		n/terminated			E Telepho	na numba	
		d return	Number and street (or P.O. box if mail is not delivered to street address) Room/sui 3180 18th St Suite 100	te			
⊔ Ар	piicati	on pending	City or town, state or province, country, and ZIP or foreign postal code		(415) 8	379-9686	1
			San Francisco, CA 94110		G Gross re	eceipts \$ 3	1,932,729
			F Name and address of principal officer:	H(a) Is this	4		· · ·
			Chris Clark 3180 18th St Suite 100	subor	dinates?		□Yes ☑ No
			San Francisco, CA 94110	H(b) Are al	l subordina	tes	☐ Yes ☐No
I Ta	x-exei	mpt status:	✓ 501(c)(3) □ 501(c)() ◀ (insert no.) □ 4947(a)(1) or □ 527			list. (see	instructions)
J W	ebsit	te:▶ ope		H(c) Group	exemption	number	•
				1 V	-ti 201F	M Chaka	at land dominita. DE
K For	n of o	rganization:	: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of forma	ation: 2015	M State	of legal domicile: DE
Pa	art I	Sum	mary				
			scribe the organization's mission or most significant activities:				
		OpenAIs g generate f	loal is to advance digital intelligence in the way that is most likely to benefit inancial return. We think that artificial intelligence technology will help shap	: humanity as se the 21st ce	a whole, un ntury, and	nconstrai we want	ned by a need to to help the world
nce			AI technology and ensure that AI's benefits are as widely and evenly distrib				·
ma	:						
Activities & Governance							
Ğ			is box $ ightharpoons \square$ if the organization discontinued its operations or disposed of m of voting members of the governing body (Part VI, line 1a)		of its net a	assets.	1 .
20 S 6	1		of independent voting members of the governing body (Part VI, line 1b)			4	8
Ĭ	1		nber of individuals employed in calendar year 2019 (Part V, line 2a)			5	125
¥ct	1		nber of volunteers (estimate if necessary)		6	12	
•	1		elated business revenue from Part VIII, column (C), line 12			7a	(
	Ь	Net unrel	ated business taxable income from Form 990-T, line 39			7b	
				Pri	or Year		Current Year
<u> 9</u> :	1		ions and grants (Part VIII, line 1h)		49,917,	797	33,580,000
Ravenue	1	-	service revenue (Part VIII, line 2g)				(
Ä	1		ent income (Part VIII, column (A), lines 3, 4, and 7d)				(
	1		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		49,968,	834	-1,647,27 31,932,72
	_		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) nd similar amounts paid (Part IX, column (A), lines 1–3)		79,900,	031	150,00
	1		paid to or for members (Part IX, column (A), line 4)				130,000
S	1		other compensation, employee benefits (Part IX, column (A), lines 5–10)		15,406,	921	615,64
Expenses	1	•	inal fundraising fees (Part IX, column (A), line 11e)				,
e d	ь	Total fundr	raising expenses (Part IX, column (D), line 25) ▶0				
Δ	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		36,142,	088	2,567,27
	18	Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		51,549,	009	3,332,91
	19	Revenue	less expenses. Subtract line 18 from line 12		-1,580,		28,599,81
Net Assets or Fund Balances				Beginning	of Current \	rear	End of Year
sset	20	Total ass	ets (Part X, line 16)		25,926,	281	31,040,13
A A	21	Total liab	ilities (Part X, line 26)		23,753,	896	267,94
ξŽ	22	Net asset	s or fund balances. Subtract line 21 from line 20		2,172,	385	30,772,19
	rt II		ature Block	•			
			erjury, I declare that I have examined this return, including accompanying : f, it is true, correct, and complete. Declaration of preparer (other than offic				
any k			, , ,				
		*****	k	202	0-11-16		
Sign		Signati	ure of officer	Date			
Here			Clark COO/Sec				
		17	r print name and title				
		P	rint/Type preparer's name Preparer's signature Da	ate Che	ck 🔲 if	PTIN P0147102	7
Paid		- -	irm's name ► Fontanello Duffield & Otake LLP		-employed n's EIN ► 37	-1420474	
Pre	•	J.,					
Use	· Un	iiy F	irm's address ► 44 Montgomery Street Suite 1305	Pho	ne no. (415)	983-0200	
			San Francisco, CA 94104				
May t	he IR	RS discuss	this return with the preparer shown above? (see instructions)			. 🗆	Yes 🗹 No

Form	990 (2019)				Page 2
Pa	t III Staten	nent of Program Service Acc	omplishments		
	Check if	Schedule O contains a response or	note to any line in this i	Part III	🗆
1		the organization's mission:	·		
finan	cial return. We th	vance digital intelligence in the way nink that artificial intelligence techn e that AI's benefits are as widely an	ology will help shape the	nefit humanity as a whole, unconstrained 2 21st century, and we want to help the woossible.	by a need to generate orld build safe AI
2	Did the organiz	ation undertake any significant prog	ram services during the	year which were not listed on	
	the prior Form	990 or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describ	oe these new services on Schedule	ο.		
3	Did the organiz	ation cease conducting, or make sig	nificant changes in how	it conducts, any program	
		e these changes on Schedule O.			☐ Yes ☑ No
4	Section 501(c)(ganization's program service accom (3) and 501(c)(4) organizations are revenue, if any, for each program s	required to report the a	es three largest program services, as meas mount of grants and allocations to others,	sured by expenses. the total
4a	(Code: See Additional Da		956,958 including grants	of \$) (Revenue \$)
4b	(Code:) (Expenses \$	including grants	of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants	of \$) (Revenue \$)
4d	Other program (Expenses \$	services (Describe in Schedule O.) including g	<u>'</u>) (Revenue \$)
4e	Total progran	ı service expenses ▶	1,956,958		

				rage 3
Par	tiv Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	NO
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	Yes	
3	Did the organization required to complete Schedule S, Schedule of Contributors (see instructions). 2 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		No
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		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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? <i>If "Yes," complete Schedule D,</i> Part 9	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 🕏	10	_	No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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 2	11b		No
	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		No
	in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
		11e		No
	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		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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		No
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		No
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		No
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		No
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		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II .

Yes

m '	990 (2019)			Page			
ar	Checklist of Required Schedules (continued)	-					
	Did the association was the state of 000 of association which are for descriptional individuals as Dart IV		Yes	No			
	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		No			
	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 Schedule J	23	Yes				
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No			
)	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
:	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c					
ı	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No			
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No			
Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L,Part III							
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):						
1	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No			
)	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No			
2	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No			
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🛸	29	Yes				
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No			
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No			
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No			
	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	Yes				
	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	Yes				
3	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No			
,	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					
	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		No			
	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		No			
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes				
ar	Statements Regarding Other IRS Filings and Tax Compliance			_			
	Check if Schedule O contains a response or note to any line in this Part V	. ;	• •				
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 23		Yes	No			
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 23 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0						

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Yes

Pa	t V	Statements Regarding Other IRS Filings and Tax Compliance (co.	ntinu	ed)			
2a	Tax St	the number of employees reported on Form W-3, Transmittal of Wage and latements, filed for the calendar year ending with or within the year covered by turn	2a	125			
Ь	If at le	ء east one is reported on line 2a, did the organization file all required federal employn	ment t	ax returns?	2b	Yes	
3a		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (so e organization have unrelated business gross income of \$1,000 or more during the		<u>-</u>	3a		No
b	If "Yes	nedule O	3b				
4a		time during the calendar year, did the organization have an interest in, or a signa ial account in a foreign country (such as a bank account, securities account, or other			4a		No
Ь		s," enter the name of the foreign country: > structions for filing requirements for FinCEN Form 114, Report of Foreign Bank and	l Finar	ncial Accounts (FRAR)			
5a		` '	5a		No		
		ne organization a party to a prohibited tax shelter transaction at any time during the Ty taxable party notify the organization that it was or is a party to a prohibited tax is		,	5b		No
		s," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does t	the organization have annual gross receipts that are normally greater than \$100,00 any contributions that were not tax deductible as charitable contributions?	00, an		6a		No
ь	If "Yes	s," did the organization include with every solicitation an express statement that su	ıch coı	ntributions or gifts were	6b		
7		nizations that may receive deductible contributions under section 170(c).	•		OD		
	Did the	e organization receive a payment in excess of \$75 made partly as a contribution are ed to the payor?	nd par	tly for goods and services	7a		No
ь		e," did the organization notify the donor of the value of the goods or services provide	ded?		7b		
С		e organization sell, exchange, or otherwise dispose of tangible personal property fo 3282?	or which	ch it was required to file	7c		No
d	If "Yes	s," indicate the number of Forms 8282 filed during the year	7d	0			
е	Did the	e organization receive any funds, directly or indirectly, to pay premiums on a perso	onal be	enefit contract?	7e		No
f	Did the	e organization, during the year, pay premiums, directly or indirectly, on a personal	bene	fit contract?	7f		No
g	If the require	7g		No			
h	If the 1	organization file a Form	7h		No		
8		soring organizations maintaining donor advised funds. Did a donor advised foring organization have excess business holdings at any time during the year?			8		
9	Spons	soring organizations maintaining donor advised funds.					
а	Did the	e sponsoring organization make any taxable distributions under section 4966? .			9a		
b	Did the	e sponsoring organization make a distribution to a donor, donor advisor, or related	perso	on?	9b		
		on 501(c)(7) organizations. Enter:		i			
		ion fees and capital contributions included on Part VIII, line 12	10a				
		receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
		on 501(c)(12) organizations. Enter:		1			
		income from members or shareholders income from other sources (Do not net amounts due or paid to other sources	11a				
b		amounts due or received from them.)	11b				
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 99	90 in l	ieu of Form 1041?	12a		
b	If "Yes	s," enter the amount of tax-exempt interest received or accrued during the year.	12b				
		on 501(c)(29) qualified nonprofit health insurance issuers.					
а		organization licensed to issue qualified health plans in more than one state? See the instructions for additional information the organization must report on Sch	nedule	0.	13a		
b		the amount of reserves the organization is required to maintain by the states in the organization is licensed to issue qualified health plans	13b				
c	Enter t	the amount of reserves on hand	13 c				
		e organization receive any payments for indoor tanning services during the tax yea			14a		No
		s," has it filed a Form 720 to report these payments? If "No," provide an explanation			14b		
15	Is the parach	remuneration or excess	15		No		
16		estment income?	16		No		

Form	990 (2019)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•	onse to i	ines
_Se	ction 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 8			
	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 in Schedule O.			
Ь	Enter the number of voting members included in line 1a, above, who are independent 1b 6			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b		No
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 in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	e.)	_
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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	Yes	
Ь	Describe in 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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
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		No
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► CA , DE			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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: Chris Clark 3180 18th St Suite 100 San Francisco, CA 94110 (415) 879-9686			
	, , , , , , , , , , , , , , , , , , , ,	F	orm 99 i	n (2019)

П

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 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

- of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee." • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations.
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (D) (E) (A) (F) (B) (C) Name and title Reportable Estimated Average Position (do not check more Reportable hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organizations organization from the (W-2/1099-(W-2/1099organization and for related individual to or director Officer Former Highest compensated employee organizations MISC) MISC) related nstitutional below dotted organizations employee line) trustaa Trustee 7.00 (1) David Luan 242,500 250,265 11,283 VP Engineering 33.00 7.00 (2) John Schulman 216,667 250,265 11,640 Technical Staff 33.00 30.00 (3) Christopher Olah 286,073 133,485 11,284 Technical Staff 10.00 7.00 (4) Scott Gray 74.167 343,599 12.909 Technical Staff 33.00 7.00 (5) Christopher Berner 72,500 312,765 17,056 Technical Staff 33.00 10.00 (6) David Lansky Х 58.334 250,265 42.578 General Counsel 30.00 10.00 (7) Chris Clark Х 143,750 160,682 4,842 COO/Sec/Tres 30.00 10.00 (8) Ilya Sutskever Х 29,167 234,274 24,495 Research Dir. 30.00 10.00 (9) Gregory Brockman Х 29.167 30.522 12.525 Director/CTO 30.00 10.00 (10) Sam Altman Х 24,143 3,957 Dir/President 30.00 3.00 (11) Reid Hoffman 0 C Director 0.00 3.00 (12) Sue Yoon X Director 0.00 3.00 (13) Holden Karnofsky 0 0 0 Х Director 0.00 3.00 (14) Adam D'Angelo 0 0 0.00 3.00 (15) Tasha McCaulev Director 0.00

Part VII

Page 8
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) (B) (C) (D) (E) (E)

(A) Name and title	(B) Average hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee) Repo							ensation com m the fro nization org		(E) Reportable compensatior from related organizations		Estima amount o compen from	ated of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		:/1099- ISC)		(W-2/1099- MISC)		organizat relat organiza	ed
			<u> </u>	<u> </u>	<u> </u>	<u> </u>								
			<u> </u> '	<u> </u>	<u> </u>	<u> </u>	igsquare							
			<u> </u>	<u> </u>	<u> </u>	 	$\perp \perp \mid$					4		
		<u> </u>	<u> </u>	<u> </u>	<u> </u>	—	\coprod							
			<u> </u>	<u> </u>	\vdash	┼	+			+		+		
			 	<u> </u>	\vdash	\vdash	++							
			 	 	\vdash	 	+			+		+		
			 	\vdash	\vdash	\vdash	++							
1b Sub-Total		<u> </u>	<u> </u>	<u>Ш</u>		<u> </u>	Ш					\top		
c Total from continuation sheets to Pa	art VII, Section	Α				•		1	152,325		1,972,26	0		170,566
d Total (add lines 1b and 1c)						e) who	rec			\$100		<u>° </u>		170,300
of reportable compensation from the o						-, .				T -				
3 Did the organization list any former of	-ee-aan director	beloat	را حد	~	nl	121120	hi		noni	- ا م	alassa on		Yes	No
3 Did the organization list any former of line 1a? If "Yes," complete Schedule J				ey er		• •	ار الر	• •	npensa.	•	mployee on	3		No
4 For any individual listed on line 1a, is organization and related organizations											the		1	
individual	· · · ·	• •	•	•	•	·			• •	•		4	Yes	
5 Did any person listed on line 1a receiv services rendered to the organization?											idual for	5		No
Section B. Independent Contract	ors			—	—							5		NO
Complete this table for your five higher from the organization. Report compen	est compensate											npen	nsation	
	(A) and business addre		<u> </u>		_						(B) otion of services		(C Comper	
Goodwin Proctor									Legal					211,208
100 Northern Avenue Boston, MA 02210														
Adler & Colvin											220,493			
135 Main St 20th Floor San Francisco, CA 94105														
Przemyslaw Debiak									Research	1				250,000
3180 18th St Suite 100 San Francisco, CA 94110														

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 3

orm 9 Part		Statement	of F	Revenue						Page 9
					a respo	onse or note to any	y line in this Part VIII			🗆
							(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1 a	Federated campa	igns	· .	1a			revenue		312 - 314
Contributions, Gifts, Grants and Other Similar Amounts	ı	b Membership due:	s .		1 b					
G. Gmo	1	c Fundraising even			1c					
Sifts lar /	'	d Related organiza			1d					
ıs, ('	Government grantsAll other contribution			1e					
itior er S	'	and similar amounts above			1f	33,580,000				
agin d		g Noncash contributio	ns in	icluded in	1.0	100,000				
Sont		h Total. Add lines :	1a-1	f	1g	100,000				
						Business Code	33,580,000			1
	2a									
P. E										
Program Service Revenue	Ь									
	c									
Serv	d									
ram	ľ									
Prog	е									
_	f	All other program	serv	ice revenue						
	_	Total. Add lines 2				0		T	I	
		Investment income similar amounts)		luding divid			•	0		
		Income from invest			•	•		o o		
	3	Royalties	r.	(i) Re		(ii) Personal				
	62	Gross rents	6a	1	000,000	1				
		Less: rental		,		<u>'</u>				
		expenses Rental income	6b							
		or (loss)	6с	-7	000,000)				
	ď	Net rental income	or	(loss) (i) Secur	ities	(ii) Other	1,000,000	0		1,000,000
	7a	Gross amount	_	(1) Secur	10103	(ii) other				
		from sales of assets other than inventory	7a							
	ь	Less: cost or	7b							
		other basis and sales expenses								
	c	Gain or (loss)	7c							
		Net gain or (loss)						0		
ne	8a	Gross income from fu (not including \$		of						
.≺en		contributions reported See Part IV, line 18			8a					
Other Revenue	Ь	Less: direct expen	ses		8b					
the	l c	: Net income or (los	s) fr	om fundrais	ing ev	ents 📂	+	0		
	9a	Gross income from See Part IV, line 19			- 1					
	 	Less: direct expen			9a 9b		_			
	l	: Net income or (los				ies \blacktriangleright		o		
	10:	aGross sales of inve	entoi	rv less						
		returns and allowa	nce	s	10a					
		Less: cost of good			10b		╛,	0		
	<u> </u>	Net income or (los Miscellaneo	_		invent	Business Code				
	11	a Other Revenue					19,688	19,688		
	b	Passthrough Incom	me/l	_oss			-2,666,959	-2,666,959		
	ا (
	`									
	d	All other revenue								
	e	Total. Add lines 1	1a-:	11d		•	-2,647,27	1		
	12	Total revenue. S	ee ir	nstructions			31,932,729	9 -2,647,271		1,000,000
	_									F 000 (2010)

Form	990 (2019)				Page 10
Pa	rt IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must co		_		ımn (A). □
_	Check if Schedule O contains a response or note to any		(B)	(C)	⊔ (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	150,000	150,000		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	269,515	180,576	88,939	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	-1,264,221	-2,142,398	878,177	_
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9	Other employee benefits	1,008,600	680,699	327,901	
10	Payroll taxes	601,751	406,092	195,659	
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	399,109		399,109	
C	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	109,264	169,225	-59,961	
12	Advertising and promotion	0			
13	Office expenses	327,642	704	326,938	
14	Information technology	356,307	240,472	115,835	
15	Royalties	0			
	Occupancy	1,577,016	2,438,660	-861,644	
17	Travel	151,652	100,919	50,733	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	112,501	75,921	36,580	
	Insurance	0			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
ā	a Cloud Computing Expenses	103,709	103,709		
i	Other Expenses	10,679		10,679	
•	: Miscellaneous Expense	-237,336	-210,232	-27,104	
Č	Software and Web Expenses	-343,271	-237,389	-105,882	
•	e All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	3,332,917	1,956,958	1,375,959	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

End of year

Beginning of year

18,866,283

310,016

1,499,126

1,309,402

1.597.982

31,495

2,311,977

25,926,281

5,650,918

15,339,251

2.763.727

23.753.896

2.172.385

2.172.385

25,926,281

189.728

30.680

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23 24

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33

Page **11**

28,481,077

300,968

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0

0

0

0

978,592

159.048

1,120,453

31,040,138

267,941

267.941

30.772.197

30.772.197

31,040,138

Form 990 (2019)

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

Cash-non-interest-bearing 2 Savings and temporary cash investments . 3 Pledges and grants receivable, net . . . Accounts receivable, net

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . .

Assets Inventories for sale or use .

Prepaid expenses and deferred charges . 10a basis. Complete Part VI of Schedule D 10b Investments—publicly traded securities . Investments—other securities. See Part IV, line 11 .

10a Land, buildings, and equipment: cost or other b Less: accumulated depreciation 11 12 13

14 Intangible assets .

15 Other assets. See Part IV, line 11 . . . 16

Investments—program-related. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) . 17 Accounts payable and accrued expenses 18 Grants payable 19

Deferred revenue . . . 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity Secured mortgages and notes payable to unrelated third parties . . .

21 22

Liabilities 23 24 Unsecured notes and loans payable to unrelated third parties . Other liabilities (including federal income tax, payables to related third parties, 25 and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

Total liabilities and net assets/fund balances

Fund Balances

ō 29

Assets 30

Net

27

28

31

32

33

Total liabilities. Add lines 17 through 25 . . .

26

Capital stock or trust principal, or current funds .

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Form	990 (2019)				Page 12
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		31	,932,729
2	Total expenses (must equal Part IX, column (A), line 25)	2		3	,332,917
3	Revenue less expenses. Subtract line 2 from line 1	3		28	,599,812
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	,172,385
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 in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		30	,772,197
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	Accounting method used to prepare the Form 990:	on a	2a	Yes	No No
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	☐ 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	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O	$\cdot \mid \overline{\ } \mid$		
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133?	•	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	red	3b		

Additional Data

Software ID: 19009920

Software Version: 2019v5.0

EIN: 81-0861541

Name: OpenAI Inc

Form 990 (2019)

Form 990, Part III, Line 4a:

In 2019, the Organization created OpenAI, L.P. ("Partnership"), a new capped-profit company to help rapidly scale investments in compute and talent while including checks and balances in furtherance of the Organization's mission. Through its control of the Partnership, the Organization's reinforcement learning algorithms became the first AI to beat the world champions in an esports game. These same algorithms were then used to train a pair of neural networks to solve a Rubik's Cube with a human-like hand, requiring unprecedented dexterity. Additional research accomplishments included the discovery of emergent tool use from multi-agent interaction while playing a simple game of hide-and-seek and the creation of a deep neural network capable of generating short musical compositions with a variety of instruments and styles. The Organization also developed GPT-2, a large-scale language model trained to simply predict the next word of text and was able to generate coherent paragraphs of text.

organization also developed GPT-2, a large-scale language model trained to simply predict the next word of text and was able to generate coherent paragraphs of text.

GPT-2 was released in stages to give the research community time to assess the properties of these models, discuss their societal implications, and evaluate the impacts of release after each stage. All these advances in AI technology are moving the Organization closer to achieving its mission, which is the development of Artificial General Intelligence in the public interest. The Organization also held its second edition of the OpenAI Scholars Program, which provided mentorship and support to researchers from underrepresented communities to apply their specializations to current AI research. concluding with a final open-source project.

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SCI		ULE A	Dublic (Charity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047					
	m 990		Complete if the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) o empt charitable 990 or Form 99	organization or trust. 10-EZ.	a section	2019					
		the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection					
Nam	e of th	ne Service ne organiza	tion				Employer identific	<u> </u>					
OpenA	1 Inc						81-0861541						
Pa			for Public Charity Statu				See instructions.						
	rganiz —		a private foundation because	•	•								
1		,	onvention of churches, or as			. , , ,	. , . ,						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)											
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:											
5		(b)(1)(A)	ation operated for the benefit (iv). (Complete Part II.)		,	, ,		bed in section 170					
6		•	tate, or local government or	_									
7	\checkmark	section 17	ation that normally receives a (O(b)(1)(A)(vi). (Complete	Part II.)			init or from the gener	al public described in					
8			ty trust described in section		•	ŕ							
9		non-land gi	ural research organization de rant college of agriculture. Se	e instructions. Enter	the name, city, a	and state of the	college or university:						
10		from activit investment	ation that normally receives: lies related to its exempt fun income and unrelated busing See section 509(a)(2). (Co	ctions—subject to cer ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its si	ipport from gross					
11		An organiza	ation organized and operated	exclusively to test fo	r public safety. S	ee section 509	(a)(4).						
12		more public	ation organized and operated ly supported organizations d through 12d that describes	escribed in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a						
а		organizatio	supporting organization opera n(s) the power to regularly a Part IV, Sections A and B.										
b		Type II. A manageme	supporting organization suponts of the supporting organization organizations A a	tion vested in the sar									
С		Type III f	unctionally integrated. A s organization(s) (see instructi	upporting organizatio				ited with, its					
d		Type III n functionally	on-functionally integrated integrated. The organization i). You must complete Par	I. A supporting organ n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgai						
е			box if the organization receiv			RS that it is a Ty	pe I, Type II, Type II	I functionally					
f	Enter		or Type III non-functionally of supported organizations		-								
g			ing information about the su				· · · · · · · <u> </u>						
	organization organization in your governing document? monetary support othe						(vi) Amount of other support (see instructions)						
					Yes	No							
Total			tion Act Notice, see the In		Cat. No. 11285		 Schedule A (Form 9	<u> </u>					

3	furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3		13,784,637	33,228,555	49,917,797	33,580,000	130,510,989
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)						41,206,312
6	Public support. Subtract line 5 from line 4.						89,304,677
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4		13,784,637	33,228,555	49,917,797	33,580,000	130,510,989
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		44	110			154
9	Net income from unrelated business activities, whether or not the						0

15 Public support percentage for 2018 Schedule A, Part II, line 14

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box h 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

h 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

20

P	Support Schedule for						<u> </u>
	(Complete only if you c						er Part II. If
_	the organization fails to	quality under t	the tests listed	pelow, please co	ompiete Part II.)	
Se	ection A. Public Support		1	·		<u> </u>	ı
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are						
,	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
0	from line 6.)						
Se	ection B. Total Support		l .	l			l .
	Calendar year		T				
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
_	income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30,						
	1975.						
С							
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
12	Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is fo	r the organizatior	's first, second, tl	nird, fourth, or fift	h tax year as a se	ction 501(c)(3) o	rganization,
	check this box and stop here						▶ 🗆
S	ection C. Computation of Public						
15	Public support percentage for 2019 (lin	e 8 column (f) d	ivided by line 13	column (f))		15	
	Public support percentage from 2018 S						
16						16	
	ection D. Computation of Investi				.,		
17	Investment income percentage for 201	•	.,		• •	17	
18	Investment income percentage from 2					18	
19a	331/3% support tests—2019. If the	organization did r	not check the box	on line 14, and lir	ne 15 is more thar	33 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box and s						_
h	33 1/3% support tests—2018. If the	e organization did	I not check a box	on line 14 or line	19a, and line 16 is	more than 33 1/	<u>—</u> 3% and line 18 is
J	not more than 33 1/3%, check this box						

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

amendment to the organizing document).

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

provide detail in Part VI.

answer line 10b below.

6

7

8

Sections A and D, and complete Part V.) Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509			

	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).
а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)

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

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

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

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,"

	describe the designation. If historic and continuing relationship, explain.	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	in section 509(a)(1) or (2).	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below.	3a	
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the		

	In section 509(a)(1) or (2).	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below.	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination.	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	20	

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.	3Ь		
С	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			
l	checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			

	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the				
	determination.	3b			
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?				
	If "Yes," explain in 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 12a or 12b in Part I, answer (b) and (c) 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.				
	Supervised by drift connection with its supported digamizations.				

		טכ			
С	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.				
	If tes, explain in Part VI what controls the organization put in place to ensure such use.	3с			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked 12a or 12b in Part I, answer (b) and (c) below.				
ь	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.				
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support				
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported				

5a

5b

5c

6

7

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-F7) 2019

SCII	ledule A (Form 990 of 990-E2) 2019		١	age :
Pā	Supporting Organizations (continued)			
			Yes	No
	. Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
ь	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
	Section B. Type I Supporting Organizations			
_	ection b. Type 2 supporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization.	2		
S	Section C. Type II Supporting Organizations			
			Yes	No
L	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	Section D. All Type III Supporting Organizations			
			Yes	No
L	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the	2		
,	organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	Section E. Type III Functionally-Integrated Supporting Organizations		·	<u> </u>
L	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	 a 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? Provide details in Part VI. 	3a		
	 b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard. 			

Schedule A (Form 990 or 990-EZ) 2019 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 3 Other gross income (see instructions) Add lines 1 through 3 4 4 Depreciation and depletion 5 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) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):

	tax year or assets field for part or year).	_	
а	Average monthly value of securities	1a	
b	Average monthly cash balances	1 b	
C	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
е	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency	6	

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-F7) 2019

temporary reduction (see instructions)

instructions)

7

7 Total annual distributions. Add lines 1 through 6.						
Distributions to attentive supported organizations to wh details in Part VI). See instructions						
9 Distributable amount for 2019 from Section C, line 6						
10 Line 8 amount divided by Line 9 amount						
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1 Distributable amount for 2019 from Section C, line 6						

	rotal annual distributions / Add mies 1 amough 6.					
8	Distributions to attentive supported organizations to whe					
9	Distributable amount for 2019 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
1	Distributable amount for 2019 from Section C, line 6					
2	2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.					
-	Evene distributions sometimes if any to 2010.					

- 3 Excess distributions carryover, if any, to 2019: a From 2014. . . _ . . . **b** From 2015. c From 2016. e From 2018. f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see
- instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f.
- 4 Distributions for 2019 from Section D, line 7: \$ a Applied to underdistributions of prior years
- b Applied to 2019 distributable amount
- c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. lines 3h and 4b from line 1. If the amount is greater
- 6 Remaining underdistributions for 2019. Subtract than zero, explain in Part VI. See instructions. 3j and 4c. 8 Breakdown of line 7:
- 7 Excess distributions carryover to 2020. Add lines a Excess from 2015. **b** Excess from 2016. c Excess from 2017.

Schedule A (Form 990 or 990-EZ) (2019)

d Excess from 2018. e Excess from 2019.

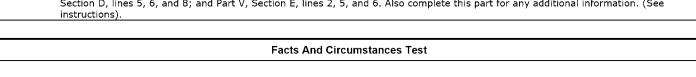
Additional Data

 Software ID:
 19009920

 Software Version:
 2019v5.0

EIN: 81-0861541
Name: OpenAI Inc

Part VI
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).



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As Filed Data -

DLN: 93493321253050

OMB No. 1545-0047

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.

Open to Public

2019

Department of the Treasury

(Form 990)

Na	nan Revenue Service Fig. to www.ns.qov/ronn nme of the organization enAI Inc	101 111011 110110110			entification nu	umber
Ор				81-0861541		
Pa	Organizations Maintaining Donor Advis Complete if the organization answered "Yes			or Accounts.		
	Complete if the organization answered Te.	(a) Donor ad		(b) Fund	ds and other acc	counts
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 advisor organization's property, subject to the organization's exc	rs in writing that the as clusive legal control? .	sets held in donor a	dvised funds are 		es 🗌 No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or fo	r any other purpose		rmissible	es 🗆 No
Pa	rt II Conservation Easements.					
	Complete if the organization answered "Yes					
1	Purpose(s) of conservation easements held by the organ	` <u> </u>				
	Preservation of land for public use (e.g., recreation	or education) \square	Preservation of ar	n historically imp	portant land are	a
	Protection of natural habitat		Preservation of a	certified historic	structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a ceasement on the last day of the tax year.	qualified conservation o	contribution in the fo		ation at the End of t	he Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
C	Number of conservation easements on a certified historic	c structure included in	(a)	2c		
d	Number of conservation easements included in (c) acquirestructure listed in the National Register	red after 7/25/06, and	not on a historic	2d		
3	Number of conservation easements modified, transferred tax year ▶	d, released, extinguish	ed, or terminated by	the organizatio	n during the	
4	Number of states where property subject to conservation	n easement is located f	-			
5	Does the organization have a written policy regarding th and enforcement of the conservation easements it holds	ne periodic monitoring,	inspection, handling 	of violations,	☐ Yes [□No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violati	ons, and enforcing c	conservation eas	ements during t	the year
7	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violations,	and enforcing conse	rvation easemer	nts during the ye	ear
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?			170(h)(4)(B)(i)	☐ Yes [□ No
9	In Part XIII, describe how the organization reports consebalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organiz			and	⊿ NO
Pai	rt III Organizations Maintaining Collections Complete if the organization answered "Yes	of Art, Historical T		her Similar A	ssets.	
1a	If the organization elected, as permitted under SFAS 111 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan-	6 (ASC 958), not to rep public exhibition, educa	oort in its revenue st ation, or research in	furtherance of p		ks of
b	If the organization elected, as permitted under SFAS 11: historical treasures, or other similar assets held for publ following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			> \$_		
(ii)Assets included in Form 990, Part X			> \$		
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1			ancial gain, prov	ide the	
а	Revenue included on Form 990, Part VIII, line 1			> \$_		
b	Assets included in Form 990, Part X			▶\$		

Cat. No. 52283D

Schedule D (Form 990) 2019

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

 \boldsymbol{d} Equipment .

Sche	edule D (Form 990) 2019								Page 2
Par	t III Organizations Maintainir	g Collections o	of Art, Histori	cal Trea	sures, or Otl	ner Similar Ass	ets (conti	nued)	
3	Using the organization's acquisition, ac items (check all that apply):	cession, and other	records, check	any of the	following that a	re a significant us	e of its coll	ection	
а	Public exhibition		d	Lo	an or exchange	programs			
b	Scholarly research		e	Ot	her				
c	Preservation for future generation	ons							
4	Provide a description of the organization Part XIII.	on's collections and	l explain how the	y further	the organizatior	's exempt purpose	e in		
5	During the year, did the organization sassets to be sold to raise funds rather						☐ Yes	□ N-	0
Pa	rt IV Escrow and Custodial Art Complete if the organization X, line 21.		" on Form 990	, Part IV,	line 9, or rep	orted an amoun	t on Form	990,	Part
1a	Is the organization an agent, trustee, included on Form 990, Part X?						☐ Yes	□ N	о
Ь	If "Yes," explain the arrangement in Pa	art XIII and comple	ate the following	table:		Am	nount		_
c	Beginning balance		_		1c		- Carre		_
d	Additions during the year				· 	1			_
е	Distributions during the year								_
f	Ending balance				· · · 				_
	_				L				_
2a	Did the organization include an amoun	•				·	_	∐ N	0
b	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the explanati	on has be	en provided in F	'art XIII	<u> </u>		
Pe	Endowment Funds. Complete if the organization	n answered "Yes	" on Form 990	. Part IV.	line 10.				
	complete if the organization	(a) Curre		rior year	(c) Two years b	ack (d) Three year	s back (e) F	our year	rs back_
1 a	Beginning of year balance								
b	Contributions								
c	Net investment earnings, gains, and los	ses							
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 Board designated or quasi-endowment	•	l balance (line 19	g, column	(a)) held as:				
b	Permanent endowment ►								
c	Temporarily restricted endowment ▶								
٠	The percentages on lines 2a, 2b, and 2	 Cc should equal 10	0%.						
3a				are held	and administere	d for the		Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
b	If "Yes" on 3a(ii), are the related organ		•				3b		
4	Describe in Part XIII the intended uses		n's endowment f	unds.					
Pa	rt VI Land, Buildings, and Equ Complete if the organization	•	" on Form 990	Dart IV	line 11a See	Form 990 Part	- V lino 1(1	
	Description of property (a) Co	st or other basis nvestment)	(b) Cost or other			ited depreciation		ook value	e
1a	Land				+				
	Buildings				+	+			
	Leasehold improvements			178,18	80	28,510			149,670
	Equipment			6,1		2,041			4,082

5,296

159,048

129

5,425

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

	(Form 990) 2019					Page 3
Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, F (a) Description of security or category (including name of security)	Part IV, li (b) Book	ne 11b	.See Form 990, F (c) Method Cost or end-of-	d of valua	tion:
	ıl derivatives	value				
(2) Closely- (3)Other <u> </u>	held equity interests					
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum Part VIII						
	Complete if the organization answered 'Yes' on Form 990, F (a) Description of investment	Part IV, li	ne 11c	See Form 990, I		ne 13. ethod of valuation:
						end-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum Part IX	on (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets.		•			
	Complete if the organization answered 'Yes' on Form 990, P (a) Description	art IV, lir	ne 11d.	See Form 990, Par	t X, line 1	.5. (b) Book value
(1)	(1)					(-)
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colu Part X	omn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.				Þ	
1.	Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability		ne 11e	or 11f.See Form	990, Par	t X, line 25. (b) Book value
	income taxes					(2, 230), (4, 4)
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col.(B) line 25.)			<u> </u>		
	or uncertain tax positions. In Part XIII, provide the text of the footnot 's liability for uncertain tax positions under FIN 48 (ASC 740). Check l					_

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a 2b

2c

2d

Add lines 2a through 2d . . 2e 3 3 Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . 4a Other (Describe in Part XIII.) 4h b 4c

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII

Schedule D (Form 990) 2019

1

Supplemental Information

Return Reference

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

Explanation

Page 4

Schedule D (Form 990) 2019 Part XIII Supplemental Information (continued)						
Return Reference		Explanation				
			Schedule D (Form 990) 2019			

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -				DL	N: 93493321253050
Note: To capture the full o	ontent of this de	ocument, please se	lect landscape mode	e (11" x 8.5") whe	en printing.	1	OMB No. 1545-0047
Schedule I Grants and			ther Assistand	e to Organiz	ations		
(Form 990)	-		and Individuals	_			2019
			ariu iiiuiviuuai: tion answered "Yes," o	-			
Department of the Treasury Internal Revenue Service			► Attach to Form w.irs.gov/Form990 for	990.		Open to Public Inspection	
Name of the organization						Employer identifi	cation number
OpenAI Inc						81-0861541	
Part I General Inform	nation on Grants	and Assistance				<u>.</u>	
the selection criteria used Describe in Part IV the org	to award the grants ganization's procedur	or assistance? es for monitoring the use	e of grant funds in the Ur	nited States.	for the grants or assistance	,	Yes V No
	than \$5,000. Part II	can be duplicated if add	itional space is needed.	<u>'</u>	<u> </u>		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Stanford University 326 Galvez St Stanford, CA 94305	94-1156365	501(c)(3)	150,000	0			Artificial Intelligence Index Fund
2 Enter total number of sect	ion 501(c)(3) and go	vernment organizations	listed in the line 1 table .			•	1
3 Enter total number of other	er organizations listed	d in the line 1 table				>	0
For Paperwork Reduction Act Notice	ce, see the Instruction	ns for Form 990.		Cat. No. 50055	5P	Sci	hedule I (Form 990) 2019

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
)					
2)					
()					
·)					
)					
)					
')					

Schedule I (Form 990) 2019

Explanation

Return Reference

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a - DL	N: 934933	2125 3	3050	
Sch	edule J	C	ompensati	on Information	OMB No.	1545-	0047	
(For	n 990)	For certain Office		rustees, Key Employees, and Highest				
		Complete if the ord		ted Employees ered "Yes" on Form 990, Part IV, line 23.	2019			
Б	64 7		► Attach	to Form 990. instructions and the latest information.	Open			
-	tment of the Treasury al Revenue Service	P Go to <u>www.ns.go</u>	101	mistractions and the fatest information.		ectio		
	me of the organiza nAI Inc	ation		Employer ide	ntification n	umber		
Оре	na ne			81-0861541				
Pa	rt I Questi	ons Regarding Compensa	tion					
						Yes	No	
1a	990, Part VII, S	opiate box(es) if the organization ection A, line 1a. Complete Part	n provided any of III to provide any	the following to or for a person listed on Form relevant information regarding these items.				
		or charter travel		Housing allowance or residence for personal use				
		companions	님	Payments for business use of personal residence				
		nification and gross-up payment	:s ⊔ □	Health or social club dues or initiation fees				
	LI Discretion	ary spending account		Personal services (e.g., maid, chauffeur, chef)				
b				follow a written policy regarding payment or ve? If "No," complete Part III to explain	1b			
2				r allowing expenses incurred by all , regarding the items checked on Line 1a?	2	Yes		
	directors, truste	es, officers, including the CEO/I	executive Director	, regarding the items checked on line 14?				
3				d to establish the compensation of the				
				ot check any boxes for methods CEO/Executive Director, but explain in Part III.				
	✓ Compensa		· •	Model on any design of a section of				
	_ '	ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study				
		of other organizations	Ä	Approval by the board or compensation committee				
		•	_					
4	During the year related organiza		990, Part VII, Sec	ction A, line 1a, with respect to the filing organization	n or a			
_	_		tral navmant?		45		No	
a b		ance payment or change-of-con		fied retirement plan?	. 4a		No No	
c	•		•	sation arrangement?	4c		No	
_				licable amounts for each item in Part III.				
_), 501(c)(4), and 501(c)(29)		•				
5		ed on Form 990, Part VII, Section Ontingent on the revenues of:		he organization pay or accrue any				
а	The organization	1?			5a		No	
b					5b		No	
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section Contingent on the net earnings o		he organization pay or accrue any				
а	The organization	1?			6a		No	
b					6b		No	
	•	6a or 6b, describe in Part III.						
7				he organization provide any nonfixed t III	7		No	
8	subject to the in	nitial contract exception describe	ed in Regulations	ed pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," describe	8		No	
9	If "Yes" on line : 53.4958-6(c)? .	8, did the organization also follo	w the rebuttable	presumption procedure described in Regulations sec			1.5	
For F	Panerwork Redu	ction Act Notice, see the Ins	tructions for Fo	rm 990. Cat. No. 50053T Scho	edule 1 (Forr	n 990)	2019	

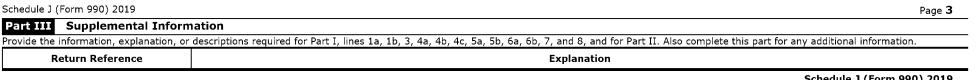
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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 are not listed on Form 990, Part VII.

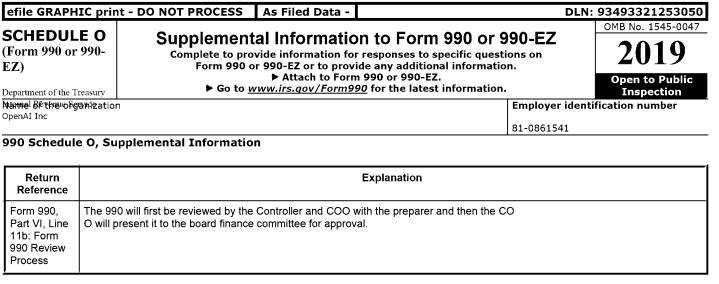
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 Chris Clark COO/Sec/Tres	(i)	143,750					143,750	
COO/Sec/ Tres	(ii)	160,682				4,842	165,524	
2 Christopher Berner Technical Staff	(i)	42,500	30,000			1,334	73,834	
recrimed Starr	(ii)	312,765				15,722	328,487	
3 Christopher Olah Technical Staff	(i)	250,000	36,073			6,521	292,594	
recimical Stan	(ii)	133,485				4,763	138,248	
4 David Lansky General Counsel	(i)	41,667	16,667			5,150	63,484	
ocheral counsel	(ii)	250,265				37,428	287,693	
5 David Luan VP Engineering	(i)	42,500	200,000			1,179	243,679	
VI Engineering	(ii)	250,265				10,104	260,369	
6 Ilya Sutskever Research Dir.	(i)	29,167				2,675	31,842	
Research Dir.	(ii)	234,274				21,820	256,094	
7 John Schulman Technical Staff	(i)	50,000	166,667			1,234	217,901	
recinical Stan	(ii)	250,265				10,406	260,671	
8 Scott Gray Technical Staff	(i)	44,167	30,000			1,450	75,617	
rechined Stan	(ii)	343,599				11,459	355,058	
	+							
			l				 Schedule	y J (Form 990) 2019



DLN: 93493321253050 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) **2019** ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** OpenAI Inc 81-0861541 Part I **Types of Property** (b) (c) (d) (a) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1 Art—Works of art . . . 2 Art—Historical treasures **3** Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles Boats and planes . . . Intellectual property . . . Securities—Publicly traded . 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . Oualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other . . Real estate—Residential . 15 Real estate—Commercial . 17 Real estate—Other . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy 22 Historical artifacts . . . 23 Scientific specimens . . 24 Archeological artifacts . . Χ 100,000 FMV Cloud Other ▶ (Computing 26 Other ▶ (_____ 27 Other ▶ (_____ 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a No **b** If "Yes," describe the arrangement in Part II. 31 31 No Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2019) Cat. No. 512271

Page 2 Schedule M (Form 990) (2019) Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Return Reference Explanation Schedule M (Form 990) (2019)



990 Schedule O, Supplemental Information

Return

of Conflicts

Reference	Explanation
Form 990, Part VI, Line 12c: Explanation of Monitoring and Enforcement	The COO reminds board members and officers annually of the policy and answer any questions the board or officers may have.

Explanation

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a: Compensation Review & Approval Process - CEO, Top Management	Determined by a committee of disinterested Board members using comparability data

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b: Compensation Review and Approval Process for Officers and Key Employees	Determined by a committee of disinterested Board members using comparability data

Return Reference Form 990, Documents available upon request.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

at arm's length or more favorable to the organization.

Return

Reference	·
Part VI,	The organization contributed assets to OpenAl, LP (the Partnership), its controlled affili
Section B,	ate. See Form 990, Part III, Line 4a, for more information regarding the Partnership. The
Line 16.a	organization does not have a written joint venture policy but took extensive steps to safe

Explanation

guard its exempt status, including maintaining control of the Partnership (through control of its general partner) to ensure that the Partnership furthers the organizations exempt purposes, requiring the Partnership to have terms in its partnership agreement to give pri ority to exempt purposes over maximizing profits for the other participants, preventing the Partnership from engaging in activities that would jeopardize the organization's exempti on, and requiring all contracts entered into with the organization to be on terms that are

SCHEDULE R
(Form 990)

Pepartment of the Treasury Internal Revenue Service

Name of the organization
OpenAI Inc

PLN: 93

OME

OpenaI Inc

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990

For instructions and the latest information.

Employer identification number 81-0861541

Part I

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

OMB No. 1545-0047
2019

DLN: 93493321253050

Open to Public

pen to Public Inspection

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) (f) End-of-year assets Direct contraction entity			
(1) OpenAI GP LLC 3180 18th St Suite 100 San Francisco, CA 94110	Research and Technology	CA			OpenAI Inc		-
							_
							_
							_
							_
Part II Identification of Related Tax-Exempt Organizations. Or related tax-exempt organizations during the tax year.	Complete if the organiz	ation answered "Y	Yes" on Form 990,	, Part IV, line 34 l	because it had one or	more	
(a) Name, address, and EIN of related organization	(b) Primary activity Leg	(c) al domicile (state foreign country)	(d) exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) cor enti	ntrolled ty?
						Yes	No
or Paperwork Reduction Act Notice, see the Instructions for Form 990.	<u> </u>	Cat. No. 50135Y			Schedule R (Form 9	990) 20	19

(a) Name, address, and EIN of related organization	hip during the (b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets			(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or aging ner?	(k Percer owner	ntage	
.) OpenAI LP		Research and	CA	OpenAI GP LLC		-2,666,959		Yes	No No		Yes Yes	No		
.80 18th St Suite 100 an Francisco, CA 94110 1960637		Technology				2,223,222								
art IV Identification of Related Organ because it had one or more relate							wered "Ye	s" on	Form	990, Part I	V, lin	e 34		
(a) Name, address, and EIN of related organization	(b) Primary activity	(stat	(c) Legal domicile te or foreig country)			(e) Type of entity C corp, S corp, or trust)	(f) Share of total income	Shar	(g) re of end year assets	d-of- Perc	(h) entage ership		(i) Section (13) cor enti	ntrol
												\dashv		

(1)OpenAI LP

(2)OpenAI LP

(3)OpenAI LP

(4)OpenAI LP

(5)OpenAI LP

(6)OpenAI LP

No

1e

1f

1g

1h

1i

1i

1k

11

1m

1n Yes Yes 10

1p Yes

1q Yes

1r

1s

Schedule R (Form 990) 2019

Method of determining amount involved

Page 3

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 1a Yes Yes 1b 1c

1d

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

n

(b)

Transaction

type (a-s)

(c)

Amount involved

28.688

2,666,957

2.635.331

9,123,486

411,328

22,985,506

FMV

FMV

FMV

IFMV

FMV

FMV

Sale of assets to related organization(s)

Purchase of assets from related organization(s).

Reimbursement paid by related organization(s) for expenses

(a)

Name of related organization

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar oı	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ete	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managin partner	or ng ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
						•	•			Schedu	e R (Forn	n 99	0) 2019

Schedule R (Fo	P	Page 5	
Part VII	Supplemental Info	ormation	
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).	
Return Reference		Explanation	

Additional Data

OpenAI LP

OpenAI LP

OpenAI LP

OpenAI LP

OpenAI LP

OpenAI LP

Software ID: 19009920 **Software Version:** 2019v5.0

EIN: 81-0861541

(b)

Transaction type(a-s)

Ь

n

0

q

(c)

Amount Involved

28,688

2,666,957

2,635,331

9,123,486

411,328

22,985,506

FMV

FMV

FMV

FMV

FMV

FMV

(d)
Method of determining amount involved

Name: OpenAI Inc

F 000	Cabadula	Dowl M	Tue week also a Milkle	Dalatad Oversitations	

orni 990, Schedule K, Fart V - Transactions With Kelated Organizations	
(a)	
Name of related organization	