DLN: 93493319046353

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

OMB No 1545-0047

Open to Public Inspection

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

C Name of organization THE LONG NOW FOUNDATION Doing Business As Number and street (or P O box if mail is not delivered to 2 MARINA BLVD BLDG A Amended return Application pending F Name and address of principal officer ALEXANDER ROSE 2 MARINA BLVD BLDG A SAN FRANCISCO, CA 94123 F Name and address of principal officer ALEXANDER ROSE 2 MARINA BLVD BLDG A SAN FRANCISCO, CA 94123 Tax-exempt status F Solici(3)	H(a) I a H(b) A I H(c)	E Telephone num (415) 561-6 G Gross receipts sthis a group return affiliates? Are all affiliates including f "No," attach a list	ber 5582 \$ 4,451,775 for
Doing Business As Name change Initial return Terminated Amended return Application pending F Name and address of principal officer ALEXANDER ROSE 2 MARINA BLVD BLDG A SAN FRANCISCO, CA 94123 Tax-exempt status F Sol1(c)(3) Touriset No Sol1(c)(1) Website: WWW LONGNOW ORG Form of organization City or town, state or country, and ZIP + 4 SAN FRANCISCO, CA 94123 F Name and address of principal officer ALEXANDER ROSE 2 MARINA BLVD BLDG A SAN FRANCISCO, CA 94123 Tax-exempt status Corporation Trust Association Other Part I Summary 1 Briefly describe the organization's mission or most signification.	H(a) I a H(b) A I H(c)	E Telephone num (415) 561-6 G Gross receipts: s this a group return iffiliates? Are all affiliates inclu f "No," attach a list	ber 5582 \$ 4,451,775 for
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A LEXANDER ROSE 2 MARINA BLVD BLDG A SAN FRANCISCO, CA 94123 Tax-exempt status	H(b) A I H(c)	affiliates? Are all affiliates inclu f "No," attach a list	ΓYes Γ No
2 MARINA BLVD BLDG A SAN FRANCISCO, CA 94123 Tax-exempt status	H(b) A I (a)(1) or 527 H(c)	Are all affiliates inclu f "No," attach a list	
Tax-exempt status	I(a)(1) or 527	f "No," attach a list	ded?
Website: ► WWW LONGNOW ORG Form of organization Corporation Trust Association Other ► Part I Summary 1 Briefly describe the organization's mission or most signification.	H(c)		
Website: ► WWW LONGNOWORG orm of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ► Part I Summary 1 Briefly describe the organization's mission or most significant.	H(c)		(see instructions)
Part I Summary 1 Briefly describe the organization's mission or most signific	 L Year	Group exemption nu	mber ►
Part I Summary 1 Briefly describe the organization's mission or most signific		of formation 1996 M	State of legal domicile C
The Long New Foundation and agree to factor long term the	ant activities		
ine Long Now Foundation endeavois to loster long term to	ınkıng		
2 Check this box ► if the organization discontinued its op	erations or disposed of more th	ian 25% of its net as	ssets
3 Number of voting members of the governing body (Part VI	line 1a)	з	1
4 Number of independent voting members of the governing b			1
5 Total number of individuals employed in calendar year 20			1
6 Total number of volunteers (estimate if necessary)		6	
7a Total unrelated business revenue from Part VIII, column	C), line 12	7a	
b Net unrelated business taxable income from Form 990-T,	line 34	7b	
		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, a		439,906	2,048,40
9 Program service revenue (Part VIII, line 2g)		838,682	812,85
10 Investment income (Part VIII, column (A), lines 3, 4, a	nd 7d)	174,130	508,64
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9	· · · · · · · · · · · · · · · · · · ·	7,366	34,34
Total revenue—add lines 8 through 11 (must equal Part 12)		1,460,084	3,404,240
13 Grants and similar amounts paid (Part IX, column (A), I	I	125,000	
14 Benefits paid to or for members (Part IX, column (A), lir		/	4,00
	e 4)		
15 Salaries, other compensation, employee benefits (Part I	· ·		(
5-10)	X, column (A), lines	535,208	578,860
5-10) 16a Professional fundraising fees (Part IX, column (A), line	X, column (A), lines		578,86
5-10) 16a Professional fundraising fees (Part IX, column (A), line b Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,931	X, column (A), lines	535,208	578,86
5-10) 16a Professional fundraising fees (Part IX, column (A), line b Total fundraising expenses (Part IX, column (D), line 25) ► 5,931 17 Other expenses (Part IX, column (A), lines 11a-11d, 1	X, column (A), lines	1,077,209	578,860 (890,196
5-10) 16a Professional fundraising fees (Part IX, column (A), line b Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,931 17 Other expenses (Part IX, column (A), lines 11a-11d, 1 18 Total expenses Add lines 13-17 (must equal Part IX,	X, column (A), lines L1e) If-24e) column (A), line 25)	1,077,209 1,737,417	578,860 (890,190 1,473,050
5-10) 16a Professional fundraising fees (Part IX, column (A), line b Total fundraising expenses (Part IX, column (D), line 25) ► 5,931 17 Other expenses (Part IX, column (A), lines 11a-11d, 1 18 Total expenses Add lines 13-17 (must equal Part IX, 19 Revenue less expenses Subtract line 18 from line 12	X, column (A), lines L1e)	1,077,209 1,737,417 -277,333 nning of Current	578,860 (890,190 1,473,050
5-10) 16a Professional fundraising fees (Part IX, column (A), line b Total fundraising expenses (Part IX, column (D), line 25) ► 5,931 17 Other expenses (Part IX, column (A), lines 11a-11d, 1 18 Total expenses Add lines 13-17 (must equal Part IX, 19 Revenue less expenses Subtract line 18 from line 12	X, column (A), lines 11e) 1f-24e) column (A), line 25)	1,077,209 1,737,417 -277,333 nning of Current Year	
5-10) 16a Professional fundraising fees (Part IX, column (A), line b Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,931 17 Other expenses (Part IX, column (A), lines 11a-11d, 1 18 Total expenses Add lines 13-17 (must equal Part IX, 19 Revenue less expenses Subtract line 18 from line 12	X, column (A), lines 11e) 1f-24e) column (A), line 25)	1,077,209 1,737,417 -277,333 nning of Current Year 5,369,804	578,866 890,196 1,473,056 1,931,186 End of Year 7,299,52
5-10) 16a Professional fundraising fees (Part IX, column (A), line b Total fundraising expenses (Part IX, column (D), line 25) ► 5,931 17 Other expenses (Part IX, column (A), lines 11a-11d, 1 18 Total expenses Add lines 13-17 (must equal Part IX, 19 Revenue less expenses Subtract line 18 from line 12	X, column (A), lines 11e)	1,077,209 1,737,417 -277,333 nning of Current Year	578,866 890,196 1,473,056 1,931,186 End of Year

May the IRS discuss this return with the preparer shown above? (see instructions) $\ \ .$

4,000) (Revenue \$

4d

(Expenses \$

Other program services (Describe in Schedule O)

Total program service expenses ►

71,242 including grants of \$

932,252

1,551,706)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule D, Part 1	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? If "Yes," complete Schedule D, Part III 2	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? <i>If</i> "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, VII, VIII, IX, or X as applicable			
a	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	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	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
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? 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 assistance to individuals located outside the United States? <i>If</i> "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 $11e^{7}$ 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? <i>If</i> " <i>Yes,"</i> 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
20a	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		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line $1?$ If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "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? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		1	
		28a		No
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

- (-)	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	-	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 0		163	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1 c		Νo
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		ri	1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
		OD		
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		1	1
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			No
a	file Form 8282?	7c		Νo
u	Ti res, indicate the number of Forms 8282 med during the year	•		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess		1:	
	business holdings at any time during the year?	8		Νo
9	Sponsoring organizations maintaining donor advised funds.		1	
	Did the organization make any taxable distributions under section 4966?	9a		Νo
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	-		
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		No
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			_
С	Enter the amount of reserves on hand]		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		Νo
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	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	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	
	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	12 c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	
b	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		No

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed ►CA
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 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)
- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►LOGAN ASSOCIATES 1918 43RD AVENUE SAN FRANCISCO, CA (415) 592-8151

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ♦ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - ◆ List all of the organization's current key employees, if any See 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
- ♦ List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is a linetitutional	one bot	not box h ar or/ti	chericie Highest compensated	ss er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Stee	Trustee			ensated				
(1) PING FU	2 00	l x						0	0	0
Director	0 00							Ĭ		
(2) DAVID EAGLEMAN	2 00	x						0	0	0
Director	0 00	L^		L	L	L		<u> </u>		
(3) KIM POLESE	2 00	.,								
Director	0 00	X						0	0	0
(4) PETER SCHWARTZ	2 00									
Director	0 00	X						0	0	0
(5) PAUL SAFFO	2 00									
		Х						0	0	0
Director (6) DAVID RUMSEY	0 00	-			\vdash					
	2 00	х		х				0	0	0
Treasurer (7) VCD (W) VCD (W)	0 00			_	<u> </u>					
(7) KEVIN KELLY	2 00	x		x				0	0	0
Secretary	0 00									
(8) MICHAEL KELLER	2 00	x						0	0	0
Director	0 00	L^		L	L	L		<u> </u>		
(9) BRIAN ENO	2 00	.,								
Director	0 00	X						0	0	0
(10) ESTHER DYSON	2 00									
Director	0 00	X						0	0	0
(11) DOUGLAS CARLSON	2 00				T					
Director		Х						0	0	0
(12) STEWART BRAND	0 00	\vdash		\vdash	\vdash					
, ,		х		х				0	0	0
PRESIDENT/CO-CH (13) DANNY HILLIS	0 00	-		\vdash	\vdash					
		х		х				0	0	0
CO-CHAIR	0 00				<u> </u>					
(14) ALEXANDER ROSE	40 00			х				132,769	0	3,922
Executive Dir	0 00			<u> </u>	<u> </u>					, , , , , , , , , , , , , , , , , , ,
				<u> </u>	<u> </u>					
										Form 990 (2012)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion (han d n is	one l both	box, an d	heck unless officer stee)	5	Repor comper from organiza	(D) (E) Reportable Reportable compensation from the ganization (W- organizations)		v-	(F) Estima amount o compens from t	ited f other ation :he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC) 0	rganizati relate organiza	ed
												_		
												+		
												+		
												+		
												+		
					_							_		
1b	Sub-Total							<u> </u>						
C	Total from continuation sheet	· · · · · · · · · · · · · · · · · · ·	ection A	٠.	•		_	Þ						
d	Total (add lines 1b and 1c) .			` .	٠.	٠.	٠.	Þ		132,769				3,922
2	Total number of individuals (in			to the	ose	liste	d abov	e) w	l ho receive		l			
	\$100,000 of reportable compe	ensation from th	ie organ	ızatıd	on ► 1	L								
													Yes	No
3	Did the organization list any f									t compen	sated employee			
	on line 1a? If "Yes," complete S											3		No
4	For any individual listed on lin organization and related organ													
	individual		• •		•			•	• •	• • •		4		No
5	Did any person listed on line 1										or individual for			
	services rendered to the organ	nızatıon? <i>If</i> "Yes	," compl	ete S	chea	lule J	forsu	ch pe	erson .			5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your fiv	ve highest comp											h	
	compensation from the organiz	zation Report co (A)	ompens	ation	tor '	the c	alend	arye	ar ending	with or wi	thin the organizat (B)	ion's	tax year (C	
BDTAN	N ROE , FORT MASON CENTER BLDG	Name and business								Des ENGINEER	cription of services		Comper	sation
DKTAL	N ROL , FORT MASON CENTER BLDG	A JAIN TRAINCISCU	CA 34123							LINGTINEEK				123,103

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 1-1

		Statement of Revenue Check if Schedule O contains a i	response to any question i	n this Part VIII			Г
			esponse to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
ωæ	1a	Federated campaigns	1a				
ant a	b	Membership dues	1b 241,859				
ا يَعْ قَا	С	Fundraising events					
fts,	d	Related organizations					
5	e	Government grants (contributions)	le				
Sin	-						
ie iei	f	All other contributions, gifts, grants, and similar amounts not included above	1,806,541				
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f \$	132,084	į	į		į į
Contributions, Gifts, Grants and Other Similar Amounts	h			2,048,400			
O			Business Code				-
E E	2a	Ticket Sales	900099	24,423	24,423		
eve	b	Texas Clock	900099	725,405	725,405		
TE	c	Speaking Fees		·			
2 2 2	d	Seminars	900099	3,026 60,000	3,026 60,000		
જુ	e			30,000	50,000		
Program Serwce Revenue	f	All other program service revenu	ue ue				
Δ	g	Total. Add lines 2a-2f		812,854			
	3	Investment income (including di and other similar amounts).		218,795			218,795
	4	Income from investment of tax-exemp		0			
	5	Royalties	🕨	0			
		(ı) Real	(II) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss) .		0			
		(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	335				
	b	Less cost or other basis and sales expenses 1,040,4	189				
	c	Gain or (loss) 289,8	346				
	d	, ,		289,846			289,846
enne	8a	Gross income from fundraising events (not including \$ of contributions reported on line	16)				
Other Revenue	h	See Part IV, line 18 Less direct expenses	a				
₹	c	Net income or (loss) from fundra		o			
	9a	Gross income from gaming activ See Part IV, line 19	rities				
	b	Less direct expenses	. b				
	c	Net income or (loss) from gamin		o			
	10a	Gross sales of inventory, less returns and allowances .	a 14,173				
	ь	Less cost of goods sold	b 7,046				
		Net income or (loss) from sales	.,	7,127	7,127		
ŀ		Miscellaneous Revenue	Business Code				
	11a	Sponsored project	900099	26,949	26,949		
	b	O ther income	900099	269	269		
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		27,218			
	12	Total revenue. See Instructions		3,404,240	847,199		508,641

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) マ Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 4,000 4,000 Grants and other assistance to individuals in the United States See Part IV, line 22 0 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 0 0 Benefits paid to or for members Compensation of current officers, directors, trustees, and 136,691 123,022 13,669 key employees . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 350,854 Other salaries and wages 33,273 317,581 Pension plan accruals and contributions (include section 401(k) 12,066 141 11,925 and 403(b) employer contributions) Other employee benefits 39,664 5,914 33,750 10 39,585 13,079 26,506 11 Fees for services (non-employees) Management Ω 58,299 51,288 1,770 Legal 5,241 Accounting 4,886 4,886 0 Professional fundraising services See Part IV, line 17 0 Investment management fees 0 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 374,791 368,505 3,036 3,250 Schedule 0) Advertising and promotion . . 30,497 29,430 1,067 12 13 Office expenses 27,997 10,556 17,441 14 Information technology . . 0 0 15 Royalties . . 50,941 118,226 67,285 16 Occupancy **17** 73,041 65,354 7,562 125 18 Payments of travel or entertainment expenses for any federal, 0 state, or local public officials 1,572 19 Conferences, conventions, and meetings . . . 1,572 20 0 Payments to affiliates 0 21 0 22 Depreciation, depletion, and amortization . . 4,247 23 4,247 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) a Postage and Shipping 6,091 5,077 1,014 Merchant Charges 12,589 10,529 2,060 Overhead Fees 26,949 26,949 d Materials and Supplies 121,928 137,661 15,663 70 e All other expenses 13,350 10,694 1,940 716 Total functional expenses. Add lines 1 through 24e 25 1,473,056 932,252 534,873 5,931 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	11,959	1	237,072
	2	Savings and temporary cash investments	533,272	2	843,432
	3	Pledges and grants receivable, net		3	0
	4	Accounts receivable, net	11,500	4	196,481
	5	Loans and other receivables from current and former officers, directors, trustees, ke employees, and highest compensated employees Complete Part II of Schedule L	у	5	0
Sic	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employer and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	·s	6	0
ussels	7	Notes and loans receivable, net		7	0
1	8	Inventories for sale or use		8	0
	9	Prepaid expenses and deferred charges		9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 388,9	76		
	b	Less accumulated depreciation 10b	295,800	10c	388,976
	11	Investments—publicly traded securities	4,504,271	11	5,633,566
	12	Investments—other securities See Part IV, line 11		12	0
	13	Investments—program-related See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets See Part IV, line 11	13,002	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,369,804	16	7,299,527
	17	Accounts payable and accrued expenses	8,267	17	6,806
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Ø	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
₽	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
lidei. I		persons Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D	0.007	25	0.000
	26	Total liabilities. Add lines 17 through 25	8,267	26	6,806
<u>0</u>		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.			
5	27	Unrestricted net assets	4,841,438		2,479,744
Š	28	Temporarily restricted net assets	520,099		4,812,977
3	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
7	30	Capital stock or trust principal, or current funds		30	
n n	31	Paid-in or capital surplus, or land, building or equipment fund		31	
î	32	Retained earnings, endowment, accumulated income, or other funds		32	
Į Ž	33	Total net assets or fund balances	5,361,537	33	7,292,721
_	34	Total liabilities and net assets/fund balances	5,369,804	34	7,299,527

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,4	04,240
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,4	73,056
3	Revenue less expenses Subtract line 2 from line 1	3		1,9	31,184
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			61,537
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		7,2	92,721
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved on			
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both	ate			
	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 audit, review, or compilation of its financial statements and selection of an independent accountant?	of the	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	!	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re	equire	3 b		

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As Filed Data -

DLN: 93493319046353

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization THE LONG NOW FOUNDATION

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2012

Open to Public Inspection

				instructions))	Yes	No	Yes	No	Yes	No			
		ation		(described on lines 1- 9 above or IRC section (see	organization in col (i) listed in your governing document?		in col (i) o suppor	fyour	col (i) org	anızed			port
	Nam		(ii) EIN	(iii) Type of organization	(iv) Is t		(v) Did you	•	(vi) Is to organizate		7	vii) An	nount of
h		Provide	e the follown	ng information about	the supporte	ed organizat	ion(s)						
				lled entity of a perso						1	L1g(iii)		
		(ii) A f	amıly memb	er of a person descri	bed in (i) abo	ove?				—	11g(ii)		
		. , .		governing body of th	•		•		(,	_	11g(i)	1	
			ng persons? erson who d	rectly or indirectly o	ontrols, eith	er alone or t	together with	persons de	escribed in (ii)			Yes	No
g		Since A	August 17, 2	2006, has the organi	zation accep	oted any gift	or contributi	on from an	y of the				'
f			rganization this box	received a written de	etermination	from the IR	S that it is a	Type I, Ty	pe II, or Type	III supp	orting	organı	zation,
			han foundatı n 509(a)(2)	on managers and otl	her than one	or more pub	olicly support	ed organiza	ations describ	ed in sec	tion 5	09(a)(1) or
e	г	a	Type I	bes the type of supp Type II c ox, I certify that the	Type II	I - Function	ally integrate	ed d	Type III - No		•	_	
	ļ	one or	more public	ly supported organiz	ations descr	ıbed ın sect	ion 509(a)(1) or sectior	1509(a)(2) S				
10 11	<u> </u>	_		ganized and operated ganized and operated	•				. , . ,	o carry o	out tha	nurno	oc of
	_			ganızatıon after June 									
		•		oss investment inco				•		tax) fron	n busır	esses	
		receipt	s from activ	ities related to its ex	xempt function	ons—subjec	t to certaın e	xceptions,	and (2) no mo	re than 3	3 3 1/3%	of	
9	\sqcap	An orga	anızatıon tha	at normally receives	(1) more th	an 331/3% c	of its support	from contr	butions, mem	bershıp f	fees, a	nd gros	SS
8	Γ			described in section			mplete Part II	[)					
7	✓	_		at normally receives on 170(b)(1)(A)(vi).		•	support from	a governm	iental unit or fi	rom the g	genera	l public	:
6				local government or	_								
		sect ion	170(b)(1)(A)(iv). (Complete P	art II)								
5	Γ			erated for the benefi	t of a college	or universi	ty owned or o	perated by	a government	al unit d	lescrib	ed ın	
4	ļ			h organization operat ity, and state	tea in conjun	ction with a	nospitai des	cribea in s e	ection 170(B)(1)(A)(III	I). Ente	ertne	
3				perative hospital se	_					437437			
2				in section 170(b)(1			•						
1		A chur	ch, conventi	on of churches, or as	ssociation of	churches d	escribed in s	ection 170	(b)(1)(A)(i).				
The or	ganı	zatıon ıs	not a privat	te foundation becaus	eitis (Forl	ınes 1 throu	ıgh 11, check	only one l	oox)				
Par	t I	Reas	on for Pu	blic Charity Sta	tus (All ord	ganizations	must com	plete this			ons.		
									68-03847	48			

instructions

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 **(e)** 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 787,554 423,602 488,202 439,906 2,048,400 4,187,664 include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 787,554 423,602 488,202 439,906 2,048,400 4,187,664 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 0 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from 4,187,664 line 4 Section B. Total Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 2,048,400 787,554 423,602 488,202 439,906 4,187,664 Amounts from line 4 Gross income from interest, dividends, payments received on 197,033 120,989 161,134 144,126 218,795 842,077 securities loans, rents, rovalties and income from similar sources Net income from unrelated business activities, whether or Λ not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support (Add lines 7 5,029,741 through 10) Gross receipts from related activities, etc (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check 13 Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 83 260 % Public support percentage for 2011 Schedule A, Part II, line 14 15 63 300 % 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▽ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test – 2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2011. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
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						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					<u> </u>
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

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DLN: 93493319046353

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Supplemental Financial Statements

Open to Public Inspection

	me of the organization LONG NOW FOUNDATION		Employer identification number			
1111	LONG NOW FOUNDATION	68-0384748				
Pa	organizations Maintaining Donor Adv		inds or Accounts. Complete if the			
	organization answered "Yes" to Form 990	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year	(a) Bonor davised failes	(b) I dilas dila other decounts			
- 2	Aggregate contributions to (during year)					
- 3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advise funds are the organization's property, subject to the or	_	or advised Yes No			
5	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the beneficonferring impermissible private benefit?	onor advisors in writing that grant funds				
Pa	rt II Conservation Easements. Complete if	the organization answered "Yes" to	Form 990, Part IV, line 7.			
1	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	or education) Preservation of an Preservation of a c	historically important land area ertified historic structure he form of a conservation			
	casement on the last day of the tax year	Γ	Held at the End of the Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified histo	oric structure included in (a)	2c			
d	Number of conservation easements included in (c) accomistoric structure listed in the National Register	quired after 8/17/06, and not on a	2d			
3	Number of conservation easements modified, transfer	red, released, extinguished, or terminate	d by the organization during			
	the tax year 🛌					
4	Number of states where property subject to conservat	ion easement is located ▶				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	· · · · · · · · · · · · · · · · · · ·	── Iling of violations, and ☐ Yes ☐ No			
5	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	nents during the year			
	A mount of expenses incurred in monitoring, inspecting	and enforcing conservation easements	during the year			
7	►\$	g, and emoreing conservation easements	during the year			
В	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of sec	tion 170(h)(4)(B)(ı)			
9	In Part XIII, describe how the organization reports colbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme	e footnote to the organization's financial				
ar	Complete if the organization answered "Y		or Other Similar Assets.			
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote to	ets held for public exhibition, education, o	or research in furtherance of public			
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	ts held for public exhibition, education, o				
	(i) Revenues included in Form 990, Part VIII, line 1		▶ -\$			
	(ii) Assets included in Form 990, Part X		▶ \$			
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS		r financial gain, provide the			
а	Revenues included in Form 990, Part VIII, line 1		► \$			

b Assets included in Form 990, Part X

Part	Till Organizations Maintaining Co	llections of Art	t, HIS	tori	<u>cai ir</u>	<u>'easui</u>	res, or C	tne	r Similar A	\sse	ts (co	<u>ntınued)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	eck	any of t	he follo	wing that	are a	sıgnıfıcant u	se of	ıts	
а	Public exhibition		d	Γ	Loan	or exch	ange prog	rams				
b	Scholarly research		e	Γ	Other	-						
С	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	ollections and expla	ın how	the	y furthe	er the o	rganızatıor	ı's ex	cempt purpos	e ın		
5	During the year, did the organization solicit								nılar	_		
Dar	assets to be sold to raise funds rather than t t IV Escrow and Custodial Arrang		-						'oc" to Form		Yes	No
Pai	Part IV, line 9, or reported an an						answere	u i	es to roili	1 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermo	ediary	for c	ontribu	itions o	rotherass	ets	not	Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follow	ng t	able		_					
							-			A mou	nt	
С	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year						-	1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?							Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	natio	n has l	been pr	ovided in F	art :	XIII			Γ
Pa	rt V Endowment Funds. Complete											
	Danish and the land	(a)Current year	(b)	Prior	year	b (c) Tw	vo years back	((d)	Three years bac	k (e)	Four ye	ears back
1a	Beginning of year balance							+				
b	Contributions							╆				
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses							┷				
g	End of year balance											
2	Provide the estimated percentage of the cur	rent year end balan	ce (lın	e 1 g	colum	n (a)) h	ield as					
а	Board designated or quasi-endowment ►											
b	Permanent endowment ►											
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation t	hata	are held	d and a	dmınıstere	d for	the			
	organization by (i) unrelated organizations								Гэ	Ba(i)	Yes	No
	(ii) related organizations			•				•		a(ii)		
ь	If "Yes" to 3a(II), are the related organization							٠.	· . · . · . -	3b		
4	Describe in Part XIII the intended uses of th	ne organization's en	dowme	ent f	ınds							
Par	t VI Land, Buildings, and Equipme	nt. See Form 99	90, Pa				•					
	Description of property) Cost o sis (inve		(b)Cost or basis (oth		(c) Accumula depreciatio		(d) Bo	ok value
1a	Land						388	3,976				388,976
b	Buildings											
c	Leasehold improvements											
d I	Equipment		•									
	Other											
	I. Add lines 1a through 1e <i>(Column (d) must e</i>						<u> </u>		<u> </u>			

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or category	(b)Book value	(c) Metho	d of valuation
(including name of security)		Cost or end-of	-year market value
(1)Financial derivatives			
(2)Closely-held equity interests Other			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See		<u> </u> 13	
(a) Description of investment type	(b) Book value		d of valuation
	(=, ===================================		-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III			
(a) Descrip			(b) Book value
-			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	7.)		
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of liability	(b) Book value		
Federal income taxes			
reactar meanic taxes			
-			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	İ		

j Par	Reconciliation of Revenue per Audited Financial Statements with Revenue per Retur	<u>n</u>
1	Total revenue, gains, and other support per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIII)	
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIII)	
C	Add lines 4a and 4b	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	
Part	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	urn
1	Total expenses and losses per audited financial statements	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
b	Prior year adjustments	
C	Other losses	
d	Other (Describe in Part XIII)	
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII)	
C	Add lines 4a and 4b	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	
Part	t XIII Supplemental Information	
Com	nplete this part to 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

Identifier Return Reference Explanation

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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Noncash Contributions

Name of the organization THE LONG NOW FOUNDATION **Employer identification number** 68-0384748

Pa	Types of Property						
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(c Method of c noncash contril	letermining	nts
1	Art—Works of art			19			
	Art—Historical treasures .						
	Art—Fractional interests						
	Books and publications						
	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
	Intellectual property						
9	Securities—Publicly traded .	Х	6	132,084			
10	Securities—Closely held stock .			·			
	Securities—Partnership, LLC,						
	or trust interests						
12	Securities—Miscellaneous						
13	Qualified conservation contribution—Historic structures						
14	Qualified conservation contribution—Other						
15	Real estate—Residential .						
16	Real estate—Commercial						
17	Real estate—Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies .						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	O ther ▶ ()						
26	Other ▶()						
	O ther ►()						
28	O ther ► ()						
29	Number of Forms 8283 received				29		
	for which the organization comple	eted Form 8	283, Part IV, Donee Ackno	owledgement [29		Т
20-	During the year did the ser-	tion receive	a hu aantrihiitian anii ***-*-	urtu ranartad in Daut I II	1 20 +65+ -+	Yes	No
Sua	During the year, did the organiza						
	must hold for at least three year			on, and which is not required	to be used		1
	for exempt purposes for the enti					30a	No
Ь	If "Yes," describe the arrangeme	ent in Part I	I				
31	Does the organization have a gif					31	No.
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell i	noncash • • •	32a	No
b	If "Yes," describe in Part II						
33	If the organization did not report describe in Part II	t an amount	ın column (c) for a type of	property for which column (a	a) is checked,		
							

Page 2

Schedule M	(Form 990) (201:
Part II	Supplem

Supplemental Information. Complete this part to 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.

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of	the organization
THE LONG	NOW FOUNDATION

Employer identification number

68-0384748

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	The Long Now Foundation's 990s are available through Guidestar (www guidestar org) All other governing documents are available by request as per applicable laws

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	1	Board members do not receive financial compensation. Compensation for key employees is recommended by the Executive Director and reviewed by the Board of Directors

Identifier	Return Reference	Explanation
	Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	The Executive Director compensation is based on Board review and comparison data with other Northern California nonprofit organizations

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	All Trustees, Directors, Officers, and Key Employees are required to sign a Conflict of Interest policy. It is the policy of the Board that the existence of any interests that give rise to conflict be disclosed on a timely basis and always before any transaction is consummated. It shall be the continuing responsibility of the Board, officers, and management employees to scrutinize their transactions and outside business interests and relationships for potential conflicts and to immediately make such disclosures. Board member disclosures should be made to a Board officer and staff disclosures should be made to the chief executive. The Board shall determine whether a conflict exists and is material, and in the presence of an existing material conflict, whether the contemplated transaction may be authorized as just, fair, and reasonable to Long Now. The decision of the BOard on these matters will rest in their sole discretion, and their concern must be the welfare of Long Now and the advancement of its purpose.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 11b	Form 990, Part VI, Line 11b Form 990 Review Process	The Executive Director and Board review the 990 before filing

ldentifier	Return Reference	Explanation
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 The Long Now Foundation engages in various projects and programs whose aim is to creatively foster responsibility in the framework of the next 10,000 years. Besides the 10,000 Year Clock and Seminars about Long-term Thinking, these projects include a series of special events, a museum space open to the public seven days a week, Long Bets, the Rosetta project, PanLex, and Revive and Restore. OTHER PROGRAM SERVICES 5 Revive and Restore. Revive & Restores mission is to enhance biodiversity through genetic rescue of endangered and extinct species. Beside its focus on bringing back the passenger pigeon, Revive & Restore is exploring projects to support genomic work in allele replacement for species experiencing a loss of diversity. Revive & Restore also serves as a clearinghouse for de-extinction and rewilding projects worldwide.

ldentifier	Return Reference	Explanation
Form 990, Part III, Line 2		PanLex - The vision underlying the PanLex project is that the worlds thousands of human languages can flourish over the long-term future. To help make them all useful for global communication, PanLex aims to translate any word (or word-like phrase) from any language into any other language. High-quality communication across languages usually requires more than lexical translation (translating words), but lexical translation is one of its main prerequisites. Revive and Restore - Erevive & Restores mission is to enhance biodiversity through genetic rescue of endangered and extinct species. Beside its focus on bringing back the passenger pigeon, Revive & Restore is exploring projects to support genomic work in allele replacement for species experiencing a loss of diversity. Revive & Restore also serves as a clearinghouse for de-extinction and rewilding projects worldwide.