Form **990**

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)

OMB No 1545 0047 2009

Depa Inter	artment o nal Reve	of the Treasury nue Service		► The organiz	ation may have	e to use	a copy of this retu	ırn to sat	isfy state repor	ting require	ments	Ope	n to Public Inspection
	For the	e 2009 calendar	year, o	r tax year beg	jinning			, 200	9, and endir	ng			<u> </u>
В	Add Nan Instr	dress change IR on the change of the change	ease use RS label or print or type See specific nstruc- tions.	c The Long Fort Mas San Fran	on Cent	er,	Landmark	Bldg	, A		68- E Teleph	0384 one numb .5) 50	61-6582
	App	olication pending F	Name a	nd address of pri	ncipal officer	Ale	xander Rose			H(a) Is this	a group retu		
			ort Ma	son Center	. Blda A	San	Francisco, (A 941	23	1	ll affiliates inc		Yes No
<u> </u>	Tax-	exempt status)		4947(a)		527	If 'No	,' attach a list	(see ins	tructions) — —
j				now.org	<i>y</i> (/		<u> </u>	1 95.	H(c) Groun	exemption r	umber Þ	<u>-</u>
ĸ			Corpora		Associat	,nn [Other ►		Year of Forma				egal domicile CA
	rt I	Summary		aion Trust	ASSOCIAL	ion	Other		- real of rottile	11011 17.	/	State of te	egai domicile C11
1 0				anization's m	ecton or m	net eu	anificant activit	AC 5	The Lene	r Novr 1	Foundat	ion	endeavors to
Activities & Governance	2 (3 (4 (foster_lon Check this box Number of voting Number of indep Total number of	ng te	rm think If the organizations of the go	ing. ation disconverning boo	 Itinue dy (Pa	d its operations	or disp	oosed of mo			assets 3 4 5	13 13 7
듕	6	Total number of	volunte	eers (estimate	of necessa	(Y)	DECEN	/E5				6	50
∢		Total gross unre						他以				7a	0.
	Ьſ	Net unrelated bu	usiness	taxable incor	ne from Fo	m 99	0-T, line 34		7앙 			7b	
						4	NOV 1 6	2040-	ĕ		Prior_Year		Current-Year
Revenue	9 F 10 F	Contributions an Program service Investment incor Other revenue (F Total revenue —	reveni me (Pa Part VII	ue (Part VIII, rt VIII, colum II, column (A)	line 2g) n (A), lines , lines 5, 6d	3, 4, i, 8c,	வகி EN , 9c, 10c, and 1	UT le)	IRS		727,5 615,6 -450,2 25,4 917,	098. 297. 453.	423,578. 1,270,521. -389,649. 36,413. 1,340,863.
		Grants and simil											110,000.
Expenses	15 5 16a f	Benefits paid to Salaries, other o Professional fun Total fundraising Other expenses	compen idraising g expen	sation, emplo g fees (Part I ses (Part IX,	oyee benefit X, column (column (D)	s (Pa A), lir , line	rt IX, column (. ne 11e) 25) ►	A), line:	s 5-10) 60,298.		829,		468,947. 1,418,724.
	18	Total expenses	Add lin	nes 13-17 (mu	ist equal Pa	ırt IX,	column (A), lir	ne 25)			1,266,8	810.	1,997,671.
	i	Revenue less ex						•			-349,0		-656,808.
Net Assets or Fund Balancos	21 -	Total assets (Pa Total liabilities (F Net assets or fur	Part X,	line 26)	1 ct line 21 fro	om lin	e 20				inning of \ 5,189,5 7, 5,181,	504. 759.	5,505,353. 68,201. 5,437,152.
Pa	rt II	Signature	e Bloc	k / /									
Sig He		Under penalties of true, correct, and of Signature of o	officer EX 9	W DETC	eve examined the reparer (other to the control of t	han off		 	chedules and si on of which pre		nd to the less by knowledge	t of my kr	nowledge and belief, it is
Pa Pro pa Us	e- rer's	Preparer's signature Firm's name (or yours if self	Font		Duffiel		Otake, L		Date 11 / 15	. Is	Check if self employed	· [N	eparer's identifying number e instructions)
On		employed), address, and				_	Suite 201	9			EIN - I	V/A	
		1 212 . 4	Can	Francisc	ጎ በል (a /1 1 N	/ī			١,	Ohana na 🕨	. (415	() 983-0200

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

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Yes

TEEA0113L 12/29/09

X No

	1 990 (2009) The Long Now Foundation	68-03847	18		age 2
Pai	rt III Statement of Program Service Accomplishments				
1	Briefly describe the organization's mission:				
	See Schedule 0				
2	Did the organization undertake any significant program services during the year which were not listed on the pr	ior			
	Form 990 or 990-EZ?		Yes	X	No
	If 'Yes,' describe these new services on Schedule O	_		_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes	X	No
	If 'Yes,' describe these changes on Schedule O				
			5044		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by ex and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and alloc	penses Section	1 DUI(i : the t	C)(3) ntal	
	expenses, and revenue, if any, for each program service reported	ations to other.	,	O(d)	
					
4:	a (Code:) (Expenses \$ 1,197,373. including grants of \$) (Rev	enue \$	1,19	7,37	(3.)
	The 10,000 Year Clock Project was conceived by Danny Hillis as a m	nonument	.0		
	long-term thinking. The design development on the clock began in				
	generated an early prototype, an orrery-like planetary display, ar				
	mechanical and design patents. As the first step toward building	the croc	<u>c, t</u> .	<u>ne_</u> _	
	Foundation has purchase desert mountain land adjoining Great Basir	<u>Nationa</u>	<u>Pa</u>	<u>rk_i</u> :	<u>n</u>
	eastern Nevada.				
	~				
A 1	(Code) (Expenses \$ 431,661. including grants of \$ 110,000.) (Rev			1 20	· · ·
41				1,30	<u>(U.</u>)
	The Long Now Foundation engages in various projects and programs w	<u>nose_aim</u>	<u> 1</u> S_:	<u></u>	
	creatively foster responsibility in the framework of the next 10,0	000 years	<u> </u>	esid	es
	the 10,000 Year Clock and Seminars About Long Term Thinking, these	projects	in	clud	e a
	series of special performing arts events, a museum space open to t	he public	se	zen.	
	1 7 7 7				
	days a week, Long Bets, and The Rosetta Project.				
40	: (Code) (Expenses \$ 130, 317. including grants of \$) (Rev	renue \$	7	1,84	8.)
	Seminars About Long-term Thinking: The purpose of this series is			<u> </u>	
	coherent, compelling body of ideas about long-term thinking, to he	ln nudgo	-~		
	civilization toward Long now's goal of making long-term thinking a		<u>ana</u>	COIII	non
	instead of difficult and rare.				
			-		
			:		
	~				
			:		
41	Other program services (Describe in Schedule O.) See Schedule O.				
40	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$			`	

			res	IAO
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3_		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6_		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If Yes , complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	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	ŕ		
•	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		,	
	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			
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
•	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? If Yes, complete Schedule D, Part X			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	ļ	х
12	A Was the organization included in consolidated, independent audited financial statement for the tax Yes No year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X			•
12		13		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E I Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization maintain an office, employees, or agents outside of the officer States. Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		X
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, Part II	15		Х
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? If 'Yes,' complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Х

Form 990 (2009) The Long Now Foundation

[Part IV | Checklist of Required Schedules (continued)

			Yes	No		
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	X	<u></u>		
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 27 If 'Yes,' complete Schedule I, Parts I and III	22		Х		
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х		
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and 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		Х		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b				
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c				
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d				
25 a	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? If 'Yes,' complete Schedule L, Part I	25a		Х		
t	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		Х		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		X		
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			X		
—-а	a-A-current-or-former-officer,-director,-trustee,-or-key-employee?- <i>If-</i> 'Yes,-'-complete-Schedule-L-,-Part-IV					
ŧ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х		
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	v	Х		
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х		
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		X		
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		<u>X</u>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		X		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х			

BAA

1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b 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 this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	•••••			Yes	No
b Enter the number of Forms W-2G included in line 1a Enter-O- if not applicable C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) writings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calledd year entitle with the year covered by this return? 2b It at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b IX Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3b If Yes' has it filed a Form 990-1 for this year? If No, Provide an explanation in Schedule O 3a At any time during the calendary 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)? 5b If Yes', enter the name of the foreign country. 5 See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and securities and Accounts. 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction? 5b IX Yes' and the organization of the form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6c If Yes', to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If Yes' and the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 7c Organizations that may receive deductible? 7d Organizations that may receive addictible contributions under section 170(c): 8 bift Yes', indicate the number of Forms 8282 filed d	1:			163	110
(gambling) winnings to prize winners? 2 a first the number of imploses proportion form W-3, Transmittal of Wage and Tax Statements, filed for the calleddring and ending with or within the year covered by this return. 2 b 1 at least one is reported on line 2a, did the organization the 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 this return. (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return. 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return. 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return. 3 a Did the organization have a gross provide an explanation in Schedule O 4 a At any time during the calendar year, did the organization has a cocount, ascourities account, or other financial account)? 4 a At any time during the calendar year, did the organization is a spatial provided and a spatial account in a foreign country (such as a bank account, securities account, or other financial account)? 5 a Was the organization appart to a prohibited tax shelter transaction or other financial accounts? 5 a Was the organization appart to a prohibited tax shelter transaction? 5 a Was the organization appart to a prohibited tax shelter transaction? 5 a Was the organization appart to a prohibited tax shelter transaction? 5 b Did any taxable party notify the organization that it was or as a party to a prohibited tax shelter transaction? 5 b Did the gradical party to a prohibited tax shelter transaction? 5 c If Yes, to line 5 a or 5b, did the organization in let a form that the gradical party of the organization or solid the orga	ı	· · · · · · · · · · · · · · · · · · ·			İ
calendar year ending with or within the year cowered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment has returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? bit I'ves' has it filed a Form 990-T for this year? If No, 'provide an explanation in Schedule O 3a 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. * See the instructions for exceptions and 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes, 'indicate the remain of the Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 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? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 by the organization of the value of the goods or services provided? 5 Did the organization and party of the organization of the value of the goods or services provided? 6 Did the organization and party in the organization of the value of the goods or services provided? 7 by the organization of the payor of the value of the goods or services provided? 8 bjornal party to the organization of the value of the goods or services provided? 9 by the organization of the payor of	(Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
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3a X b if 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 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, as contined account, or a foreign account, or a signature or other financial account)? b if 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 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? 6b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 7b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If 'Yes,' indicate the number of Forms 8282 filed during the year c Did the organization at the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g For all contributions of cars, boats, anylanes, and other vehicles, did the organization file a Form 1098-C as required? 7h For contributions of cars, boats, anylanes, and other vehicles, did the organization file a Form 1098-C as	21		2b	X	
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9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make any distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders. b Gross income from other members or shareholders. b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a	8	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business	8		
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b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from other members or shareholders. b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		· ·			
11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders. b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a	ä	Initiation fees and capital contributions included on Part VIII, line 12	- 1		
a Gross income from other members or shareholders. b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a	ı	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	11	Section 501(c)(12) organizations. Enter		1	
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	á	Gross income from other members or shareholders.		1	
		amounts due or received from them)			
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	12	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
-	ŀ	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

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

Section	A. Governing Body and Management						
				Yes	No		
1 a Ente	the number of voting members of the governing body	1a 13					
b Ente	the number of voting members that are independent	1b 13					
2 Did office	ny officer, director, trustee, or key employee have a family relationship or a business re r, director, trustee or key employee?	lationship with any other	2		Х		
3 Did of o	ne organization delegate control over management duties customarily performed by or u icers, directors or trustees, or key employees to a management company or other perso	nder the direct supervision	В		Х		
	ne organization make any significant changes to its organizational documents		4		Х		
sinc	the prior Form 990 was filed?						
5 Did	ne organization become aware during the year of a material diversion of the organization	n's assets?	5		Х		
6 Does the organization have members or stockholders?							
7a Doe gove	the organization have members, stockholders, or other persons who may elect one or roing $body^2$	more members of the	7a		Х		
b Are	iny decisions of the governing body subject to approval by members, stockholders, or of	her persons?	7b		X		
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.							
a The	governing body?		8a	Х			
b Eac	committee with authority to act on behalf of the governing body?		8Ь	X			
9 Is there any officer, director or 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							
Section	B. Policies (This Section B requests information about policies no	t required by the Interna	1/				
Revenue	Code.)						
				Yes	No		
10 a -Doe	-the-organization-have-local-chapters,-branches,-or-affiliates?		10a		_X_		
b If 'Y and	s,' does the organization have written policies and procedures governing the activities o pranches to ensure their operations are consistent with those of the organization?	f such chapters, affiliates,	10b				
11 Has	he organization provided a copy of this Form 990 to all members of its governing body t	_	11	X			
	ribe in Schedule O the process, if any, used by the organization to review this Form 990	See Schedule O					
	the organization have a written conflict of interest policy? If 'No,' go to line 13		12a	Х			
to c	officers, directors or trustees, and key employees required to disclose annually interests inflicts?		12b	X			
c Doe Sch	the organization regularly and consistently monitor and enforce compliance with the polable O how this is done See Schedule O	icy? If 'Yes,' describe in	12c	Х			
	the organization have a written whistleblower policy?		13_	<u>X</u>			
	the organization have a written document retention and destruction policy?		14	X			
15 Did pers	ne process for determining compensation of the following persons include a review and a ons, comparability data, and contemporaneous substantiation of the deliberation and dec	approval by independent cision?					
	organization's CEO, Executive Director, or top management official		15a	<u>X</u>			
	r officers of key employees of the organization See Schedule 0		15b	X			
If 'Y	s' to line 15a or 15b, describe the process in Schedule O. (See instructions.)						
	ne organization invest in, contribute assets to, or participate in a joint venture or similar during the year?	arrangement with a taxable	16a		Х		
ın jo	s,' has the organization adopted a written policy or procedure requiring the organization nt venture arrangements under applicable federal tax law, and taken steps to safeguard s with respect to such arrangements?	to evaluate its participation the organization's exempt	16b				
Section	C. Disclosures						
17 List	he states with which a copy of this Form 990 is required to be filed $ ightharpoons$ CA						
insp	on 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an indicate how you make these available. Check all that apply	d 990-T (501(c)(3)s only) avai	lable f	or pul	olic		
	Own website X Another's website X Upon request						
stat	19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Schedule O						
	the name, physical address, and telephone number of the person who possesses the brain & Associates 423 Miller Avenue Mill Valley CA 9494		nzatio	n			

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 organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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 the organization did no	t compens	ate ar	ту сі	ırrei	nt o	fficer,	dire	ctor, or trustee.		
(A)	(B)			-	:)			(D)	(E)	(F)
Name and Title	Average hours				-	hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099 MISC)	related organizations (W 2/1099 MISC)	compensation from the organization and related organizations
Paul Saffo										
Director	2	Х						0.	0.	0.
Douglas Carlston										
Director	2	Х						0.	0.	0.
Peter Schwartz										
Director	2	X						0.	0.	0.
Brian Eno										
Director	2	X			<u> </u>			0.	0.	0.
Michael Keller										
Director	2	Х	<u> </u>					0.	0.	0.
Esther Dyson		•								
Director	2	X						0.	0.	0.
David Rumsey					ŀ					
Director	2	X						0.	0.	0.
Chris Anderson					ŀ				j	
Director	2	X					<u> </u>	0.	0.	0.
Kim Polese	<u> </u>									
Director	2	X						0.	0.	0.
Stewart Brand										
Co-Chair/Pres	10	X	L.	X				0.	0.	0.
W. Daniel Hillis										
Co-Chair	10	X		X				0.	0.	0.
Kevin Kelly										
Sec'tary/Tres	2	Х		Х	ļ			0.	0.	0.
David Eagleman	_				ŀ					
Director	2	X						0.	0.	0.
Alexander Rose					l					
Exec Director	41.6			Х			_	122,900.	0.	7,950.
									1	
	<u> </u>	ļ	_		<u> </u>	<u> </u>				
	1									
		<u> </u>			<u> </u>	L	ļ			
	4				[
	<u> </u>	<u> </u>		L.,						·

Form 990 (2009) The Long Now Foundation									68-0384748	
Part VII Section A. Officers, Directors, Trus	tees, l	Key	En	npl	oye	ees	, an	d Highest Co	mpensated Emp	oloyees (cont.)
(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average hours per week	I	nstitutional trustee	Officer		Mighest compensated employee		Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations
	<u> </u>		_			\vdash				<u>.</u>
										**
										···
						:	!			
1 b Total							>	122,900.	0.	7,950.
2 Total number of individuals (including but not limited	l to thos	e lıs	ted	abo	ve)	who	rec	eived more than \$	100,000 in reportab	le compensation
from the organization 1 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste	e, k	ey e	empl	loye	e, o	r hiç	ghest compensate	d employee	Yes No
4 For any individual listed on line 1a, is the sum of repetitive organization and related organizations greater the individual	ortable	com	nper 0? /	ısatı f 'Ye	on a	and comp	othe olete	er compensation fr Schedule J for si	om uch	4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompensa nedule J	ation	ı fro sucl	m a	ny u rsor	unrel 1	atec	d organization for	services	5 X
Section B. Independent Contractors										
Complete this table for your five highest compensation from the organization	ed indep	end	ent	cont	tract	tors	that	received more th	an \$100,000 of	
(A) Name and business addres	s							(B Description) of Services	(C) Compensation
Chris Rand Fort Mason, Bldg A San Francisco,		123						Clock Machini		131,747.
Paolo Salvagione Box 220 Sausalito, CA 94966								Clock Machini		129,021.
Penguin Automated Sys, Inc Box 42 Naughton,	Ontari	o P	0M2	M0	Can	ada		Clock Machini	st	450,777.
								<u> </u>		
2 Total number of independent contractors (including	but not	lımıte	ed to	the	ose	liste	d at	oove) who receive	d more than	

\$100,000 in compensation from the organization -

Га	TVIII: Statement of Revenue	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	Revenue excluded from tax under sections
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS	1a Federated campaigns1ab Membership dues1b128,223.		revenue	······································	512, 513, or 514
S, GR AMOL	c Fundraising events 1c				
AR/	d Related organizations				
SIM!	e Government grants (contributions) 1e 4,850.				
HER	f All other contributions, gifts, grants, and similar amounts not included above 1f 290, 505.				
DOO	g Noncash contribus included in lns 1a-1f \$ 65, 918.				
Ş₹	h Total. Add lines 1a-1f	423,578.			
NUE	Business Code				
EVE	2a Program Svcs Revenue 900099	1,258,673.	1,258,673.		
CE R	b Seminars/Performance Evts 900099	11,848.	11,848.		
ER	cd				+
¥ S	e				
OGR.	f All other program service revenue	·			
Ě	g Total. Add lines 2a-2f	1,270,521.		·	
	Investment income (including dividends, interest and other similar amounts)	120,989.			120,989.
	4 Income from investment of tax-exempt bond proceeds	120,303.			120,303.
	5 Royalties				
	(i) Real (ii) Personal				
	-6a-Gross-Rents-				
	b Less. rental expenses				
	c Rental income or (loss)				
	7a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory 941,853.				
	b Less: cost or other basis				
	and sales expenses 1,452,491.				
	c Gain or (loss)	-510,638.			_510 630
	u Net gain of (1033)	-310,038.			-510,638.
별	8a Gross income from fundraising events (not including \$				
EVE	of contributions reported on line 1c)				
OTHER REVEN	See Part IV, line 18 a				
P.	b Less. direct expenses.				
	c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19				
	b Less. direct expenses.				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns				
	and allowances a 45,604.				
	b Less. cost of goods sold b 17,635.				
	c Net income or (loss) from sales of inventory	27,969.	27,969.	***************************************	}
	Miscellaneous Revenue Business Code 11a Reimbursement Misc Exp 900099	5,956.	5,956.		
	b Royalty 900099	2,488.	3,330.		2,488.
	c	2,300.			2,400.
	d All other revenue				
	e Total. Add lines 11a-11d	8,444.			
	12 Total revenue. See instructions	1,340,863.	1,304,446.	0.	-387,161.

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	110,000.	110,000.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	130,850.	117,765.	6,543.	6,542.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	283,893.	170,336.	85,168.	28,389.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,734.	5,841.	2,920.	973.
9 Other employee benefits	11,869.	4,737.	5,548.	1,584.
10 Payroll taxes	32,601.	19,560.	9,780.	3,261.
11 Fees for services (non-employees)		,		
a Management				
b Legal	6,802.	4,081.	2,041.	680.
c Accounting	8,255.	4,953.	2,477.	825.
d Lobbying		·		•
e Prof fundraising svcs See Part IV, In 17				
f Investment management fees	43,653.	43,653.		
g Other	989,441.	980,436.	9,005.	
12 Advertising and promotion	23,652.	23,652.		
13 Office expenses	22,036.	13,221.	6,611.	2,204.
14 Information technology	15,223.	9,134.	4,567.	1,522.
15 Royalties				
16 Occupancy	51,341.	30,805.	15,402.	5,134.
17 Travel	60,337.	36,202.	18,101.	6,034.
Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	35,259.	35,259.		
20 Interest	413.		413.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
 Insurance Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 	9,440.	5,664.	2,832.	944.
a Clock Supplies	120,785.	120,785.		
<pre>b Misc. Operating Expenses</pre>	11,505.	6,903.	3,451.	1,151.
c Other Supplies	10,544.	6,326.	3,163.	1,055.
d Merchant Charges	9,888.	9,888.		
e_Long_Bets	150.	150.		
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,997,671.	1,759,351.	178,022.	60,298.
26 Joint costs. Check here Lift of following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
BAA			······	Form 990 (2009)

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			10,435.	1	7,046
	2	Savings and temporary cash investments			1,521,129.	2	991,360
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			73,863.	4	
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part	s, trust II of Sc	ees, key employees, [chedule L		5	
	6	Receivables from other disqualified persons (as define	ed unde	er section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B) Comp	art II of Schedule L.		6		
3	7	Notes and loans receivable, net			7		
A S E T S	8	Inventories for sale or use				8	
Š	9	Prepaid expenses and deferred charges		9			
	10 a	Land, buildings, and equipment cost or other basis.	10a	295,800.			
		Complete Part VI of Schedule D					
	ь	Less accumulated depreciation.	10 Ь		295,800.	10 c	295,800
	11	Investments - publicly-traded securities	3,245,682.	11	4,194,559		
	12	Investments - other securities. See Part IV, line 11			12		
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11		42,595.	15	16,588	
	16	Total assets. Add lines 1 through 15 (must equal line	34)		5,189,504.	16	5,505,353
	17	Accounts payable and accrued expenses	7,759.	17	4,275		
	18	Grants payable		18			
	19	Deferred revenue		19	63,926		
Ļ	20	Tax-exempt bond liabilities		20			
A− B	21	Escrow or custodial account liability. Complete Part I	hedule D		21		
B	22	Payables to current and former officers, directors, trushighest compensated employees, and disqualified per	stees, I sons. (key employees, Complete Part II			
Ţ		of Schedule L				22	
E S	23	Secured mortgages and notes payable to unrelated th	ırd par	ties		23	
,	24	Unsecured notes and loans payable to unrelated third	parties	5		24	
	25	Other liabilities. Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			7,759.	26	68,201
N E		Organizations that follow SFAS 117, check here ▶	X an	id complete lines	:		
		27 through 29 and lines 33 and 34.			:		
S	27	Unrestricted net assets			4,812,727.	27	5,266,164
Ē	28	Temporarily restricted net assets.			369,018.	28	170,988
	29	Permanently restricted net assets		_		29	
R		Organizations that do not follow SFAS 117, check her	e ►	and complete	:		
F 3 50		lines 30 through 34.	;				
5	30	Capital stock or trust principal, or current funds		30			
3	31	Paid-in or capital surplus, or land, building, and equip	and [31	····	
ķ.	32	Retained earnings, endowment, accumulated income,	or oth	er funds		32	
BALANCES	33	Total net assets or fund balances.		ļ	5,181,745.	33	5,437,152
Ŝ.	34	Total liabilities and net assets/fund balances			5,189,504.	34	5,505,353

BAA Form 990 (2009)

Form 990 (2009) The Long Now Foundation	68-0384748	Pa	age 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrual Other	f -		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2 2	1	X
b Were the organization's financial statements audited by an independent accountant?	21	5	Х
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversity review, or compilation of its financial statements and selection of an independent accountant?	ght of the audit,	;	
If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	n		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year we consolidated basis, separate basis, or both.	re issued on a		
Separate basis Consolidated basis Both consolidated and separate basis		1	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	in the Single		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo to or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	the required audit		

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SCHEDULE A (Form 990 or 990-EZ)

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.

Open to Public Inspection

Employer identification number

OMB No 1545 0047

2009

Department of the Treasury Internal Revenue Service Name of the organization

Total

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

The Long Now Foundation 68-0384748 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that 11 describes the type of supporting organization and complete lines 11e through 11h. Type I Type II c l Type III — Functionally integrated Type III— Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? a Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations h (i) Name of Supported Organization (ii) EIN (iii) Type of organization (described on lines 1.9 above or IRC section (v) Did you notify the organization in col (i) of (iv) Is the (vi) Is the (vii) Amount of Support ınızatıon ın col organization in co i) listed in your organization in col (i) organized in the (see instructions)) your support? Yes No No Yes No Yes

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

Schedule A (Form 990 or 990-EZ) 2009

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) Section A. Public Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') 787,554 5,321,899. 1,204,465 451,553 423,602 8,189,073. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 0. The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge 0. 5,321,899. 1,204,465 451,553 787,554 423,602 8,189,073. Total. Add lines 1-through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 4,786,808. Public support. Subtract line 5 from line 4 3,402,265. Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) 7 Amounts from line 4 5,321,899 204,465 451,553 787,554 423,602 8,189,073 Gross income from interest. dividends, payments received on securities loans, rents, rovalties and income form 60,710 156,200 166,609 197,033. 120,989 similar sources 701,541. Net income from unrelated business activities, whether or not the business is regularly 0. carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 0. Total support. Add lines 7 8,890,614. through 10 12 Gross receipts from related activities, etc. (see instructions) 12 2,764,887. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 38.3% 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 41.0% 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization X b 33-1/3 support test - 2008. 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 - 2009 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 - 2008. 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 18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009 The Long Now Foundation

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

(Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support	sited the Box off in	10 3 011 dit 17_					
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	(4) 2000	(1) 2000	(6) 2007	(4) 2000	(4) 230	-	(7) 10.01
3	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business							
4	under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on							
5	its behalf The value of services or facilities furnished by a governmental unit to the							
	organization without charge							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year							
	Add lines 7a and 7b							
8	Public support (Subtract line							
	7c from line 6.)							
Sec	tion B. Total Support			-				
Cale	ndar year (or fiscal yr beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included inline 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 14	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	s for the organiza stop here.	tion's first, second	d, third, fourth, or	r fifth tax year as	a section 50	1(c)(3)	
	tion C. Computation of Pu							
	Public support percentage for 20			13, column (f))		,	15	%
16	Public support percentage from 2		•	.,,			16	%
Sec	tion D. Computation of Inv			е	"			
17	Investment income percentage for		_		n (f))		17	%
18	Investment income percentage fr			-			18	%
	33-1/3 support tests — 2009. If the more than 33-1/3%, check this both	e organization did ox and stop here.	not check the bo The organization	x on line 14, and qualifies as a pub	licly supported or	rganızatıon		►□
	33-1/3 support tests — 2008. If the is not more than 33-1/3%, check	this box and stop	here. The organiz	zation qualifies as	a publicly suppor	rted organiza	ation	and line 18
_20	Private foundation. If the organiz	cation did not ched	k a box on line 14	+, 19a, or 19b, ch	eck inis dox and :	see instruction	วทร	

Schedule A	(Form	990 or 9	90-EZ)	2009	The	Long	Now	Founda	tion			68-	0384748		Page 4
Part IV	Sup	olemen	tal Inf	ormat	tion. (Comple	te th	s part to	provide	e the	explanation:	s required	by Part	II, line	10:
	Part	II, line	17a o	r 17b;	and	Part III	, line	12. Prov	ide any	other	explanation additional	informatı	on. See ir	structio	ons.
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SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions

OMB No 1545 0047

Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

The Long Now Foundation 68-0384748 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete of the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? **Part II Conservation Easements** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easement it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990. Part X

Schedule D (Form 990) 2009 The I	.ong Now	Foundation		68-038	34748 Page 2
Part III Organizations Mainta			torical Treasures,		
Using the organization's acquisition items (check all that apply)					
a Public exhibition		d Loan	or exchange programs		
b Scholarly research		e Othe	r		
c Preservation for future gener	ations	_		- - · · -	
4 Provide a description of the organ Part XIV.	nization's colle	ections and explain how	v they further the organi	zation's exempt purpos	e in
5 During the year, did the organiza assets to be sold to raise funds r					Yes No
Part IV Escrow and Custodia 9, or reported an amount				ered 'Yes' to Form	990, Part IV, line
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodiar	n, or other intermediary	for contributions or oth	er assets not	Yes No
b If 'Yes,' explain the arrangement	ın Part XIV aı	nd complete the followi	ng table	, 	
					Amount
c Beginning balance				1c	
d Additions during the year				1d	
e Distributions during the year				1 e	
f Ending balance				1f	
2a Did the organization include an a	mount on For	m 990, Part X, line 21?	ı		Yes No
b If 'Yes,' explain the arrangement					
Part V Endowment Funds Co	mplete if o	rganization answe	ered 'Yes' to Form !	990, Part IV, line 1	0.
	(a) Current	year (b) Prior year	ar (c) Two years bac	k (d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c 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 year of	end balance held as			
a Board designated or quasi-endov	-	8			
b Permanent endowment ►	*				
c Term endowment ►	₹				
3a Are there endowment funds not a organization by.	n the possess	ion of the organization	that are held and admir	nistered for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
b If 'Yes' to 3a(ii), are the related of	raanizatione l	icted as required on Si	shadula R2		3b
4 Describe in Part XIV the intended	•	•			
Part VI Investments—Land, E				X line 10	,
Description of investment		(a) Cost or other basis		(c) Accumulated	(d) Book Value
2000 iption of invodution		(investment)	basis (other)	Depreciation	(=, = = = = = = = = = = = = = = = = = =
1 a Land			295,800.		295,800.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment

(a) Cost or other basis (b) Cost or other basis (other)

1 a Land

295, 800.

b Buildings

c Leasehold improvements
d Equipment
e Other

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

(c) Accumulated Depreciation

295, 800.

295, 800.

BAA

Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 The Long Now Found	dation	68-0384748	Page 3
Part VII Investments—Other Securities See Fo		ne 12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial derivatives	ļ		
Closely-held equity interests			
Other			
		-	
Total (Column (b) must equal Form 990 Part X, col. (B) line 12.) ►			
Part VIII Investments—Program Related (See			
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
		Cost of end-or-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,	line 15) N/A	<u> </u>	
	scription	(b) Book val	iue
(2) 00	3CTPHOT	(b) Book val	<u>uc</u>
			
T. 1. (2)	15)		
Total. (Column (b) must equal Form 990, Part X, col.(B), Irr Part X Other Liabilities (See Form 990, Part		•	
(a) Description of Liability	(b) Amount		-
Federal Income Taxes	(b) Amount		
Tederal meome raxes	-		
		<u> </u>	
		_	
Total (Column (b) must equal Form 990, Part X, col (B) line 25) ►			
2. FIN 48 Footnote In Part XIV, provide the text of the footn for uncertain tax positions under FIN 48	ote to the organization'	's tinancial statements that reports the organization's liab	oility

Sche	edule D (Form 990) 2009 The Long Now Foundation6	8-038	4748	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A	
1	Total revenue (Form 990, Part VIII,column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year. Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments	}		
5	Donated services and use of facilities			
6	Investment expenses			··
7	Prior period adjustments			
8	Other (Describe in Part XIV)			<u>.</u>
9	Total adjustments (net). Add lines 4 through 8			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
Par	TXII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Retur	n N/A	
1	Total revenue, gains, and other support per audited financial statements.	1	****	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
a	Net unrealized gains on investments 2a	-		
	Donated services and use of facilities 2b	4 1		
	Recoveries of prior year grants 2c	_		
	Other (Describe in Part XIV).	-		
e	e Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3	-	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
	a Investments expenses not included on Form 990, Part VIII, line 7b	-{		
	Other (Describe in Part XIV)	╡╻╢		
	Add lines 4a and 4b	4c		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		NI / 2	
	1 XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	1	N/A	
	Total expenses and losses per audited financial statements	_		
	Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities 2a			
		-[]		
	o Prior year adjustments C Other losses 2b 2c	-		
	d Other (Describe in Part XIV).	-[]		
	e Add lines 2a through 2d			
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
•	a Investments expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV).	-		
	c Add lines 4a and 4b	4c		
	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5		
	t XIV Supplemental Information			
line	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this paration	, lines 1: art to pro	b and 2b, Par ovide any addi	t V, tıonal

Schedule D (Form 9	90) 2009 The Long No	w Foundation	68-0384748	Page 5
Part XIV Supp	90) 2009 The Long No lemental Information (continued)	 	
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SCHEDULE 1 (Form 990)

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

OMB No 1545 0047

Open to Public Inspection

2009

Employer identification number 68-0384748 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance The Long Now Foundation Department of the Treasury Internal Revenue Service Name of the organization

the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the	grants or assistance	` -	use of grant funds in the United States Special States	tes See Part	rains of assistance, a	2	X Yes No
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to F 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	ice to Governmi y recipient that reform 990) if add	ents and Organizations eceived more than \$5,0 itional space is needed	id Organizations in the United States. Complete if the organization answered 'Yes' to Form d more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	ted States. Complethis box if no one	ete if the organiz recipient receive	ation answered " d more than \$5,(Yes' to Form 000. Use
1 (a) Name and address of organization or government	(b) EIN		(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
The Global Lives Project 431 Kent Drive Mountain View, CA 94043	61-1524216	501 (c) (3)	10,000	0	N/A	N/A	Performance Event
The Nature Conservancy One East First St Suite 1007 East First St Suite 1007 East NV 89501	53-0242652	501(c)(3)	100,000.	0.	N/A	N/A	Conservation Work
	and government org	anizations				•	2
3 Enter total number of other organizations	SI		-			A	0
BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	tion Act Notice, see	the Instructions for	Form 990.	TEEA3901L 02/10/10	02/10/10	Sched	Schedule 1 (Form 990) 2009

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No 1545 0047

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

The Long Now Foundation

Employer identification number 68-0384748

					03047	2 U	_	
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Meth	od of	d) determir nues	ning
1	Art-Works of art							
2	Art—Historical treasures							-
3	Art-Fractional interests							
4	Books and publications							
5	Clothing and household goods	<u> </u>	••••					
6	Cars and other vehicles.							
7	Boats and planes							
8	Intellectual property						<u> </u>	
9	Securities—Publicly traded	х	3	65,918.				
10	Securities—Closely held stock			03/310.				
11	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	Other ► ()							
26	Other ► ()							
27	Other ► ()							<u>-</u>
28								
29	Number of Forms 8283 received by the organization completed Form 8283, Part IV, Done	on during the te e Acknowledge	ax year for contribution	ns for which the	29			
							Yes	No
	During the year, did the organization receive by c hold for at least three years from the date of the purposes for the entire holding period?	ontribution any initial contributi	property reported in Foon, and which is not re	Part I, lines 1-28 that it equired to be used for a	must exempt	30a		Х
	If 'Yes,' describe the arrangement in Part II							
	Does the organization have a gift acceptance poli				s?	31		Х
	Does the organization hire or use third parties or noncash contributions?	related organiz	zations to solicit, proce	ss, or sell		32a		X
b	If 'Yes,' describe in Part II.							

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

describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2009

Schedule	M (Form 990) 2009	The Long No	ow Foundati	on		68-0384748	Page 2
Part II	Supplemental I and 33. Also co	nformation. Complete this par	mplete this p	art to provide t	he information requion.	uired by Part I, lines	30b, 32b,
,		<u> </u>					
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545 0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Attach to Form 990.

The Long Now Foundation	68-0384748
Form 990, Part III, Line 1 - Organization Mission	
The Long Now Foundation was established to develop	the Clock and Library projects,
as well as to become the seed of a very long term c	ultural institution. The Long
Now Foundation hopes to provide counterpoint to tod	ay's "fast/cheaper" mind set and
promote_"slower/better"_thinkingWe_hope_to_creat	ively foster responsibility in
the_framework_of_the_next_10,000_years	
Form 990, Part III, Line 4d - Other Program Services Description	
The Rosetta Project was conceived of as the first e	ntry into the Long Now
Foundation's 10,000 Year Library, and involves one	of the largest collections of
information_on_the_world's_languages_ever_assembled	. The project maintains a
publicly-accessible_digital_repository_of_information	on on the world's nearly 7,000
languages. The project also produces the Rosetta D	isk- a physical backup of the
_archive, microetched onto a 3-inch diameter nickel	disk that can last for thousands
of years.	
Form 990, Part VI, Line 11 - Form 990 Review Process	
The Executive Director and board review the 990 before	ore filing.
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enfo	preement of Conflicts
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 l	before any transaction is

Schedule U (Form 990) 2009	Page 2
Name of the organization The Long Now Foundation	Employer identification number 68-0384748
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2009	Schedule I, Part IV - Supplemental Information The Long Now Foundation	Page 3
Part I, Line 2	2 - Grantmaker's Description of How Grants are Used (continued)	
	by the grant.	

Schedule D, Part XI, Line 8 Other Changes In Net Assets Or Fund Balances Cash to Accrual Adjustment FMV Adjustment of Investments Total \$	Page 68-038474 -27,606. 939,821. 912,215.
Cash to Accrual Adjustment \$ FMV Adjustment of Investments	-27,606. 939,821. 912,215.
Cash to Accrual Adjustment FMV Adjustment of Investments Total \$\frac{\frac{1}{3}}{3}\$	-27,606. 939,821. 912,215.

Form 8868 (Rev 4-2009)					
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box					
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.					
 If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1) 					
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).					
	Name of Exempt Organization		Employer identification number		
Type or					
print	The Long Now Foundation		68-0384748		
City but the	Number, street, and room or suite number. If a P.O. box, see instructions		For IRS use only		
File by the extended due date for filing the	Fontanello, Duffield & Otake, LLP 44 Montgomery Street, Suite 2019	,			
return See	City, town or post office, state, and ZIP code For a foreign address, see instructions	٠, ا			
III SUBCIOI S	San Francisco, CA 94104				
Check type	of return to be filed (File a separate application for each return)		······································		
X Form 99		Form 1041-A	Form 6069		
Form 99	90-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720	Form 8870		
Form 99		Form 5227			
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.					
• The books are in care of ► Logan & Associates					
Telephone No ► 415-380-4130 FAX No ►					
• If the organization does not have an office or place of business in the United States, check this box					
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the					
whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all					
members th	e extension is for.				
4 Trequest an additional 3-month extension of time until 11/15 , 20 10.					
5 For calendar year 2009, or other tax year beginning, 20, and ending, 20					
6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period					
7 State in detail why you need the extension The Organization requires additional time to gather the					
info	rmation necessary to file a complete and accurat	e return.			
8a If this a nonrefu	pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative indable credits. See instructions	e tax, less any	8a \$		
paymer	pplication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits made. Include any prior year overpayment allowed as a credit and any amo	its and estimated ta ount paid previously			
	rm 8868		8ь\$		
c Balance with FT	e Due. Subtract line 8b from line 8a. Include your payment with this form, or, if D coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Sys	required, deposit stem) See instrs	8c \$		
Signature and Verification					
nder penalties of period, I declare that I have examined his form y guiding accompanying schedules and statements, and to the best of my knowledge and belief, it is true, priect, and complete and that I firm authorized to prepare this form					
Ignature -//What Sntanle Title - CP/+ Date - 8/9/10					

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Form 8868 (Rev 4-2009)

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No 1545 1709

Department of the Treasury Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box. If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns. Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits Name of Exempt Organization Employer identification number Type or print 68-0384748 The Long Now Foundation File by the due date for filing your return See instructions Number, street, and room or suite number. If a P.O. box, see instructions Fort Mason Center, Landmark Bldg A City, town or post office, state, and ZIP code. For a foreign address, see instructions San Francisco, CA 94123 Check type of return to be filed (file a separate application for each return). Form 4720 X Form 990 Form 990-T (corporation) Form 5227 Form 990-BL Form 990-T (section 401(a) or 408(a) trust) Form 990-T (trust other than above) Form 990-EZ Form 6069 Form 990-PF Form 1041-A Form 8870. The books are in the care of ► Logan & Associates Telephone No ► 415-380-4130 FAX No. ► If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______. If this is for the whole group, check this box ▶ If it is for part of the group, check this box ▶ I and attach a list with the names and EINs of all members the extension will cover 1 | request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 8/15 _ _ , 20 10 _ , to file the exempt organization return for the organization named above The extension is for the organization's return for X calendar year 20 09 or tax year beginning _ _ _ _ , 20 _ _ , and ending _ _ _ _ , 20 _ _ _ 2 If this tax year is for less than 12 months, check reason | Initial return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 3a \$ nonrefundable credits. See instructions. b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments 0. 3Ы\$ made Include any prior year overpayment allowed as a credit c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). 0. See instructions Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions. BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev 4-2009)

