

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)

2006

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning, 2006, and ending

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C The Long Now Foundation, Fort Mason Center, Landmark Bldg A, San Francisco, CA 94123

D Employer Identification Number: 68-0384748; E Telephone number: (415) 561-6582; F Accounting method: Cash

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H and I are not applicable to section 527 organizations; H(a) Is this a group return for affiliates?; H(b) If 'Yes,' enter number of affiliates; H(c) Are all affiliates included?; H(d) Is this a separate return filed by an organization covered by a group ruling?; I Group Exemption Number; M Check if the organization is not required to attach Schedule B

G Web site: www.longnow.org

J Organization type: 501(c) 3

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 3,951,641.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows and multiple columns for revenue, expenses, and net assets. Includes a 'RECEIVED' stamp from NOV 21 2007, OGDEN, UT.

SCANNED DEC 19 2007

Handwritten marks: 16, 15, 16

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (att sch) See Stmt 4 (cash \$ 5,000. non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>	5,000.	5,000.	
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch) See Stmt 5	<b>25a</b>	114,275.	102,848.	11,427.
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	<b>25b</b>	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	<b>25c</b>	0.	0.	0.
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b>	106,485.	31,946.	31,946.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>			
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b>	10,800.	5,585.	2,458.
<b>29</b> Payroll taxes	<b>29</b>	18,528.	11,232.	3,667.
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b>	2,465.	2,317.	148.
<b>32</b> Legal fees	<b>32</b>	2,259.	2,259.	
<b>33</b> Supplies	<b>33</b>	125,464.	92,871.	29,349.
<b>34</b> Telephone	<b>34</b>	1,542.	10.	1,532.
<b>35</b> Postage and shipping	<b>35</b>	4,863.	3,810.	830.
<b>36</b> Occupancy	<b>36</b>	77,408.	46,927.	15,321.
<b>37</b> Equipment rental and maintenance	<b>37</b>			
<b>38</b> Printing and publications	<b>38</b>	2,377.	2,357.	20.
<b>39</b> Travel	<b>39</b>	31,813.	29,805.	2,008.
<b>40</b> Conferences, conventions, and meetings	<b>40</b>			
<b>41</b> Interest	<b>41</b>			
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>42</b>			
<b>43</b> Other expenses not covered above (itemize)				
<b>a</b> See Statement 6	<b>43a</b>	707,983.	654,967.	52,150.
<b>b</b> -----	<b>43b</b>			
<b>c</b> -----	<b>43c</b>			
<b>d</b> -----	<b>43d</b>			
<b>e</b> -----	<b>43e</b>			
<b>f</b> -----	<b>43f</b>			
<b>g</b> -----	<b>43g</b>			
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	<b>44</b>	1,211,262.	991,934.	150,856.

**Joint Costs.** Check  if you are following SOP 98-2  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <u>See Statement 7</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a <u>See Statement 8</u> ----- ----- ----- ----- (Grants and allocations \$ 5,000. ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	991,934.
b ----- ----- ----- ----- (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c ----- ----- ----- ----- (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d ----- ----- ----- ----- (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ▶	991,934.

BAA

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
ASSETS	45 Cash – non-interest-bearing		45		
	46 Savings and temporary cash investments	4,660,490.	46	2,275,846.	
	47a Accounts receivable	47a			
	b Less. allowance for doubtful accounts	47b	12,149.	47c	
	48a Pledges receivable	48a			
	b Less. allowance for doubtful accounts	48b		48c	
	49 Grants receivable			49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b	
	51a Other notes and loans receivable (attach schedule)	51a			
	b Less. allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges			53	
	54a Investments – publicly-traded securities Stmt 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		25,684.	54a	2,769,364.
	b Investments – other securities (attach sch) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b	
55a Investments – land, buildings, & equipment. basis	55a				
b Less. accumulated depreciation (attach schedule)	55b		55c		
56 Investments – other (attach schedule)			56		
57a Land, buildings, and equipment. basis	57a	295,800.			
b Less. accumulated depreciation (attach schedule) Statement 10	57b	295,800.	57c	295,800.	
58 Other assets, including program-related investments (describe ▶ See Statement 11)		23,000.	58	39,860.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58		5,017,123.	59	5,380,870.	
LIABILITIES	60 Accounts payable and accrued expenses		60		
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe ▶ See Statement 12)		65	10,977.	
	66 <b>Total liabilities.</b> Add lines 60 through 65		0.	66	10,977.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	5,017,123.	67	5,369,893.	
	68 Temporarily restricted		68		
	69 Permanently restricted		69		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	5,017,123.	73	5,369,893.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	5,017,123.	74	5,380,870.		

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**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	N/A
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12.			
	1 Net unrealized gains on investments	<b>b1</b>		
	2 Donated services and use of facilities	<b>b2</b>		
	3 Recoveries of prior year grants	<b>b3</b>		
	4 Other (specify) _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify) _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	N/A
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17.			
	1 Donated services and use of facilities	<b>b1</b>		
	2 Prior year adjustments reported on Part I, line 20	<b>b2</b>		
	3 Losses reported on Part I, line 20	<b>b3</b>		
	4 Other (specify) _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify) _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
See Statement 13		111,000.	3,275.	0.



**Part VI Other Information** (continued)

		Yes	No
<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
<b>b</b>	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	<b>Not Valued</b>	
<b>82 b</b>			
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
<b>83 b</b>			
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
<b>84 b</b>			
<b>85 a</b>	<b>501(c)(4), (5), or (6) organizations.</b> Were substantially all dues nondeductible by members?	N/A	
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	N/A	
<b>85 b</b>			
<b>c</b>	Dues, assessments, and similar amounts from members	N/A	
<b>85 c</b>			
<b>d</b>	Section 162(e) lobbying and political expenditures	N/A	
<b>85 d</b>			
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
<b>85 e</b>			
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
<b>85 f</b>			
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
<b>85 g</b>			
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
<b>85 h</b>			
<b>86 a</b>	<b>501(c)(7) organizations.</b> Enter. Initiation fees and capital contributions included on line 12	N/A	
<b>86 a</b>			
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	N/A	
<b>86 b</b>			
<b>87 a</b>	<b>501(c)(12) organizations.</b> Enter. Gross income from members or shareholders	N/A	
<b>87 a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
<b>87 b</b>			
<b>88 a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
<b>88 a</b>			
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI		X
<b>88 b</b>			
<b>89 a</b>	<b>501(c)(3) organizations.</b> Enter. Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. , section 4912 ▶ 0. , section 4955 ▶ 0.		
<b>b</b>	<b>501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
<b>89 b</b>			
<b>c</b>	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
<b>d</b>	Enter. Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.		
<b>89 c</b>			
<b>89 d</b>			
<b>89 e</b>	<b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
<b>89 e</b>			
<b>89 f</b>	<b>All organizations.</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
<b>89 f</b>			
<b>89 g</b>	<b>For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>89 g</b>			
<b>90 a</b>	List the states with which a copy of this return is filed ▶ CA		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)		5
<b>90 b</b>			
<b>91 a</b>	The books are in care of ▶ Alexander Rose Telephone number ▶ (415) 561-6582 Located at ▶ Fort Mason Ctr, Landmark Bldg A, San Francisco, CA ZIP + 4 ▶ 94123		
<b>91 a</b>			
<b>b</b>	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)? If 'Yes,' enter the name of the foreign country ▶		X
<b>91 b</b>			

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts.

**Part VI Other Information** (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?

	Yes	No
91 c		X

If 'Yes,' enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

N/A

and enter the amount of tax-exempt interest received or accrued during the tax year

▶ 92 N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Language Research					6,000.
b Speaking Fees					2,000.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	95,176.	
96 Dividends & interest from securities			14	61,024.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	22,982.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					22,527.
103 Other revenue. a					
b CD Royalties			15	1,851.	
c P/Y Expenses					796.
d					
e					
104 Subtotal (add columns (B), (D), and (E))				181,033.	31,323.
105 Total (add line 104, columns (B), (D), and (E))					212,356.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	See Statement 15

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes  No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes  No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**107** Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Please Sign Here**

Signature of officer: Alexander Rose Date: 11/13/07  
 Type or print name and title: ALEXANDER ROSE EXECUTIVE DIRECTOR

**Paid Preparer's Use Only**

Preparer's signature: Carol Duffield Date: 11/13/07 Check if self employed:  Preparer's SSN or PTIN (See General Instruction W): N/A  
 Firm's name (or yours if self employed), address, and ZIP + 4: Fontanello, Duffield & Otake, LLP  
44 Montgomery Street, Suite 2019  
San Francisco, CA 94104 EIN: N/A Phone no: (415) 983-0200

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

**Organization Exempt Under  
Section 501(c)(3)**  
(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust  
Supplementary Information — (See separate instructions.)

OMB No 1545 0047

**2006**

Department of the Treasury  
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization <b>The Long Now Foundation</b>	Employer identification number <b>68-0384748</b>
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**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 ▶	0			

**Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Chris Rand Fort Mason, Bldg A, San Francisco, CA 94123	Clock Machinist	199,247.
Paulo Salvagione Fort Mason, Bldg A, San Francisco, CA 94123	Clock Engineer	167,791.
Six Feet Up, Inc 1212H El Camino Real #101 San Bruno, CA 94066	Website Applications	59,540.
Greg Staples Fort Mason, Bldg A, San Francisco, CA 94123	Clock Engineering	66,640.
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

**Part III** Statements About Activities (See instructions.)

	Yes	No
<p><b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>N/A</u></p> <p>(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.</p>		X
<p><b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)</p> <p style="text-align: center;">See Statement 16</p> <p><b>a</b> Sale, exchange, or leasing of property?</p>		X
<p><b>b</b> Lending of money or other extension of credit?</p>		X
<p><b>c</b> Furnishing of goods, services, or facilities?</p> <p style="text-align: right;">See Form 990, Part V</p>		X
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	X	
<p><b>e</b> Transfer of any part of its income or assets?</p>		X
<p><b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)</p>		X
<p><b>b</b> Did the organization have a section 403(b) annuity plan for its employees?</p>		X
<p><b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement.</p>		X
<p><b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>		X
<p><b>4a</b> Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g</p>		X
<p><b>b</b> Did the organization make any taxable distributions under section 4966?</p>		N/A
<p><b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?</p>		N/A
<p><b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ▶ <u>N/A</u></p>		N/A
<p><b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ <u>N/A</u></p>		N/A
<p><b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>0</u></p>		0
<p><b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0.</u></p>		0.

**Part IV Reason for Non-Private Foundation Status** (See instructions.)

I certify that the organization is not a private foundation because it is. (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization ▶  
 Type I     Type II     Type III-Functionally Integrated     Type III-Other

**Provide the following information about the supported organizations.** (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					0.

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

BAA

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	5,321,899.	1,306,541.	727,047.	891,998.	8,247,485.
<b>16</b> Membership fees received					0.
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	16,446.	15,353.	20,792.	1,000.	53,591.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	60,710.	622.	46.	1,166.	62,544.
<b>19</b> Net income from unrelated business activities not included in line 18					0.
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
<b>21</b> 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.
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0.
<b>23</b> Total of lines 15 through 22	5,399,055.	1,322,516.	747,885.	894,164.	8,363,620.
<b>24</b> Line 23 minus line 17	5,382,609.	1,307,163.	727,093.	893,164.	8,310,029.
<b>25</b> Enter 1% of line 23	53,991.	13,225.	7,479.	8,942.	
<b>26 Organizations described on lines 10 or 11:</b>	a Enter 2% of amount in column (e), line 24				<b>26a</b> 166,201.
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts				<b>26b</b> 5,609,255.
	c Total support for section 509(a)(1) test. Enter line 24, column (e)				<b>26c</b> 8,310,029.
	d Add Amounts from column (e) for lines: 18 <u>62,544.</u> 19 <u>5,609,255.</u>				<b>26d</b> 5,671,799.
	e Public support (line 26c minus line 26d total)				<b>26e</b> 2,638,230.
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) Stmt 17				<b>26f</b> 31.75 %
<b>27 Organizations described on line 12:</b> N/A					
	a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____				
	b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. (2005) _____ (2004) _____ (2003) _____ (2002) _____				
	c Add. Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____				<b>27c</b> _____
	d Add. Line 27a total _____ and line 27b total _____				<b>27d</b> _____
	e Public support (line 27c total minus line 27d total)				<b>27e</b> _____
	f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)				<b>27f</b> _____
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				<b>27g</b> _____ %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				<b>27h</b> _____ %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See instructions.)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
<p><b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?</p>		
<p><b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?</p>		
<p><b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?                      If 'Yes,' please describe, if 'No,' please explain. (If you need more space, attach a separate statement.)</p> <p>-----</p> <p>-----</p> <p>-----</p>		
<p><b>32</b> Does the organization maintain the following</p> <p><b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?</p> <p><b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?</p> <p><b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?</p> <p><b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?</p> <p>If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement )</p> <p>-----</p> <p>-----</p>		
<p><b>33</b> Does the organization discriminate by race in any way with respect to.</p> <p><b>a</b> Students' rights or privileges?</p> <p><b>b</b> Admissions policies?</p> <p><b>c</b> Employment of faculty or administrative staff?</p> <p><b>d</b> Scholarships or other financial assistance?</p> <p><b>e</b> Educational policies?</p> <p><b>f</b> Use of facilities?</p> <p><b>g</b> Athletic programs?</p> <p><b>h</b> Other extracurricular activities?</p> <p>If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement )</p> <p>-----</p> <p>-----</p> <p>-----</p>		
<p><b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?</p>		
<p><b>b</b> Has the organization's right to such aid ever been revoked or suspended?                      If you answered 'Yes' to either 34a or b, please explain using an attached statement</p>		
<p><b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.</p>		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions.)  
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a**  if the organization belongs to an affiliated group. Check **b**  if you checked 'a' and 'limited control' provisions apply

**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations												
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)														
<b>39</b>	Other exempt purpose expenditures.														
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)														
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table – <table border="0" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 50%;"><b>If the amount on line 40 is –</b></td> <td style="width: 50%;"><b>The lobbying nontaxable amount is –</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	<b>If the amount on line 40 is –</b>	<b>The lobbying nontaxable amount is –</b>	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
<b>If the amount on line 40 is –</b>	<b>The lobbying nontaxable amount is –</b>														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)														
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36														
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38														

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720

**4 -Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non-taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h.)

Yes	No	Amount

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.



**Statement 1**  
**Form 990, Part I, Line 8**  
**Net Gain (Loss) from Noninventory Sales**

Publicly Traded Securities

Gross Sales Price: 2,542,070.  
 Cost or Other Basis: 2,519,088.

Total Gain (Loss) Publicly Traded Securities \$ 22,982.

Total Net Gain (Loss) From Noninventory Sales \$ 22,982.

**Statement 2**  
**Form 990, Part I, Line 10**  
**Gross Profit (Loss) From Sales Of Inventory**

CDs and Other Merchandise	\$ 38,259.
Gross Sales	\$ 38,259.
Less Returns & Allowances	0.
Net Sales	\$ 38,259.
Less Cost Of Goods Sold	15,732.
Gross Profit From Sales Of Inventory	\$ <u>22,527.</u>

**Statement 3**  
**Form 990, Part I, Line 20**  
**Other Changes in Net Assets or Fund Balances .**

FMV Adjustment of Investments	\$ 147,211.
Total	\$ <u>147,211.</u>

**Statement 4**  
**Form 990, Part II, Line 22b**  
**Other Grants and Allocations**

Cash Grants and Allocations

Class of Activity:	Charitable	
Donee's Name:	Gary Bayer	
Donee's Address:	Fort Mason, Landmark Bldg A San Francisco, CA 94123	
Relationship of Donee:	None	
Amount Given:		\$ 5,000.

Total Grants and Allocations \$ 5,000.

**Statement 5**  
**Form 990, Part II, Line 25a**  
**Compensation of Officers, Directors, Etc.**

Compensation Received	(A)	(B)	(C)	(D)
Name	Total	Program Services	Management & General	Fundraising
Alexander Rose	111,000.	99,900.	11,100.	0.
Stewart Brand	0.	0.	0.	0.
W. Daniel Hillis	0.	0.	0.	0.
Paul Saffo	0.	0.	0.	0.
Kevin Kelly	0.	0.	0.	0.
Douglas Carlston	0.	0.	0.	0.
Peter Schwartz	0.	0.	0.	0.
Brian Eno	0.	0.	0.	0.
Michael Keller	0.	0.	0.	0.
Roger Kennedy	0.	0.	0.	0.
Esther Dyson	0.	0.	0.	0.
Mitchell Kapor	0.	0.	0.	0.
David Rumsey	0.	0.	0.	0.
<b>Total</b>	<b>\$ 111,000.</b>	<b>\$ 99,900.</b>	<b>\$ 11,100.</b>	<b>0.</b>

Employee Benefit Plan Contribution	(A)	(B)	(C)	(D)
Name	Total	Program Services	Management & General	Fundraising
Alexander Rose	3,275.	2,948.	327.	0.
Stewart Brand	0.	0.	0.	0.
W. Daniel Hillis	0.	0.	0.	0.
Paul Saffo	0.	0.	0.	0.
Kevin Kelly	0.	0.	0.	0.
Douglas Carlston	0.	0.	0.	0.
Peter Schwartz	0.	0.	0.	0.
Brian Eno	0.	0.	0.	0.
Michael Keller	0.	0.	0.	0.
Roger Kennedy	0.	0.	0.	0.
Esther Dyson	0.	0.	0.	0.
Mitchell Kapor	0.	0.	0.	0.
David Rumsey	0.	0.	0.	0.
<b>Total</b>	<b>\$ 3,275.</b>	<b>\$ 2,948.</b>	<b>\$ 327.</b>	<b>0.</b>

Expense Acct. & Other Allowances	(A)	(B)	(C)	(D)
Name	Total	Program Services	Management & General	Fundraising
Alexander Rose	0.	0.	0.	0.
Stewart Brand	0.	0.	0.	0.
W. Daniel Hillis	0.	0.	0.	0.
Paul Saffo	0.	0.	0.	0.
Kevin Kelly	0.	0.	0.	0.
Douglas Carlston	0.	0.	0.	0.
Peter Schwartz	0.	0.	0.	0.
Brian Eno	0.	0.	0.	0.
Michael Keller	0.	0.	0.	0.
Roger Kennedy	0.	0.	0.	0.
Esther Dyson	0.	0.	0.	0.
Mitchell Kapor	0.	0.	0.	0.
David Rumsey	0.	0.	0.	0.
<b>Total</b>	<b>\$ 0.</b>	<b>\$ 0.</b>	<b>\$ 0.</b>	<b>0.</b>

## The Long Now Foundation

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**Statement 6**  
**Form 990, Part II, Line 43**  
**Other Expenses**

	(A)	(B)	(C)	(D)
	Total	Program Services	Management & General	Fundraising
Bank Charges	11,230.	9,848.	1,339.	43.
Bookkeeping Services	4,750.		4,750.	
Computer Services	6,709.	56.	6,603.	50.
Consulting Fees	674,198.	643,162.	31,036.	
Dues & Memberships	5.		5.	
Insurance	3,202.		3,202.	
Misc. Fundraising Expenses	773.			773.
Misc. Operating Expenses	1,770.	967.	803.	
Office Expenses	4,351.	81.	4,270.	
Taxes & Filing Fees	995.	853.	142.	
<b>Total</b>	<b>\$ 707,983.</b>	<b>\$ 654,967.</b>	<b>\$ 52,150.</b>	<b>\$ 866.</b>

**Statement 7**  
**Form 990, Part III**  
**Organization's Primary Exempt Purpose**

To foster long-term perspective and responsibility.

**Statement 8**  
**Form 990, Part III, Line a**  
**Statement of Program Service Accomplishments**

Description	Grants and Allocations	Program Service Expenses
<p>The 10,000 Year Clock Project was conceived by Danny Hillis as a monument to long-term thinking. The design development on the clock began in 01997 and has generated an early prototype, an orrery-like planetary display, and several mechanical and design patents. As the first step toward building the clock, the Foundation has purchased desert mountain land adjoining Great Basin National Park in eastern Nevada.</p> <p style="text-align: right;">Includes Foreign Grants: No</p>		734,392.
<p>The Foundation's Rosetta Project website is now the largest collection of linguistic data on the Internet. You can view, comment or add to the material collected on over 2300 languages.</p> <p style="text-align: right;">Includes Foreign Grants: No</p>		126,641.
<p>Seminars: The purpose of the series is to build a coherent, compelling body of ideas about long-term thinking, to help nudge civilization toward Long Now's goal of making long-term thinking automatic and common instead of difficult and rare.</p> <p style="text-align: right;">Includes Foreign Grants: No</p>		106,150.

The Long Now Foundation

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**Statement 8 (continued)**  
**Form 990, Part III, Line a**  
**Statement of Program Service Accomplishments**

Description	Grants and Allocations	Program Service Expenses
Other programs that foster long term perspective and responsibility such as the Long Server and a time line tool dubbed Long Viewer as well as grants to explore various aspects of long term thinking.	5,000.	24,751.
Includes Foreign Grants: No		
	<u>\$ 5,000.</u>	<u>\$ 991,934.</u>

**Statement 9**  
**Form 990, Part IV, Line 54a**  
**Investments - Publicly Traded Securities**

Corporate Stocks	Valuation Method	Amount
200 Sh, Noble Corp	Market Value	\$ 15,230.
600 Sh, American Cap Stratgy	Market Value	27,756.
400 Sh, American Express	Market Value	24,268.
200 Sh, Apache Corp	Market Value	13,302.
800 Sh, BJ Svcs Co	Market Value	23,456.
175 Sh, Baker Hughes Inc	Market Value	13,066.
600 Sh, Bank of America Com	Market Value	32,034.
250 Sh, Chevron Corp	Market Value	18,383.
1,300 Sh, Cisco Systems Inc	Market Value	35,529.
250 Sh, Coach Inc	Market Value	10,740.
400 Sh, Cognizant Tech Solutions Corp	Market Value	30,864.
350 Sh, Colgate Palmolive Co	Market Value	22,834.
225 Sh, Devon Energy Corp	Market Value	15,093.
350 Sh, Genentech Inc	Market Value	28,396.
400 Sh, Gilead Sciences Inc	Market Value	25,972.
150 Sh, Goldman Sachs Group Inc	Market Value	29,903.
475 Sh, Johnson & Johnson	Market Value	31,359.
225 Sh, Laboratory Corp	Market Value	16,531.
450 Sh, McGraw Hill	Market Value	30,609.
225 Sh, Medtronic Inc	Market Value	12,039.
750 Sh, Microsoft Corp	Market Value	22,395.
200 Sh, National Oilwell Varco Inc	Market Value	12,236.
250 Sh, Oneok Partners	Market Value	15,835.
150 Sh, Pepsi Co	Market Value	9,382.
250 Sh, Precision Castparts	Market Value	19,570.
200 Sh, Procter & Gamble Co	Market Value	12,854.
900 Sh, Qualcomm Inc	Market Value	34,011.
475 Sh, Techne Corp	Market Value	26,338.
100 Sh, 3M Co	Market Value	7,793.
250 Sh, United Technologies Corp	Market Value	15,630.
725 Sh, Wells Fargo & Co	Market Value	25,781.
Total	\$	<u>659,189.</u>

Statement 9 (continued)  
Form 990, Part IV, Line 54a  
Investments - Publicly Traded Securities

Corporate Bonds	Valuation Method	Amount
100,000 Sh, Cit Group Inc 5.25% 08/15/09	Market Value	\$ 99,969.
100,000 Sh, HSBC Fin Corp 5.30% 8/15/09	Market Value	100,220.
100,000 Sh, Wal Mart Inc 4.125% 07/01/10	Market Value	96,885.
100,000 Sh, Target Corp 7.50% 08/15/10	Market Value	107,365.
100,000 Sh, Cit Group Inc 5.35% 08/15/11	Market Value	99,787.
100,000 Sh, Hsbc Fin Corp 5.40% 08/15/11	Market Value	99,976.
100,000 Sh, WaMu Inc 5.0% 03/22/12	Market Value	97,462.
100,000 Sh, Gen Elec Co 5.0% 02/01/13	Market Value	98,890.
100,000 Sh, City Nat Co 5.125% 02/15/13	Market Value	97,931.
100,000 Sh, Toyota 5.50% 09/20/11	Market Value	99,667.
	Total	\$ 998,152.

Other Publicly Traded Securities	Valuation Method	Amount
1,150 Sh, AMB Ppty Corp	Market Value	67,402.
1,100 Sh, Archstone Smith	Market Value	64,031.
525 Sh, Avalonbay Cmmtys Inc	Market Value	68,276.
2,750 Sh, Host Hotels & Resorts Inc	Market Value	67,512.
2,200 Sh, KKR Fin Corp	Market Value	58,938.
1,350 Sh, Kimco Realty Corp	Market Value	60,683.
2,300 Sh, Nationwide Health Properties	Market Value	69,506.
950 Sh, Prologis Shs	Market Value	57,732.
525 Sh, SL GReen Rlty Corp	Market Value	69,710.
625 Sh, Simon Ppty Group Inc	Market Value	63,306.
800 Sh, Allied Cap Corp	Market Value	26,144.
2,998.092 Sh, Dodge & Cox Internt'l Fund	Market Value	130,897.
700 Sh, Ishares TR MSCI Emerging Mkts	Market Value	80,017.
9,063.551 Sh, Julius Baer International	Market Value	136,769.
3,689.666 Sh, Ladus Rosenberg Int'l Sm	Market Value	78,110.
750 Sh, Powershares Exchange Traded FD	Market Value	12,990.
	Total	\$ 1,112,023.

Publicly Traded Securities \$ 2,769,364.

Statement 10  
Form 990, Part IV, Line 57  
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Land	\$ 295,800.		\$ 295,800.
Total	<u>\$ 295,800.</u>	<u>\$ 0.</u>	<u>\$ 295,800.</u>

Statement 11  
Form 990, Part IV, Line 58  
Other Assets

Deposit	\$	23,000.
Interest Receivable		16,860.
Total	\$	<u>39,860.</u>

Statement 12  
Form 990, Part IV, Line 65  
Other Liabilities

Payable to Related Exempt Org	\$	10,977.
Total	\$	<u>10,977.</u>

Statement 13  
Form 990, Part V-A  
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
Alexander Rose Fort Mason Center, Bldg A San Francisco, CA 94123	Executive Direc 0	\$ * 111,000.	\$ 3,275.	\$ 0.
Stewart Brand Fort Mason Center, Bldg A San Francisco, CA 94123	Co-Chair/Pres. 10	0.	0.	0.
W. Daniel Hillis Fort Mason Center, Bldg A San Francisco, CA 94123	Co-Chairman 10	0.	0.	0.
Paul Saffo Fort Mason Center, Bldg A San Francisco, CA 94123	Director 2	0.	0.	0.
Kevin Kelly Fort Mason Center, Bldg A San Francisco, CA 94123	Sec Treas/Dir 2	0.	0.	0.
Douglas Carlston Fort Mason Center, Bldg A San Francisco, CA 94123	Director 2	0.	0.	0.
Peter Schwartz Fort Mason Center, Bldg A San Francisco, CA 94123	Director 2	0.	0.	0.

\*Compensation as key employee,  
not as Board Member.

**Statement 13 (continued)**  
**Form 990, Part V-A**  
**List of Officers, Directors, Trustees, and Key Employees**

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Brian Eno Fort Mason Center, Bldg A San Francisco, CA 94123	Director 2	\$ 0.	\$ 0.	\$ 0.
Michael Keller Fort Mason Center, Bldg A San Francisco, CA 94123	Director 2	0.	0.	0.
Roger Kennedy Fort Mason Center, Bldg A San Francisco, CA 94123	Emeritus Dir 2	0.	0.	0.
Esther Dyson Fort Mason Center, Bldg A San Francisco, CA 94123	Director 2	0.	0.	0.
Mitchell Kapor Fort Mason Center, Bldg A San Francisco, CA 94123	Emeritus Dir 2	0.	0.	0.
David Rumsey Fort Mason Center, Bldg A San Francisco, CA 94123	Director 2	0.	0.	0.
Total		\$ 111,000.	\$ 3,275.	\$ 0.

**Statement 14**  
**Form 990, Part V-A, Line 75b**  
**Compensation Paid to Related Individuals**

Name and Relationship

Stewart Brand  
 Also President of Board of Directors of Long Bets.

Douglas Carlston  
 Also member of Board of Directors of Long Bets.

Kevin Kelly  
 Also Treasurer and Secretary of Board of Directors of Long Bets.

**Statement 15**  
**Form 990, Part VIII**  
**Relationship of Activities to the Accomplishment of Exempt Purposes**

<u>Line #</u>	<u>Explanation of Activities</u>
93b	Revenue from speaking engagements related to building a coherent body of ideas about long-term thinking.
102	Incidental sales of CDs of the Clock's chimes and other merchandise related to fostering long-term perspective and responsibility.
93a	Payment for Lameen Work done for Endangered Language Fund
103c	Adjustment of prior year expenses

**Statement 16**  
**Schedule A, Part III, Line 2**  
**Transactions with Trustees, Directors, Etc.**

The Executive Director was reimbursed \$3,322 for out of pocket expenses incurred on behalf of the Foundation.

## The Long Now Foundation

68-0384748

Statement 17  
Form 990, Part IV-A Public Support

As reported on its 2006 Form 990, the Organization's public support percentage is 31.75%. This amount is slightly below the required 33.33%. During 2005, the Organization was the recipient of a very large grant in the amount of \$4,500,000 which caused the public support percentage to dip below the required threshold. Had the Organization not received this grant, it would easily meet the public support test.

The Foundation satisfies the facts and circumstance test of Regulations Section 1.170A-9(e)(3) and qualifies as a public charity because:

- \* Its public support is well in excess of the 10% requirement.
- \* It maintains an active program to solicit grants.
- \* Its Board of Directors is representative of the public, rather than any donors' interest.
- \* Its programs are available to the public.

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

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.

- 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.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

Section 501(c)(3) corporations 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 section 501(c)(3) corporations 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](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

<b>Type or print</b> File by the due date for filing your return See instructions.	Name of Exempt Organization <b>The Long Now Foundation</b>	Employer identification number <b>68-0384748</b>
	Number, street, and room or suite number If a P.O. box, see instructions. <b>Fort Mason Center, Landmark Bldg A</b>	
	City, town or post office For a foreign address, see instructions <b>San Francisco, CA 94123</b>	state ZIP code

**Check type of return to be filed** (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ▶ Alexander Rose

Telephone No. ▶ (415) 561-6582 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 the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until 8/15, 2007, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for:

- ▶  calendar year 2006 or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final 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 nonrefundable credits. See instructions.	3a	\$ 0.
3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$ 0.
3c <b>Balance Due.</b> 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). See instructions.	3c	\$ 0.

**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.

• 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.** You must file original and one copy.

<b>Type or print</b>  File by the extended due date for filing the return. See instructions	Name of Exempt Organization <b>The Long Now Foundation</b>	Employer identification number <b>68-0384748</b>
	Number, street, and room or suite number. If a P O box, see instructions <b>Fort Mason Center, Landmark Bldg A</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>San Francisco, CA 94123</b>	

Check type of return to be filed (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> 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 Alexander Rose  
Telephone No. (415) 561-6582 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 the extension is for

- I request an additional 3-month extension of time until 11/15, 2007.
- For calendar year 2006, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.
- If this tax year is for less than 12 months, check reason.  Initial return  Final return  Change in accounting period
- State in detail why you need the extension The Organization requires additional time to gather the information necessary to file a complete and accurate return.

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b> \$
<b>8b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b> \$
<b>8c</b> <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	<b>8c</b> \$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Carol Duffield Title CPA Date 8/13/07

**Notice to Applicant. (To be Completed by the IRS)**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested
- Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address.** Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

<b>Type or print</b>	Name <b>Fontanello, Duffield &amp; Otake, LLP</b>
	Number and street (include suite, room, or apartment number) or a P O box number <b>44 Montgomery Street, Suite 2019</b>
	City or town, province or state, and country (including postal or ZIP code) <b>San Francisco, CA 94104</b>