

**Return of Organization Exempt from Income Tax**

**2001**

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

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 2001 calendar year, or tax year beginning** , 2001, and ending , 20

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

Please use IRS label or print or type. See specific instructions.

The Long Now Foundation  
P O Box 29462  
San Francisco, CA 94129

**D Employer Identification Number**  
68-0384748

**E Telephone number**  
(415) 561-6582

**F Accounting method**  Cash  Accrual  
 Other (specify) \_\_\_\_\_

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?  Yes  No

**H (b)** If yes enter number of affiliates \_\_\_\_\_

**H (c)** Are all affiliates included?  Yes  No  
(If no attach a list See instructions)

**H (d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Enter 4 digit group GEN \_\_\_\_\_

**M** Check  if the organization is not required to attach Schedule B (Form 990, 990 EZ, or 990 PF)

**G Web site:** www longnow org

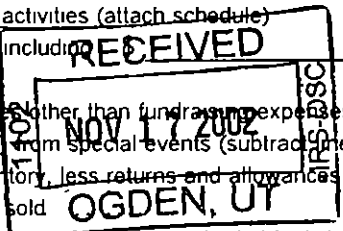
**J Organization type** (check only one)  501(c) 3 (insert no)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 763, 899

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see instructions)

<b>1</b> Contributions, gifts, grants, and similar amounts received				
<b>a</b> Direct public support	<b>1a</b>	717,802		
<b>b</b> Indirect public support	<b>1b</b>			
<b>c</b> Government contributions (grants)	<b>1c</b>			
<b>d</b> Total (add lines 1a through 1c) (cash \$ 717,802 noncash \$ _____)	<b>1d</b>		717,802	
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		470	
<b>3</b> Membership dues and assessments	<b>3</b>			
<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		12,476	
<b>5</b> Dividends and interest from securities	<b>5</b>			
<b>6a</b> Gross rents	<b>6a</b>			
<b>b</b> Less rental expenses	<b>6b</b>			
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b> Other investment income (describe _____)	<b>7</b>			
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	33,151	<b>8a</b>		
<b>b</b> Less cost or other basis and sales expenses	39,873	<b>8b</b>		
<b>c</b> Gain or (loss) (attach schedule) Statement 1	-6,722	<b>8c</b>		
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))		<b>8d</b>	-6,722	
<b>9</b> Special events and activities (attach schedule)				
<b>a</b> Gross revenue (not including _____ of contributions reported on line 1a)	<b>9a</b>			
<b>b</b> Less direct expenses (other than fundraising expenses)	<b>9b</b>			
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b> Less cost of goods sold	<b>10b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			
<b>12 Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		724,026	
<b>13</b> Program services (from line 44, column (B))	<b>13</b>		938,876	
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		63,599	
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		6,205	
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
<b>17 Total expenses</b> (add lines 16 and 44, column (A))	<b>17</b>		1,008,680	
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		-284,654	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		601,507	
<b>20</b> Other changes in net assets or fund balances (attach explanation) See Statement 2	<b>20</b>		-2,177	
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		314,676	



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**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
22	Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)				
23	Specific assistance to individuals (att sch)				
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc	87,083	65,312	17,417	4,354
26	Other salaries and wages	107,223	85,778	21,445	
27	Pension plan contributions				
28	Other employee benefits	4,114	3,199	823	92
29	Payroll taxes	16,095	12,515	3,219	361
30	Professional fundraising fees				
31	Accounting fees	5,262		5,262	
32	Legal fees	9,403	8,463	940	
33	Supplies	7,948	7,948		
34	Telephone	4,000	3,258	652	90
35	Postage and shipping	120	103	14	3
36	Occupancy	30,444	24,841	4,921	682
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel	4,663	4,663		
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)				
43	Other expenses not covered above (itemize)				
a	See Statement 3	732,325	722,796	8,906	623
b	-----				
c	-----				
d	-----				
e	-----				
44	<b>Total functional expenses</b> (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	<b>1,008,680</b>	<b>938,876</b>	<b>63,599</b>	<b>6,205</b>

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**

What is the organization's primary exempt purpose? See Statement 4  
 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) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses  
 (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)

a	See Statement 5				
	-----				
	-----				
	(Grants and allocations \$ _____)				938,876
b	-----				
	-----				
	(Grants and allocations \$ _____)				
c	-----				
	-----				
	(Grants and allocations \$ _____)				
d	-----				
	-----				
	(Grants and allocations \$ _____)				
e	Other program services				
	(Grants and allocations \$ _____)				
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), program services)				<b>938,876</b>

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

Note		(A) Beginning of year		(B) End of year	
<i>Where required, attached schedules and amounts within the description column should be for end-of-year amounts only</i>					
ASSETS	45	Cash — non-interest-bearing	207	45	160,389
	46	Savings and temporary cash investments	428,656	46	25,487
	47a	Accounts receivable		47a	
		b Less allowance for doubtful accounts		47b	47c
	48a	Pledges receivable		48a	
		b Less allowance for doubtful accounts		48b	48c
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a	Other notes & loans receivable (attach sch)		51a	
		b Less allowance for doubtful accounts		51b	51c
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
	54	Investments — securities (attach schedule)		54	
	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	135,800	57a		
	b Less accumulated depreciation (attach schedule) <b>Statement 6</b>		57b	135,800	
58	Other assets (describe ▶ _____)		58		
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	601,507	59	321,676	
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) <b>See Stmt 7</b>		63	7,000
	64a	Tax exempt bond liabilities (attach schedule)		64a	
		b Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ▶ _____)		65	
66	<b>Total liabilities</b> (add lines 60 through 65)	0	66	7,000	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>				
	67	Unrestricted	280,796	67	217,149
	68	Temporarily restricted	320,711	68	97,527
	69	Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74</b>				
	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)	601,507	73	314,676
	74	<b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	601,507	74	321,676

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.

BAA



**Part VI Other Information** (See specific instructions)

		Yes	No
<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If Yes, attach a detailed description of each activity		X
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes' attach a conformed copy of the changes		X
<b>78 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>78 b</b>	If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
<b>79</b>	Was there a liquidation, dissolution, termination or substantial contraction during the year? If 'Yes,' attach a statement		X
<b>80 a</b>	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	-	X
<b>81 a</b>	If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81 a</b>	Enter direct or indirect political expenditures See line 81 instructions	<b>81 a</b>	0
<b>81 b</b>	Did the organization file Form 1120-POL for this year?		X
<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>82 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>82 b</b>	Not Valued
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>83 b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>84 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>85 a</b>	<b>501(c)(4) (5) or (6) organizations</b> Were substantially all dues nondeductible by members?	N/A	
<b>85 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 c</b>	Dues, assessments, and similar amounts from members	<b>85 c</b>	N/A
<b>85 d</b>	Section 162(e) lobbying and political expenditures	<b>85 d</b>	N/A
<b>85 e</b>	Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	<b>85 e</b>	N/A
<b>85 f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85 f</b>	N/A
<b>85 g</b>	Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?		N/A
<b>85 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>86 a</b>	<b>501(c)(7) organizations</b> Enter a Initiation fees and capital contributions included on line 12	<b>86 a</b>	N/A
<b>86 b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86 b</b>	N/A
<b>87 a</b>	<b>501(c)(12) organizations</b> Enter a Gross income from members or shareholders	<b>87 a</b>	N/A
<b>87 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>87 b</b>	N/A
<b>88</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>89 a</b>	<b>501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under Section 4911 <u>0</u> , Section 4912 <u>0</u> , Section 4955 <u>0</u>		
<b>89 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
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958		0
	d Enter Amount of tax on line 89c above, reimbursed by the organization		0
<b>90 a</b>	List the states with which a copy of this return is filed <u>California</u>		
<b>90 b</b>	Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	<b>90 b</b>	4
<b>91</b>	The books are in care of <u>Alexander Rose</u> Telephone number <u>(415) 561-6582</u> Located at <u>Bldg 220 The Presidio, San Francisco, CA</u> ZIP + 4 <u>94129</u>		
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax exempt interest received or accrued during the tax year	N/A	<input type="checkbox"/>
		<b>92</b>	N/A

**Part VII Analysis of Income-Producing Activities** (See 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 Royalties/Book Sales			15	470	
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmtns			14	12,476	
96 Dividends & interest from securities					
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	-6,722	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				6,224	
105 Total (add line 104, columns (B), (D), and (E))					6,224

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See 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)
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See 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 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 8879 and Form 4720 (see instructions)

Please Sign Here

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.

Signature of Officer: *[Signature]* Date: 11/14/02

Type or Print Name and Title: ALEXANDER ROSE DIRECTOR

Paid Preparer's Use Only

Preparer's Signature: *[Signature]* Date: 11/13/02 Check if self-employed:

Firm's name (or yours if self-employed) and address and ZIP + 4: Montanello, Duffield & Otake, LLP  
300 Montgomery St Suite 1050  
San Francisco, CA 94104

Preparer's SSN or PTIN (see General Instruction W): 041-36-0590  
EIN: 37-1420474  
Phone no: (415) 983-0500

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

**Organization Exempt Under  
Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)  
Nonexempt Charitable Trust Supplementary Information - (See separate instructions.)

**2001**

Department of the Treasury  
Internal Revenue Service

Supplementary Information - (see separate instructions)

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

Name of the Organization: **The Long Now Foundation** Employer Identification Number: **68-0384748**

**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 & deferred compensation	(e) Expense account and other allowances
James Mason c/o Box 29452, SF CA 94129	Project Manager 40	62,500	0	0
Erio Brown c/o Box 29452, SF CA 94129	Fabricator 40	59,800	0	0
-----				
-----				
-----				
-----				
Total number of other employees paid over \$50,000 ▶	0			

**Part II 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 P0 Box 2689, Sausalito, CA 94966	Machinist/Fabricator	159,010
Paulo Salvagione P0 Box 220, Sausalito, CA 94966	Contractor on Clock	128,261
Kurt Bollacker 21 Samoset St, SF, CA 94110	Programming	72,410
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	0	

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

	Yes	No
<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> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) 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.		X
<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.) See Statement 9		
<b>a</b> Sale, exchange, or leasing of property?		X
<b>b</b> Lending of money or other extension of credit?	X	
<b>c</b> Furnishing of goods, services, or facilities?		X
See Form 990, Part V		
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
<b>e</b> Transfer of any part of its income or assets?		X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below )		X
<b>4</b> Do you have a section 403(b) annuity plan for your employees?		X
<b>Note</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments		

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

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 supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )

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

(a) Name(s) of supported organization(s)	(b) Line number from above

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



**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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	810,877	550,856	50,708	110,090	1,522,531
<b>16</b> Membership fees received					
<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	2,683				2,683
<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	17,414	11,700	14,772	7,991	51,877
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<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.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. See Stmt 10.	1,185				1,185
<b>23</b> Total of lines 15 through 22	832,159	562,556	65,480	118,081	1,578,276
<b>24</b> Line 23 minus line 17	829,476	562,556	65,480	118,081	1,575,593
<b>25</b> Enter 1% of line 23	8,322	5,626	655	1,181	
<b>26 Organizations described on lines 10 or 11</b>	a Enter 2% of amount in column (e), line 24				<b>26a</b> 31,512
<b>b</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 1997 through 2000 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> 489,494
<b>c</b> Total support for Section 509(a)(1) test. Enter line 24, column (e).					<b>26c</b> 1,575,593
<b>d</b> Add: Amounts from column (e) for lines	<b>18</b> 51,877	<b>19</b>			
	<b>22</b> 1,185	<b>26b</b> 489,494			<b>26d</b> 542,556
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> 1,033,037
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 65.56 %
<b>27 Organizations described on line 12.</b> N/A					
<b>a</b> 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.					
(2000) _____ (1999) _____ (1998) _____ (1997) _____					
<b>b</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 11, 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.					
(2000) _____ (1999) _____ (1998) _____ (1997) _____					
<b>c</b> Add: Amounts from column (e) for lines	<b>15</b> _____	<b>16</b> _____			
	<b>17</b> _____	<b>20</b> _____	<b>21</b> _____		
<b>d</b> Add: Line 27a total _____ and line 27b total _____					<b>27c</b> _____
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27d</b> _____
<b>f</b> Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					<b>27e</b> _____
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27f</b> _____
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27g</b> %
					<b>27h</b> %

**28 Unusual Grants** For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, 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
29	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?		
30	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?		
31	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 ) ----- ----- -----		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
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		
35	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		





Schedule B  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

Supplementary information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545 0047

2001

Name of Organization

The Long Now Foundation

Employer Identification Number

68-0384748

Organization type (check one)

Filers of:

Form 990 or 990-EZ

Section.

- 501(c)( 3 ) (enter number) organization  
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation  
 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation  
 4947(a)(1) nonexempt charitable trust treated as a private foundation  
 501(c)(3) taxable private foundation

Check if your organization is covered by the **general rule** or a **special rule**. (Note. Only a Section 501(c)(7), (8), or (10) organization can check box(es) for both the general rule and a special rule — see instructions )

General Rule —

- For organizations filing Form 990, 990 EZ, or 990 PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II )

Special Rules —

- For a Section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II )
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III )
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose. Do not complete any of the Parts unless the general rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ) ▶ \$ \_\_\_\_\_

**Caution** Organizations that are not covered by the general rule and/or the special rules do not file Schedule B (Form 990, 990 EZ, or 990 PF) but **must** check the box in the heading of their Form 990, Form 990 EZ, or on line 1 of their Form 990 PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990 PF)

BAA

Schedule B (Form 990, 990 EZ, or 990 PF) (2001)

Name of Organization

Employer Identification Number

The Long Now Foundation

68-0384748

**Part I** Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- -----	\$ 326,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
2	----- ----- -----	\$ 160,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
3	----- ----- -----	\$ 149,916	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
4	----- ----- -----	\$ 56,550	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )

Name of Organization

Employer Identification Number

The Long Now Foundation

68-0384748

**Part II** Noncash Property

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	----- ----- ----- ----- -----	\$-----	-----
_____	----- ----- ----- ----- -----	\$-----	-----
_____	----- ----- ----- ----- -----	\$-----	-----
_____	----- ----- ----- ----- -----	\$-----	-----
_____	----- ----- ----- ----- -----	\$-----	-----
_____	----- ----- ----- ----- -----	\$-----	-----
_____	----- ----- ----- ----- -----	\$-----	-----
_____	----- ----- ----- ----- -----	\$-----	-----

Name of Organization

Employer Identification Number

The Long Now Foundation

68-0384748

**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year** (Complete cols (a) through (e) and the following line entry)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year (enter this information once - see instructions) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	-----		
	-----		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee	
	-----		
	-----		
	-----		
	-----		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee	
	-----		
	-----		
	-----		
	-----		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee	
	-----		
	-----		
	-----		
	-----		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee	
	-----		
	-----		



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

Publicly Traded Securities

Gross Sales Price	33,151
Cost or Other Basis	39,873

Total Gain (Loss) Publicly Traded Securities \$ -6,722

Total Net Gain (Loss) From Noninventory Sales \$ -6,722

**Statement 2**  
**Form 990, Part I, Line 20**  
**Other Changes in Net Assets or Fund Balances**

Prior Period Adjustment		Total	\$ -2,177
			<u>\$ -2,177</u>

**Statement 3**  
**Form 990, Part II, Line 43**  
**Other Expenses**

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Bank Charges	1,184		1,184	
BioCensus	146,785	146,785		
Clock Development	97,844	97,844		
Consulting Fees	383,889	383,889		
Dues & Subscriptions	487	487		
Filing Fees	25		25	
Insurance	5,777		5,777	
Library	68,436	68,436		
Long Bets	5,500	5,500		
Misc Expenses	20		20	
Office Equipment/Furniture	1,452		1,452	
Public Relations	561			561
Utilities	2,773	2,263	448	62
Weather Station	13,554	13,554		
Website	4,038	4,038		
<b>Total</b>	<u>\$ 732,325</u>	<u>\$ 722,796</u>	<u>\$ 8,906</u>	<u>\$ 623</u>

**Statement 4**  
**Form 990, Part III**  
**Organization's Primary Exempt Purpose**

The fostering of long-term perspective and responsibility

## The Long Now Foundation

68-0384748

**Statement 5**  
**Form 990, Part III, Line a**  
**Statement of Program Service Accomplishments**

Description	Grants and Allocations	Program Service Expenses
Construction of 10,000 year clock Design and construction of a mechanical clock powered by seasonal temperature changes, a clock which ticks once a year, bongs once a century and whose cuckoo comes out every millenium		418,143
BioCensus Assembly of a systematic inventory of the life found on Earth by recording and genetically sampling every living species		146,785
The Rosetta Project A global collaboration of language specialists and native speakers working to develop a contemporary version of the historic Rosetta Stone		292,520
Long Bets A public forum for enjoyably competitive predictions of interest to society The program furnishes the continuity to see even the longest predictions through to public resolution		23,505
Weather Station Construction of a weather station in eastern Nevada which uses a five digit dates to solve the deca-millennium bug which will come into effect in approximately 800 years		57,923
	<u>\$ 0</u>	<u>\$ 938,876</u>

**Statement 6**  
**Form 990, Part IV, Line 57**  
**Land, Buildings, and Equipment**

Category	Basis	Accum Deprec.	Book Value
Land	\$ 135,800		\$ 135,800
Total	<u>\$ 135,800</u>	<u>\$ 0</u>	<u>\$ 135,800</u>

## The Long Now Foundation

68-0384748

**Statement 7**  
**Form 990, Part IV, Line 63**  
**Loans from Officers, Directors, Trustees, and Key Employees**

		<u>Balance Due</u>
Lender's Name	Stewart Brand	
Lender's Title	Officer	
Purpose of Loan	Development of New Projects	
Original Amount	2,500	
Balance Due		2,500
Lender's Name	Kevin Kelly	
Lender's Title	Officer	
Purpose of Loan	Development of New Projects	
Original Amount	2,000	
Balance Due		2,000
Lender's Name	Doug Carlston	
Purpose of Loan	Development of New Projects	
Original Amount	2,500	
Balance Due		2,500
Total		<u>\$ 7,000</u>

**Statement 8**  
**Form 990, Part V**  
**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>
Stewart Brand P O Box 29462 San Francisco, CA 94129	Co-Chairman Part-Time	\$ 0	\$ 0	\$ 0
W Daniel Hillis P O Box 29462 San Francisco, CA 94129	Co-Chairman Part-Time	0	0	0
Esther Dyson P O Box 29462 San Francisco, CA 94129	Board Member Part-Time	0	0	0
Paul Saffo P O Box 29462 San Francisco, CA 94129	Board Member Part-Time	0	0	0
Kevin Kelly P O Box 29462 San Francisco, CA 94129	Secretary Part-Time	0	0	0
Doug Carlston P O Box 29462 San Francisco, CA 94129	Board Member Part-Time	0	0	0

## The Long Now Foundation

68-0384748

Statement 8 (continued)  
Form 990, Part V  
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/Other
Peter Schwartz P O Box 29462 San Francisco, CA 94129	Board Member Part-Time	\$ 0	\$ 0	\$ 0
Brian Eno P O Box 29462 San Francisco, CA 94129	Board Member Part-Time	0	0	0
Michael Keller P O Box 29462 San Francisco, CA 94129	Board Member Part-Time	0	0	0
Roger Kennedy P O Box 29462 San Francisco, CA 94129	Emeritus Member Part-Time	0	0	0
Alexander Rose P O Box 29462 San Francisco, CA 94129	Director Full-Time	* 87,083	917	0
Total		<u>\$ 87,083</u>	<u>\$ 917</u>	<u>\$ 0</u>

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

Statement 9  
Schedule A, Part III, Line 2  
Transactions with Trustees, Directors, Etc.

Besides the compensation reported on Part V of the Form 990, Alexander Rose was reimbursed \$3,009 for out of pocket expenses that he incurred on behalf of the Organization

Three Board Members have loaned the Organization a total of \$7,000 to help fund new projects See Statement 7 for details

Statement 10  
Schedule A, Part IV-A, Line 22  
Other Income

Description	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
Royalty from Book Sales	\$ 1,185	\$ 0	\$ 0	\$ 0	\$ 1,185
Total	<u>\$ 1,185</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 1,185</u>

# 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)

**Note** 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)

**Note** Form 990-T corporations requesting an automatic 6 month extension — check this box and complete Part I only

All other corporations (including Form 990 C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065 1066 or 1041

<b>Type or print</b> File by the due date for filing your return See instructions	Name of Exempt Organization		Employer Identification Number
	The Long Now Foundation		68-0384748
	Number Street and Room or Suite Number If a P O Box see instructions		
	P O Box 29462		
City Town or Post Office For a foreign address see instructions		State	ZIP Code
San Francisco, CA 94129			

**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

• 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 month, for **990-T corporation**) extension of time until 8/15 20 02, to file the exempt organization return for the organization named above The extension is for the organization's return for  
 ▶  calendar year 20 01 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 \$ 0

b 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 \$ 0

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) See instructions \$ 0

**Signature and Verification**

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 and that I am authorized to prepare this form

Signature ▶ Carol Duggan Title ▶ CPA Date ▶ 5/9/02

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 - Must File Original and One Copy.

Name of Exempt Organization: The Long Now Foundation
Employer Identification Number: 68-0384748
Number Street and Room or Suite Number: P O Box 29462
City Town or Post Office State and ZIP Code: San Francisco, CA 94129

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

- Form 990 (checked), Form 990 EZ, Form 990 T, Form 1041 A, Form 5227, Form 8870, Form 990 BL, Form 990 PF, Form 990-T, Form 4720, Form 6069

Stop Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

- 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 organizations four digit Group Exemption Number (GEN)
whole group, check this box
If it is part of the group check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3 month extension of time until 11/15 20 02
5 For calendar year 2001 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 information necessary to file a complete and accurate return

8a 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 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 \$
c Balance due 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 instructions \$

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 M... Title: CPA Date: 8/19/02

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 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

Name: Fontanello Duffield & Otake LLP
Number and Street (include suite room or apartment number) or a P O Box Number: 300 Montgomery St Suite 1050
City or Town Province or State and Country (including postal or ZIP code): San Francisco CA 94104
EXTENSION APPROVED SEP 09 2002