

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Open to Public Inspection

Department of the Transury Internal Revenue Service

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

<u>A</u>	For the	2012 calendar year, or tax year beginning OCT 1, 2012 and e	nding S	EP 30, 2013	
В	Check if applicable	C Name of organization		D Employer identif	ication number
	Addres	SETI INSTITUTE			
	Name change	Doing Business As		94-2	951356
	Initial return	· •	Room/suite	E Telephone numbe	
Ļ	Termin ated		00		961-6633
Ļ	Amend	City, town, or post office, state, and ZIP code		G Gross receipts \$	20,064,167.
L	Application pendin			H(a) Is this a group r	
	penen	F Name and address of principal officer: DAVID BLACK		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates in	cluded? Yes No
		mpt status: X 501(c)(3)	r 527	1	a list. (see instructions)
		e: ► WWW.SETI.ORG	1	H(c) Group exemption	
		organization X Corporation	L Year	of formation 1984	M State of legal domicile CA
P	art I	Summary			
ø	1 1			NSTITUTE'S	
Activities & Governance	.	INTERDISCIPLINARY TEAM OF SCIENTISTS AND		<del></del>	
era	2	Check this box $lacktriangle$ if the organization discontinued its operations or dispose	ed of more	than 25% of its net a	
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	11
જ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	10
es	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	156
ξ	6	Total number of volunteers (estimate if necessary)		6	60
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	
	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34	<del></del>	7ь	0.
			<u> </u>	Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)	ר ٰ∟	17,209,272.	
en.	9	Program service revenue (Part VIII, line 2g)	1	<12,942.	
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, an <del>d 7d)</del>	38,118.	126,633.	
. –	11 (	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)  Other revenue (Part VIII, column (A), lines 5, 6d, 8¢, 9¢, 10e, and 11e) 2014	ঠ  ∟	0.	8,612.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2	17,234,448.	
IJ	13	Grants and similar amounts paid (Part IX, column A), lines 13)		0.	1,576,841.
	14	Benefits paid to or for members (Part IX, column (A), line (GDEN, UT	<b>.</b>	0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		12,305,276.	11,947,909.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	_	0.	0.
Ž	þ.	Fotal fundraising expenses (Part IX, column (D), line 25)	6.	<del></del>	
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	·	6,793,434.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	19,098,710.	
- 7	19	Revenue less expenses. Subtract line 18 from line 12		<1,864,262.	> 1,775,329.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
SSet	20	Total assets (Part X, line 16)		10,817,757.	13,494,830.
Z P	21	Total liabilities (Part X, line 26)		4,713,790.	5,285,691.
	22	Net assets or fund balances. Subtract line 21 from line 20		6,103,967.	8,209,139.
	art II	Signature Block			
		ties of perjury. I declare that I have examined this return, including accompanying schedules			Ty knowledge and belief, it is
true	, correc	, and complete. Declaration of propage (other than officer) is based on all information of while	ch preparer	has any knowledge	<del></del>
		Signature of officer			7.17
Sig		, /		Date /	, ,
He	re	David C Black President and CE	0	· · · · · · · · · · · · · · · · · · ·	<del></del>
		Type or print name and title			TI Date
		Print/Type preparer's name  Preparer's signature	//M	Oate Check [	PTIN
Pai	- 1	DARLA A. COLSON CALLA COLSON	LUTT	7/13//4 self-emplo	
	parer	Firm's name GILBERT ASSOCIATES, INC.	-	Firm's EIN	68-0037990
Use	Only	Firm's address 2880 GATEWAY OAKS DR, STE 100			16 646 6464
		SACRAMENTO, CA 95833		Phone no 9	16-646-6464
<u>Ma</u>	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No

4e

Total program service expenses

13,946,251.

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endowments, or quashendowments? If "Yes," complete Schedule D, Part V  1 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.  2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  3 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  4 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  5 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III  6 Did the organization report an amount for other inabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  7 Did the organization organization organization amount for other inabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  8 Did the organization organization included in consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII II  9 Did the organization included in consolidated, independent audited financial statements for the tax year?  9 Did the organization included in consolidated, independent audited financial statements for the tax year?  9 Did the organization included in consolidated financial statements for the tax year?  9 Did the organization included in consolidated financial statements for the tax year?  9 Did the organization included in section 170(b)(I)(A)(I)(I)(I)(I)(I)(I)(I)(I)(I)(I)(I)(I)(I)	* *	VII Oncomist of frequined confedures	-		
If Yes, *complete Schedule A   2   X		•		Yes	No
2 Is the organization required to complete Schedule B, Schedule of Contributors Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officer? If 176s, "complete Schedule C, Part I I Section 801 (s)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(t)) election in effect during the tax year? If 176s, "complete Schedule C, Part II Is the organization as defined in fewer the requirement of the organization and the organization as defined in fewer the Part II I and I is the organization as defined in fewer the Procedure of Part II I and the organization as defined in fewer the Part I I and I is the organization as defined in fewer the Part I I and I is the organization as defined in fewer the Part I I and I is the organization as defined in fewer the Part I I and I is the organization and the organization or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I I I the organization maintain oldections of works of art, historical freasures, or other similar assets? If "Yes," complete Schedule D, Part II I I the organization report an amount in Part X, line 21, for section or custodial account liability; serve as a custodian for amounts on total total in Part X, inc 21, for section or custodial account liability; serve as a custodian for amounts on total total in Part X, inc 12 in the organization, developments? If "Yes," complete Schedule D, Part I II I I the organization report an amount for lind, buildings, and equipment in Part X, line 10 II I Yes, "complete Schedule D, Part X II I I I the organization report an amount for lind, buildings, and equipment in Part X, line 10 I I Yes, "complete Schedule D, Part X II I I I I the organization report an amount for investments - program related in Part X, line 10 I I I I I I I I I I I I I I I I I I	1				
Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If **Prec*, complete Schedule O, Part I is Section 501(6)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(6) election in effect during the tax year? If **Prec*, complete Schedule C, Part II is the organization a section 501(6)(4), 501(6)(6),		If "Yes," complete Schedule A			
public office? If "Yes," complete Schedule C, Part II  Section 501e(13) organizations. Did the organization engage in lobbying activities, or have a section 501(h) electron in effect during the tax year? If "Yes," complete Schedule C, Part II  Is the organization as eaction 501(h)(4), 501(h)(5), or 501(h)(6), organization that receives membership dues, assessments, or similar amounts as defined in Newneue Procedure 96-197 If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advised on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide receit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part III  Did the organization report an amount for lead, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part V, III III the organization report an amount for lead, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part XII  Did the organization report an amount for lead, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part XII  Did the organization report an amount for the limitation of the securities in Part X, line 167 If "Yes," complete Schedule D, Part XII  Did the organization report an amount for lead, buildings, and equipment in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part XIII  Did the organization report an amount for lead in the securities is particles or part X, line 167 If "Yes," complete Schedule D, Part XIII  Did the org	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(c)(4) election in effect during the tax year? If "Yes," complete Schedule C, Part II as the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part II but have been the distribution or investment of amounts in such funds or accounts for which dones have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Which dones have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did to organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Did to organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV Did the organization report an amount for land, buildings, and equipment in Part X, line 101 If "Yes," complete Schedule D, Part V II If the organization sensor to any of the following questions is "Yes," then complete Schedule D, Part V II II If the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part V II Did the organization report an amount for investments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part V II Did the organization report an amount for other assets in Part X, line 107 If "Yes," complete Schedule D, Part V II Did the organization report an amount for other assets in Part X, line 107 If "Yes," complete Schedule D, Part X II Did the organization report an amount for other assets in Part X, line 107 If "Yes," complete Schedule D, Part X II Did the organization report an amount of other investments of the say year include a footnote that addresses the organizati	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
duming the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 50 (16)(4), 50 (16)(6),		·	3		X
5 Is the organization a section \$91 (e)(4), 501 (e)(5), or \$51 (e)(6) organization that receives membership dues, assessments, or similar amounts as delined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III or provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investments to preserve open space, the environment, historical transactions in control to the organization report an amount in Part X, interest of the such assets? If "Yes," complete Schedule D, Part III  Did the organization report an amount in Part X, inc 21, for escrive or custodial account liability; serve as a custodian for amounts not listed in Part X, for provide credit counseling, debt management, credit repair, or dobt negotiation services? If "Yes," complete Schedule D, Part VI  If the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part VI  If the organization report an amount for investments - other securities in Part X, line 102 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII  Did the organization report an amount for other isolation is Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part XII  Did the organization report an amount for other isolation is part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," comple	4				
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Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 10 bit the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization report an amount for limb provides Schedule D, Part V 12 If the organization report an amount for limb pulsarily and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V 11 Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V 11 Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V 11 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11 Line 16. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11 Line 16. Did the organization in separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11 Line 17 Line	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV  Did the organization device an answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part VIII bid the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X  The Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X  The Vision of the Vision organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XIII is the organization as chool described in section 170(b)(T)(A)(II)? If "Yes," complete Schedule D, Part X and XIII is the organization and in section of Part IX, column (A), line 3, more than \$1,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line		·	8		Х
## "Yes," complete Schedule D, Part IV  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quase-indowments, or quase-indowmen	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
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Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  12b X  13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  13 X  14a Did the organization maintain an office, employees, or agents outside of the United States?  14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV  17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II  19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  12b X  20c VX	Ť	•		17	
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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20-				
	0	ii 165 to iii 6 204, Old the organization attach a copy of its audited financial statements to this return?		ggn	2012)

Form	990 (2012) SETI INSTITUTE 94-2951	356	Р	age 4
	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		1	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ŀ
	Schedule J .	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K If "No", go to line 25	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	t l		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33_	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		ł	١,,
	Part V, line 1	34	-	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<del> </del>	X
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	+	-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1	1	1

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

38 X Form **990** (2012)

X

37

If "Yes," complete Schedule R, Part V, line 2

Note. All Form 990 filers are required to complete Schedule O

Pai	Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response to any question in this Part V		<del></del> .			<u> </u>
4.	Fatantha asserbas asserted to Bost 2 of Farm 1000 Fatan 0 of ant analysis bla		51		Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a 1b	0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and re		<u>~</u>			ĺ
C	(gambling) winnings to prize winners?	portat	ole garriirig	1c	x	İ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	İ				<b></b>
20	filed for the calendar year ending with or within the year covered by this return	2a	156			ĺ
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	х	ĺ
_	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions			<del></del>		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,		3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a		•	4a		Х
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	ccour	its.	.		1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a	<b> </b>	Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	<b> </b>	
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs requ	iired	_		v
_	to file Form 8282?	1		7c	ļļ	X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		<b>.</b> .	1	х
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit control the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		l r	7e 7f	-	X
			00 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		·	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Do					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at a		•	8	. 1	
9	Sponsoring organizations maintaining donor advised funds.	•	, , , , ,			
а	Did the organization make any taxable distributions under section 4966?			9a	. 1	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					İ
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				ĺ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				ĺ
11	Section 501(c)(12) organizations. Enter:	1				ĺ
a		11a				į
b						ĺ
40-	·	11b				İ
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1		12a		
	· · · · · · · · · · · · · · · · · · ·	12b				İ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?			122		
d	Note. See the instructions for additional information the organization must report on Schedule O.			13a		······
h	Enter the amount of reserves the organization is required to maintain by the states in which the					ĺ
,	·	13ь				İ
С		13c				ĺ
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b		

SETI INSTITUTE 94-2951356 Form 990 (2012) Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 11 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 10 1b b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X 3 of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 X Did the organization have members or stockholders? 6 ß 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following R Х 8a a The governing body? X **b** Each committee with authority to act on behalf of the governing body? 8ь Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Ω X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Ye<u>s</u> No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c Х 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA, AL, AK, AR, CT, FL, GA, HI, IL, KS, KY, ME

18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.
	Own website X Another's website X Upon request Other (explain in Schedule O)

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► LISA KANEHIRO − (650) 960−4504

189 N. BERNARDO AVENUE, NO. 100, MOUNTAIN VIEW, CA 94043-5203

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	1			C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck			one	Reportable	Reportable	Estimated
	hours per		, unle cer an					compensation	compensation from related	amount of
	week (list any	Þ					ΓÉ	from the	organizations	other compensation
	hours for	director				8		organization	(W-2/1099-MISC)	from the
	related	100	152 188		_	ensat		(W-2/1099-MISC)		organization
	organizations	豆豆	ag a		Sec.	8 S				and related
	below line)	Individual trustae	Institutional trustee	O#ficer O#ficer	Кеу етріоуее	Highest compensated employee	ame o			organizations
(1) JOHN GERTZ	15.00	╁ <u>╾</u>	=	٦	×	1.8	۳			
TRUSTEE		X						0.	0.	0 .
(2) ANDREW FRAKNOI	5.00									
TRUSTEE	,	X						0.	0.	0 .
(3) WILLIAM WELCH	1.00	]								
TRUSTEE		X				<u> </u>		0.	0.	0 .
(4) PAUL ELLIOT	1.00	ļ							_	
TRUSTEE		X	_			ļ	_	0.	0.	0 .
(5) ELIZABETH GARRETT	1.00									•
TRUSTEE	1 00	X	-	<u> </u>		-	<u> </u>	0.	0.	0
(6) DANE GLASGOW	1.00	<b>.</b>				ŀ			<u> </u>	0
CO-CHAIRMAN	1 00	X	-	<u> </u>		├	<u> </u>	0.	0.	0.
(7) RUSS HOLDSTEIN	1.00	X		i		1		0.	0.	0.
TRUSTEE	1.00	<del> </del> ^	-	$\vdash$	<u> </u>	╁╌	$\vdash$	0.	0.	
(8) DAVID LIDDLE CO-CHAIRMAN	1.00	X			ļ			0.	0.	0
(9) DAVID PRATT	1.00	1		-		<del>                                     </del>	<del> </del>		0.	
TRUSTEE		X						0.	0.	0
(10) PIERRE SCHWOB	1.00			$\vdash$		┢	╁			
TRUSTEE		X						0.	0.	0.
(11) THOMAS PIERSON	50.00									
VICE CHAIR, SECRETARY & CEO		X		X	}			117,589.	0.	41,075
(12) EDNA DEVORE	40.00									
ACTING CEO				X				122,227.	0.	31,426
(13) SHANNON ATKINSON	40.00									
CFO				X				136,500.	0.	28,245
(14) JON JENKINS	40.00	]							_	
SENIOR RESEARCH SCIENTIST	-	$oxed{igspace}$	_		X	$oxed{}$	$ldsymbol{ld}}}}}}$	176,831.	0.	41,866
(15) VIRGINIA GULICK	40.00	1						1		21 52=
SENIOR RESEARCH SCIENTIST	40.00	<del> </del>	<u> </u>		<u> </u>	X	_	145,530.	0.	31,697
(16) JOHN MARSHALL	40.00	-				,,		146 740		20 552
SENIOR RESEARCH SCIENTIST	40.00	$\vdash$	_	<u> </u>	<del> </del>	X	<u> </u>	146,748.	0.	29,552
(17) PETER TENENBAUM	40.00	┨				J.		150 402		22 060
SCIENTIFIC PROGRAMMER				<u></u>		X		159,402.	0.	22,860.

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	(do box offic	not c		tion more	than	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	а	(F) stimate mount other	of
	(list any hours for related organizations below line)	Individual frustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or	mpensa from th ganizat nd relat ganizat	ne tion ted
(18) JOSHEPH TWICKEN	40.00							165 505		_		
SENIOR SCIENTIFIC PROGRAMMER	40.00		_			Х	_	165,787.	0	•	12,8	09.
(19) DOUG CALDWELL	40.00					х		138,902.	o	,	39,1	21
PRINCIPAL INVESTIGATOR							-	130,902.			,,,,	21
												•
1b Sub-total								1,309,516.	0		78,6	
c Total from continuation sheets to Part VI	I, Section A							1,309,516.	0	-	10 6	0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but n compensation from the organization ▶	ot limited to th	ose	liste	ed al	00V	e) wh	no re	·	L	• 2	78,6	35
Compensation from the organization											Yes	
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		ıste	e, ke	y en	nplo	yee,	, or I	highest compensated e	mployee on	3		х
4 For any individual listed on line 1a, is the su		le co	mp	ensa	ation	and	d oth	her compensation from	the organization	····	1	1
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual	•	4	X	
5 Did any person listed on line 1a receive or a							elat	ed organization or indivi	dual for services			
rendered to the organization? If "Yes," com	plete Schedul	9 <i>J f</i>	or s	JCh j	pers	son				5		X
Section B. Independent Contractors  1 Complete this table for your five highest co	mnonested in	1000		nt c		ract-	anc A	hat received more than	\$100,000 of an-	notice		
Complete this table for your five highest co     the organization. Report compensation for									· · · · · · · · · · · · · · · · · · ·	ISAUON	irom	
(A)		<b>\</b>		· <b>· · ·</b>		<u>••</u>		(B)			(C)	
Name and business	address							Description of s		Comp	ensatio	n
GENEX SYSTEMS, LLC	N M D M O N T	777		224	:	<u>-</u>	- 1	PROTOCOL DEV	ELOPMENT	A 1		
2 EATON ST, SUITE 603, HA	MILION,	V E	1 4	<u> </u>	OC	כ	K	<u>E EVALUATION</u>		4 ]	16,6	32.

(A) Name and business address	(B) Description of services	(C) Compensation
GENEX SYSTEMS, LLC	PROTOCOL DEVELOPMENT	<u> </u>
2 EATON ST, SUITE 603, HAMPTON, VA 23666	& EVALUATION	416,632.
AMY BAKER	PLANETARY PROTECTION	
7016 S MILLER CT, LITTLETON, CO 80127	CONSULTANT	138,600.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	

\$100,000 of compensation from the organization

L.TT.		Check if Schedule O cont	ains a response	to any question in	this Part VIII			. 🗆
•	7	*	can a response		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1	a Federated campaigns	1a					
Gran		<b>b</b> Membership dues	1b					
S, C		c Fundraising events	1c					
a H		d Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts		e Government grants (contribut	ions) 1e	15,067,689.				
		f All other contributions, gifts, gran	its, and					
		similar amounts not included abo	ve 1f	4,176,705.				
at O		9 Noncash contributions included in lines	1a-1f \$					
ತ್ತಿ ಕ		h Total. Add lines 1a-1f		<b>&gt;</b>	19,244,394.			
				Business Code				
8	2	2 a			. ,			
ēŽ		<b>b</b>						
Selle		c						
ran lev		d	<del></del>					
Program Service Revenue		e						
<u> </u>		f All other program service reve	enue					
		g Total. Add lines 2a-2f		<b>&gt;</b>				
	3	Investment income (including	dıvıdends, ınter	est, and				
		other similar amounts)		▶ [	31,979.			31,979.
	4	Income from investment of ta	x-exempt bond	proceeds 🕨	·			
	5	5 Royalties		<b>•</b>				
			(i) Real	(ii) Personal				
	6	a Gross rents		ļ				
		b Less: rental expenses		ļ				
		c Rental income or (loss)	1	L				
		d Net rental income or (loss)		<u> </u>				
	7	7 a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	779,182	·				
		<b>b</b> Less: cost or other basis						
		and sales expenses	684,528	1				
		c Gain or (loss)	94,654					
		d Net gain or (loss)	_		94,654.			94,654.
en	8	a Gross income from fundraisin	•					
Other Reven		including \$	of					
æ		contributions reported on line	•					
je		Part IV, line 18	a					
ਠੋ		b Less: direct expenses	t.	) <u> </u>				
		c Net income or (loss) from fun						
	8	a Gross income from gaming a		.  [				
		Part IV, line 19	a					
		b Less: direct expenses	•					
		a Gross sales of inventory, less	c Net income or (loss) from gaming activities					
	10	and allowances	8	.				
		b Less: cost of goods sold	t					
		c Net income or (loss) from sale	-	<b>'</b>		İ		
		Miscellaneous Revenu		Business Code				
	14	MISCELLANEOUS	10	900099	8,612.			8,612.
				300033	0,012.			0,012.
		b	<del></del>					
		d All other revenue						<del> </del>
		e Total. Add lines 11a-11d			8,612.			
	12			<b>•</b> 1	19 379 639.	0.	0 .	135 245

Form 990 (2012) SETI INSTITUT

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A).	
_	Check if Schedule O contains a respon	nse to any question in th	IS Part IX (B)	(C)	(D)
	not`include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,557,597.	1,557,597.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				***************************************
3	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	19,244.	19,244.		
4	Benefits paid to or for members	15/2110	13/2110	<del>*************************************</del>	
5	Compensation of current officers, directors,				
3	trustees, and key employees	587,003.	341,310.	245,693.	
6	Compensation not included above, to disqualified	30,70000	311,3133	21370331	· · · · · ·
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	8,772,964.	7,725,401.	856,765.	190,798
8	Pension plan accruals and contributions (include	0,772,3010	7,723,1010	03077031	1307130
U	section 401(k) and 403(b) employer contributions)	563,367.	483,147.	65,852.	14,368
9	Other employee benefits	1,349,312.	1,112,589.	222,724.	13,999
10	Payroll taxes	675,263.	585,236.	77,298.	12,729
11	Fees for services (non-employees):	3,3,233	300,200	7.72500	10,700
	Management				
b	Legal	190,801.	11,815.	165,097.	13,889
c	Accounting	47,823.	11,010	47,823.	10,005
d	Lobbying	17,70200		17,0231	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O)	601,497.	475,729.	103,762.	22,006
12	Advertising and promotion	6,506.	6,506.	2007,020	22,000
13	Office expenses	364,860.	234,064.	125,131.	5,665
14	Information technology				
15	Royalties				<del></del>
16	Occupancy	1,359,221.	66,432.	1,260,392.	32,397
17	Travel	633,342.	621,727.	8,747.	2,868
18	Payments of travel or entertainment expenses	<u> </u>		•	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	92,767.	79,286.	11,436.	2,045
20	Interest	•	•	· · · · · · · · · · · · · · · · · · ·	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	448,028.	402,360.	45,668.	-
23	Insurance	35,294.	3,308.	31,986.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e if line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0) SUPPLIES	194,971.	181,758.	11,751.	1,462
a	DUES AND SUBSCRIPTIONS	38,508.	24,408.	13,396.	704
b	LOSS ON DISPOSAL	13,624.	13,624.	13,390.	704
9	SUBCONTRACTOR EXPENSE	2,900.	13,024.		2,900
d		49,418.	710.	47,682.	1,026
e 25	All other expenses	17,604,310.	13,946,251.	3,341,203.	316,856
25	Total functional expenses. Add lines 1 through 24e	11,004,310.	13,740,231.	3,311,203.	310,030
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation  Check here F if following SOP 98-2 (ASC 958-720)				
	Check here ► if following SOP 98-2 (ASC 958-720)	<u> </u>	<u> </u>		Form <b>990</b> (2012

Pai	tΧ	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	368,868.	1	2,557,789.
	2	Savings and temporary cash investments	100,012.	2	100,150.
	3	Pledges and grants receivable, net	1,509,156.	3	2,641,262.
	4	Accounts receivable, net	168,000.	4	8,503.
	5	Loans and other receivables from current and former officers, directors,	<del></del>		
	•	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L	129,201.	5	108,252.
	6	Loans and other receivables from other disqualified persons (as defined under	•••••		······································
	•	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
ets	7	Notes and loans receivable, net		7	168,000.
Assets	8	Inventories for sale or use	4,707.	8	168,000. 4,356.
•	9	Prepaid expenses and deferred charges	4,707. 479,996.	9	495,447.
	10a				
		basis. Complete Part VI of Schedule D 10a 8,345,583.			
	ь	Less: accumulated depreciation 10b 2,908,180.	5,313,251.	10c	5,437,403.
	11	Investments - publicly traded securities	2,744,566.	11	5,437,403. 1,559,821.
	12	Investments - other securities. See Part IV, line 11		12	, ,
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.	15	413,847.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	10,817,757.	16	413,847. 13,494,830.
	17	Accounts payable and accrued expenses	2,915,818.	17	3,336,911.
	18	Grants payable		18	,
	19	Deferred revenue	607,753.	19	913,254.
	20	Tax-exempt bond liabilities		20	
Ş	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
iabi		key employees, highest compensated employees, and disqualified persons.			
_	•	Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	1,190,219.	25	1,035,526.
	26	Total liabilities. Add lines 17 through 25	4,713,790.	26	5,285,691.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
ses		complete lines 27 through 29, and lines 33 and 34.	F 220 021		5 200 076
auc	27	Unrestricted net assets	5,339,831.	27	5,309,976.
Ba	28	Temporarily restricted net assets	758,876.	28	2,893,903.
힏	29	Permanently restricted net assets	5,260.	29	5,260.
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			
S		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
<b>S</b>	31	Paid in or capital surplus, or land, building, or equipment fund		31	<del></del>
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	6 102 067	32	9 200 120
_	33	Total net assets or fund balances	6,103,967.	33	8,209,139. 13,494,830.
	34	Total liabilities and net assets/fund balances	10,011,131.	34	Eorm <b>990</b> (2012)

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Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,3		
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,6		
3	Revenue less expenses. Subtract line 2 from line 1	3			329.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			967.
5	Net unrealized gains (losses) on investments	5	1_	23,	501.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2	06,	342.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	8,2	09,	139.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u>LX_</u>
			<b></b>	Ye	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	ł		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2:	<u> </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	a no t			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		21	<u> </u>	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,		
	review, or compilation of its financial statements and selection of an independent accountant?		20	; X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C	D.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdıt		
	Act and OMB Circular A-133?		38	<u> </u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ıred au	dit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		31	<u> X</u>	
			For	m <b>99</b>	<b>0</b> (2012)

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

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

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

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

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

SETI INSTITUTE

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

Employer identification number 94-2951356

1		A church, cor	nvention of churches	s, or association of churc	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)	) <b>.</b>				
2				0(b)(1)(A)(ii). (Attach Sc									
3		A hospital or	a cooperative hospi	tal service organization o	described	ın section	170(b)(1)	(A)(iii).					
4		•	•	operated in conjunction					(b)(1)(A)(ii	i). Enter	the hospita	l's nar	ne,
		city, and state		•		•				•	•		
5		-		benefit of a college or ur	niversity ov	wned or or	perated by	a governi	mental uni	t describ	ed in		
_		-	(b)(1)(A)(iv). (Comple	_		•		Ū					
6				ent or governmental unit	t described	d in sectio	n 170(b)(1	)(Δ)(ν).					
7	X		_	eives a substantial part					or from the	general	nublic desc	cribed	ın
•	تعما	=	b)(1)(A)(vi). (Comple		oi ito sopp	or nom a	govornine	intai onii c	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	gonorai	pablic door	,,,,,,,,	""
8		-		ection 170(b)(1)(A)(vi). (	(Complete	Part II )							
9	Ħ	•		eives: (1) more than 33 1		•	rom contri	butione m	namharchi	n feer a	nd arose re	ceinte	from
9	ш	•	•	• •		• •		•			•	•	
				nctions - subject to certa									
				axable income (less sect	lion o i i ta	x) IIOIII Du	SII 185585 6	ecquired b	y the orga	unzanon	aiter Julie .	30, 19	73.
40			<b>509(a)(2).</b> (Complete		at far autil	a aafatu C		- E00/a\/	•				
10	H	•	•	perated exclusively to te	•	•			•	4 4 4		-4	
11		-		perated exclusively for the						•			OI
				ations described in section				). See <b>se</b> c	euc nous	aj( <b>3).</b> On	eck the box	tinat	
				organization and comple		-		_		a III. Na	- 6	lh. inta	
_	$\Box$	a Type I	•	•	ype III - Fu	•	_		• •		n-functiona	-	-
е	'		•	t the organization is not		•	•	•		•	•		
	!			han one or more publicly						7(a)(1) OI	section 50:	3(a)(Z).	
f		_		ten determination from t	me ino ma	аппрату	ре і, туре	ii, or Type	<del>)</del>				
			rganization, check th	•		4	•	. ( 4) ( . 1)					
8	,	-		rganization accepted ar			•					<u></u>	Τ
			•	rectly controls, either al	one or tog	etner with	persons c	iescribed i	in (II) and (	III) below		Yes	No
		-	• •	upported organization?							11g(i)		-
		•	· ·	n described in (i) above?		_					11g(ii)		<del> </del>
		• •		person described in (i) o	• •						11g(iii)	<u>!</u>	1
h	)	Provide the fo	ollowing information	about the supported org	ganization	(s).							
				T	L	<del></del>	l		(vil) to	the	I		
(1)		of supported	(II) EIN	(iii) Type of organization	(IV) IS the c in col (i) III		(v) Did you notify the organization in col		(vi) Is organizațio	on in col	(vii) Amoun		netary
	orga	anization			governing				(i) organiz U S	ed in the	sur	port	
				(see instructions))	<u> </u>	,							
					Yes	No	Yes	No	Yes	No			<del>.</del>
										ļ			
				-					<u> </u>	<u> </u>			
<b>-</b>													

	(Complete only if you checke fails to qualify under the test				on failed to qualify	under Part III. If th	e organization
Sec	tion A. Public Support					<del> </del>	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	18457170.	18189691.	17491515.	17209272.	19244394.	90592042.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	18457170.	18189691.	17491515.	17209272.	19244394.	90592042.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						90592042.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨		<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	18457170.	18189691.	17491515.	17209272.	19244394.	90592042.
8	Gross income from interest,						
	dividends, payments received on				1		
	securities loans, rents, royalties						
	and income from similar sources	28,516.	<63,139.	>101,755.	38,118.	31,979.	137,229.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital				1		
	assets (Explain in Part IV.)					8,612.	8,612.
11	<b>Total support.</b> Add lines 7 through 10			<u> </u>			90737883.
12	Gross receipts from related activities	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, the	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	,
	organization, check this box and sto						<u>▶</u>
	ction C. Computation of Pub	•				1 1	00 04
	Public support percentage for 2012 (	•	-	column (f))		14	99.84 %
	Public support percentage from 201					15	100.00 %
16a	33 1/3% support test - 2012. If the	•			14 is 33 1/3% or r	nore, check this b	
	stop here. The organization qualifies		_				$\triangleright X$
b	33 1/3% support test - 2011. If the	-			d line 15 is 33 1/3%	6 or more, check t	this box
	and stop here. The organization qua	•					▶∟
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					rt IV how the orga	inization
	meets the "facts-and-circumstances"	•	•		<del>-</del>		▶□
b	10% -facts-and-circumstances tes	_					
	more, and if the organization meets t						θ
	organization meets the "facts-and-cir	cumstances" test.	The organization	qualifies as a publi	icly supported org	anızatıon	▶∟

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and	 					
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
						<del></del>
6 Total. Add lines 1 through 5					-	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support				•		
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6					, ,	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>	al Karrati i een i	<u> </u>	- F04/-\/0\	
14 First five years. If the Form 990 is for	tne organization	s tirst, second, thir	a, rourtn, or titth t	ax year as a section	on out (c)(3) organiz	ation,
check this box and stop here	is Cumpart De				<del> </del>	
Section C. Computation of Publ					14-1	
15 Public support percentage for 2012 (		=	column (t))		15	%
16 Public support percentage from 2011					16	%
Section D. Computation of Inve					T	
17 Investment income percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	ne 13, column (f))		17	%
18 Investment income percentage from			•		18	%
19a 33 1/3% support tests - 2012. If the	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box a b 33 1/3% support tests - 2011. If the						<b>▶</b> ∐l
line 18 is not more than 33 1/3%, che	_					▶□
20 Private foundation. If the organization		-	•			<b>▶</b> □
acc journation if the organization	AL GIO HOL OHOUR O		-, or roof orlook t			

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2012 Open to Public Inspection

Name of the organization

SETI INSTITUTE

Employer identification number 94-2951356

Par	TI Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
-		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)	·	
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		e used only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		. Yes No
Par		ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	<del></del>	storically important land area
	Protection of natural habitat	_	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the forn	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
	Number of conservation easements included in (c) acquired	• •	ture
	listed in the National Register	·	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organization during the tax
	year ▶		-
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe		f
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describe	s the organization's accounting for
	conservation easements.		
Pai	TIN Organizations Maintaining Collections o	f Art, Historical Treasures, or (	Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue stateme	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1	<u>.</u>	<b>▶</b> \$
	(ii) Assets included in Form 990, Part X	•	► \$ ► \$
_	• • • • • • • • • • • • • • • • • • • •		
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financ	
2	If the organization received or held works of art, historical tree the following amounts required to be reported under SFAS 1		
2 a	If the organization received or held works of art, historical tree the following amounts required to be reported under SFAS 1 Revenues included in Form 990, Part VIII, line 1		

•								
che	dule D (Form 990) 2012 SETI INS	TITUTE				94-2	95135	6 Page <b>2</b>
	t III Organizations Maintaining C	ollections of Art,	Historical Tr	easures, c	or Othe	er Similar Ass	ets(conti	nued)
3	Using the organization's acquisition, accession							
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange progra	ıms			
b	Scholarly research	e	Other					_
C	Preservation for future generations							
4	Provide a description of the organization's co	lections and explain h	ow they further the	he organizatio	on's exe	mpt purpose in P	art XIII.	
5	During the year, did the organization solicit or	receive donations of a	art, historical trea	sures, or othe	er simılar	r assets		
	to be sold to raise funds rather than to be ma	ntained as part of the	organization's co	ollection?			Yes	No_
Par	Escrow and Custodial Arrang reported an amount on Form 990, Part	•	if the organizatio	n answered "	Yes" to	Form 990, Part IV	/, line 9, or	
1a	Is the organization an agent, trustee, custodia	n or other intermediar	y for contribution	s or other as:	sets not	ıncluded		
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the follow	wing table:					
							Amoun	t
C	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year			•		1e		
f	Ending balance							
2a	Did the organization include an amount on Fo	rm 990, Part X, line 21	?			L	Yes	∐ No
	If "Yes," explain the arrangement in Part XIII.					_		
Pai	t V Endowment Funds. Complete if							
		(a) Current year	(b) Prior year	(c) Two year		(d) Three years bac		r years back
	Beginning of year balance	5,260.	5,260.		,260.	5,26	<u> </u>	5,260.
	Contributions							
	Net investment earnings, gains, and losses				+			
	Grants or scholarships							
е	Other expenditures for facilities							
	and programs .							
	Administrative expenses	5 260.	F 260		5,260.			E 260
	End of year balance		5,260.		, 200.	5,26	· · ·	5,260.
2	Provide the estimated percentage of the curre Board designated or quasi-endowment	ent year end balance ( 9		i)) neid as:				
	Permanent endowment ► 100.00	<sup>7</sup>	<b>70</b>					
	Temporarily restricted endowment	% %						
Ŭ	The percentages in lines 2a, 2b, and 2c should							
За	Are there endowment funds not in the posses	•	on that are held a	nd administe	red for ti	he organization		
	by:	or the organization				organization	[	Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations	listed as required on S	Schedule R?	•			3b	
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipm				-			<del></del>
•••••	Description of property	(a) Cost or other		or other	(c) A	ccumulated	(d) Boo	k value
		basis (investmen		(other)	de	preciation		
1a	Land							

226,657. 8,118,926.

> 5,437,403. Schedule D (Form 990) 2012

159,814. 5,277,589.

66,843. 2,841,337.

**b** Buildings .

d Equipment e Other

c Leasehold improvements

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

Part VII Investments - Other Securities. See			abouting Cont	d _d
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-year market value
(1) Financial derivatives		_		
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)	· <del>-</del> -	-		
(C)	····			<del></del>
(D)				
(E)				
(F)				
(G)				
(H)				
(I)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. See	Form 000 Port V lin	20.13		
(a) Description of investment type	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-year market value
(1)	(0) 00011100	(c) memor or r		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		· · · ·		
(9)	-			
(10)				
Total (Col (b) must equal Form 990, Part X, col (B) line 13 )			<del></del>	······
Part IX Other Assets. See Form 990, Part X, line 1	5.			
	escription	<del></del>		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)	·	·		
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) line			<u> </u>	
Part X Other Liabilities. See Form 990, Part X, Irr	ne 25.		<del>, , , , , , , , , , , , , , , , , , , </del>	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) DEFERRED RENT		808,357.		
(3) CAPITAL LEASE OBLIGATION		67,294.		
(4) UNITRUST PAYABLE		159,875.		
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)		1 005 505		
Total. (Column (b) must equal Form 990, Part X, col. (B) line		1,035,526.		
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text				
liability for uncertain tax positions under FIN 48 (ASC 74	0). Check here if the	text of the footnote has	been provided in Pa	art XIII X

Sche	edule D (Form 990) 2012 SETI INSTITUTE	94-	295 <u>1356 Pag</u>	ge <b>4</b>
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturr	1	
1	Total revenue, gains, and other support per audited financial statements	1	19,736,90	3.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	Net unrealized gains on investments 2a 123,501.			
b	27 421			
_	Recoveries of prior year grants 2c			
	Other (Describe in Part XIII.)  2d 206, 342.			
	Add lines 2a through 2d	2e	357,26	4.
3	Subtract line 2e from line 1	3	19,379,63	9.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)			
	•	4c		Ο.
_	Add lines 4a and 4b  Table was as Add lines 9 and 4a (This was 4 and 5 are 200, Rest / (see 10.)	5	19,379,63	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  **IXII Reconciliation of Expenses per Audited Financial Statements With Expenses per			<u>, , , , , , , , , , , , , , , , , , , </u>
			17,631,73	1
1	Total expenses and losses per audited financial statements	1	17,031,73	1 .
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a 27,421.			
b	Prior year adjustments 2b			
C	Other losses 2c			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	2e	27,42	
3	Subtract line 2e from line 1	3	17,604,31	.0.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	17,604,31	0.
	rt XIII Supplemental Information	•		
******	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	b and	2b: Part V. line 4: Pa	art
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informati			~, `
PAI			NENT	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
ENI	DOWMENT TO ENSURE THAT FUTURE GENERATIONS CAN CONTINUE TO	FOS	TER THE	
EXC	CITEMENT OF OUR MISSION AND HELP TO ANSWER THE QUESTIONS A	BOU	T LIFE IN	
ГHI	E UNIVERSE. THE CURRENT BALANCE OF OUR PERMANENTLY RESTRIC	TED	NET ASSET	'S
			•	
MA	S DONATED TO THE INSTITUTE IN 2000 AND REPRESENT THE FIRST	ru	ND9 SET.	
AS:	IDE FOR OUR FUTURE ENDOWMENT.			
-				

PART X, LINE 2: THE INSTITUTE HAS APPLIED THE ACCOUNTING PRINCIPLES

Schedule D (Form 990) 2012

### SCHEDULE F (Form 990)

Department of the Treasury

# **Statement of Activities Outside the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

2012
Open to Public Inspection

Name of the organization

Employer identification number

Varie of the organization						
SETI INSTITUTE					94-29513	56
	rmation on A	ctivities Ou	tside the United States. Comple	ete if the organ	zation answered '	Yes"
to Form 990, Par						
			ds to substantiate the amount of its gra the selection criteria used to award the			Yes 🗀 No
the grantees engionity i	or the grants or a	assistance, and	the selection chiena used to award the	grants or assi	Stance: Lize	163110
2 For grantmakers. Desc	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	her assistance ou	tside the
United States.						
		1.	an be duplicated if additional space is i			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a pro- describe	vity listed in (d) gram service, specific type ce(s) in region	(f) Total expenditures for and investments in region
		in region		-		
			GRANTS TO RECIPIENT LOCATED	DEGENDOU		10.244
ORTH AMERICA	0	0	IN REGION	RESEARCH		19,244.
						1
· - · · - · · - · · · · · · · · · · · ·						
	<u> </u>			<u> </u>		<del> </del>
<del></del>						1
<del></del>						ļ
3 a Sub-total	0	0				19,244
<b>b</b> Total from continuation						
sheets to Part I	C	0				0.
c Totals (add lines 3a						19 244

Schedule F (Form 990) 2012 SETI INSTITUTE

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

					1	ı	ì	. –		
								0		Schedule F (Form 990) 2012
				:						Sched
0								empt by	•	
CHECK								recognized as tax-ex		
19,244.								foreign country,		
RESEARCH								ecognized as charities by the 501(c)(3) equivalency letter		
								is listed above that are ril has provided a section	r entities	
		F	<del>I</del>					recipient organizatior	other organizations o	
								2 Enter total number of r the IRS, or for which the	3 Enter total number of c	
	NORTH AMERICA RESEARCH 19,244, CHECK	NORTH AMERICA RESEARCH 19,244.CHECK	NORTH AMERICA RESEARCH 19,244. CHECK	NORTH AMERICA RESEARCH 19,244, CHECK	NORTH AMERICA RESEARCH 19,244. CHECK	NORTH AMERICA RESEARCH 19,244, CHECK	NORTH AKERICA RESEARCH 19,244, CHECK	MORTH ARENICA RESEARCH 19,244, CHECK	NORTH AMERICA RESEARCH 19,244. CHECK  TO STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STOWNGR'S A SECTION 501(b)(3) equivalency letter	MORTEL AMERICA RESEARCH 19,244, FHRCK 0.  The control of the control has provided as chartless by the foreign country, recognized as tax-exempl by the original control of the control has provided as section 50 10/(3) equivalency letter

94-2951356

Page 3

SETI INSTITUTE

Schedule F (Form 990) 2012 SETI INSTITUTE 94–2951356

Part II Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2012
(g) Description of non-cash assistance						Schedu
(f) Amount of non-cash assistance						
(e) Manner of cash disbursement						
(d) Amount of cash grant					<u> </u>	
(c) Number of recipients						
(b) Region						
(a) Type of grant or assistance						

chedi	ule F (Form 990) 2012 SETI INSTITUTE	94-2951356	Page 4
Part			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	. Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	☐ Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)	Yes	X No

SCHEDULE (Form 990) Department of the Treasury

Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

2012

OMB No 1545-0047

Open to Public Inspection

10 4 **% Employer identification number** 94-2951356 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any RESEARCH RESEARCH RESEARCH RESEARCH RESEARCH RESEARCH Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Ö Ö o 0 o ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 77,280. 571 20,535, 16,732, 595,961 27,061 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 53 (c) IRC section if applicable CORPORATION UNIVERSITY UNIVERSITY UNIVERSITY 501(C)3 501(C)3 Enter total number of other organizations listed in the line 1 table 74-6000203 94-0294860 71-0904314 94-6017638 04-2103634 General Information on Grants and Assistance 43-0653611 (p) EIN SETI INSTITUTE criteria used to award the grants or assistance? SAN JOSE STATE UNIVERSITY RESEARCH 110 INNER CAMPUS DRIVE STOP K5300 1 (a) Name and address of organization 700 ROSEDALE AVE, CAMPUS BOX 1034 FOUNDATION - PO BOX 720130 - SAN PACIFIC - 390 ASHTON AVE - SAN UNIVERSITY OF TEXAS AT AUSTIN PO BOX 313, 15 INVERNESS WAY ASTRONOMICAL SOCIETY OF THE or government ST LOUIS, MO 63112-1408 169 HOLLAND ST, 3RD FL WASHINGTON UNIVERSITY SOMERVILLE, MA 02144 JOSE, CA 95172-0130 FRANCISCO, CA 94112 CA 94937 Name of the organization INVERNESS RESEARCH TUPTS UNIVERSITY AUSTIN, TX 78712 INVERNESS, Parti Part N

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

Schedule I (Form 990) (2012)

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94-2951356

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le I (Form 990)	
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Part # Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Organ	izations in the Ur	ited States (Sche	dule I (Form 990), Pai	٦ II.)	
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. OLAF COLLAGE 1520 ST OLAF AVE							
NORTHFIELD, MN 55057	41-0693979	501(C)3	13,313.	0.			RESEARCH
JOHNS HOPKINS UNIVERSITY, APPLIED PHYSICS LAB LLC - 11100 JOHNS HOPKINS RD, MP1-S186 - LAUREL, MD 20723	52-0595111	דוכ	11,873.	0.			RESEARCH
UNIVERSITY OF TEXAS AT ARLINGTON 26-3905-47, BOX 19136 ARLINGTON, TX 76019	75-6000121	UNIVERSITY	5,024.	0			RESEARCH
GENEX SYSTEMS, LLC 2 EATON ST, SUITE 603	000	(	000	c			TO REPORT
HAMPTON, VA 23000	24-1961039	יייי	422,230.	0			KESEARCH
BALL AEROSPACE & TECHNOLOGIES CORP 1600 COMMERCE ST - BOULDER, CO 80301	84-1315001	CORPORATION	87,776.	0			RESEARCH
SOUTHWEST RESEARCH INSTITUTE 6220 CULEBRA RD SAN ANTONIO, TX 78238-5166	74-1070544	501(C)3	45,955.	0			RESEARCH
UNIVERSITY OF TENNESSEE 210 STUDENT SERVICES BLDG KNOXVILLE, TN 37996-0105	62-6001636	UNIVERSITY	178,594.	0.			RESEARCH
SPACE SCIENCE INSTITUTE 4750 WALNUT ST, STE 205 BOULDER, CO 80301	84-1215490	501(C)3	792.	0.			RESEARCH
							Schedule I (Form 990)

Page 2

SETI INSTITUTE

Schedule I (Form 990) (2012) SETI INSTITIULE

Fart III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	de the information	required in Part I,	line 2, Part III, colum	(b), and any other additional inf	ormation.
SCHEDULE I, PART I, LINE 2: SUB-RECIPI	ENT	PERFORMANC	PERFORMANCE IS TRACKED	ЕР ВУ ТНЕ	
PRINCIPAL INVESTIGATOR (PI). SETI CHECKS IN WITH THE PI/MANAGER BEFORE	CHECKS IN	N WITH THE	PI/MANAGE	R BEFORE	
INVOICES ARE ACCEPTED AND PROCESSED IN	일	HE ACCOUNT	THE ACCOUNTING SYSTEM.	SETI	
UTILIZES SUB-RECIPIENTS TO PERFORM RES	RESEARCH	H AND OUTREACH.	EACH.		

### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

► See separate instructions.

OMB No 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SETI INSTITUTE

Attach to Form 990.

Employer identification number 94-2951356

P.	art   Questions Regarding Compensation			
L			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees	1		
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	ł		
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		]
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
	and the open photos, regarding the terms enterted in line far	<del></del>		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
٠	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ X Compensation survey or study			
		ŀ		
	Form 990 of other organizations  X Approval by the board or compensation committee			
	During the year did any names listed in Farm 000. Best VIII. Continue A. Inc. to with respect to the files.			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
_	·			Х
a		4a		X
-	Participate in, or receive payment from a supplemental nonqualified retirement plan?	4b	ļ	X
G	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the revenues of:			
а	The organization?	5a	·	х
	Any related organization?	5b		X
•	If "Yes" to line 5a or 5b, describe in Part III.	- 55		
R	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ü	contingent on the net earnings of:			
•	The organization?	6a	•	х
а Ь	Any related organization?	6b		X
Ü	If "Yes" to line 6a or 6b, describe in Part III.	OB		
7	·	l		
7	The production of the producti	_		v
o	not described in lines 5 and 6? If "Yes," describe in Part III	7		<u>X</u>
8				<b>.</b>
^	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Bonillatione cartion as awar-nife! /			

Schedule J (Form 990) 2012 SETI INSTITUTE

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a)-(i)(a)	in prior Form 990
(1) THOMAS PIERSON	€	117,589.	0	0	8,860.	32,215.	158,664.	0.
м	Ξ	0	0	0	0	0	0	0
(2) EDNA DEVORE	8	122,227.	0	0	9,778.	21,648.	153,653.	0
ACTING CEO	€	0		0	0	0	0	0
(3) SHANNON ATKINSON	ε	136,500.		0	10,920.	17,325.	164,745.	0
CFO	€	0		0	0	0	0	0
(4) JON JENKINS	8	176,831.	0.	0	13,573.	28,293.	218,697.	
SENIOR RESEARCH SCIENTIST	(ii)	• 0	• 0	• 0	• 0	0	• 0	• 0
(5) VIRGINIA GULICK	Θ	145,530.		0	11,642.	20,055.	177,227.	0
SENIOR RESEARCH SCIENTIST	€	• 0	• 0	0	0	0	0	0
(6) JOHN MARSHALL	ε	146,748.	:	0.	11,740.	17,812.	176,300.	0.
SENIOR RESEARCH SCIENTIST	(E)	0	• 0	• 0	0	0	0	0
(7) PETER TENENBAUM	(3)	146,91	12,483.	0	11,707.	11,153.	182,262.	0
SCIENTIFIC PROGRAMMER	(ii)			0.	• 0	• 0	0.	0.
(8) JOSHEPH TWICKEN	Θ	152,78	12,99	0.	12,223.	286	178,596.	0
SENIOR SCIENTIFIC PROGRAMMER	(ii)			0.	• 0	• 0	0.	• 0
(9) DOUG CALDWELL	()	138,902.		• 0	10,941.	28,180.	178,023.	• 0
PRINCIPAL INVESTIGATOR	(ii)	0.	0.	0	• 0	0	• 0	• 0
	(1)							
	(3)							
	<b>E</b>							
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	(1)							į
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Schedule J (Form 990) 2012

### SCHEDULE L (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047
2012
Opens Τα Public

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Inspection

Employer identification number

SETI INSTITUTE 94-2951356

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

	Complete if the c	organization	ansv	vered "Y	es <u>" on F</u>	orm 9	90, Pa	art IV, line 2	5a or 25b	o, or Form	990-EZ, F	art V, I	line 40	)b.			
1 (a) Nom	e of disqualified p		(b) F	delations	hip betv	veen c	disqual	lfied	10	) Donorro	tion of trar	· · · · · · · · · · · · · · · · · · ·			(d)	Correc	ted?
(a) Nam	e or disqualilled p	Derson		person	and or	ganıza	ation			Descrip	———		711 		Ye	s	No_
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		-					-								+	+	
section	ne amount of tax in 4958 amount of tax,	•		Ū					sons dur	ring the ye	ear under		► \$ ► \$		1	l	
Part II	Loans to and	d/or Fron	ı Int	ereste	d Pers	sons	•										
	Complete if the o	organization	ansv	vered "Y	es" on F	Form 9	990-EZ	, Part V, line	38a or F	Form 990,	Part IV, III	ne 26;	or if th	e orga	nizatio	n	
	reported an amo														,,		
	Name of sted person	(b) Relation with organizat	•	(c) Pur of lo		fron	an to or n the zation?	(e) Orig principal a	inal mount	(f) Bala	nce due	(g) defa		(h) App by boo comm	ard or I	(i) Wi agreer	
							From				Yes No 08,252. X		Yes	No	Yes	No	
THOMAS	PIERSON	OFFICE	ER/	HOME	MOR		X	343,	713.	108	<u>,252.</u>		Х	X		_X	
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														-			
Total		- <del></del>			<u></u>				<b>▶</b> \$	108	,252.				- "		
Part III	<b>Grants or As</b>	sistance	Ber	efiting	Inter	este	d Pei	rsons.	•			•		<b>'</b>			
	Complete if the c	organization	ansv	vered "Ye	es" on F	orm 9	90, Pa	art IV, line 2	7.			_					
					ount of tance		(d) Type of (e) Purpose of assistance assistance										
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2012

SEE PART V FOR CONTINUATIONS

(a) Name of interested person			(d) Description of transaction	organiz	aring of zation's nues?
				Yes	No
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Part V Supplemental Information					
	al information for responses to question	s on Schedule L (see	e instructions).		
SCHEDULE L, PART II, LOANS	S TO AND FROM INTERES	STED PERSOI	NS:		
(A) NAME OF PERSON: THOMAS	S PIERSON				
(B) RELATIONSHIP WITH ORGA	ANIZATION: OFFICER/D	IRECTOR			
(C) PURPOSE OF LOAN: HOME	MORTGAGE				
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### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

SETI INSTITUTE

Employer identification number 94-2951356

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
UNDERSTANDING LIFE ON OUR WORLD AND THE POSSIBILITY OF LIFE BEYOND
THROUGH INVESTIGATION INTO THE FUNDAMENTALS OF LIFE AND HOW AND WHERE
IT MIGHT HAVE ARISEN AND EVOLVED. THIS INCLUDES EXAMINING LIFE IN ITS
MOST EXTREME FORMS AND LOCATIONS, ON EARTH, IN OUR SOLAR SYSTEMS AND
THROUGHOUT THE COSMOS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PLACE IN THE CLOUDS OF GAS AND DUST BETWEEN THE STARS. \*REVEALING THE

STRANGE PHENOMENA THAT OCCUR IN RING SYSTEMS AROUND PLANETS & IN THE

FORMATION PROCESS OF PLANETS. \*DISCOVERING 2 ADDITIONAL MOONS ORBITING

PLUTO IN ADVANCE OF THE NEW HORIZON'S FLYBY OF PLUTO IN 2015 \*EXPLORING

REMOTE LOCATIONS ON EARTH, FROM THE ARCTIC TO THE ANTARCTIC TO THE

ATACAMA DESERT TO UNDERSTAND THE ABILITY OF LIFE TO ADAPT TO EXTREME

ENVIRONMENTS. \*STUDYING PLANETARY SYSTEMS AROUND OTHER SUNS BEING

DISCOVERED BY NASA'S KEPLER SPACE TELESCOPE. \*PROBING THE SURFACE AND

SUBSURFACE ENVIRONMENTS ON MARS TO REVEAL THE HISTORY OF THE PLANET AND

ADDRESS THE QUESTIONS OF WHETHER LIFE IS NOW, OR ONCE WAS, PRESENT

THERE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THE INSTITUTE HOSTS FUTURE STEM TEACHERS AS INTERNS EACH SUMMER AS A

PART OF THE CAL POLY SAN LUIS OBISPO'S STAR (STEM TEACHER AS

RESEARCHER) PROGRAM, WHICH IS FUNDED BY NSF AND PRIVATE FOUNDATIONS AND

CORPORATIONS. TO DATE, MORE THAN 50% OF OUR REU STUDENTS ARE PURSUING

ADVANCED DEGREES, AND SEVERAL OF THE URSA INTERNS ARE ENROLLED IN

SETI INSTITUTE

Employer identification number 94-2951356

GRADUATE PROGRAMS. THE INSTITUTE ALSO HOSTS A WEEKLY SCIENTIFIC

COLLOQUIUM FEATURING OUR SCIENTISTS AND INVITED SPEAKERS; THE TALKS ARE

POSTED ON YOUTUBE WHERE MORE THAN 20,000 PEOPLE VIEW THE TALKS EACH

MONTH. OF PARTICULAR NOTE, SETI INSTITUTE HOSTS A SCIENCE RADIO

PROGRAM, "BIG PICTURE SCIENCE" WHICH REACHES MILLIONS OF LISTENERS

WORLD-WIDE THROUGH BROADCAST AND DOWNLOADS PODCASTS. IN ADDITION, EDU

STAFF PRESENT TALKS NATIONWIDE AND LEAD EDUCATION/OUTREACH PROGRAMS FOR

THE NASA'S KEPLER, SOFIA AND MAVEN MISSIONS, AND NASA'S ASTROBIOLOGY

INSTITUTE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

RECEIVERS FOR THE ARRAY THAT INCREASE ITS SENSITIVITY BY A FACTOR OF

TWO, AND EXTEND ITS USABLE FREQUENCY RANGE BEYOND ITS CURRENT 10 GHZ

LIMIT.

THE CENTER FOR SETI RESEARCH (CSR) CONTINUES TO CONDUCT INNOVATIVE
RESEARCH IN ITS SEARCH FOR INTELLIGENCE ELSEWHERE IN THE COSMOS.

ASTRONOMERS ARE USING THE ALLEN TELESCOPE ARRAY TO SEARCH FOR SIGNS OF
SENTIENT LIFE BY SEEKING RADIO SIGNALS FROM OTHER STAR SYSTEMS. THIS
RESEARCH INCLUDES A RECONNAISSANCE OF MANY OF THE EXOPLANETS FOUND BY
THE KEPLER TELESCOPE, AS WELL AS A SURVEY OF A SMALL REGION OF SKY
AROUND THE GALACTIC CENTER.

A NEW SURVEY OF TEN THOUSAND OR MORE RED DWARF STAR SYSTEMS IS BEING

CONSIDERED, AS RECENT RESEARCH INDICATES THAT BETWEEN 16 AND 53 PERCENT

OF THESE STARS MAY HAVE EARTH-SIZE PLANETS IN THEIR HABITABLE ZONES.

THE IMMINENT DEPLOYMENT OF THE NEW ANTONIO FEEDS DESCRIBED EARLIER WILL

SETI INSTITUTE

Employer identification number 94–2951356

PERMIT THESE OBSERVATIONS TO BE MADE OVER A VERY WIDE RANGE OF

FREQUENCIES WITH UNPRECEDENTED SENSITIVITY.

THE CONTINUING DISCOVERIES BY KEPLER AND OTHER INSTRUMENTS OF PLANETS

THAT MIGHT BE AMENABLE TO LIFE HAS HELPED UNDERSCORE THE SCIENTIFIC

MERIT OF SETI SEARCHES.

EACH YEAR CSR STAFF MEMBERS GIVE DOZENS OF PRESENTATIONS TO A VARIETY

OF AUDIENCES IN ORDER TO INFORM BOTH THEIR SCIENTIFIC PEERS AND THE

GENERAL PUBLIC ABOUT THEIR WORK AND ACCOMPLISHMENTS. CSR STAFF AND

THEIR WORK ALSO APPEARED IN COUNTLESS SCIENCE DOCUMENTARIES, ARTICLES,

AND TELEVISION AND RADIO PROGRAMS.

EXPENSES \$ 626,241. INCLUDING GRANTS OF \$ 900. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2: DR. JILL TARTER, KEY EMPLOYEE, AND DR. WILLIAM WELCH, TRUSTEE, HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11: WHEN THE FORM IS COMPLETED, AND PRIOR TO SUBMISSION TO THE IRS, THE FORM 990 IS REVIEWED BY A SUBCOMMITTEE OF THE BOARD OF TRUSTEES. UPON APPROVAL BY THIS SUBCOMMITTEE, THE FORM 990 IS FINALIZED AND DISTRIBUTED TO THE FULL BOARD FOR INFORMATION AND COMMENT AND IS MAILED TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE SETI INSTITUTE HAS A FORMAL CONFLICT OF INTEREST QUESTIONNAIRE THAT IS DESIGNED TO IDENTIFY POSSIBLE CONFLICTS OF INTEREST AMONG OUR TRUSTEES. THIS QUESTIONNAIRE IS DISTRIBUTED ANNUALLY AND TRUSTEES ARE REQUIRED TO COMPLETE IT AND RETURN IT TO THE BOARD SECRETARY. THE SECRETARY, IN CONJUNCTION WITH THE TRUSTEESHIP

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COMMITTEE CHAIRPERSON, REVIEWS EACH QUESTIONNAIRE, CONDUCTS INTERVIEWS WHEN NEEDED, AND COMMUNICATES ANY IDENTIFIED CONFLICTS TO THE FULL BOARD.

FORM 990, PART VI, SECTION B, LINE 15: THE SETI INSTITUTE USES A

PROFESSIONALLY PREPARED COMPENSATION STUDY TO DETERMINE APPROPRIATE

COMPENSATION LEVELS FOR ALL EMPLOYEES. WHEN CHANGES TO ANY OFFICER'S

COMPENSATION AMOUNT IS PROPOSED, THE BOARD, IN AN EXECUTIVE SESSION,

REVIEWS THE PROPOSED CHANGE AND APPROVES IT BY FORMAL BOARD RESOLUTION

PRIOR TO IT BEING GRANTED. THE PROCESS WAS LAST UNDERTAKEN IN 2011.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA, AL, AK, AR, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OK, OR

PA, RI, SC, TN, UT, VA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19: THE SETI INSTITUTE DISTRIBUTES ITS

FINANCIAL INFORMATION TO THE PUBLIC VIA DUN AND BRADSTREET AND OTHER

OUTSIDE WEBSITES, SUCH AS GUIDESTAR. WE ALSO MAKE OUR FORM 990 AND

FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. GOVERNING DOCUMENTS MAY ALSO

BE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST

206,342.

FORM 990, PART XII, LINE 2C

THE PROCESS FOR OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT AND FOR SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM PRIOR YEAR.