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CIS9RRFD6B

Schedule B

(Form 990, 990-EZ; or 990-PF)

Department of the Treasury

-Schedule of Contributors --

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Name of the organization		Employer identification number	
onger Life Foundation		43-1819267	
Organization type (check	cone):		
Filers of:	Section:		
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a p	private foundation	
	527 political organization		
Form 990-PF	✓ 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a priva	ate foundation	
	501(c)(3) taxable private foundation		
	ion filing Form 990, 990-EZ, or 990-PF that received, during the my one contributor. Complete Parts I and II.	year, \$5,000 or more (in money or	
Special Rules			
under sections 5	1(c)(3) organization filing Form 990 or 990-EZ that met the 331/s (09(a)(1) and 170(b)(1)(A)(vi) and received from any one contribute \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1 I and II.	or, during the year, a contribution of	
during the year.	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.		
		piete Parts I, II, and III.	

Part I, line 2 of its Form 990-PF, to certify that it does not meet the filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B	(Form 990.	990-EZ.	or 990-PF)	(2012)

Fade 2

Name of o	organization		Employer identification number
<u>Longer Li</u>	fe Foundation		43-1819267
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space	e is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RGA Reinsurance Company 1370 Timberlake Manor Parkway Chesterfield, MO 63017	\$400,00	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	•••••••••••••••••••••••••••••••••••••••	\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

<u>.</u> . •				
Schedüle B	(Form 990,	990-EZ, or	990-PF)	(2012)

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	rganization		Employer identification number
Part II	le Foundation Noncash Property (see instructions). Use duplicate copies	of Part II if additional	43-1819267
- Fair	replication of the state of the	T Tatt II II auditional	space is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
1			
	***************************************	\$	
(a) No. from Part i	(b) · Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Lancar Lif	fe Foundation			[-	42 101025	
Part III	Exclusively religious, charitable, e	tc., individual cont	ributions to section	n 501(c)(7). (43-1819267 B), or (10) organizations	
	that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.				lowing line entry.	
	For organizations completing Part II					
	contributions of \$1,000 or less for the			ee instruction	s.) > \$	
	Use duplicate copies of Part III if ad	ditional space is nee	ded.			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Descr	iption of how gift is held	
	N/A	***********************				
ŀ	(e) Transfer of gift					
}	•	(0)				
•	Transferee's name, address, and ZIP + 4 Re			ationship of transferor to transferee		
ľ						
ŀ						
		######################################				
(a) No				, —————		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Descri	iption of how gift is held	
	•••••••••••••••••••••••••••••••••••••••	***************************************	***************************************			

1		***************************************	***************************************			
ŀ	. (e) Transfer of gift					
L	Transferee's name, address, a	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
		/			***************************************	
		·				
		###=====##############################				
(a) No. from				<u> </u>		
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Descri	iption of how gift is held	
}			*************			
	***************************************	***************************************	***************************************	************		
	***************************************			***************************************		
(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relation			sehin of transf	eror to transferee	
	Transieros s namo, acereso, e	110 211 77	71012401	iship of dallah	eror to a tristered	
		***************************************	444			
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(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Descri	iption of how gift is held	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				*	
		************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		}	
-	(a) Transfer of allth					
	(e) Transfer of gift					
	Transferee's name, address, a	ind ZIP + 4	Relation	ship of transf	eror to transferee	
<u></u>						
1			***************************************			
			***************************************			
1						