Form **990-PF** Department of the Treasury Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
Do not enter social security numbers on this form as it may be made public.
Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.

		dar year 2015 or tax year beginning		, and ending		
Nan	ne of	foundation	- 		A Employer identification	nember
_A	GI	NG BIOLOGY FOUNDATION,	INC.		47-4518024	
€Nun	nber a	nd street (or P.O box number if mail is not delivered to stree	t addresa)	Room/suite	B Telephone number	
C	/0	JETBRAINS INC., 2 SEAR	PORT LN, 8TH B	7	617-245-06	10
		own, state or province, country, and ZIP or foreign			C If exemption application is p	ending check here
		TON, MA 02210			a champaon approximan op	w.ii.g,
		all that apply: X Initial return	Initial return of a for	mer public charity	D 1. Foreign organizations	check here
• •		Final return	Amended return	The public charty	i i i oroigit organizations	s, or conclusion
		Address change	=======================================		Foreign organizations me check here and attach co	eting the 85% test,
	haal		Name change		1	
<u> </u>	_		xempt private foundation	. 19 (1)	E If private foundation sta	
<u> </u>			Other taxable private foundat		under section 507(b)(1)	(A), check here
		rket value of all assets at end of year 🕽 🕽 🛭 🕹 🕹 🕹 🕹 🕹 🕹	•	Accrual	F If the foundation is in a	60-month termination,
			Other (specify)		under section 507(b)(1)	(B), check here 🕩 📖
			umn (d) must be on cash b	asis.)		
	ırt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a),)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
ENVELOUE	1	Contributions, grifs, grants, etc., received	5,005.		N/A	(cash basis only)
5	2	Check fi the foundation is not required to attach Sch B	7,000	··		
i l	3	Interest on savings and temporary cash investments				
-	4	Dividends and interest from securities			 	
					 	
		Gross rents			g	
		Nst rental income or (loss)	 	 , ,	l R	ECENVED.
9	ba	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all			- 11	LULIVLU
ē	D	assets on line da , ,			(3)]
Revenue	7	Capital gain net income (from Part IV, line 2)		0.	18 N	DV 21 2017
	8	Net short-term capital gain			[2] "	2 4 4 6011
	9	Income modifications		·	<u> </u>	- Lander Control of Co
	10a	Gross sales less returns and allowances		•	I IN	
		Less Cost of goods sold				" med ve contag
	C	Gross profit or (loss)				
	11	Other income				
	12	Total. Add lines 1 through 11	5,005.	0.		
	13	Compansation of officers, directors, trustees, etc.		0.		0
	14	Other employee salaries and wages				
	15	Denotes alone ampletos hanafita		· · · · · · · · · · · · · · · · · · ·	<u> </u>	1
8	182					
penses	, va				 	
S.	ן י				 	
		Other professional fees				-
춫	17	Interest			-	
St.	18	Taxes		·-···	 	
Ë	19	Depreciation and depletion			 	
퉏	20	Occupancy				
₹ P	21	Travel, conferences, and meetings			ļ	
Operating and Administrative	22	Printing and publications	<u> </u>			<u> </u>
Ē	23	Other expenses STMT 1	177.	<u> </u>		177
Ħ	24	Total operating and administrative			1	1
<u>0</u>	1	expenses. Add lines 13 through 23	177.	0.		177
0	25	Contributions, gifts, grants paid	0.			0
I		Total expenses and disbursements.				
	L	Add lines 24 and 25	177.	0.		177
	27	Subtract line 26 from line 12:	1		1	1
	1	Excess of revenue over expenses and disbursements	4,828.	, , , , , , , , , , , , , , , , , , ,		ļ , ,
		Net investment income (if negative, enter -0-)	#,020 ·	0.	 	
	1				N/A	
5295	<u> </u>	Adjusted net income (if negative, enter -0-)	 		I II/A	Form QQ0-PF (201

	PF (2015) AGING BIOLOGY FOUNDATION Address Shoots Attached schedules and amounts in the description	I , INC . Beginning of year	4.7 – 4 End of	1518024 Page : year
Part II	Balance Sheets Affacted schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Ca	ash - non-interest-bearing	0.	4,828.	4,828.
2 Sa	avings and temporary cash investments			
S Ac	ccounts receivable ►			,
Le	ess; allowance for doubtful accounts			
	ledges receivable >	,	,	
	ess: allowance for doubtful accounts		}	
	rants receivable			
	eceivables due from officers, directors, trustees, and other			
1	isqualified persons		Ì	
7 01	ther wotes and loans receivable	· · · · · · · · · · · · · · · · · · ·		
	ess: allowance for doubtful accounts	, ,	′′ \	
	oventories for sale or use			
	repaid expenses and deferred charges			
ŭi 10e in	expenses and deterred charges ivestments - U.S. and state government obligations	· · · · · · · · · · · · · · · · · · ·		
				
	nvestments - corporate stock			
	vestments - corporate bonds		, 	
	vestments - land, bulldings, and equipment bases		1	
	ess accomulated depreciation			
1	ivestments - mortgage loans			·
	nvestments - other			
	and, buildings, and equipment basis			
1	ess accumulated depiecation			
	ther assets (describe -			
	otal assets (to be completed by all filers - see the			4 000
	istructions. Also, see page 1, item I)	0.	4,828.	4,828
	ccounts payable and accrued expenses			
	rants payable			
g 19 D	eferred revenue			
	cans from officers, directors, trustees, and other disqualified persons			
를 21 M	lortgages and other notes payable			
- 22 0	ther liabilities (describe 🕨)			
1			_	
23 To	otal liabilities (add lines 17 through 22)	0.	0.	
F	oundations that follow SFAS 117, check here			
	nd complete lines 24 through 26 and lines 30 and 31.	{	ļ	
8 24 U	inrestricted			
<u>동</u> 25 Te	emporarily restricted			
26 Po	ermanently restricted			
₽ F	oundations that do not follow SFAS 117, check here			
or Fund Balance	nd complete lines 27 through 31.			
	apıtal stock, trust principal, or current funds	0.	0.	
	aid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
₹ 29 R	tetained earnings, accumulated income, endowment, or other funds	0.	4,828.	•
₹ 30 T	otal net assets or fund balances	0.	4,828.	
~				
31 T	otal liabilities and net assets/lund balances	0.	4,828.	
Part II	Analysis of Changes in Net Assets or Fund Ba	nances		
1 Total no	et assets or fund balances at beginning of year - Part II, column (a), line 3	30		·
	agree with end-of-year figure reported on prior year's return)		1	. 0
	mount from Part I, line 27a			4,828
	ncreases not included in line 2 (itemize)			0
	4.4.04.0			4,828
	es 1, 2, and 3		5	0
	et assets or fund balances at end of year (line 4 minus line 5) - Part II, col	lumn (h) ling 20	6	4,828
ייטומו ווי	er essers of june raigness at end of year fille 4 milities line 3) - Part II, Col	unni (U), iii e ou		Form 990-PF (201

Form **990-PF** (2015)

See the Part VI instructions.

	•			= /	<u>4518</u>	0 21 1		age 4
rt VI Excise Tax Based on Investment Income (Section 494			0(e), or 4	948 -	see ir	ıstru	ction	ıs)
Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and	enter "N/A" on	line 1.)	,			,	
Date of ruling or determination letter: (attach copy of letter if ne	сеззагу-зее і	instructions)					
Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and e	enter 1%)	1				0.
of Part I, line 27b						•		
All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4	% of Part I, line	e 12, col. (b). J					
Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only.				2	_			0.
Add lines 1 and 2				3				0.
Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only.	Others enter -C) D-)		4				0.
Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		,		5				0.
Credits/Payments:	,		• •					:.
2015 estimated tax payments and 2014 overpayment credited to 2015	6a					,	•	
Exempt foreign organizations - tax withheld at source	6b			1		1,114	11	11
Tax paid with application for extension of time to file (Form 8868)	6c			1		14		· .;
Packup withholding arrangously withhold	6d			1. 1				
Total credits and payments. Add lines 6a through 6d	[Ou]			,			٠,	ń
- · · · · · · · · · · · · · · · · · · ·				7				0.
Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is att	acneo		. :	8				
Tax due: If the total of lines 5 and 8 is more than line 7, enter amount owed				9				0.
Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		·1_		10				
Enter the amount of line 10 to be: Credited to 2016 estimated tax To VII-A Statements Regarding Activities			funded 🟲	11				
							VI	NI -
During the tax year, did the foundation attempt to influence any national, state, or local legi	slation or did i	it participate	or intervene	ın			Yes	
any political campaign?				•		1a		X
Did it spend more than \$100 during the year (either directly or indirectly) for political purpo		uctions for	the definition)?		1b		X
If the answer is "Ves" to 1e or 1h, ottach a detailed decoration of the estimition of								
	nd copies of	any maten		ed or		ŀ	- 1	
distributed by the foundation in connection with the activities.	nd copies of	any maten		ed or			1	
distributed by the foundation in connection with the activities. Did the foundation file Form 1120-POL for this year?						1c		x
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If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities at distributed by the foundation in connection with the activities. Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the (1) On the foundation. \$ 0. (2) On foundation manager Enter the reimbursement (if any) paid by the foundation during the year for political expenditures.	ne year: 's. ► \$		als publishe		,	1c		x
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Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the full on the foundation. **Description** **D	ine year:	hat conflict	ondation orporation, one with the state and Part XV	or	/ A	3 4a 4b 5	X	x x x
Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the section the reimbursement (if any) paid by the foundation during the year for political expenditures. O . (2) On foundation manager Enter the reimbursement (if any) paid by the foundation during the year for political expenditures. Has the foundation engaged in any activities that have not previously been reported to the if "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change Did the foundation have unrelated business gross income of \$1,000 or more during the year if "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year if "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied employing instrument, or By state legislation that effectively amends the governing instrument so that no mandato remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," content the states to which the foundation reports or with which it is registered (see instruction MA If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Ma of each state as required by General Instruction G? If "No," attach explanation	ine year: ins. S \$ diture tax impo iRS? Instrument, ar ges ar? either: ry directions the state of the	hat conflict II, col. (c), a ral (or design	orporation, owith the state	or	/ A	3 4a 4b 5	X	x x x

	990-PF (2015) AGING BIOLOGY FOUNDATION, INC. 47-4518	<u>024</u>		age 5
Pa	rt VII-A Statements Regarding Activities (continued)			
	,		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of		· [
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		X
19	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? N/A	13		
	Michelita address . Willy ACTNCDTOLOGY ODC			
14	The books are in care of ► JETBRAINS INC. Telephone no. ► 617-24	5-0	610	
17	Located at \triangleright 2 SEAPORT LANE, SUITE 8C, 8TH FLOOR, BOSTON, MA ZIP+4 \triangleright 02		010	
46		<u> </u>		TT
ış	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		/A	ш
40	and enter the amount of tax-exempt interest received or accrued during the year		Yes	Nia
16	At any time during calendar year 2015, dld the foundation have an interest in or a signature or other authority over a bank,		162	No
	securities, or other financial account in a foreign country?	18	L	<u>X</u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	′		
В-	foreign country	L		
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	т		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u> </u>	Yes	No
1a	During the year did the foundation (either directly or indirectly):	}		•
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	İ		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		ļ	
	a disqualified person?		1	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	}		
	If the foundation agreed to make a grant to or to employ the official for a period after	ľ	1	
	termination of government service, if terminating within 90 days.)		1	
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	16		
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2015?	10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):	İ	l .	
8	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2015? Yes X No			
	If "Yes," list the years	İ		
Ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect		1	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		<u> </u>	
		1	1 .	ŀ
32	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
- Ou		1	1	
h	during the year? Yes X No If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after		[1
J		1		[
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or begunet or (3) the lapse of the 10. 15. or 20 year first shape holdings acquired by gift or begunet or (3) the lapse of the 10.			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	0.		}
4.	Form 4720, to determine if the foundation had excess business holdings in 2015.) N/A Did the foundation invert during the vece sequences that would inspect the household average.	3b	-	X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48	 	_
0	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	44	1	l v
	had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b_	n_PF	(2015)
	ro	IIII 33	J-1-1-	(2010)

Form 990-PF (2015) AGING BIOLOGY FOUNDATION			<u>47-45180</u>	24 Page 6
Part VII-B Statements Regarding Activities for Which	h Form 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (sec	tion 4945(e))?	Ye	es X No	
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or ındır			.
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purpos	ses?	Ye	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	ition described in section			
4945(d)(4)(A)? (see instructions)		🗀 Ye	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, litera				- ^ ·
the prevention of cruelty to children or animals?		L Ye	es X No .	'
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify	under the exceptions described i	in Regulations	1	.
section 53.4945 or in a current notice regarding disaster assistance (see ins	structions)?		N/A	5 b
Organizations relying on a current notice regarding disaster assistance chec	k here		. ▶∟ ^	3 [7
c If the answer is "Yes" to question 5a(4), does the foundation claim exemptio				
		<u>[/A</u> L∐ Y∈	88 🔛 No 📗	
If "Yes," attach the statement required by Regulations section 53.4				31 4 7
6a Did the foundation, during the year, receive any funds, directly or indirectly,				/
a personal benefit contract?		🗀 Ye	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on	a personal benefit contract?		!	Bb X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited to				
b If Yes, did the foundation receive any proceeds or have any net income att				7b
Part VIII Information About Officers, Directors, Tru Paid Employees, and Contractors	·	inagers, Highly	y 	
1 List all officers, directors, trustees, foundation managers and the		1. 10	(400 a 18 18a.)	
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deterred compensation	(e) Expense account, other allowances
DMITRY SKAVISH	DIRECTOR			
17 JUNIPER LANE			1	
FRAMINGHAM, MA 01701	1.00	0.	0.	0.
YURY BELYAEV	TREASURER			
LEOPOLDSTRASSE 16				
MUNICH, GERMANY 80802	1.00	0.	0.	0.
SERGEY DMITRIEV	PRESIDENT & D	IRECTOR		
70 KAPPARI AVENUE, HOUSE NO 9				
PARALIMNI, CYPRUS 5290	1.00	0.	0.	0.
MISHA KAPUSHEVSKY	DIRECTOR			
72 A HOLBROOK ROAD				
CAMBRIDGE, UNITED KINGDOM CB1 7ST	1.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those	——————————————————————————————————————	enter "NONE."	I della constitution and	4.5 #
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(ci) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				_
	-:-			
			1	
- · · · · · · · · · · · · · · · · · · ·	W.L.			
		L	L	
Total number of other employees paid over \$50,000				0

Form **990-PF** (2015)

Form 990-PF (2015) AGING BIOLOGY FOUNDATION, INC. 4	7-45180	024 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Raid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
NONE		
	•	0
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 N/A	_	
2		
3		
	\exists	
4		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	<u> </u>	
1 N/A		Amount
2		
All other program-related investments. See instructions.		
Total, Add lines 1 through 3	>	0.
	For	m 990-PF (2015)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, see	instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	4,900.
C	Fair market value of all other assets	10	
đ	Total (add lines 1a, b, and c)	1d	4,900.
e	Reduction claimed for blockage or other factors reported on lines 1a and		-
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	4,900.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	74.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,826.
6	Minimum Investment return, Enter 5% of line 5	6	241.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations ar	nd certain	
	foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	241.
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (This does not include the tax from Part VI.)	}	
C	Add lines 2a and 2b	2¢	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	241.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	241.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	241.
	art XII Qualifying Distributions (see instructions)	T	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
8	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	177.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	,	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	177.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		-
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	177.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies for the	section

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI.	,	1 220 6.10.10 2011	7.7 7.7	2010
line 7	, ,	}		241.
2 Undistributed Income, if any, as of the end of 2015,	,		, , , , , , , , , , , , , , , , , , , ,	241.
a Enter amount for 2014 only			0.	
ь Total for prior years:				,
3 Excess distributions carryover, if any, to 2015:		0.	·	<u> </u>
a From 2010	,	, , ,		
b From 2011				
c From 2012			· · · · · · · · · · · · · · · · · · ·	man in the state of the
d From 2013				
e From 2014	,			
f Total of lines 3a through e	,	,	,	, ,
4 Qualifying distributions for 2015 from	0.		· · · · · · · · · · · · · · · · · · ·	
		,		
Part XII, line 4: > \$ 177. a Applied to 2014, but not more than line 2a				
b Applied to undistributed income of prior			0.	
years (Election required - see instructions)				
c Treated as distributions out of corpus	<u>.</u>	0.		· · · · · · · · · · · · · · · · · · ·
(Election required - see instructions)	^	-		
d Applied to 2015 distributable amount	0.			
e Remaining amount distributed out of corpus				177.
5 Excess distributions carryover applied to 2015	0.			
(if an amount appears in column (d), the same amount must be shown in column (a),	0.		· · · · · · · · · · · · · · · · · · ·	0.
6 Enter the net total of each column as indicated below:				
8 Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract		-		
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line		· · · · · · · · · · · · · · · · · · ·		
4a from line 2a. Taxable amount - see instr.		İ	0.	
f Undistributed income for 2015. Subtract	· · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
lines 4d and 5 from line 1. This amount must	*			
be distributed in 2016				64.
7 Amounts treated as distributions out of				04.
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	ļ			
may be required - see instructions)				
8 Excess distributions carryover from 2010				-
not applied on line 5 or line 7	0.		,	
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	0.	1		-
10 Analysis of line 9:		, , , ,		,
a Excess from 2011		-	, .	
b Excess from 2012			e.h	• •
c Excess from 2013 .		- "	,	, , ,
d Excess from 2014	′	,	İ	
e Excess from 2015				

Form 990-PF (2015) AGING B	IOLOGY FOUN	DATION, INC	•	47-45	18024 Page 10
Part XIV Private Operating F	oundations (see ins	tructions and Part VII-	A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	it is a private operating	T		
foundation, and the ruling is effective for					
b Check box to indicate whether the found			section	4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	g to a trade of a document of the	Prior 3 years		
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for	\ <u>\</u>	(4)	<u> </u>	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
each year listed					
b 85% of line 2a				 	
c Qualifying distributions from Part XII,		ı.		/	
line 4 for each year listed				 /	
d Amounts included in line 2c not				1	
used directly for active conduct of	,			1	
exempt activities					
 Qualifying distributions made directly 				}	
for active conduct of exempt activities.]	
Subtract line 2d from line 2c				1	
3 Complete 3a, b, or c for the alternative test relied upon:				ļ	
a "Assets" atternative test - enter:		/		1	
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)		` /			·
b "Endowment" alternative test - enter					
2/3 of minimum investment return					i
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:		/			
(1) Total support other than gross					
investment income (interest,	/	ſ		1	
dividends, rents, payments on				į	i
securities loans (section				1	i
512(a)(5)), or royalties)	/			 	
(2) Support from general public and 5 or more exempt					i i
organizations as provided in					i
section 4942(j)(3)(B)(lii)					
(3) Largest amount of support from				1	i
an exempt organization	/			\	
(4) Gross investment income					
Part XV Supplementary Info			f the foundation	had \$5,000 or mo	re in assets
at any time during t	ne year-see instr	uctions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh			ibutions received by the	foundation before the clos	e of any tax
year (but only if they have contributed n	nore than \$5,000). (See s	ection 507(d)(2).)			
NONE					
b List any managers of the foundation wh	o own 10% or more of th	e stock of a corporation (or an equally large portio	on of the ownership of a pa	artnership or
other entity) of which the foundation ha	s a 10% or greater interes	SL.		•	
NONE					
2 Information Regarding Contribut	on, Grant, Gift, Loan.	Scholarship, etc., Pro	ograms:		
Check here 🕨 🗓 If the foundation of				ot accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indiv	iduals or organizations u	nder other conditions, co	emplete items 2a, b, c, and	d.
a The name, address, and telephone num					
was about and compliants Hall	-s. or o managarous of t	perport to terrorit applic	Silvara po audios		
b The form in which applications should b	e cubmitted and informat	lan and materials they ab	ould include:		
b The form in which applications should t	e 20011111160 and Illioitid	non and materials they sit	outa niciaae.		
a Any pubmical deadliness					
c Any submission deadlines:					
A A an an administration of the state of the					
d Any restrictions or limitations on awards	s, such as by geographica	u areas, charitable fields, i	kinds of institutions, or o	other factors:	
	·				
523801 11-24-15					Form 990-PF (2015)

523611

Total

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▶ 3b

Part XVI-A . Analysis of Income-Producing Activities
--

Enter gross amounts unless otherwise indicated.		d business income		ded by section 512, 513, or 514	(e)
48	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Tundin	code	7 Anount	10.100.11
			 		
b			-		
c					
d	<u> </u>		ļ	ļ	
e			├		
1	<u> </u>		↓		
g Fees and contracts from government agencies	 		├ ─		
2 Membership dues and assessments			├		
3 Interest on savings and temporary cash	{				
investments			 	ļ	
4 Dividends and interest from securities	<u> </u>		<u> </u>		
5 Net rental income or (loss) from real estate:			 		
a Debt-financed property	ļ		 		
b Not debt-financed property			 		
Net rental income or (loss) from personal					
property			├		
7 Other investment income			╄		
8 Gain or (loss) from sales of assets other					
than inventory			}		
9 Net income or (loss) from special events	<u> </u>				
10 Gross profit or (loss) from sales of inventory			-		
11 Other revenue:			1		ļ
a			╄		
b	<u> </u>		ļ		
c	 		 		
d			 		
6			┽	 	
12 Subtotal. Add columns (b), (d), and (e)		0.	· L		0.
18 Total. Add line 12, columns (b), (d), and (e)		•• • • • • • • • • • • • • • • • • • • •		13_	0.
Explain below how each activity for which incon the foundation's exempt purposes (other than be			A contri	buted importantly to the accor	nplishment of
					Form 990-PF (2015)

Part X		BIOLOGY FOUNDA		47-45.			ge 13
FuitA	Exempt Organi	igarding Transfers To a izations	ing Transactions a	ind Relationships With Nonch	aritable	,	
1 Did t	he organization directly or indir	ectly engage in any of the followin	g with any other organizatio	nn described in section 501(c) of		Yes	No
the C	ode (other than section 501(c)	(3) organizations) or in section 52	7, relating to political organi	zations?	1		
a Trans	sfers from the reporting founds	ation to a noncharitable exempt org	janization of:		λ.		1
(1)					1a(1)		X
(2)	Other assets				1a(2)		X
	transactions:						
	Sales of assets to a noncharital				15(1)		X
(2)	Purchases of assets from a nor	ncharitable exempt organization			1b(2)		X
(8)	Rental of facilities, equipment, (or other assets	., .,		1b(8)		X
					. 1b(4)		X
					15(5)	ļ	X
		mbership or fundralsing solicitatio			15(6)	 -	X
		iling lists, other assets, or paid em		, , , , , , , , , , , , , , , , , , , ,	1c	<u> </u>	X
				ways show the fair market value of the goods		sets,	
			ed less than fair market valu	e in any transaction or sharing arrangement	, snow in		
(8) Line no	(b) Amount Involved	other assets, or services received. (c) Name of noncharitable	avagest areadestion	(4) 2			
(8)2110110	(b) randant involved		exempt organization	(d) Description of transfers, transactions, ar	lo sum nig m	angenn	
	 	N/A	~~				
	 						
	 						
	 			 			
	† 						
	 						
	 			 			
	 - - - - - - 						
							
			··				
		_ 					
							
							
2a is the	foundation directly or indirect	tly affiliated with, or related to, one	or more tax-exempt organiz	zations described			
in se	ction 501(c) of the Code (other	r than section 501(c)(3)) or In sect	ion 527?		Yes		No 🔼
	s," complete the following sch						
	(a) Name of org	anization	(b) Type of organization	(c) Description of relation	nship		
	N/A						
	**						
				<u></u>			
	Inder panalties of perjury a decisive and belief, it is true, connect and com-	that I have examined this return, including	g accompanying schedules and . n ternever) is based on all inform	atatements, and to the best of my knowledge nation of which preparer has any knowledge.	May the (RS	discuse	this
Sign '		'w-	MIHUIA	i k	shown belo	W (600 in	<u>st(</u>)?
11010	Signature of the		1/177/14	TREASURER	Ye	8 L	_ No]
	Signature of difficer or trustee Print/Type/preparer's na		Date	Title Check if PTI	AI.		
	1		Guarnie COA		14		
Paid	MICHAEL J.	CICCONE WILL)	self- employed	01.40	1 4 0 4	5
Prepar	CPA	WIND T CICCOT			0142)
Use O		VENS & CICCONE	ASSUCIATES,	P.C. Firm's EIN ► 04-	4/04	403	
	· ·	20 CENTRE CERTS	m Critmia 100				
		20 CENTRE STREE)969	. 974	١٥
		WTON CENTRE, MA	U 4 4 3 3	Phone no. (617	Form 99		

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.trs.gov/form990 .

OMB No 1545-0047

Name of the organization

Employer identification number

	AGING BIOLOGY FOUNDATION, INC.	47-4518024
Organization type (chec	:k one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	n
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
· -	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Sp	ecial Rule. See instructions.
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions any one contributor. Complete Parts I and II. See instructions for determining a con	
Special Rules		
sections 509(a) any one contrib	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% of (1) and 170(b)(1)(A)(vI), that checked Schedule A (Form 990 or 990-EZ), Part II, line coutor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the FEZ, line 1. Complete Parts I and II.	13, 16a, or 16b, and that received from
year, total cont	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive tributions of more than \$1,000 exclusively for religious, chantable, scientific, literary, of cruelty to children or animals. Complete Parts I, II, and III.	•
year, contributi is checked, ent purpose. Do no	ation described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that receive ions exclusively for religious, charitable, etc., purposes, but no such contributions to ter here the total contributions that were received during the year for an exclusively of complete any of the parts unless the General Rule applies to this organization betable, etc., contributions totaling \$5,000 or more during the year	otaled more than \$1,000. If this box religious, charitable, etc., ecause it received nonexclusively
but it must answer "No"	on that is not covered by the General Rule and/or the Special Rules does not file Sci on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or neet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

AGING	BIOLOGY	FOUNDATION,	INC
2202210			

A7_A51R02A

<u>AGING</u>	BIOLOGY FOUNDATION, INC.		-4518024
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JETVERSE B.V. PRINS BERNHARDPLEIN 200 AMSTERDAM, NETHERLANDS 1097JB	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	YURY BELYAEV 11 BARNEY HILL ROAD WAYLAND, MA 01778	\$5.	Person X Payroll
(a) No.	(ხ) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	,	*	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
572A52 10.0		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

AGING BIOLOGY FOUNDATION, INC.

47-4518024

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	ert II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a)		(c)	
No. from Part I	(b) Description of noncash property given	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
}			
		s	
(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
1		\ s	

ame of organ	12811011		Employer identification number	
	SIOLOGY FOUNDATION, INC	e	47-4518024 section 501(c)(7), (8), or (10) that total more than \$1,000 for	
Part III	the year from any one contributor. Complete col	umns (a) through (e) and the following	O line entry. For organizations	
	completing Pert III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or less space is needed.	us for the year. (Enter this nito, once.)	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gift		
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
- - -		(a) Tanandar of 16		
-	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee	
(a) No. from Part i	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-		(e) Transfer of gift		
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-		(e) Transfer of gift		
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-				

FORM 990-PF	OTHER EXPENSES		STATEMENT 1	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE EXPENSES BANK CHARGES COMPUTER EXPENSES	100. 45. 32.	0. 0. 0.		100. 45. 32.
TO FORM 990-PF, PG 1, LN 23	177.	0.		177.
	F SUBSTANTIA PART VII-A,	L CONTRIBUTORS	S S'	TATEMENT 2
NAME OF CONTRIBUTOR	ADDR	ESS		
JETVERSE B.V.	PRINS BERNHARDPLEIN 200 AMSTERDAM, NETHERLANDS 1097JB			