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990-PF

Départment of the Treasury

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

► Do not enter social security numbers on this form as it may be made public Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

	<u> </u>	- Co to www.iis.gov/1 G/11/350/1 1	or matractions and	tile lates	st iiiiOiiiiati	011.	
		ndar year 2017 or tax year beginning Januar	ry 1 , 201	7, and e		December 31	
Na	me of fo	pundation			A Employe	er identification numb	er
Lo	<u>ig</u> er	Life Foundation		:	43-1819		
Nu	mber an	nd street (or P O box number if mail is not delivered to street address)	Room	n/suite	B Telephor	ne number (see instruct	ions)
166	500 \$	Swingley Ridge Road			636.736	5.8031	
Cit	or tow	n, state or province, country, and ZIP or foreign postal code			C If exemp	tion application is pend	ling, check here ▶ 🗌
		rfield MO 63017-1706					
G	Check		n of a former public	charity	D 1 Foreig	n organizations, check	here ▶ □
		☐ Final return ☐ Amended			2 Foreia	n organizations meeting	a the 85% test
		Address change Name cha	nge		check	here and attach compl	utation ►
		k type of organization 🛛 🗓 Section 501(c)(3) exempt p		NY		foundation status was 507(b)(1)(A), check here	
	Section	on 4947(a)(1) nonexempt charitable trust 🔲 Other ta	xable private found	dation	3600001	or (b)(1)(A), check here	
		narket value of all assets at J Accounting method	I 🗌 Cash 🗓 A	ccruál	F If the fou	indation is in a 60-mont	th termination
		f year (from Part II, col (c),				ction 507(b)(1)(B), chec	
		6) ► \$ 93,555.00 (Part I, column (d) must be	on cash basis)			g	
Pa	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books	j (a) net in	investment come	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions))	DOOKS				(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	400,000	2 *	x . ~~.	3 -72,	1 7
	2	Check ► ☐ if the foundation is not required to attach Sch. B	12 12 12	1, 2		1 1-	: * 1
	3	Interest on savings and temporary cash investments					,, , , ,
	4	Dividends and interest from securities					
	5a	Gross rents					. ;-]
	b	Net rental income or (loss)		,			
ne	6a	Net gain or (loss) from sale of assets not on line 10		27, 2	<u> </u>	34.	· · · · · · · · · · · · · · · · · · ·
Revenue	b	Gross sales price for all assets on line 6a	_ ~	- ' ' '	- '		. 32
	7	Capital gain net income (from Part IV, line 2)	· , ,		0.00		
	8	Net short-term capital gain	, , , , , , , , , , , , , , , , , , , ,	-	• • •		- 3
2018	9	Income modifications		. 15	······································		
7	10a	Gross sales less returns and allowances			, jî t		
ΓĞ	b	Less Cost of goods sold		`~*` \	, , , , , , , , , , , , , , , , , , ,		15
63	С	Gross profit or (loss) (attach schedule)	0.00	1 1 4	* P(\$		
	11	Other income (attach schedule)			<u> </u>		01 1 2 31
0	12	Total. Add lines 1 through 11	400,000.00		\ 0.00	0.00	* * * * * * * * * * * * * * * * * * * *
ଭ	13	Compensation of officers, directors, trustees, etc	ENIT	\mathcal{U}_{γ}	اد		
enses	14	Other employee salaries and wages	DEPT	\	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>		
<u>انت</u>	15	Pension plans, employee benefits	110000	018	/ŵ/		
홋	16a	Legal fees (attach schedule)	SEP 187	0.	7=1		
Operating and Administrative Exp	b		8 SEP 18	-15	ليا		
Ę	С	Other professional fees (attach schedule)	131 555	V. St			
tra	17	Interest	GUL				
isi	18	Taxes (attach schedule) (see instructions) .	1				
Ē	19	Depreciation (attach schedule) and depletion	<u> </u>				
ğ	20	Occupancy					
70	21	Travel, conferences, and meetings	5,107				5,107
an	22	Printing and publications					ļ
Б	23	Other expenses (attach schedule)	1,281				1,281
ati	24	Total operating and administrative expenses.					
ē		Add lines 13 through 23	6,388.00		0.00	0.00	6,388.00
g	25	Contributions, gifts, grants paid	346,077	23 -	15 11		346,077
	26	Total expenses and disbursements. Add lines 24 and 25	352,465.00		0.00	0.00	352,465.00
	27	Subtract line 26 from line 12		ે, જે વજ	6,	in in	
1	a	Excess of revenue over expenses and disbursements	47,535.00	. 14	- 11.5	, , ,	'
	b	Net investment income (if negative, enter -0-)			0.00	, , , , , , , , , , , , , , , , , , , ,	
- 1	C	Adjusted net income (if negative, enter -0-)	' '	\$ -		0.00	1 ' 1

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Cash—non-interest-bearing General animation of the interest plant animation of the intere	D۵	et II	Ralance Shoots Attached schedules and amounts in the description column	Beginning of year		End of year			
2 Savings and temporary cash investments 3 Accounts receivable ▶ Less allowance for doubtful accounts ▶ Piedges receivable ↑ Less allowance for doubtful accounts ▶ Sorants receivable Formatis receivable Fo	L C	II ZII	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Valu	e	(c) Fair l	Market Value	
Accounts receivable ▶ Less allowance for doubtful accounts ▶ Less allowance for doubtful accounts ▶ Sorants receivable Less allowance for doubtful accounts ▶ Capacity of the control of		1		46,020	93,	555		93,555	
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5 Decreases not included in line 2 (itemize) ►	J A		' '				0	3 555 00	
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	6			Part II. column (h). line	30		a	3.555 00	

Part	V. Capital Gains and L	osses for Tax on Investment	Income				
Ŝ	(a) List and describe the kind(s	s) of property sold (for example, real estate, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)	
				D Bondion			
b							
С			·				
d							
<u>e</u>							
	(P) Gross sales price			other basis nse of sale		ain or (loss) (f) minus (g))	
a							
b					- 		
<u>c</u>							
<u>d</u>					· · · · · -		
<u>е</u>	Complete only for assets show	ing gain in column (h) and owned by the	foundation	on 12/31/69		1.4.	
		(j) Adjusted basis		s of col (i)		of (h) gain minus of less than -0-) or	
	(i) FMV as of 12/31/69	as of 12/31/69	, ,	(j), if any	Losses	(from col (h))	
a b						·· · · ·	
C							
d				-			
e						· · · · · · · · · · · · · · · · · · ·	
2	Capital gain net income or (r	net capital loss) { If gain, also if (loss), ente			2		
3		or (loss) as defined in sections 1222 line 8, column (c) See instruction		enter -0- in	3		
Part	V Qualification Under	Section 4940(e) for Reduced	Tax on N	et Investment	ncome		
Was t		his part blank ction 4942 tax on the distributable ilify under section 4940(e) Do not (ase period?	☐ Yes ☒ No	
1	Enter the appropriate amour	nt in each column for each year, se	e the instru	ctions before ma	king any entries		
Cale	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value of	(c) noncharitable-use ass		(d) stribution ratio divided by col. (c))	
	2016	400,621		57,5		6.9636	
	2015	425,990		65,0		6.5518	
	2014	391,930		165,7	10	2.3652	
	2013	401,671		125,9	66	3.1887	
	2012	480,895		197,2	32	2.4382	
					_		
2	Total of line 1, column (d)		4 - 4 - 1 - · ·	l 0 h 5 0	2	21.5075	
3		r the 5-year base period—divide th Indation has been in existence if les			3	4.3015	
4	Enter the net value of nonch	arıtable-use assets for 2017 from F	Part X, line	5	4	85,757	
5	Multiply line 4 by line 3				5	368,883.74	
6	Enter 1% of net investment i	ncome (1% of Part I, line 27b)			6	0	
7	Add lines 5 and 6				7	368,883.74	
8	Enter qualifying distributions If line 8 is equal to or greate Part VI instructions	from Part XII, line 4 r than line 7, check the box in Part	: VI, line 1b	, and complete th	at part using a	352,465 1% tax rate See the	

Part \	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—s	ee instructions)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1)	. 1
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	0
	here ► ☐ and enter 1% of Part I, line 27b	
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, col (b)	
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	0
	Add lines 1 and 2	0 00
-	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	0 00
	Credits/Payments :	
	2017 estimated tax payments and 2016 overpayment credited to 2017 6a	
	Exempt foreign organizations—tax withheld at source 6b	
	Tax paid with application for extension of time to file (Form 8868) 6c	
d	Backup withholding erroneously withheld 6d 6d	
7	Total credits and payments Add lines 6a through 6d 7	0 00
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9	0 00
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	0 00
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ Refunded ▶ 11	0 00
Part \	VII-A Statements Regarding Activities	
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did	ıt Yes No
	participate or intervene in any political campaign?	1a X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See t	he
	instructions for the definition	1b X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material	als :
	published or distributed by the foundation in connection with the activities	
С	Did the foundation file Form 1120-POL for this year?	1c X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$	
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposes	d ' ' '
	on foundation managers ► \$	- Size 52
	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2 X
	If "Yes," attach a detailed description of the activities	
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3 X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a X
	If "Yes," has it filed a tax return on Form 990-T for this year? West have a liquidation termination dissolution or substantial contraction during the year?	4b X 5 X
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5 X
	If "Yes," attach the statement required by General Instruction T	
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions the 	nat 🕒 📜
	conflict with the state law remain in the governing instrument?	6 X
	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part 3	
	Enter the states to which the foundation reports or with which it is registered. See instructions.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	MISSOURI	
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gene	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b X
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	
	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Ye	· · · · · · · · · · · · · · · · · · ·
	complete Part XIV	9 X
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the	

Pan	VIFA Statements Regarding Activities (continued)							
			Yes	No				
112	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		х				
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	11				
	Website address ► www.longerlife.org			l				
14	The books are in care of ▶ Jeff Block - Treasurer Telephone no ▶ 636.73	6.23	341					
	Located at ▶ 16600 Swingley Ridge Road, Chesterfield, MO ZIP+4 ▶ 63017-	1706	5					
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here and enter the amount of tax-exempt interest received or accrued during the year ▶ 15							
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No				
	over a bank, securities, or other financial account in a foreign country?	16		X				
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶							
Dorf				10				
Far			Yes	No				
10	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. During the year, did the foundation (either directly or indirectly)	ļ	162	NO				
1a	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		٠٠.	.				
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	. `		;; ¹				
	disqualified person?		`					
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?							
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	٠.	_					
	(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			200				
	foundation agreed to make a grant to or to employ the official for a period after	, ,	• •					
	termination of government service, if terminating within 90 days)			. , ,,,,,				
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations	1						
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here	1b		X				
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			* <u>*</u>				
	were not corrected before the first day of the tax year beginning in 2017?	1c		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))			5, 6				
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and	-						
	6e, Part XIII) for tax year(s) beginning before 2017?	<u>ر</u> ا						
	If "Yes," list the years ▶ 20, 20, 20, 20	-:						
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	7a.		-3				
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			لــــــــــــــــــــــــــــــــــــــ				
	all years listed, answer "No" and attach statement—see instructions)	2b		2 7 9				
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here > 20 , 20 , 20 , 20	-		1 -				
3a	▶ 20 , 20 , 20 , 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise							
Ja	at any time during the year? \square Yes \square No	•						
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or		,	,				
b	disqualified persons after 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 bequest, or (3) the lapse of							
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the							
	foundation had excess business holdings in 2017)	3b						
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х				
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	<u> </u>		,				
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?,	4b		Х				

Part	VII-B	Statements Regarding Activities	for W	hich Form	4720	May Be Re	quire	d (contu	nued)			
5a		e year, did the foundation pay or incur a				<u>-</u>				1 -,	Yes	No
		on propaganda, or otherwise attempt to						Yes	X No			١ , ﴿
		nce the outcome of any specific public		on (see sect	ion 495	5), or to car	ry on,	_		*B*		1.1
		tly or indirectly, any voter registration dri				•		∐ Yes	X No		· · · ,	
		de a grant to an individual for travel, stu de a grant to an organization other thar					had in	Yes	X No		- '-	5 - A
		on 4945(d)(4)(A)? See instructions	i a Cila	illable, etc.,	organiz	allon descri	bea iii	□Yes	X No	j		. * -
		de for any purpose other than religious,	charita	able, scientif	ic. litera	arv. or educa	ational	1es	<u>v</u>	1 .	' .	<i>i</i> > .
		oses, or for the prevention of cruelty to c				,,		Yes	X No			ا ، ا
b		swer is "Yes" to 5a(1)-(5), did any of the							ıbed ın	1		
	Regulation	ins section 53 4945 or in a current notice	regardı	ng disaster a	ssistanc	e? See instri	uctions	3		5b		
	-	tions relying on a current notice regardii	-							\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	·• ;	
С	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							15	;			
		it maintained expenditure responsibility		-				∐ Yes	X No	, id	' - <u> </u>	
6a		attach the statement required by Regula bundation, during the year, receive any					muimo			4 4	- 1	
Va		sonal benefit contract?	iuiius,	unechy of in	unechy	, to pay pier	illullis	☐Yes	X No	i .		. •
b	•	oundation, during the year, pay premium	ns. dire	ctly or indire	ctlv. on	a personal b	penefit			6b		لـــــا
		o 6b, file Form 8870	,	o, o	J., J.,	. ролости.				, ,		, ng 1
7a	At any tim	ne during the tax year, was the foundation a	a party t	to a prohibited	tax sh	elter transact	ion?	☐ Yes	X No	- 15 	. "	. ***
		did the foundation receive any proceeds								7b		
Part		Information About Officers, Direct	tors, T	rustees, F	ounda	tion Mana	gers,	Highly F	Paid E	mploy	ees,	
-1		and Contractors fficers, directors, trustees, and found	ation r	-	nd thair	compones	tion S	oo instri	ictions			
	LIST AII O	micers, directors, trustees, and round		e, and average		mpensation		Contribution				
		(a) Name and address	hou	rs per week ed to position	(If r	not paid,		yee benefit erred compe		(e) Expe	allowan	
SEE	STATEME	NT 2	-	<u>_</u>	-			·····				
	Compen	sation of five highest-paid employee	s (oth	er than tho	se incl	uded on lin	e 1—	see instr	uctions	s). If n	one, e	enter
	"NONE."		•							•	·	
				(b) Title, and a	average			(d) Contrib		/a\ [:::a		
	(a) Name and	d address of each employee paid more than \$50,00	0	hours per v devoted to p	veek	(c) Compens	sation	employee plans and	deferred	(e) Expe	allowan	
								compen	sation			
NONE	· · · · · · · · · · · · · · · · · · ·											
									i			
Total	number e	f other employees paid over \$50,000				<u> </u>			•			
TOTAL	number 0	other employees paid over \$50,000				 ,				Form 99	0-PF	(2017)

3. Five hi	ghest-paid independent contractors for professional services. See instructions. If none, enter "NO	NE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NE		
**		
al number	of others receiving over \$50,000 for professional services	
rt IX-A	Summary of Direct Charitable Activities	
_ist the found organizations	ation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
N/A		
		+ - · ·
		•
rt IX-B	Cummony of Drogram Deleted Investments (see instructions)	
	Summary of Program-Related Investments (see instructions) wo largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
N/A	we digest pregion related in connection indeed by the related to thing the tax year on lines 1 and 2	1
=::::::::::::::::::::::::::::::::::::::		•
<u></u>		
III other pro-	om related avestments. Con instructions	
	am-related investments. See instructions	
3		
		•
tal. Add line	es 1 through 3	0.
		Form 990-PF (20

Part		gn fou	ndations,
1	see instructions) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	1117	,
	purposes	'``	,
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	87,063
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	87,063.00
e	Reduction claimed for blockage or other factors reported on lines 1a and	٠,,	
	1c (attach detailed explanation) 1e 0	Ĵ [†] y1 ~	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	87,063.00
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	1,306
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	85,757.00
6	Minimum investment return. Enter 5% of line 5	6	4,287.85
Part		ounda	tions
	and certain foreign organizations, check here ▶ □ and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	4,288
2a	Tax on investment income for 2017 from Part VI, line 5	- ÷,	
b	Income tax for 2017 (This does not include the tax from Part VI) 2b 0	3 · · ·	
С	Add lines 2a and 2b	2c	0.00
3	Distributable amount before adjustments Subtract line 2c from line 1	3	4,288.00
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	4,288.00
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	4,288.00
Part	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	. 1	
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	352,465
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	0
3	Amounts set aside for specific charitable projects that satisfy the	``	
а	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	352,465.00
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 See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	352,465.00
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years	g whet	her the foundation

Form **990-PF** (2017)

Part	XIII Undistributed Incom	ne (see instruction	ons)			. ago c
18	Distributable amount for 201		(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
	line 7		· 1000 1000 1000 1000 1000 1000 1000 10		, . 4	4,288.00
2	Undistributed income, if any, as o	f the end of 2017	خي، ادر الآيا		Y . 1 . 1 +	
а	Enter amount for 2016 only					10
b	Total for prior years 20 ,2	20 ,20	13			· · · · · · · · · · · · · · · · · · ·
3	Excess distributions carryover.	, if any, to 2017	3, 4, 3	. 45° . 45°	y- ,	•
а	From 2012	471,033			F	. A É
b	From 2013	395,373			3 3	
С	From 2014	383,644				
d	From 2015	422,739			,	·
е	From 2016	397,744			19	(*)
f	Total of lines 3a through e		2,070,533.00		3 , , , , , , , , , , , , , , , , ,	
4	Qualifying distributions for 20	17 from Part XII,		* *		1
	line 4 ▶ \$ 352,465	_		',	<u> </u>	
а	Applied to 2016, but not more		1,4			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
þ	Applied to undistributed incon		· · · · · · · · · · · · · · · · · · ·		1	7
	(Election required—see instruc	•	State			, , , , , , , , , , , , , , , , , , ,
С	Treated as distributions out of	corpus (Election			1	1. 1. 1.
	required—see instructions)			·		
d	Applied to 2017 distributable a		in the second second	See also 1	NA 1 TY	
е	Remaining amount distributed	•	352,465	· · · · · · · · · · · · · · · · · · ·	1 1 1	
5	Excess distributions carryover		4,288	3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		4,288
	(If an amount appears in colun		10 - 7,00			5.
	amount must be shown in colu		*,34.			
6	Enter the net total of ea indicated below:	ch column as				, ##
а	Corpus Add lines 3f, 4c, and 4e	e Subtract line 5	2,418,710.00		3	4 +
b	Prior years' undistributed in line 4b from line 2b	come Subtract	At the second	0.00	* · · ·	a marin
С	Enter the amount of prior year	rs' undistributed	 (ti		- , , , ,	- 1 - 4 3°1'
	income for which a notice of		100		* , .	
	been issued, or on which the	section 4942(a)				
	tax has been previously assess	sed		0		, , , , , , , , , , , , , , , , , , ,
d	Subtract line 6c from line	e 6b Taxable			, ,,	
	amount—see instructions			0.00		
е	Undistributed income for 201	6 Subtract line	, Tag 189			
	4a from line 2a Taxable	e amount—see		,**, 1,		()
	instructions		हुन के अन्दर क		0.00	
f	Undistributed income for 2017	7 Subtract lines		No on other		
	4d and 5 from line 1 This a	mount must be		1		
	distributed in 2018		H As			0.00
7	Amounts treated as distribution	ns out of corpus			J. 15	* ***
	to satisfy requirements impo			E.	30	39
	170(b)(1)(F) or 4942(g)(3) (El	ection may be			\$	1,0
	required—see instructions)		0		1	, ,
8	Excess distributions carryover				1.1	
	applied on line 5 or line 7 (see		471,033	1 214 6	,	2 3 3 3
9	Excess distributions carry					, <u>a</u>
	Subtract lines 7 and 8 from line	e 6a	1,947,677.00			
10	Analysis of line 9	1	1,10		* ***	* * * * * * * * * * * * * * * * * * * *
а	Excess from 2013	395,373	ي بيتي	~	1 m 1 #	-
b	Excess from 2014	383,644	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	d	·	
C	Excess from 2015	422,739		\$.	- B - 5	
d	Excess from 2016	397,744				
_	EVERER TEAM 2017	240 177	1 . 1			1_

Part	XIV Private Operating Founda	tions (see ınstru	ctions and Part	VII-A, question 9	9)	
1a	If the foundation has received a ruling foundation, and the ruling is effective for		·	private operating	/	
b	Check box to indicate whether the four		•	ion described in se	ection / 4942(j)	(3) or 4942(j)(5)
2a	•	Tax year		Prior 3 years	/	
	income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	/ (d) 2014	(e) Total
	investment return from Part X for each year listed		· · · · · · · · · · · · · · · · · · ·		/ / /	0.00
b		0.00	0.00	0.00	0.00	0.00
С	Qualifying distributions from Part XII,			,	,	
	line 4 for each year listed					0.00
d	Amounts included in line 2c not used directly for active conduct of exempt activities			/		0.00
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	0.00	0.00	/0.00	0.00	0.00
3	Complete 3a, b, or c for the alternative test relied upon	<u> </u>		/		
а	"Assets" alternative test—enter					
	(1) Value of all assets			. ,		0.00
	(2) Value of assets qualifying under		!			
	section 4942(j)(3)(B)(i)			1		0.00
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					0.00
С	"Support" alternative test—enter			_/		
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0.00
	(2) Support from general public			 		0.00
	and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0.00
	(3) Largest amount of support from an exempt organization					0.00
	(4) Gross investment income			 		0.00
Par	Supplementary Information	n (Complete th	is part only if th	he foundation h	ad \$5,000 or m	ore in assets at
	any time during the year—				·	
1	Information Regarding Foundation	Managers:				
а	List any managers of the foundation v					by the foundation
	before the close of any tax year (but o	only if they have co	ontributed more th	an \$5,000) (See s	ection 507(d)(2))	
b	List any managers of the foundation ownership of a partnership or other er			•		rge portion of the
2	Information Regarding Contribution Check here ▶ ☐ If the foundation unsolicited requests for funds. If the fo complete items 2a, b, c, and d. See in	only makes controundation makes	ibutions to presel	lected charitable		
			J	n to whom anning	tions should be s	
а	The name, address, and telephone nu	imber or email add	aress of the persor	n to whom applica	ations should be at	adressed
SEE	STATEMENT 3					<u> </u>
b	The form in which applications should	l be submitted and	d information and i	materials they sho	ould include	
SEE	STATEMENT 3					
С	Any submission deadlines					
	STATEMENT 3					
d	Any restrictions or limitations on aw factors	vards, such as b	y geographical ar	eas, charitable fi	elds, kınds of ıns	titutions, or other
SEE	STATEMENT 3					

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or Amount status of any foundation manager contribution Name and address (home or business) recipient or substantial contributor a Paid during the year WASHINGTON UNIVERSITY 660 SOUTH EUCLID SAINT LOUIS, MO 63110 N/A N/A MEDICAL RESEARCH 346,077 Total 3a \$46,077.00 b Approved for future payment N/A Total 0.00

Ente	r gross amounts unless otherwise indicated	Unrelated bus	iness income	Excluded by sect	ion 512, 513, or 514	(e)
	D	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or examp function income (See instructions
1	Program service revenue					
	a N/A					-
	c		· ·			
	d					
	e	-				
	f					<u> </u>
	g Fees and contracts from government agencies			_		
2	Membership dues and assessments	+				
3	Interest on savings and temporary cash investments	-				
4	Dividends and interest from securities					
•	Net rental income or (loss) from real estate	- 1		. 4 3 -,	'n 's - ,	x
•	a Debt-financed property	,		٠ ١ ١ ٠ ٢٠	'	"
	b Not debt-financed property					
6			·			
_	Net rental income or (loss) from personal property Other investment income					
7						-
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events	ļ				
10						
11						
	b					
	c					
	d					
	•					
	e			<u> </u>	<u> </u>	
	Subtotal Add columns (b), (d), and (e)	7 7 7 7	0.00	.,. :	0.00	0.0
13	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)	<u> </u>	0.00	·.`	0.00	0.0
13 (See	Subtotal Add columns (b), (d), and (e) Total . Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation	s)			<u> </u>	
13 (See Pai	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation T XVI-B Relationship of Activities to the A	s) .ccomplishme	nt of Exemp		13	0.0
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total . Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation	s) .ccomplishme	nt of Exemp		13	0.0
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation T XVI-B Relationship of Activities to the A	s) .ccomplishme	nt of Exemp		13	0.0
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation T XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s) .ccomplishme	nt of Exemp		13	0.0
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation T XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s) .ccomplishme	nt of Exemp		13	0.0
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation T XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s) .ccomplishme	nt of Exemp		13	0.0
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation T XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s) .ccomplishme	nt of Exemp		13	0.0
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation T XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s) .ccomplishme	nt of Exemp		13	0.0
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation T XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s) .ccomplishme	nt of Exemp		13	0.0
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation T XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s) .ccomplishme	nt of Exemp		13	0.0
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation T XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s) .ccomplishme	nt of Exemp		13	0.0
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation T XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s) .ccomplishme	nt of Exemp		13	0.0
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation T XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s) .ccomplishme	nt of Exemp		13	0.0
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation T XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s) .ccomplishme	nt of Exemp		13	0.0
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation T XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s) .ccomplishme	nt of Exemp		13	0.0
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation T XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s) .ccomplishme	nt of Exemp		13	0.0
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation T XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s) .ccomplishme	nt of Exemp		13	0.0
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation T XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s) .ccomplishme	nt of Exemp		13	0.0
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation T XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s) .ccomplishme	nt of Exemp		13	0.0
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation T XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s) .ccomplishme	nt of Exemp		13	0.0
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation T XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s) .ccomplishme	nt of Exemp		13	0.0
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation T XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s) .ccomplishme	nt of Exemp		13	0.0
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation T XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s) .ccomplishme	nt of Exemp		13	0.0
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation T XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s) .ccomplishme	nt of Exemp		13	0.0
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation T XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s) .ccomplishme	nt of Exemp		13	0.0

Firm's address 🕨

Part	XVII	Informatio Organizat	on Regarding Trai ions	isfers to and T	ransactio	ns and F	Relationships W	ith Nonchar	itable	e Exe	mpi
1	Did t		directly or indirectly	engage in any of	the followin	g with an	y other organization	on described	,*	Yes	No
	ın se		other than section								
а	Trans	sfers from the re	porting foundation to	o a noncharitable	exempt org	ganızatıor	of			· 	
	(1) C	Cash							1a(1)		X
	(2) C	Other assets							1a(2)		X
b	Othe	r transactions								×	
			o a noncharitable exe						1b(1)		X
			ets from a noncharit		anization				1b(2)		X
			s, equipment, or othe	er assets					1b(3)		X
		Reimbursement a	-						1b(4)	_	X
		oans or loan gua							1b(5)	-	X
			ervices or membersl						1b(6)		X
		-	equipment, mailing li of the above is "Ye		•		0		1c		X
(a) Line	value		other assets, or servition or sharing arrang (c) Name of nonc		column (d) tl	he value		r assets, or se	rvices	recei	ved
• •			.,			<u> </u>		· · · · · · · · · · · · · · · · · · ·			
		.		-							
						 					
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			<u> </u>								
	_										
			<u> </u>								
			ectly or indirectly af				re tax-exempt or	•	-	G-31	
			501(c) (other than se		r in section	52//		L] Yes	X	No
b	IT YE		e following schedule				(a) Da			_	
		(a) Name of organ	nization	(b) Type	of organization		(c) Des	scription of relation	ısnıp		
					 						
		-									
		 					<u> </u>				—
	Unde	er penalties of periury.	I declare that I have examine	l ed this return, including	accompanying s	schedules an	d statements, and to the	best of my knowled	lge and	belief, it	is true
Sign	corre	ect, and complete Dec	laration of preparer (other th	an taxpayer) is based o	n all information	of which pre	parer has any knowledge	May the if			_
lere		MALE 1	3/mb=	19/11	WIS JE	FFREY I	BLOCK	with the pi	reparer s	shown b	elow?
.010	Sign	nature of officer or tru	istee	Date	Title			See instruc	ctions	∐Yes[_]No
)~:¬	1	Print/Type prepare		Preparer's signatu	re		Date	Check If	PTIN		
Paid		}						self-employed			
repa	irer	Firm's name					Firm's	FIN ►			

Phone no

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

► Go to www.irs.gov/Form990 for the latest information

OMB No 1545-0047

2017

Employer identification number

Longe	r Life Foundat	ion		43-1819267	
Organi	zation type (check o	ne)			
Filers o	of:	Section:			
Form 990 or 990-EZ		☐ 501(c)(☐ 501(c)() (enter number) organization		
		4947(a)(1) no	☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation		
		☐ 527 political	organization		
Form 9	90-PF	∑ 501(c)(3) exempt private foundation			
		4947(a)(1) no	onexempt charitable trust treated as a private t	foundation	
		☐ 501(c)(3) taxable private foundation			
	Only a section 501(c)(ieneral Rule or a Special Rule. Inization can check boxes for both the General	Rule and a Special Rule See	
Genera	I Rule				
X		or property) from a	990-EZ, or 990-PF that received, during the yearn any one contributor. Complete Parts I and II. Se		
Specia	Rules				
	regulations under s 13, 16a, or 16b, and	ections 509(a)(1) a d that received fro	ion 501(c)(3) filing Form 990 or 990-EZ that me and 170(b)(1)(A)(vi), that checked Schedule A (F m any one contributor, during the year, total co) Form 990, Part VIII, line 1h, or (ii) Form 990-E	orm 990 or 990-EZ), Part II, line ontributions of the greater of (1)	
	contributor, during	the year, total cont	on 501(c)(7), (8), or (10) filing Form 990 or 990-tributions of more than \$1,000 <i>exclusively</i> for reor the prevention of cruelty to children or anima	eligious, charitable, scientific,	
	contributor, during contributions totale during the year for a	the year, contribut d more than \$1,00 an <i>exclusively</i> relig es to this organiza	ion 501(c)(7), (8), or (10) filing Form 990 or 990- tions exclusively for religious, charitable, etc., p 30 If this box is checked, enter here the total c gious, charitable, etc., purpose. Don't complete ation because it received nonexclusively religionar	ourposes, but no such contributions that were received e any of the parts unless the	
990-EZ	, or 990-PF), but it m	ust answer "No" o	the General Rule and/or the Special Rules doe on Part IV, line 2, of its Form 990, or check the esn't meet the filing requirements of Schedule	box on line H of its Form 990-EZ or on its	

Name of organization
Longer Life Foundation

Employer identification number

43-1819267

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	RGA Enterprise Services Company 16600 Swingley Ridge Road Chesterfield, MO 63017-1706	\$\$	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	
		\$	Person	
(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	
(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	

Name of organization
Longer Life Foundation

Employer identification number

43-1819267

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

Part I, Line 23 - Other expenses:

	1.281
Website Design Fees	180
State of Missouri Annual Registration Report Fee	134
Bank Fees	967

Part I, Line 1 - Schedule of Contributions, gifts, grants, etc. received:

Name and Address	Amount	Date of Donation
RGA Enterprise Services Company 16600 Swingley Ridge Road Chesterfield, MO 63017-1706	400,000	Various

Part VIII, Line 1 - Schedule of all officers, directors, trustees, & managers:

		T	(d) Contributions	
	(b) Title & average		to employee benefit plans &	(e) Expense account & other
(a) Name and Address	hrs/week	(c) Compensation	deferred comp.	allowances
Anna Manning 16600 Swingley Ridge Road Chesterfield, MO 63017-1706	Chairperson of the Board	None	None	None
A Greig Woodring 16600 Swingley Ridge Road Chesterfield, MO 63017-1706	Governor	None	None	None
Robert M Musen 16600 Swingley Ridge Road Chesterfield, MO 63017-1706	Governor	None	None	None
David A Perlmutter, M D Washington University School of Medicine Campus Box 8106 666 S Euclid Avenue St Louis, MO 63110-1093	Vice Chairman	None	None	None
Daniel Zimmerman, M D 16600 Swingley Ridge Road Chesterfield, MO 63017-1706	Managing Director	None	None	None
Dave Rengachary 16600 Swingley Ridge Road Chesterfield, MO 63017-1706	Deputy Managing Director	None	None	None
Sara McCarty 16600 Swingley Ridge Road Chesterfield, MO 63017-1706	Secretary	None	None	None
Rachel Hauck Washington University School of Medicine Campus Box 8031 666 S Euclid Avenue St Louis, MO 63110	Assistant Secretary	None	None	None
Jeff Block 16600 Swingley Ridge Road Chesterfield, MO 63017-1706	Treasurer	None	None	None
Allison Gray 16600 Swingley Ridge Road Chesterfield, MO 63017-1706	Assistant Treasurer	None	None	None

Part XV, Line 2a - Name, address, & telephone number of the person to whom applications should be addressed:

Applications should be sent electronically to both
Philip Smalley, MD
Managing Director
Longer Life Foundation
psmalley@rgare com
David Alpers, MD, PhD
Co-Director, Longevity Research Program
Washington University School of Medicine
dalpers@dom wustl edu
with a cc_to_theins@dom_wustl.edu

Part XV, Line 2b - The form in which applications should be submitted and information and materials they should include:

- 1 Title
- 2 Abstract (1 page)
- 3 Summary and Description in lay language (1 page)
- 4 NIH Biographical sketch (brief) Please provide information on other support
- 5 Research plan (6 page maximum excluding references and budget) Please include
 - Specific aims
 - Scope of work and relevence of project to the mission of the Foundation
 - Background and significance of the work
 - Preliminary data or progress if applying for a second year of funding
- Research design and methods
- 6 Plans for obtaining additional extramural funding arising from the proposed studies
- 7 References
- 8 Budget and budget justification
- 9 OSRS Institutional Official Approval letter

Additional Instructions

- Applications should be submitted electronically in a SINGLE file
- Format single-spaced, 11 or 12 point font
- Header title and investigator's name

Part XV, Line 2c - Any submission deadlines:

Letters of Intent are due by February 20, 2017 Applications are due by May 31, 2017

Part XV, Line 2d - Any restrictions or limitations:

The only restriction is that the area of research must be in-line with the Foundation's mission statement

Mission of the Foundation

To study factors that can aid in predicting mortality and morbidity of selected populations and to research modes and methods of improving health and longevity by analyzing the effects of advances in medicine and in public health practices