Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2008

Department of the Treasury

Open to Public Inspection

| ternal Revenue | | The organization may have to use a | | | nents - | |
|---------------------------------|---------------------------------------|---|---|--|--|---|
| | | r, or tax year beginning C Name of organization | , 2008, a | and ending | D Employer Id | entification Number |
| Check if app | Please | use | | | 1 ' ' | |
| $\boldsymbol{\vdash}$ | or pri | nt Number and about (as D.O. hours from | | to December 1 | 54-20 | |
| Name c | change or typ See | e. Number and street (or P O box if ma | | dr) Room/suite | E Telephone n | |
| Initial re | eturn specif | Fic C/O Dave Gobel 8021 | | | (202) | 306-0989 |
| Termina | ation tions | City, town or country | | ZIP code + 4 | | |
| _ | ed return | Springfield | VA | 22153 | | pts\$ 2,299,714. |
| Applicat | | ne and address of principal officer | | | s a group return for | " |
| | | Gobel 8021 Flint St | | | ill affiliates included ,' attach a list (see | |
| Tax-exe | empt status X 5 | | 4947(a)(1) or | 527 | , | · · · · · · · · · · · · · · · · · · · |
| Website | | OUNDATION.ORG | | H(c) Group | exemption number | er ► |
| | | poration Trust Association | Other ► L Ye | ear of Formation 200 |) 3 M State | of legal domicile VA |
| art I | Summary | | | · | | · |
| 1 Brie | efly describe the | organization's mission or most sign | ificant activities <u>Cu</u> | <u>res for Ger</u> | <u>iatric Di</u> | <u>iseases </u> |
| : | | | | . | | - |
| 2 Che 3 Nun 4 Nun 5 Tota 6 Tota | | | | . - | | |
| | | _ | | . _ | | |
| 2 Che | | if the organization discontinued | | ed of more than 25 | 1 - | . 1 - |
| 3 Nun | | embers of the governing body (Part | | L | | 3 3 |
| 4 Nun | • | dent voting members of the governii ployees (Part V, line 2a) | ng body (Part VI, line II | 0) | 4 | |
| 6 Tota | at number of emp | unteers (estimate if necessary) | ED 1 | | 5 | |
| 7a Tota | al gross unrelate | d business revenue from Part VIII- | tine 12 dollaron (C) | | | /a |
| b Net | unrelated busine | ess taxable income from Form 990 | T. June 34\0\ | | | 'ь |
| + | | 0 0 1/01 | 5003 /05/ | | | |
| 8 Con | atributions and a | rants (Part VIII, line 1h) | | <u> </u> | Prior Year | Current Year |
| 9 Pro | aram carvico rov | VODUS (Part VIII, line 20) | | - | 723,451 | 2,024,53 |
| 10 Inve | estmont income i | (Part VIII, column (A), (nes al Alear | 3/20 | | 79,368 | |
| 11 Oth | estinent income i | VIII, column (A), lines 5, 6d, 8c, 9d | مس يلا مار and 11م | | 19,300 | 91,1 |
| | | d lines 8 through 11 (must equal Pa | | 12) | 802,819 | 2,299,7 |
| | | amounts paid (Part IX, column (A), I | | 12) | 198,121 | |
| 1 | | or members (Part IX, column (A), li | • | | 190,121 | 045,47 |
| 1 | · · · · · · · · · · · · · · · · · · · | pensation, employee benefits (Part | • | 10) | 55,000 | 160 0 |
| | | | | 10) | 33,000 | 169,8 |
| 16a Pro | | sing fees (Part IX, column (A), line | • | | | |
| b Tota | al fundraising exp | penses (Part IX, column (D), line 25 | s) ► <u>274</u> | ,936. | | |
| 17 Oth | er expenses (Pa | rt IX, column (A), lines 11a-11d, 11 [.] | f-24f) | | 484,368 | . 893,28 |
| 18 Tota | al expenses Add | Ines 13-17 (must equal Part IX, co | olumn (A), line 25) | | 737,489 | 1,708,58 |
| 19 Rev | enue less expen | ises Subtract line 18 from line 12 | | | 65,330 | |
| | <u> </u> | | | Regi | inning of Year | |
| 20 Tota | al assets (Part X | . line 16) | | | 1,980,663 | |
| 1 | al liabilities (Part | • | | | <u>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | 2,73 |
| 22 Net | • | valances Subtract line 21 from line | ⊘ h | 1 | 1,980,663 | |
| art II | Signature BI | | 7 | | ., 300, 663 | 4,311,18 |
| | | / | | | | |
| U) tri | Inder penalties of perion | ky, I declare than I have exampled this refurn, lete Declaration of preparer other than office | including accompanying scheor) is based on all information of | jules and statements, ar if which preparer has an | na to the best of m ly knowledge | ly knowledge and belief, it is |
| ,,, _▶ | | 1561 | | 1 | 11/4 | 109 |
| gn ere | Signature of officer | 4 5 700 | | | vate / | ~ / |
| ere | > 17-41/1Y | | ϵ | D. | u.c , , | • |
| | Type or print name | 00700 | | | | |
| | - The or built lighte | | | <u>. </u> | | Proparer's identification |
| این | | | Da | 10 | Check if self | Preparer's identifying numl (see instructions) |
| id is | reparer's | 10.16 1 | | e | employed ► | 200630555 |
| _ 121 | ignature > E | d Bickford, CPA | | 1/04/09 | | P00639757 |
| e- si | _ | d Bickford, CPA, LLC | | | | |
| rer's | irm's name (or <u>EC</u> | | | | 72 1 | .593647 |
| rer's si | ours if self- mployed), > 28 | Cambria Rd W. | | E | EIN ► /2 1 | |
| rer's se nly | ours if self- mployed), | | FL 33418 | | | 61) 352-5730 |

| Form | 1 990 (2008) The Met | uselah Foundation | | 54-2040344 | Page 2 |
|------|------------------------------|---|--|--------------------------|---|
| Pai | t III Statement of | rogram Service Accomplishments | (see instructions) | | |
| 1 | | | | | |
| | Cures for Geria | | | | |
| | 24105_101_00114. | 110 21000000000000000000000000000000000 | | | |
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| | | | | | |
| 2 | Did the organization under | ke any significant program services during the | e year which were not listed on the pr | ior | |
| | Form 990 or 990-EZ? | | | Yes | X No |
| | If 'Yes,' describe these nev | services on Schedule O. | | | _ |
| 3 | Did the organization cease | conducting, or make significant changes in ho | wit conducts, any program services? | Yes | X No |
| • | If 'Yes,' describe these cha | | with conductor, any program convices. | L | E-1 |
| _ | | - | Maria - 1 | Cb 501/- | \ |
| 4 | and 501(c)(4) organization | e achievements for each of the organization's and section 4947(a)(1) trusts are required to | report the amount of grants and alloc | ations to others, the to | otal |
| | expenses, and revenue, if | ny, for each program service reported | roport the amount of grants and and | 20000 00 00000, 000 00 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | | | | | |
| | | | | | |
| 48 | (Code) (Exp | nses \$38,325. including gran | its of \$(Rev | /enue \$ | 0.) |
| | MPRIZE FUND - I | CENTIVE AWARD GIVEN FOR SI | GNIFICANT ADVANCES IN | | |
| | GERONTOLOGY | | | | |
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| 41 | (Codo: \(\(\)Evo | nses \$1,025,199. including gran | to of \$ 645 425 \/Po | romuo ¢ | 0 \ |
| 41 | | | | | |
| | | AND PUBLICATIONS - SCIENTI | | | _ |
| | | APERS, PUBLICATIONS AND PR | | | |
| | STRATEGIES TO P | OMOTE POSTPONEMENT OR REVE | RSAL OF FRAILTY | | |
| | AND DISEASES OF | AGING. | | | |
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| 40 | (Code [,]) (Exp | nses \$ including gran | ts of \$) (Rev | /enue \$ |) |
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| 40 | Other program services. (D | scribe in Schedule O) | | | |
| | (Expenses \$ | including grants of \$ |) (Revenue \$ | |) |
| 46 | Total program service exp | | equal Part IX, Line 25, column (B)) | | |
| | | | | | |

Form 990 (2008) The Methuselah Foundation

Part IV | Checklist of Required Schedules

| | | | Yes | No |
|-------------|---|----------|------|-----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A | 1 | x | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I | 3 | | x |
| 4 | Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II | 4 | | X |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II | 7 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV | 9 | | х |
| 10 | Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V | 10 | | X |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable | 11 | | x |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII | 12 | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | Х |
| 14 a | a Did the organization maintain an office, employees, or agents outside of the U.S.? | 14a | | Х |
| ł | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If 'Yes,' complete Schedule F, Part I | 14b | Х | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II | 15 | _ X | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III | 16 | _x | |
| | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I | 17 | Х | |
| | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II | 18 | | <u>X</u> |
| | Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III | 19 | | _X |
| | Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H | 20 | - ;; | _X_ |
| | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II | 21 22 | X | |
| | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III | 22 | Х | |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J | 23 | | <u> x</u> |
| 24 a | a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K If 'No,'go to question 25 | 24a | | Х |
| Ŀ | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I | 25a | | X |
| ŧ | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I | 25b | | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III | 27 | Х | |
| BAA | | Forn | 990 | (2008) |

Form 990 (2008) The Methuselah Foundation

Part IV | Checklist of Required Schedules (continued)

| _ | | | Yes | No |
|-----|---|------|-----|--------|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee | | | |
| ě | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), | | | |
| | or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV | 28a | | Х |
| ı | Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV | 28b | | Х |
| • | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV | 28c | | х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | | х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M | 30 | | х |
| | | | | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | Х |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R , Part V , line 2 | 35 | | Х |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI | 37 | | Х |
| BAA | | Forn | 990 | (2008) |

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| Tart to John Strong Strott Mo Timings and Tax Compilative | | | |
|---|----------|-------|----------|
| 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable | 5 | Yes | No |
| b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 0 | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 c | | |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a | 1 | | |
| 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| Note. If the sum of lines 1a and 2a is greater than 250, you be required to e-file this return (see instructions) | | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a | | Х |
| b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O | 3b | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Х |
| b If 'Yes,' enter the name of the foreign country | | | |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts | 7 | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х |
| c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | 5c | | |
| 6a Did the organization solicit any contributions that were not tax deductible? | 6a | | Х |
| b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? | 6b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | |
| a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? | 7a | | Х |
| b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | Х |
| d If 'Yes,' indicate the number of Forms 8282 filed during the year | | | |
| e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | ! | Х |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | | Х |
| g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | Х | |
| h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | Х | |
| 8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have | | | |
| excess business holdings at any time during the year? 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | 8_ | | X |
| | 00 | | |
| a Did the organization make any taxable distributions under section 4966? b Did the organization make any distribution to a donor, donor advisor, or related person? | 9a 9b | | X |
| 10 Section 501(c)(7) organizations. Enter: | 90 | | <u> </u> |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 1 | | l |
| b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | - | | |
| 11 Section 501(c)(12) organizations. Enter | ┪ | | l |
| a Gross income from other members or shareholders | | | l |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 7 | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
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Form 990 (2008) The Methuselah Foundation 54-2040344 Page
Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

| <u> </u> | ction A. | Governing Body and Management | <u> </u> | | | | | | | | |
|---|----------------------------------|--|--------------------------------|-------------------|--------|---------------|--|--|--|--|--|
| | For each | 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, de s, or changes in Schedule O See instructions. | scribe the circumstances, | | Yes | No | | | | | |
| 1 | a Enter the | number of voting members of the governing body | 1a 3 | | | | | | | | |
| | b Enter the | number of voting members that are independent | 1 b 2 |] | | | | | | | |
| 2 | Did any officer, d | officer, director, trustee, or key employee have a family relationship or a business relative trustee or key employee? | tionship with any other | 2 | | X | | | | | |
| 3 | Did the o | rganization delegate control over management duties customarily performed by or uno s, directors or trustees, or key employees to a management company or other person | der the direct supervision | 3 | х | | | | | | |
| 4 | | rganization make any significant changes to its organizational documents | | 4 | Х | | | | | | |
| | since the | prior Form 990 was filed? | | | | | | | | | |
| 5 | Did the c | rganization become aware during the year of a material diversion of the organization's | s assets? | 5 | | Х | | | | | |
| 6 | Does the | organization have members or stockholders? | | 6 | | X | | | | | |
| | governin | • | | 7a | | х | | | | | |
| b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | | | | | | | | | | | |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | | | | | | |
| | _ | rning body? | | 8a | X | | | | | | |
| | | mittee with authority to act on behalf of the governing body? | | 8ь | _X | | | | | | |
| 9 | a Does the | organization have local chapters, branches, or affiliates? | | 9a | | X | | | | | |
| | b If 'Yes,' o and bran | oes the organization have written policies and procedures governing the activities of sches to ensure their operations are consistent with those of the organization? | such chapters, affiliates, | 9ь | | | | | | | |
| 10 | Was a co describe | py of the Form 990 provided to the organization's governing body before it was filed? in Schedule O the process, if any, the organization uses to review the Form 990 | All organizations must | 10 | Х | | | | | | |
| | _organiza | ny officer, director or trustee, or key employee listed in Part VII, Section A, who cannion's mailing address? If 'Yes,' provide the names and addresses in Schedule O | not be reached at the | 11 | | x | | | | | |
| Sec | ction B. | Policies | · | | | | | | | | |
| | 5 . () | | | | Yes | No | | | | | |
| | | organization have a written conflict of interest policy? If 'No,' go to line 13 | | 12a | X | | | | | | |
| | to conflic | | - | 12b | х | | | | | | |
| | Schedule | organization regularly and consistently monitor and enforce compliance with the police of how this is done | y? If 'Yes,' describe in | 12c | х | | | | | | |
| | | organization have a written whistleblower policy? | | 13 | | <u>X</u> | | | | | |
| | | organization have a written document retention and destruction policy? | | 14 | Х | | | | | | |
| | persons, | ocess for determining compensation of the following persons include a review and ap comparability data, and contemporaneous substantiation of the deliberation and decis | proval by independent iion: | | | | | | | | |
| | | nization's CEO, Executive Director, or top management official? | | 15a | X | | | | | | |
| | | cers of key employees of the organization? | | 15b | X | | | | | | |
| | | the process in Schedule O (see instructions) | | | | | | | | | |
| 16 | a Did the o entity dui | ganization invest in, contribute assets to, or participate in a joint venture or similar ar ing the year? | rangement with a taxable | 16a | Х | | | | | | |
| ı | b If 'Yes,' h | as the organization adopted a written policy or procedure requiring the organization to inture arrangements under applicable federal tax law, and taken steps to safeguard th | evaluate its participation | | | | | | | | |
| _ | status wi | h respect to such arrangements? | | 16b | Х | | | | | | |
| | tion C. | Disclosures | | | | | | | | | |
| | | ates with which a copy of this Form 990 is required to be filed Virginia | | | | | | | | | |
| 18 | inspectio | 104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and Indicate how you make these available. Check all that apply | 990-T (501(c)(3)s only) avai | lable f | or pub | olic | | | | | |
| | ш | website X Another's website X Upon request | | | | | | | | | |
| | statemen | in Schedule O whether (and if so, how) the organization makes its governing documer is available to the public | | | | al | | | | | |
| | | name, physical address, and telephone number of the person who possesses the book P. GOBEL 8021 FLINT ST SPRINGFIELD VA | _ | nizatioi 71)_3 | | 91 <u>2</u> 3 | | | | | |
| BAA | \ | | | Form | | | | | | | |
| | | | | | (| | | | | | |

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Form 990 (2008)

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$100,000 of reportable compensation from the organization and any related organizations

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

| Check this box if the organization did no | | ate ar | ту о | | | irector | , tru | | | |
|---|------------------------------|----------------------------------|-----------------------|--------|----------------|------------|--------|---|---|--|
| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
| Name and Title | Average hours per week | Position and service or director | anstitutional trustee | Off, a | a key amployee | A employee | zusner | Reportable compensation from the organization (W 2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
| Dave Gobel | 40.00 | х | | х | х | Х | | 145,854. | 0. | 0. |
| Aubrey de Grey Chairman | 40.00 | х | | х | х | | | 0. | 0. | 76,250. |
| Kevin Perrot Treasurer | 10.00 | Х | | Х | х | | | 0. | 0. | 0. |
| | | | | | | | | | | <u> </u> |
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TEEA0107 11/07/08

| Part VII Section A. Officers, Directors, Trust | ees, K | ey l | Em | plo | yee | es, a | and | Highest Com | pensated Emplo | yees | (cont | ·.) |
|--|------------------------------|----------------|-----------------------|--------------|-------------|---------------------|---------------|---|--|-------------|----------------------------------|----------|
| (A) | (B) | | | (6 | | | | (D) | (E) | | (F) | |
| Name and Title | Average hours per week | | _ | _ | | _ | | Reportable compensation from the organization | Reportable compensation from related organizations | amou | timated nt of oth pensatio | her |
| | | direct | thutto | Officer | y emg | jhest (| Former | the organization (W-2/1099-MISC) | related organizations (W 2/1099-MISC) | fro orga | om the anization d related | n |
| | hours per week | or or | Institutional trustee | | employee | Highest compensated | | | | | nization | |
| | | ee | stee | | | nsate | | | | | | |
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| | | | | | | | | | | | | |
| 1 b Total | | | | | <u> </u> | | • | 145,854. | 0. | - | 76,2 | 50. |
| 2 Total number of individuals (including those in 1a) w | ho recei | ved | mor | e th | an S | \$100 | 0,000 | | | | | |
| organization > 1 | | | | | | | | | | <u>1</u> | V I | N- |
| 3 Did the organization list any former officer, director of | trueta | يا م | | | | | | h | 4t | | Yes | No |
| on line 1a3 If 'Yes,' complete Schedule J for such in | | | | | | | | | | 3 | | Х |
| 4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th | ortable an \$150 | com | pen)? If | satio 'Ye | on a | ind d omp | othei lete | r compensation fro Schedule J for su | om ich | | | |
| ındıvıdual | | ٠ | | | | | | | | 4 | | X |
| 5 Did any person listed on line 1a receive or accrue co rendered to the organization? If 'Yes,' complete Sch | mpensa edule J | ition for s | fror uch | n ar per | ny u son | nrel | ated | organization for s | services | 5 | | X |
| Section B. Independent Contractors | | -, | | | | | | | | | | |
| 1 Complete this table for your five highest compensate compensation from the organization | ea inaep | enae —— | ent d | conti | ract | ors 1 | that | received more tha | an \$100,000 of | | _ | |
| , (A) | | | | | | | | (B) |). | (C |) | |
| Name and business address | S | | | | | | | Description o | or Services | Comper | nsatio | <u>n</u> |
| | | | | | | | | | | | | |
| | | | _ | | | | _ | | | | | |
| | | | - | | | | \dashv | | | _ | | |
| | | | | | | | | | | | | |
| 2 Total number of independent contractors (including t compensation from the organization ► | hose ın | 1) w | ho r | ece | ived | mo | re th | nan \$100,000 in | | | | |

| Pai | t VIII Statement of Revenue | | | | |
|--|---|----------------------|--|---|---|
| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | 1a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1 a 1 b 1 c 1 d 2,024,533. | | | | |
| TNO S | g Noncash contribus included in lns 1a-1f \$ 7,395. | | | | |
| 3 4 | h Total. Add lines 1a-1f | 2,024,533. | | | |
| PROGRAM SERVICE REVENUE | Business Code 2 CONFEDENCES FA1000 | 176 545 | 176 545 | | |
| Ē | 2a CONFERENCES 541900 b PUBLICATION SALES 541900 | 176,545. 863. | 176,545. 863. | 0. | 0. |
| CE | c SALESS41900 | 803. | 303. | | · · · |
| Ē | d | | | | |
| AM S | e | | | | |
| g. | f All other program service revenue | | | | |
| <u></u> ~ | g Total. Add lines 2a-2f | 177,408. | | | |
| | Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds | 97,773. | 0. | 0. | 97,773. |
| | 5 Royalties | | | | |
| | (i) Real (ii) Personal 6a Gross Rents b Less rental expenses c Rental income or (loss) | | | | |
| | d Net rental income or (loss) ▶ | | | | |
| | 7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other | | | | |
| | b Less, cost or other basis and sales expenses | | | | |
| | c Gain or (loss) d Net gain or (loss) | | | | |
| NUE | 8a Gross income from fundraising events (not including \$ | | | | _ |
| OTHER REVENU | of contributions reported on line 1c) See Part IV, line 18 a | | | | |
| 티 | b Less direct expenses b | | ··········· | | |
| | c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 a | | | | |
| | b Less' direct expenses b | | | | |
| i | c Net income or (loss) from gaming activities | | | | · · · · · · · · · · · · · · · · · · · |
| | 10a Gross sales of inventory, less returns and allowances | | | | |
| | b Less cost of goods sold b | | | | |
| ļ | c Net income or (loss) from sales of inventory | | | | |
| } | Miscellaneous Revenue Business Code | | | | ļJ |
| l | 11a | | | | _ |
| | ~ - | | | | |
| | d All other revenue | | | | |
| | e Total. Add lines 11a-11d | | | | |
| | 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, | 2.299.714 | 177,408. | 0. | 97.773 |

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do i | not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|----------|--|--------------------|------------------------------|-------------------------------------|--------------------------|
| | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 240,069. | 240,069. | general expenses | experises. |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 194,386. | 194,386. | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16 | 210,969. | 210,969. | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | 145,854. | 0. | 145,854. | 0. |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) | 143,034. | 0. | 143,034. | <u></u> |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 14,992. | 0. | 14,992. | 0. |
| 10 | Payroll taxes | 9,030. | 0. | 9,030. | 0. |
| 11 | Fees for services (non-employees) | | | | |
| | a Management | 159,450. | 89,200. | 70,250. | 0. |
| | L egal | 19,734. | 0. | 19,734. | 0. |
| | Accounting | 48,965. | | 48,965. | 0. |
| | Lobbying | | | | ··· |
| | Prof fundraising svcs. See Part IV, In 17 | | | | |
| | Investment management fees | | | | |
| • | g Other | 246,839. | 26,928. | 3,130. | 216,781. |
| | Advertising and promotion | 66,835. | 51,088. | 0. | 15,747. |
| 13 | Office expenses | 24,827. | 16,426. | 5,988. | 2,413. |
| 14 | Information technology | 11,927. | 506. | 10,454. | 967. |
| 15 | Royalties | 11-001 | | | |
| 16 | Occupancy | 11,981. | 3,381. | 8,600. | 0. |
| 17 18 | Travel Payments of travel or entertainment expenses for any federal, state, or local public officials | 89,155. | 69,958. | 14,730. | 4,467. |
| 19 | Conferences, conventions, and meetings | 144,039. | 144,039. | 0. | 0. |
| 20 | Interest | 25. | 18. | 7. | 0. |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 596. | 0. | 596. | 0. |
| | Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | 2,292. | 1,732. | 560. | 0. |
| | BANK SERVICE FEES | 16,512. | 373. | 6,154. | 9,985. |
| | PUBLICATIONS | 23,415. | 0. | 0. | 23,415. |
| | LAB SUPPLIES | 5,601. | 5,601. | 0. | 0. |
| | llicenses, PERMITS | 11,412. | 8,850. | 2,550. | 12. |
| | TRADEMARK | 885. | 0. | 885. | 0. |
| | All other expenses | 8,799. | 0. | 7,650. | 1,149. |
| | Total functional expenses Add lines 1 through 24f | 1,708,589. | 1,063,524. | 370,129. | 274,936. |
| 26 | Joint Costs. Check here ► if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |
| BAA | | | • | | Form 990 (2008) |

| | | Dalance United | | | (A) Beginning of year | | (B) End of |) Vear | | | | | | |
|-----------------|-----------|--|----------------|------------------------------------|--------------------------|-------|---------------|-------------------------|--|--|--|--|--|--|
| | 1 | Cash — non-interest-bearing | | | 454,494. | 1 | | 2,003. | | | | | | |
| | 2 | Savings and temporary cash investments | | | 1,521,420. | 2 | | 5,255. | | | | | | |
| | 3 | Pledges and grants receivable, net | | | 1,321,420. | 3 | | <u>J, 233.</u> | | | | | | |
| | 4 | Accounts receivable, net | | - | | 4 | | 6,954. | | | | | | |
| | 5 | Receivables from current and former officers, director | c truc | toos key employees | | " | | 0,934. | | | | | | |
| | | or other related parties Complete Part II of Schedule | s, iius L | lees, key employees, | | 5 | | | | | | | | |
| | 6 | Receivables from other disqualified persons (as define | d und | er section 4958(f)(1)) | | | | | | | | | | |
| | | and persons described in section 4958(c)(3)(B) Comp | lete P | art II of Schedule L | | 6 | | | | | | | | |
| ASSETS | 7 | Notes and loans receivable, net | | | | 7 | | 2,500. | | | | | | |
| Ē | 8 | Inventories for sale or use | | | | 8 | | | | | | | | |
| Š | 9 | Prepaid expenses and deferred charges | | | | 9 | | | | | | | | |
| | 10 a | Land, buildings, and equipment cost basis | 10a | 13,364. | | | · | | | | | | | |
| | b | Less accumulated depreciation Complete Part VI of | | | | | | | | | | | | |
| | | Schedule D | 10b | 1,058. | 1,849. | 10c | 1 | 2,306. | | | | | | |
| | 11 | Investments - publicly-traded securities | | | | 11 | | | | | | | | |
| | 12 | Investments – other securities See Part IV, line 11 | | | | 12 | | | | | | | | |
| | 13 | Investments - program-related See Part IV, line 11 | | | | 13 | | | | | | | | |
| | 14 | Intangible assets | | | | 14 | | | | | | | | |
| | 15 | Other assets See Part IV, line 11 | | | 2,900. | 15 | 8 | 5,500. | | | | | | |
| | 16 | Total assets Add lines 1 through 15 (must equal line | 34) | | 1,980,663. | 16 | 2,57 | 4,518. | | | | | | |
| | 17 | Accounts payable and accrued expenses | | | | 17 | | 494. | | | | | | |
| | 18 | | | | | | | | | | | | | |
| | 19 | Deferred revenue | 19 | | | | | | | | | | | |
| Ļ | 20 | Tax-exempt bond liabilities | 20 | | | | | | | | | | | |
| B | 21 | Escrow account liability Complete Part IV of Schedule | e D | | | 21 | | | | | | | | |
| LIABILITIES | 22 | Payables to current and former officers, directors, trus highest compensated employees, and disqualified per | stees, sons | key employees, Complete Part II | | | | | | | | | | |
| Ē | | of Schedule L | | - | <u>.</u> . | 22 | | | | | | | | |
| S | 23 | Secured mortgages and notes payable to unrelated th | ırd paı | rties | | 23 | | | | | | | | |
| | 24 | Unsecured notes and loans payable | | 1 | | 24 | · | | | | | | | |
| | 25 | Other liabilities Complete Part X of Schedule D | | } | | 25 | | 2,236. | | | | | | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 0. | 26 | | 2,730. | | | | | | |
| N E T | | Organizations that follow SFAS 117, check here | ∐ aı | nd complete lines | | | | | | | | | | |
| | 27 | 27 through 29 and lines 33 and 34. | | } | | - | | | | | | | | |
| ASSE | 27 | Unrestricted net assets | | - | | 27 | | | | | | | | |
| Ī | 28 | Temporarily restricted net assets | | } | | 28 | | | | | | | | |
| Q R | 29 | Permanently restricted net assets | | ∇ - | | 29 | | | | | | | | |
| | | Organizations that do not follow SFAS 117, check her lines 30 through 34. | e - | X and complete | | | | | | | | | | |
| Ň | 30 | Capital stock or trust principal, or current funds | | - | | 30 | | | | | | | | |
| B | 31 | Paid-in or capital surplus, or land, building, and equip | ment f | und | | 31 | | | | | | | | |
| Ě | 32 | Retained earnings, endowment, accumulated income, | | <u>-</u> | 1,980,663. | 32 | 2 57 | 1,788. | | | | | | |
| Ň | 33 | Total net assets or fund balances. | 01 011 | er runus | 1,980,663. | 33 | | $\frac{1,788.}{1,788.}$ | | | | | | |
| השבטשט שלולבטשט | 34 | Total liabilities and net assets/fund balances | | } | 1,980,663. | 34 | | 4,518. | | | | | | |
| | rt XI | | | | 1,900,003. | 34] | | 4,510. | | | | | | |
| | | Timanolar otatements and reporting | _ | | | | | Yes No | | | | | | |
| 1 | Acc | counting method used to prepare the Form 990 | Cash | X Accrual | Other | | | | | | | | | |
| 2 | a We | re the organization's financial statements compiled or r | eviewe | | countant? | | 2a | Х | | | | | | |
| | | re the organization's financial statements audited by ar | | • | | | 2b | X | | | | | | |
| | c If " | Yes' to 2a or 2b, does the organization have a committee | e that | assumes responsibility | for oversight of the au- | dıt, | | | | | | | | |
| | rev | iew, or compilation of its financial statements and selec | ction o | f an independent accour | ntant? | | 2c | | | | | | | |
| 3 | a As Δ | a result of a federal award, was the organization requir dit Act and OMB Circular A-133? | ed to | undergo an audit or audi | ts as set forth in the S | ıngle | , | | | | | | | |
| | | res,' did the organization undergo the required audit or | audite | .7 | | | 3a 3b | <u> </u> | | | | | | |
| BA | | . 55, 5.5 the organization undergo the required addit of | audits | <u> </u> | | | | 990 (2008) | | | | | | |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Employer identification number

| | | | | lah 1 | | | | | | | | | | | | | | | | 04034 | | | |
|--------|--|--------|----------------|------------------|----------|----------|---------|------------------|----------|------------------|---------------------|--|-----------------------|--|---|-------------|-----------------------------|---|-----------------------|--|--|----------------|--|
| Par | tl | Rea | sor | for F | ub | lic C | harit | y Sta | atus | s (All | lorga | anıza | ations | must | com | ple | te this | part.) | (see ı | nstruc | tions) | | |
| The c | rga | nızatı | n is | not a p | oriva | ate for | undati | on bed | caus | se it is | s (Ple | ease c | heck or | nly one | orgar | niza | tion) | | | | | | |
| 1 | | A chi | irch, | conve | ntior | n of c | hurch | es or a | asso | ciatio | n of c | hurch | es des | cribed ii | n sec | tion | 170(b)(| 1)(A)(i). | | | | | |
| 2 | П | A sch | loor | describ | ed i | n sec | tion 1 | 70(b)(| 1)(A |)(ii) . (| (Attac | h Sch | nedule E | Ξ) | | | | | | | | | |
| 3 | П | | | | | | | | | | | | | | on 17 | 70(b | X1XAXi | ii). (Atta | ach Sch | edule H |) | | |
| 4 | П | | | | | | | | | | | | | | | | | | | | , ter the hosi | ntal's | |
| | _ | | | y, and | | | | | | | , | | | | | | | | (-)(-)(-) | , | (0. (| ,,,,,,, | |
| 5 | | An o | ganı | | ope | rated | for the | e bene t II) | efit o | of a co | ollege | or un | niversity | owned | or of | oera | ted by a | govern | nmental | unit des | cribed in s | ection | |
| 6 7 | | An o | ganı | zation | that | norm | ally re | eceive | s a | substa | imenta antial | al unit part c | t descri of its su | bed in s ipport fr | ection om a | n 17 gov | 70(b)(1)(/ernmen | A)(v). tal unit | or from | the gen | eral public | descri | bed |
| 8 | In section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) | | | | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | | | | | | |
| • | X An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | An o | ganı | zation | orga | anızed | d and | operat | ed (| exclus | sively | to tes | t for pu | ıblıc saf | ety S | See | section | 509(a)(4 | 4). (see | instruct | ions) | | |
| 11 | | more | publ | licly su | nogg | rted (| organi | zatıon | s de | escrib | ed in : | sectio | n 509(a | a)(1) or | section | วก 5 | 09(a)(2) | tions of See s | f, or car ection 5 | ry out th 6 09(a)(3) | e purposes Check the | of on e box | e or that |
| | describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III – Functionally integrated d Type III – Other | | | | | | | | | | | | | | | | | | | | | | |
| е | By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) | | | | | | | | | | | | | | | | | | | | | | |
| f | | If the | orga (this | inizatio box | n re | ceive | d a w | ritten | dete | ermina | ation f | rom th | he IRS | that is a | а Тур | eI, | Type II | or Type | III supp | orting o | rganızatıon | , | |
| g | | Since | Aug | just 17 | , 200 | 06, ha | as the | organ | ızat | ion ac | ccepte | ed any | gift or | r contrib | ution | froi | m any o | f the fol | llowing p | persons? | > | [V | T |
| | | (i) | a pe | rson w w, the | ho c | directi | y or in | ndirect | ly c | ontrol | s, eith | ner ald | one or t | together | with | per | sons de | scribed | ın (ıı) aı | nd (III) | 11 g (i) | Yes | No |
| | | (ii) | | nily me | _ | | | | | | - | • | | | | | | | | | 11 g (ii) | + | |
| | | • • | | • | | | • | | | | ` ' | | or (II) ab | nove? | | | | | | | 11 g (iii) | | +- |
| h | | | | | | | - | • | | | | ` ' | ` ' | anizatio | n eur | nor | te | | | | 119(11) | | — |
| | | Name | | | T | , 111101 | (II) EI | | 1 | | | | | T | | • | 1 | | 6.0 | 1- 41 | 4-34 | | |
| | U. | Orga | anızatı | on | | | (11) | IV | | (de | escribed bove or | f organi i on line IRC se struction | es 1-9 ection | organiz (i) list | Is the ation in ed in your verning ument | our | the organ | ou notify nization in (i) of upport? | organizat | Is the tion in col zed in the S ? | (VII) Amou | nt of Su | рроп |
| | | | | | _ | | | | | | | | | Yes | N | lo_ | Yes | No | Yes | No | | | |
| | | | | | | | | | | | | | | | | | | | | | 1 | | |
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|---|---|--|---|-----------------------------------|---------------------|----------------|--------|-------------------|----------|--|--|
| Sec | (Complete only if you check tion A. Public Support | ed the box on line | 5, 7, or 8 of Par | | | | | | | | |
| | ndar year (or fiscal year nning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | | (f) Tota | al | | |
| 1 | Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') | | | | | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | | | | | | |
| 3 | The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge | | | | | | | | | | |
| 4 | Total. Add lines 1-3 | | | | | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | | | | | |
| Sec | tion B. Total Support | | | | | - | | | | | |
| Cale begi | ndar year (or fiscal year nning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | | (f) Tota | al | | |
| 7 | Amounts from line 4 | | | | | | | | - | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources | | | | | | | | | | |
| 9 | Net income form unrelated business activities, whether or not the business is regularly carried on | | | | | | | | | | |
| 10 | Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV) | | | | | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | | | | | |
| 12 | Gross receipts from related activ | ities, etc (see ins | tructions) | | | | 12 | | | | |
| 13 | First five years. If the Form 990 i organization, check this box and | s for the organiza stop here | ition's first, secon | d, third, fourth, oi | r fifth tax year as | a section 501(| c)(3) | | ► | | |
| <u>Sec</u> | tion C. Computation of Pub | olic Support Po | ercentage | | | <u> </u> | | | | | |
| | Public support percentage for 20 | • | • , | e 11, column (f) | | <u> </u> | 14 | | % | | |
| 15 | Public support percentage for 20 | 07 Schedule A, P | art IV-A, line 26f | | | <u>L</u> | 15 | | % | | |
| 16 a | 33-1/3 support test – 2008. If the and stop here. The organization | organization did qualifies as a pub | not check the box licly supported or | c on line 13, and t ganization | the line 14 is 33-1 | /3 % or more, | check | k this box | - | | |
| t | 33-1/3 support test – 2007. If the and stop here. The organization | organization did qualifies as a pub | not check a box of licly supported or | on line 13, or 16a, ganization | and line 15 is 33- | 1/3% or more | , chec | k this box | ► 🗌 | | |
| 17a 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization | | | | | | | | | | | |
| t | o 10%-facts-and-circumstances test or more, and if the organization in organization meets the 'facts-and | meets the 'facts-a | nd-circumstances | s' test, check this l | box and stop here | . Explain in P | art IV | is 10% how the | ▶ [] | | |
| 18 | Private foundation. If the organiz | | _ | • | | _ | | ictions | ▶ 🎵 | | |
| BAA | | | | | | chedule A (Fo | _ | | 2008 | | |

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

(Complete only if you checked the box on line 9 of Part I.)

| 500 | (Complete only if you ched | cked the box on lin | ne 9 of Part I.) | | | - | | |
|------|---|-----------------------------|---|---------------------|--------------------|-----------------|----------|--------------|
| | tion A. Public Support | (0) 0004 | 43,0005 | (-) 0000 | (4) 2007 | (:> 0000 | , | (A.T.) |
| | ndar year (or fiscal yr beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | 5 | (f) Total |
| • | Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') | 49,443. | 715,205. | 837,124. | 723,451. | 2,024,5 | 33. | 4,349,756. |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose | | | | | 177,4 | Ω | 177,408. |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | 1//,4 | 00. | 177,400. |
| | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | |
| _ | Total. Add lines 1-5 Amounts included on lines 1, 2, 3 received from disqualified persons | 49,443. | 715,205. | 837,124. | 723,451. | 2,201,9 | 41. | 4,527,164. |
| | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | | | | | | | |
| C | Add lines 7a and 7b | | | | | | | |
| 8 | Public support (Subtract line | | | | | | | |
| | 7c from line 6) | | | | | | | 4,527,164. |
| Sec | tion B. Total Support | | | | | _ | | |
| Cale | ndar year (or fiscal yr beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | <u>~</u> | (f) Total |
| 9 | Amounts from line 6 | 49,443. | 715,205. | 837,124. | 723,451. | 2,201,9 | 41. | 4,527,164. |
| 10 a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources | 441. | 6,181. | 38,575. | 79,368. | 97,7 | 70 | 222,338. |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | 441. | 0,101. | 36,373. | 79,300. | 91,1 | 13. | 222,336. |
| | Add lines 10a and 10b | 441. | 6,181. | 38,575. | 79,368. | 97,7 | 73. | 222,338. |
| | Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on | | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | | |
| | Total support. (add Ins 9, 10c, 11, and 12) | | | | | | | 4,749,502. |
| | First five years. If the Form 990 i organization, check this box and | | | , third, fourth, or | fifth tax year as | a section 501 | (c)(3) |) ▶ □ |
| | tion C. Computation of Pub | | | | | | | |
| | Public support percentage for 20 | • • | • | | | | 15 | 95.32% |
| | Public support percentage from 2 | | |] | _ | | 16 | 80.67% |
| Sec | tion D. Computation of Inve | estment Incom | e Percentage | | | | | |
| 17 | Investment income percentage for | or 2008 (line 10c, d | column (f) divided | by line 13, colum | n (f)) | | 17 | 4.68% |
| 18 | Investment income percentage fr | om 2007 Schedule | e A, Part IV-A, Ime | e 27h | | | 18 | 9.89% |
| | 33-1/3 support tests – 2008. If the more than 33-1/3%, check this be | ox and stop here. | The organization of | qualifies as a publ | licly supported or | ganization | | ► <u>X</u> |
| b | 33-1/3 support tests - 2007. If the | e organization did | not check a box of | on line 14 or 19a, | and line 16 is mo | re than 33-1/ | 3%, 8 | and line 18 |
| | is not more than 33-1/3%, check | tilis box and stop | nere. The organiza | ation qualifies as | a publicly suppor | teu organizat | tion | - <u>-</u> ⊔ |

| Schedule A | A (Form_990 or 9 | 90-EZ) 2008 | The M | ethuselah | n Foundati | ion | 54-2040344 Pag | ne 4 |
|------------|------------------|--------------|--------------|---------------|----------------|-------------|--|-------------------|
| Part IV | Supplement | tal Informat | tion. Com | plete this p | art to provide | e the | explanation required by Part II, line 10; additional information. (see instructions) | , 0 -, |
| <u> </u> | Part II, line | 17a or 17b | ; or Part | III. line 12. | Provide anv | other | additional information. (see instructions) | |
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

of the tax year

The Methuselah Foundation

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Employer Identification number

Held at the End of the Year

54-2040344

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete If the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes l No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? Yes Part II | Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day

a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 4 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes

Conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets
Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for

- **b** If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

(ii) Assets included in Form 990, Part X

- **>**\$
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items.
- a Revenues included in Form 990, Part VIII, line 1

►\$_____

b Assets included in Form 990, Part X

Schedule **D** (Form 990) 2008

TEEA3301 12/23/08

| Schedule D (Form 990) 2008 The I Part III Organizations Maintai | | | rical T | Fracuroc or | 54-204 | | Page 2 |
|--|-------------------------|-----------------------------|----------|----------------------------|----------------------------|-----------------------|-----------|
| | | | | • | | | |
| 3 Using the organization's accession that apply) | n and other records, | | | - | nificant use of its collec | tion items (ch | neck all |
| a Public exhibition | | _ | or exch | nange programs | | | |
| b Scholarly research | _1, | e U Other | | _ | | | |
| c Preservation for future generation of the organ | | and explain how | they fu | urther the organiz | ation's exempt purpose | ın. | |
| Part XIV 5 During the year, did the organizations assets to be sold to raise funds raise. | tion solicit or receive | donations of art, | histori | ical treasures, or | other similar | ☐ Yes | □No |
| Part IV Trust, Escrow and Cu | | | | | | | |
| IV, line 9, or reported | an amount on Fo | rm 990. Part | X. lin | ne 21. | iisweieu ies loi i | JIII 990, F | art |
| 1a Is the organization an agent, trus included on Form 990, Part X? | | - | | | r assets not | ☐ Yes | —— Пио |
| b If 'Yes,' explain the arrangement | in Part XIV and comp | lete the followin | g table | ·· | | | |
| | • | | J | | | Amount | |
| c Beginning balance | | | | | 1c | _ | |
| d Additions during the year | | | | | 1 d | | |
| e Distributions during the year | | | | | 1e | | |
| f Ending balance | | • | | | 1f | | |
| 2a Did the organization include an a | mount on Form 990, F | Part X, line 21? | | | | Yes | No |
| b If 'Yes,' explain the arrangement | ın Part XIV | | | | | _ | _ |
| Part V Endowment Funds Cor | nplete if organiza | tion answere | d 'Ye | s' to Form 990 |), Part IV, line 10. | | |
| | (a) Current year | (b) Prior year | | (c) Two years back | (d) Three years back | (e) Four year | ars back |
| 1 a Beginning of year balance | | | | | | | |
| b Contributions | | | | | | | |
| c Investment earnings or losses | | | | | | | |
| d Grants or scholarships | | | | | | | |
| Other expenditures for facilities and programs | | | | | | | |
| f Administrative expenses | | | | | | | |
| g End of year balance | | | | | | | |
| 2 Provide the estimated percentage | of the year end bala | nce held as | | | | | |
| a Board designated or quasi-endow | ment ► | & | | | | | |
| b Permanent endowment ► | 8 | | | | | | |
| c Term endowment ► | 8 | | | | | | |
| 3a Are there endowment funds not in organization by | n the possession of th | e organization tl | hat are | held and admini | stered for the | Yes | No |
| (i) unrelated organizations | | | | | | 3a(i) | |
| (ii) related organizations | | | | | | 3a(ii) | |
| b If 'Yes' to 3a(II), are the related o | rganizations listed as | required on Sch | edule | R۶ | | 3b | |
| 4 Describe in Part XIV the intended | uses of the organiza | tion's endowmer | nt fund: | s | | | |
| Part VI Investments-Land, B | uildings, and Equ | i pment. See | Form | 990, Part X, | line 10 | | |
| Description of investment | | or other basis vestment) | | Cost or other asis (other) | (c) Depreciation | (d) Book \ | /alue |
| 1 a Land | | | | | | | |
| b Buildings | | | | | | | |
| c Leasehold improvements | | | | | | | |
| d Equipment | | 13,364. | | | 1,058. | 12 | 306. |
| e Other | | | | | | | |
| Total. Add lines 1a-1e (Column (d) sho | uld equal Form 990, I | Part X, column (E | B), line | 10(c)) | • | 12 | 306. |
| ВАА | | | | | Sched | dule D (Form 9 | 990) 2008 |

| Schedule D (Form 990) 2008 The Methuselah Fo | undation | 54-2040344 Page 3 |
|---|----------------------------|---|
| Part VII Investments-Other Securities See Fo | orm 990, Part X, line | 12. |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
| Financial derivatives and other financial products | | |
| Closely-held equity interests | | |
| Other | | |
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| Table (Only on the last and Form OOO Bart V and (D) in 10 | + | |
| Total (Column (b) should equal Form 990 Part X, col (B) line 12.) Part VIII Investments—Program Related (See F | orm 000 Part Y Ju | no 12) |
| (a) Description of investment type | (b) Book value | (c) Method of valuation |
| (a) Description of investment type | (b) Book value | Cost or end-of-year market value |
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| Total. Column (b)(should equal Form 990, Part X, Col (B) line 13) Part IX Other Assets (See Form 990, Part X, | lino 15) | |
| | | (h) Dealt walve |
| Investment in My Bridge 4 Life | scription | (b) Book value 75,000. |
| Vsee License | | 10,500. |
| VSEE DICCHSE | | 10,300. |
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| Total. Column (b) Total (should equal Form 990, Part X, col | (B), line 15) | ► 85,500. |
| Part X Other Liabilities (See Form 990, Part) | X, line 25) | |
| (a) Description of Liability | (b) Amount | |
| Federal Income Taxes | | |
| Unrealized Gains | 2,23 | <u>6.</u> |
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| Tabel Column (b) Tabel (about desired 5 000 Dat V and (D) 1 05) | | |
| Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25) | 2,23 | |
| In Part XIV, provide the text of the footnote to the organizat | ion s financiai statements | s that reports the organization's liability for uncertain tax |

| Schedule D (Form 990) 2008 The Methuselah Foundation | 54-2040344 | Page 4 |
|---|-------------------------|---------------|
| Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements | <u> </u> | |
| 1 Total revenue (Form 990, Part VIII,column (A), line 12) | | |
| 2 Total expenses (Form 990, Part IX, column (A), line 25) | | |
| 3 Excess or (deficit) for the year Subtract line 2 from line 1 | | |
| 4 Net unrealized gains (losses) on investments | | |
| 5 Donated services and use of facilities | | |
| 6 Investment expenses | | |
| 7 Prior period adjustments . | | |
| 8 Other (Describe in Part XIV)9 Total adjustments (net) Add lines 4-8 | | |
| 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | | |
| Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per | r Return | |
| Total revenue, gains, and other support per audited financial statements | 1 | |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | - |
| a Net unrealized gains on investments | | |
| b Donated services and use of facilities 2b | | |
| c Recoveries of prior year grants | | |
| d Other (Describe in Part XIV) | | |
| e Add lines 2a through 2d | 2e | |
| 3 Subtract line 2e from line 1 | 3 | |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a Investments expenses not included on Form 990, Part VIII, line 7b | | |
| b Other (Describe in Part XIV) | | |
| c Add lines 4a and 4b | 4c | |
| 5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | |
| Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses | | |
| 1 Total expenses and losses per audited financial statements | 1 | |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a Donated services and use of facilities 2a | | |
| b Prior year adjustments 2b C Losses reported on Form 990. Part IX, line 35 | | |
| c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) | | |
| e Add lines 2a through 2d | 2e | |
| 3 Subtract line 2e from line 1 | 3 | |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a Investments expenses not included on Form 990, Part VIII, line 7b | | |
| b Other (Describe in Part XIV) | - | |
| c Add lines 4a and 4b | 4c | |
| 5_Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18) | 5 | |
| Part XIV Supplemental Information | | |
| Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part line 4, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b | | art V, |
| | | |
| | | |
| BAA TEEA3304 12/23/08 | Schedule D (Forr | n 990) 2008 |
| 122000 | Concadic b (FOI) | ,, ,,,,, 2000 |

Schedule F (Form 990)

Totals

Statement of Activities Outside the United States

2008

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Employer identification number

| | Methuselah Foun | dation | | | 54-20403 | 44 |
|-----|---|---|--|--|--|--|
| Par | to Form 990, Part | ion on Activition IV, line 14b. | es Outside the | United States. Complete | if the organization | answered 'Yes' |
| 1 | For grantmakers. Does the grantees' eligibility for the | organization maii grants or assistan | ntain records to si ce, and the select | ubstantiate the amount of the gion criteria used to award the g | rants or assistance, the rants or assistance? | X Yes No |
| 2 | For grantmakers. Describe | ın Part IV the org | anızatıon's proced | dures for monitoring the use of | grant funds outside the | United States |
| 3_ | Activities per Region (Use | Schedule F-1 (Fo | rm 990) if addition | nal space is needed) | | |
| | (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures in region |
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BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) (2008)

Page 2

Schedule F (Form 990) 2008 The Methuselah Foundation

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed.

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| (i) Method of valuation (book, FMV, appraisal, other) | | | | | | ! ! | | | |
|--|---------------|--|--|--|--|--------|--|--|---|
| (h) Description of non-cash assistance | | | | | | | | | |
| (g) Amount of non-cash assistance | | | | | | | | | |
| (f) Manner of cash disbursement | Check | | | | | | | | |
| (e) Amount of cash grant | 19,126. Check | | | | | j | | | |
| (d) Purpose of grant | Research | | | | | | | | _ |
| (c) Region | Europe | | | | | | | | |
| (b) IRS code section and EIN (if applicable) | | | | | | | | | |
| 1 (a) Name of organization | | | | | | | | | |

Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities BAA

Schedule F (Form 990) 2008

Page 3

54-2040344

The Methuselah Foundation Schedule F (Form 990) 2008

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

| (h) Method of valuation (book, FMV, appraisal, other) | | | | | | | | | | | Schedule F (Form 990) 2008 |
|--|----------|---------------|--|--|--|--|--|--|---|--|-----------------------------------|
| (g) Description of non-cash assistance | | | | | | | | | | | Schedule F |
| (f) Amount of non-cash assistance | | | | | | | | | | | |
| (e) Manner of cash disbursement | Сһеск | Check | | | | | | | | | |
| (d) Amount of cash grant | 180,994. | 10,850. Check | | | | | | | | | |
| (c) Number of recipients | 9 | 1. | | | | | | | | | |
| (b) Region | Europe | North America | | | | | | | | | |
| (a) Type of grant or assistance | Research | Research | | | | | | | • | | ВАА |

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

2008

OMB No 1545-0047

Open to Public Inspection

Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
 Attatch to Form 990.

| Department of the Treasury Internal Revenue Service | | | complete II the Organizati | on answered res, on ro Attatch to Form 990. | organization answered Tes, on Form 990, Part IV, lines 21 of 22. | z i or <i>zz.</i> | | Open to Public Inspection |
|--|--|---|--|--|--|---|--|------------------------------------|
| Name of the organization | | | | | | | Employer identification number | ation number |
| The Methuselah | Foundation | | | | | | 54-2040344 | 4.4 |
| Part General Info | ormation on G | General Information on Grants and Assistance | nce | | | | | |
| 1 Does the organization the selection criteria2 Describe in Part IV | on maintain recor a used to award the the organization's | Does the organization maintain records to substantiate the amount of the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the | amount of the gran e ² oring the use of gra | of the grants or assistance, the grantees use of grant funds in the United States. | Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | grants or assistance, | and | X Yes No |
| | Other Assistal, Ine 21 for an | Grants and Other Assistance to Governments and 990, Part IV, line 21 for any recipient that received | | ations in the Unite an \$5,000. Check t | Organizations in the United States. Complete if the organization answered 'Yes' on Form more than \$5,000. Check this box if no one recipient received more than \$5,000. Use | if the organizatio | on answered 'Ye more than \$5.00 | s' on Form 0. Use |
| Part IV and | Schedule I-1 (| Part IV and Schedule I-1 (Form 990) if additional space is needed | tional space is r | needed | | • | | • |
| 1 (a) Name and address of organization or government | of organization ent | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Albert Einstein Collection Collection | College o | | | | | | | |
| Bronx NY 10461 | | 13-1624225 | | 121,558. | | | | Research |
| Alliance For Aging Resear | ding Resear | | | | | | : | |
| Washington DC 2 | 0000 | 54-1379174 | | 10,000. | | | | Research |
| Arizona State U | <u>University</u> | | | | | | | |
| Tempe AZ 85287 | | 74-2652689 | | 81,743. | | | | Research |
| ASU Foundation PO Box 875701 | 1 1 1 | | | | | | | |
| Tempe AZ 85287 | | 86-6051042 | | 26,768. | | | | Research |
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| | ! ! ! | | | | | | | |
| 2 Enter total number | of section 501(c)(| Enter total number of section 501(c)(3) and government organization | anizations | | | | | |

Schedule I (Form 990) 2008

TEEA3901 12/19/08

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

3 Enter total number of other organizations

Page 2 (f) Description of non-cash assistance **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 54-2040344 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 194,386. (c) Amount of cash grant The Methuselah Foundation (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2008 Research Part III İ

Schedule I (Form 990) 2008

BAA

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

➤ Attach to Form 990 or Form 990-EZ.
➤ To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

| The Methuselah Foundation | | | | | | | 4 – 20 | | | IIIDEI | | |
|---|--|---|--------------------------------|---------------------------------|------------------------|--------------------|--------------|-------------|----------|-----------------------------|-----------------------------|--|
| Part I Excess Benefit Transaction To be completed by organizations t | ns (sect | on 501 ered 'Yes' | (c)(3) a | and section 990, Part IV, I | 501(c)(4 ine 25a or | 4) organiza | tions | only | ١. | e 40b. | | - |
| | | | | | | | | | | | (c) Cor | rected? |
| 1 (a) Name of disqualified person | | | (b) Description of transaction | | | | | | | | | No |
| | | | | | - | | | | | | | |
| | | | | <u> </u> | | | | | | | | |
| | | | | | | | | | | | | |
| | <u>.</u> | | | - | | | | | | | | |
| 2 Enter the amount of tax imposed on the section 4958 | organızat | ion mana | agers or o | disqualified pe | rsons dur | ing the year ι | ınder | - | | | | <u> </u> |
| 3 Enter the amount of tax, if any, on line 2 | 2, above, | reimburs | ed by the | organization | | | | ► \$ | | | | |
| Part II Loans to and/or From Inter To be completed by organiz Part V, line 38a. | ested P zations t | ersons that ans | swered | 'Yes' on Fo | | _ | | | orm ' | 990-E | ΞZ, | |
| (a) Name of interested person and purpose | | to or from anization? | |) Original cipal amount | (d) B | alance due | (e) In o | lefault? | by bo | oroved ard or littee? | (g) W agree | /ritten ment? |
| | То | From | | | | | Yes | No | Yes | No | Yes | No |
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| Total | | | | ▶ ş | | | | · | | | | |
| Fo be completed by organiz | fitting la ations t | nterest that ans | ed Pers swered | ons. 'Yes' on Fo | rm 990, | Part IV, III | ne 27 | | | | | |
| (a) Name of interested person | (| b) Relations | ship betweer the orga | n interested person nization | and | (c) Ar | mount of | grant o | r type o | f assista | ance | |
| Aubrey de Grey | Chai | rman | | | | | 76,2 | 50. | Gra | nt | | |
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| Part IV Business Transactions Inventor To be completed by organize | olving l | nterest hat ans | ed Pers | ons. 'Yes' on Fo | rm 990, | Part IV, Iır | ne 28 | a, 28 | b, or | 28c. | | |
| (a) Name of interested person | (b) R | elationship sted persor organizatio | between and the | (c) Amou transaction | | T | cription | | | | (e) Sha organiz reven | iring of ration's |
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

| Name of the organization | Employer identification number |
|---|--------------------------------|
| The Methuselah Foundation | 54-2040344 |
| Pt_VI-C, Line 19 Financial Statement by way of 990 is available | @_www.quidestar.org |
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