990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

OMB No. 1545-0047

Information about Form 990 and its instructions is at www.irs.gov/form990.

Α	For the	e 2015 calendar year, or tax year beginning and e	ending	_	
В	Check if applicable	C Name of organization		D Employer identific	cation number
Г	Addres	FUTURE OF LIFE INSTITUTE			
	Name change			47-1	052538
Ļ	Initial return	,	Room/suite	• •	
	Final return/ termin				927-9800
	ated Ameno	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,102,378.
F	lreturn Applic tion			H(a) Is this a group re	
	Ition pendir	77 MASSACHUSETTS AVE - 37-626B, CAMBRID	CE M	for subordinates	
$\overline{}$	Tay oy	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or		1	list. (see instructions)
		te: NWW.FUTUREOFLIFE.ORG	021	H(c) Group exemption	
		organization: X Corporation Trust Association Other	I Year		State of legal domicile: PA
	art I	Summary		01101111aa011, = 0 = =	Cate or logar dornlond, = ==
	T	Briefly describe the organization's mission or most significant activities: CATAL	YZE A	ND SUPPORT	RESEARCH
Governance		AND INTIATIVES FOR SAFEGUARDING LIFE AND	DEVEL	OPING OPTIM	ISTIC
rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	ssets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	5
ত	4	Number of independent voting members of the governing body (Part VI, line 1b)			0
es	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	0
Activities &	6	Total number of volunteers (estimate if necessary)			10
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	·····		0.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		201,329.	2,101,550.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0. 828.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		201,329.	2,102,378.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	1,400,000.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
bei	. b		0.		
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		22,410.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		22,410.	1,710,274.
		Revenue less expenses. Subtract line 18 from line 12		178,919.	392,104.
SOF	200		Ве	ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		184,955.	578,735.
et A	21	Total liabilities (Part X, line 26)		6,036.	7,713.
		Net assets or fund balances. Subtract line 21 from line 20		178,919.	571,022.
_	art II	Signature Block Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	anta and to the heat of m	v knowledge and belief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of whic			y Kilowieuge allu bellel, it is
uu	o, correc	t, and complete. Declaration of preparet (other than officer) is based on an information of which	στι ρισματοί	lias arry knowledge.	
Sig	nn	Signature of officer		Date	
He		MAX TEGMARK, PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	X PTIN
Pai	id	MICHAEL J WALSH, CPA	Ю	5/06/16 if self-employed	P00111917
Pre	eparer	Firm's name WALSH & CO.		Firm's EIN	04-3209238
Use	e Only	Firm's address 632A MAIN STREET			
		WINCHESTER, MA 01890		Phone no. (7	
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

orm	1990 (2015) FUTURE OF LIFE INSTITUTE	47-1052538	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: THE FUTURE OF LIFE INSTITUTE CATALYZES AND SUPPORTS RES		
	INITIATIVES FOR SAFEGUARDING LIFE AND DEVELOPING OPTIME		OF
	THE FUTURE, INCLUDING POSITIVE WAYS FOR HUMANITY TO STR		<u> </u>
	COURSE CONSIDERING NEW TECHNOLOGIES AND CHALLENGES.	EK 115 OWN	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
_	If "Yes," describe these new services on Schedule O.		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services If "Yes," describe these changes on Schedule O.	? Yes	L ∆ No
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by expenses	:
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.	iers, the total expenses, a	anu
40	4 540 054	enue \$ 2,102,	378.
4a	(Code:) (Expenses \$ 1,710,274 · including grants of \$ 1,400,000 ·) (Reve SYMPOSIUM AND MEETINGS TO DISCUSS AND PROMOTE ORGANIZATION OF SYMPOSIUM AND MEETINGS TO DISCUSS AND PROMOTE ORGANIZATION OF SYMPOSIUM AND MEETINGS TO DISCUSS AND PROMOTE ORGANIZATION OF SYMPOSIUM AND MEETINGS TO DISCUSS AND PROMOTE ORGANIZATION OF SYMPOSIUM AND MEETINGS TO DISCUSS AND PROMOTE ORGANIZATION OF SYMPOSIUM AND MEETINGS TO DISCUSS AND PROMOTE ORGANIZATION OF SYMPOSIUM AND MEETINGS TO DISCUSS AND PROMOTE ORGANIZATION OF SYMPOSIUM AND MEETINGS TO DISCUSS AND PROMOTE ORGANIZATION OF SYMPOSIUM AND MEETINGS TO DISCUSS AND PROMOTE ORGANIZATION OF SYMPOSIUM AND MEETINGS TO DISCUSS AND PROMOTE ORGANIZATION OF SYMPOSIUM AND MEETINGS TO DISCUSS AND PROMOTE ORGANIZATION OF SYMPOSIUM AND MEETINGS TO DISCUSS AND PROMOTE ORGANIZATION OF SYMPOSIUM OF SYMPO	PTON'S MISSIO	
	DIMIODIOM AND MEDIINOD TO DIDECORD AND INOMOTE OROMIZATION	TON D MIDDIO	
4b	(Code:) (Expenses \$) (Reve	enue \$)
4-			
4c	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$,
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 1,710,274.		

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)?		v	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	^	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ū	any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		X
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		1
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20				
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee? It res, complete schedule E, Part W	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200		x
20		28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	200		х
24	contributions? If "Yes," complete Schedule M	30		22
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<u> </u>
32		20		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		25
33		22		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		22
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		х
05-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Α.
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	25:		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_ v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_ v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Page No Page		Check if Schedule O contains a response or note to any line in this Part V							
b Enter the number of Forms W26 included in line 1s. Enter o' in rich applicable					Yes	No			
c Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gamining) winnings to prize winners? 2 Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 8 In at least on it is reported on line 2, did the organization file all required federal employment tax returns? 2 Note. If the sum of lines 1a and 2 is ig greater than 250, you may be required to e-file (see instructions) 8 Did the organization have unreaded business greater shan 250, you may be required to e-file (see instructions) 8 Did the Vers, 'has it filed a Form 990-T for this year? If 'No,' to file 3b, provide an explanation in Schedule O. 9 At any time during the calendary year, did the organization have an interest in, or alignature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 9 At Yes,' the time the name of the foreign country (such as a bank account, securities account, or other financial account)? 9 At Yes, 'the time the name of the foreign country (such as a bank account, securities account, or other financial account)? 9 At Yes, 'to line Sa or Sb, did the organization than a relative of the country of the country of the organization and provide that shelter transaction? 9 At Yes,' to line Sa or Sb, did the organization than the vasion is a party to a prohibited tax shelter transaction? 9 By If Yes,' of the organization have manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions of country of the organization and party for goods and services provided? 1 By If Yes,' of the organization than the value of the goods or services provided? 1 By If Yes,' of the organization funding the party as a contribution of causified intellectual pro	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	0						
gambling) winnings to prize winners? a 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 b I fall teast on is reported on line 2a, did the organization life all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-/file (see instructions) a Dit the organization have unrelated business gross income of \$1,000 or more during the year? a Tay 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)? b If Yea, "enter the name of the foreign country." See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of sharilable contributions? 6 b If Yea," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charilable contributions and parily for goods and services provided to the payor? 7 organizations that may receive deductible contributions under section 170(c). b If Yea," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charilable contribution of any contributions or gifts were not tax deductible as charilable contributions? 7 organizations that may receive deductible contributions under section 170(c). b If Yea," indicate the number of Forms 3822 filed during the year 7 organizations received a payment in excess of \$75 made partly as a contribution of pay	b		0						
2a Eiter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, filed for the caendary year ending with or within the year covered by this return. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unreaded business gross income of \$1,000 or more during the year? 3a X X b If "Yes," has it filed a Form 990-T for this year? If "No," to file 3b, provide an explanation in Schedule O 3b A At any time during the calendary year, did the organization have an interest it, or a signature or or then authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," after the name of the foreign country. ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization have arountal gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible in the way or is a present year than \$100,000, and did the organization solicit any contributions that were not tax deductible contributions? b If "Yes," a did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations shart may receive deductible contributions under section 170(c). b If the segmination service a payment in excess of \$15 made party as a contribution and party for goods and services provided to the payor? 7 a X 7 b If "Yes," did the organization notity the donor of the value of the goods or services provided to the payor? 7 a D did the organization sell, exchange, or otherwise dispose of tangitile personal property for which it was required to the Form 8282? 10 bill the organization receive any paymentime, directly or indirectly, to pay premiums on a personal benefit contract? 7 b J different formation have excess business hold	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	ole gaming						
tiled for the calendary year ending with or within the year covered by this return		(gambling) winnings to prize winners?		1c					
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a At any time during the calendary year, did the organization have unrelated business gross income of \$1,000 or more during the year? 3a At any time during the calendary 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 At any time the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxoble party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxoble party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c C If *Yes,** to line 5a or 5b, did the organization file Form 88861? 6a Does the organization has annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions? 6b Diff *Yes,** did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that many receive deductible contributions under section 170(c). 8c Did the organization necelve apyment in excess of \$75 made party as contribution and party for goods and services provided to the payor? 7c At 1 Yes,** did the organization include with every solicitation an express attainment that such contribution of party and the organization and party for goods and services provided to the payor? 7d Did the organization received a contribution of party and party as contribution of party and party and party and party and p	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 280, you may be required to ref-life (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Sa X 3b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule 0 3a At any time during the calendary year, did the organization have an interest in, or a signature or them authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly? 4a X 5b If "Yes," either the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization have the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5b Was the organization for the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5b Was the organization fore the organization that it was or is a party to a prohibited tear whether transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tear whether transaction? 5c If Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tear shellow transaction and your contributions or gifts were not tax deductible? 5c If Yes, "to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c If Yes, "to line 5a or 5b, did the organization necess of \$75 made party as a contribution and party for goods and services provided to the payor? 5c If Yes, "to line 5a or 5b, did the organization necess of \$75 made party as a contribution and party for goods and services provided to the payor? 5c If Yes, "to line for machine the contribution of cars, boats, ariplanes, or other v		filed for the calendar year ending with or within the year covered by this return 2a	0						
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2 b					
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make at distribution to a donor, donor advisor, or related person? 9 b D D D D D D D D D D D D D D D D D D	d	If "Yes," indicate the number of Forms 8282 filed during the year							
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	a	ii res, has it lieu a romi 720 to report these payments? II Ivo, provide an explanation in Schedule O			gan	/201E			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u> </u>		
-	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	•		
17	List the states with which a copy of this Form 990 is required to be filed ▶PA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	THE ORGANIZATION - 800-927-9800			
	PO BOX 454, WINCHESTER, MA 01890			

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

Check this box if neither the organization n (A)	(B)					npei	Jac	(D)	(E)	(F)
Name and Title			(C) Position			Reportable	(E) Reportable	(F) Estimated		
Name and Title	Average hours per		to not check more than one ox, unless person is both an			than		compensation	compensation	amount of
	week	offic	cer an	d a d	irecto	r/trus	tee)	from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				peq		organization	(W-2/1099-MISC)	from the
	related	stee o	ustee			ensa		(W-2/1099-MISC)		organization
	organizations	al trus	onal tr		loyee	comp				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MAY EXCESSES	line) 10.00	Ĕ	ü	HO.	. Ye	E, Ț	요			
(1) MAX TEGMARK	10.00	₹,		7.7				_	0	_
PRESIDENT	F 00	Х		Х				0.	0.	0.
(2) MEIA CHITA-TEGMARK	5.00								_	
TREASURER	F 00	Х		Х				0.	0.	0.
(3) VIKTORIYA KRAKOVNA	5.00									
SECRETARY		Х		X				0.	0.	0.
(4) ANTHONY AGUIRRE	3.00	<u>-</u> _						_	_	_
DIRECTOR		Х						0.	0.	0.
(5) JAAN TALLINN	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
	 	\vdash	\vdash		\vdash		—			
		l								

Part VIII Section A. Officers, Directors, Tru	<u>ıstees, Key Em</u>	ploy	/ees	, an	d Hi	ighe	st C	ompensated Employe	es (continued)				
(A)	(B)	(C)						(D)	(E)			(F)	
Name and title	Average	(do		Pos check			one	Reportable	Reportable		Es	stimate	d
	hours per	box	, unle	ess pe	erson	is bot	th an	compensation	compensation	·		nount o	of
	week (list any	-	T		T	1	1	from	from related			other	tion
	hours for	direct				_		the organization	organizations (W-2/1099-MIS(pensation the	
	related	96 01.0	stee			satec		(W-2/1099-MISC)	(***2/1099********	"		anizati	
	organizations	truste	al tru		yee	mpe		(** = *********************************				d relate	
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	Jer.				orga	anizatio	วทร
	line)	i i i	Insti	Officer	Key	High	Former			\dashv			
		1											
		$\frac{1}{2}$											
		╁								\dashv			
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		$\frac{1}{2}$											
										\dashv			
		╀	<u> </u>							\dashv			
		1											
		-											
1b Sub-total								0.		0.			0
c Total from continuation sheets to Part								0.		0.			0
d Total (add lines 1b and 1c)		<u></u>	<u> </u>	<u></u>				0.		0.			0
Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed al	bove	e) w	ho re	eceived more than \$100	0,000 of reportable	!			(
												Yes	No
3 Did the organization list any former office	,		,	,		,	•						
line 1a? If "Yes," complete Schedule J for											3		X
4 For any individual listed on line 1a, is the	•							•	the organization				
and related organizations greater than \$1											4		X
5 Did any person listed on line 1a receive o	=				-						_		Х
rendered to the organization? If "Yes," co Section B. Independent Contractors	mpiete Scriedui	e J i	or st	ucn	pers	son					5		
Complete this table for your five highest of	compensated in	depa	ende	ent c	onti	racto	ors t	hat received more than	\$100.000 of comp		ation f	from	
the organization. Report compensation for													
(A) Name and busines	s address	N(ONE	F				(B) Description of s	services	С	Ompe	C) nsatior	า
			<u> </u>					· · · · · · · · · · · · · · · · · · ·					
2 Total number of independent contractors	(including but r	not li		-d to	tho	se li	sted	I above) who received n	nore than				
\$100,000 of compensation from the orga		iot III	·······································	J 10		0	oieu	Labovo, Wilo received II	iore triali				
	•										Form	990 (2	2015

			Check if Schedule O cont	ains a respo	onse d	or note to any l	ine in this Part VIII		<u></u>	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns	1a	1					
g al		b	Membership dues	1b	<u> </u>					
ts, (С	Fundraising events	1c	:					
直		d	Related organizations	1c	ı					
ins,		е	Government grants (contribut	ions) 1e	•					
흔딞		f	All other contributions, gifts, gran							
호			similar amounts not included abo	ve 1f	2,	101,550	<u>.</u>			
a de		g	Noncash contributions included in lines	1a-1f: \$						
<u>ā č</u>		h	Total. Add lines 1a-1f			•	2,101,550.			
						Business Code	e			
ice	2	а			— ⊦					
ne Z		b			— ⊦					
m S		С			— ∤					
Program Service Revenue		d			— ⊦					
jo		e	***		— ⊦					
_			All other program service reve		_					
\dashv		g	Total. Add lines 2a-2f							
	3		Investment income (including				828.	828.		
	4		other similar amounts)				020.	020.		
	4 5			=	-					
	3		Royalties	(i) Rea		(ii) Personal				
	6	2	Gross rents	- "		(ii) i ersoriai	-			
			Gross rents Less: rental expenses				-			
			Rental income or (loss)							
			Net rental income or (loss)			>				
			Gross amount from sales of	(i) Securit		(ii) Other				
	-	-	assets other than inventory	()		(*, _ :::=:	-			
		b	Less: cost or other basis				-			
			and sales expenses							
		С	Gain or (loss)							
			Net gain or (loss)				1			
nue			Gross income from fundraisin including \$	g events (no						
je			contributions reported on line							
Æ			Part IV, line 18		а					
Other Revenu		b	Less: direct expenses				-			
0			Net income or (loss) from fund			>				
			Gross income from gaming ac		Г					
			Part IV, line 19							
		b	Less: direct expenses							
			Net income or (loss) from gan		_	>				
			Gross sales of inventory, less		ſ					
			and allowances		a					
		b	Less: cost of goods sold							
		С	Net income or (loss) from sale	s of invento	ry	>				
			Miscellaneous Revenu	ie		Business Cod	e			
Ī	11	а								
		b			[
		С			[
			All other revenue							
		е	Total. Add lines 11a-11d			>				
	12		Total revenue. See instructions.			•	12.102.378	828.	0.	O.

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). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) (A) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 1,400,000. 1,400,000. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): 229 229 Management 366. 366. Legal 1,631. 1,631. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 102,534 102,534 column (A) amount, list line 11g expenses on Sch O.) 360. 360. Advertising and promotion 12 6,727. 6,727. Office expenses 13 23,201 23,201. 14 Information technology Royalties 15 16 Occupancy 29,322. 29,322. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 145,568. 145,568. Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) '..... BANK CHARGES 336. 336. С е All other expenses 1,710,274. 1,710,274. 0. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form 990 (2015) Part X Balance Sheet

Par	ιΛ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	171,595.	1	573,312.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ş l		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
۲	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	13,360.	9	5,423.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	184,955.	16	578,735.
	17	Accounts payable and accrued expenses	6,036.	17	7,713.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
န္	22	Loans and other payables to current and former officers, directors, trustees,			
≝		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
\longrightarrow	26	Total liabilities. Add lines 17 through 25	6,036.	26	7,713.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			
es		complete lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets		27	
Fund Balances	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets		29	
교		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X			
p		and complete lines 30 through 34.			_
) sets	30	Capital stock or trust principal, or current funds	0.	30	0.
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds	178,919.	32	571,022.
-	33	Total net assets or fund balances	178,919.	33	571,022.
	34	Total liabilities and net assets/fund balances	184,955.	34	578,735.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,10					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,71					
3	Revenue less expenses. Subtract line 2 from line 1	3			04.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17	8,9	19.			
5	Net unrealized gains (losses) on investments							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	57	1,0	23.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		_ 2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c		X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		. 3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b					
			Form	990	(2015)			

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FUTURE OF LIFE INSTITUTE

Employer identification number 47-1052538

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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.						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ions)			12	
13	First five years. If the Form 990 is for	-			-		
<u>C-</u>	organization, check this box and stor						>
	ction C. Computation of Publ		_			11	
	Public support percentage for 2015 (14	%
	Public support percentage from 2014					15	<u>%</u>
16a	33 1/3% support test - 2015. If the c						
	stop here. The organization qualifies						
t	33 1/3% support test - 2014. If the c	•		,		,	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					~	
	meets the "facts-and-circumstances"						
t	10% -facts-and-circumstances tes						
	more, and if the organization meets the		•				
10	organization meets the "facts-and-circ						
18	Private foundation. If the organization	п ана пос спеск а	. DON OH III IE 13, 10	va, 100, 174, 01 17		and see instruction edule A (Form 990	
					3011		<u></u>

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

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

Sect	ion A. Public Support	elow, please com	piete i art ii.j				
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 (Gifts, grants, contributions, and	• • • • • • • • • • • • • • • • • • • •	, ,			, ,	. ,
r	nembership fees received. (Do not						
iı	nclude any "unusual grants.")				201,329.	2,101,550.	2,302,879.
n f	Gross receipts from admissions, nerchandise sold or services perormed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 (Gross receipts from activities that						
а	re not an unrelated trade or bus- ness under section 513						
	ax revenues levied for the organ-						
iz	zation's benefit and either paid to or expended on its behalf						
	The value of services or facilities						
	urnished by a governmental unit to						
	he organization without charge						
	Total. Add lines 1 through 5				201,329.	2,101,550.	2,302,879.
	Amounts included on lines 1, 2, and				201/3231	2,101,330.	2,302,073:
	B received from disqualified persons						0.
b A	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the						
а	mount on line 13 for the year						0.
c A	Add lines 7a and 7b						0.
8 F	Public support. (Subtract line 7c from line 6.)						2,302,879.
Sect	ion B. Total Support						
	dar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014 201, 329.	(e) 2015	(f) Total
	Amounts from line 6				201,329.	2,101,550.	2,302,879.
S	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					828.	828.
Ыl	Inrelated business taxable income						
(less section 511 taxes) from businesses						
a	cquired after June 30, 1975						
	Add lines 10a and 10b					828.	828.
a V	Net income from unrelated business activities not included in line 10b, whether or not the business is egularly carried on						
C	Other income. Do not include gain or loss from the sale of capital						
	ssets (Explain in Part VI.)				201,329.	2,102,378.	2,303,707.
	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth	tax vear as a section		ation.
	check this box and stop here	· ·	•			. , . ,	>
Sect	ion C. Computation of Publ						
15 F	Public support percentage for 2015 (I	ine 8, column (f) d	livided by line 13,	column (f))		15	99.96 %
16 F	Public support percentage from 2014	Schedule A, Part	: III, line 15			16	100.00 %
	ion D. Computation of Inves						
17 l	nvestment income percentage for 20	15 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	.04 %
	nvestment income percentage from 2					18	%
	33 1/3% support tests - 2015. If the				-	3 1/3%, and line 1	7 is not
	nore than 33 1/3%, check this box ar	-					▶ X
b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and							
li	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
20 F	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
3a		
01		
3b		
3с		
_		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
O		
9a		
9b		
9с		
10a		
40.		
10b		

Ра	rt IV Supporting Organizations _(continued)						
			Yes	No			
11	Has the organization accepted a gift or contribution from any of the following persons?						
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)						
	below, the governing body of a supported organization?	11a					
b	A family member of a person described in (a) above?	11b					
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c					
Sec	Section B. Type I Supporting Organizations						
			Yes	No			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to						
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the						
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or						
	controlled the organization's activities. If the organization had more than one supported organization,						
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported						
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1					
2	Did the organization operate for the benefit of any supported organization other than the supported	_					
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in						
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,						
	supervised, or controlled the supporting organization.	2					
Sec	tion C. Type II Supporting Organizations						
000	tion of Type in Supporting Organizations		Yes	No			
4	Ware a majority of the organization's directors or trustees during the tay year also a majority of the directors		162	NO			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors						
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control						
	or management of the supporting organization was vested in the same persons that controlled or managed						
800	the supported organization(s).	1		<u> </u>			
Sec	tion D. All Type III Supporting Organizations		· ·				
			Yes	No			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the						
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax						
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the						
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported						
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how						
	the organization maintained a close and continuous working relationship with the supported organization(s).	2					
3	By reason of the relationship described in (2), did the organization's supported organizations have a						
	significant voice in the organization's investment policies and in directing the use of the organization's						
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's						
	supported organizations played in this regard.	3		<u> </u>			
Sec	tion E. Type III Functionally-Integrated Supporting Organizations						
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):						
а	The organization satisfied the Activities Test. Complete line 2 below.						
b	The organization is the parent of each of its supported organizations. Complete line 3 below.						
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	s).				
2	Activities Test. Answer (a) and (b) below.		Yes	No			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of						
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify						
	those supported organizations and explain how these activities directly furthered their exempt purposes,						
	how the organization was responsive to those supported organizations, and how the organization determined						
	that these activities constituted substantially all of its activities.	2a					
b							
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the						
	reasons for the organization's position that its supported organization(s) would have engaged in these						
	activities but for the organization's involvement.	2b					
2		20					
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or						
а		2-					
L	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a					
b		26					
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b					

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All				
	other Type III non-functionally integrated supporting organizations must complete Sections A through E.				
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see				
	instructions).				

Schedule A (Form 990 or 990-EZ) 2015

Par	ιv	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D - [Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity				
3	Adminis	strative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amoun	ts paid to acquire exempt-use assets			
5	Qualifie	d set-aside amounts (prior IRS approval required)			
6	Other d	listributions (describe in Part VI). See instructions.			
7	Total a	nnual distributions. Add lines 1 through 6.			
8	Distribu	itions to attentive supported organizations to which th	ne organization is responsive	e	
	(provide	e details in Part VI). See instructions.			
9	Distribu	stable amount for 2015 from Section C, line 6			
10	Line 8 a	amount divided by Line 9 amount			
Secti	on E - [Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distribu	stable amount for 2015 from Section C, line 6			
2	Underd	listributions, if any, for years prior to 2015			
	(reason	able cause required-see instructions)			
3	Excess	distributions carryover, if any, to 2015:			
а					
b					
С					
d	From 2	013			
е	From 2	014			
f	Total o	f lines 3a through e			
g	Applied	I to underdistributions of prior years			
h	Applied	I to 2015 distributable amount			
i	Carryov	ver from 2010 not applied (see instructions)			
j	Remain	der. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distribu	utions for 2015 from Section D,			
	line 7:	\$			
а	Applied	I to underdistributions of prior years			
b	Applied	l to 2015 distributable amount			
С	Remain	der. Subtract lines 4a and 4b from 4.			
5	Remain	ing underdistributions for years prior to 2015, if			
	any. Su	btract lines 3g and 4a from line 2 (if amount			
	greater	than zero, see instructions).			
6	Remain	ing underdistributions for 2015. Subtract lines 3h			
	and 4b	from line 1 (if amount greater than zero, see			
	instruct	tions).			
7	Excess	distributions carryover to 2016. Add lines 3j			
	and 4c.				
8	Breakd	own of line 7:			
а					
b					
С	Excess	from 2013			
d	Excess	from 2014			
е	Excess	from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
i dit vi	Dat N. Section A. lines 1.2. 2b. 4b. 45. 5c. 9c. 2b. 2b. 11a. 11b. and 11a. Dat N. Section P. Lines 1.2 and 2b. Edit N. Section C.
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
	(See instructions.)
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SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 47-1052538

FUTURE OF LIFE INSTITUTE	47-1052538
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
VISIONS OF THE FUTURE.	
FORM 990, PART VI, SECTION A, LINE 2:	
HUSBAND AND WIFE ARE ON THE BOARD	
FORM 990, PART VI, SECTION B, LINE 11:	
ALL FIVE BOARD-MEMBERS WERE SENT FORM 990 AND ATTACHMENTS	TO REVIEW, AFTER
WHICH A BOARD MEETING WAS HELD WHERE THESE MATERIALS WERE	UNANIMOUSLY
APPROVED BY THE BOARD.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL BOARD MEMBERS AND OFFICERS FILED ANNUAL DISCLOSURE ST	ATEMENTS THAT WERE
REVIEWED BY THE ENTIRE BOARD. THE BOARD CONTINUALLY MONIT	ORED COMPLIANCE AS
DETAILED IN OUR CONFLICT-OF-INTEREST POLICY. DURING THE 2	014 TAX YEAR, NO
CONFLICTS OF INTEREST WERE INDENTIFIED.	
FORM 990, PART VI, SECTION C, LINE 19:	
A SUMMARY OF THE INFORMATION IS POSTED ON WEBSITE. ALL DO	CUMENTS ARE
AVAILABLE UPON REQUEST.	