Form 990
Department of the Treasury

Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

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)



▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

AF	or th	e 2011 calendar year, or tax year beginning and	ending	_							
B C a	heck if pplicab	e: C Name of organization		D Employer identifie	cation number						
Address change ALCOR LIFE EXTENSION FOUNDATION Name change Doing Business As 23-7154039											
Name change Doing Business As 23-7154039											
Initial return Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number											
Termin- ated 7895 EAST ACOMA DRIVE, #110 480-905-1											
	∟returr	City or town, state or country, and $ZIP + 4$		G Gross receipts \$	5,513,524.						
	Appli tion pendi	SCOTISDALE, AZ 05200-0910		H(a) Is this a group re							
	pend	F Name and address of principal officer: MAX MORE, CEO		for affiliates?	Yes X No						
		7895 EAST ACOMA DRIVE, #110, SCOTTSDAL		H(b) Are all affiliates inc	luded? Yes No						
		empt status: $X 501(c)(3) 501(c) () < (insert no.) 4947(a)(1)$	or 527	ii iito, attaoira	list. (see instructions)						
		te: WWW.ALCOR.ORG		H(c) Group exemptio							
		f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Year	of formation: 1972 N	State of legal domicile: CA						
Pa	rt I										
e	1	Briefly describe the organization's mission or most significant activities: THE LIVES, TO BE SOUGHT THROUGH MAINTAINING	PRESER	CTC EVENMII							
nan											
Activities & Governance	2	Check this box I if the organization discontinued its operations or dispo		I _ I	sets. 8						
ŝ	3	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			7						
80 00	4			10							
tie	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		9							
ĭť	6	Total number of volunteers (estimate if necessary)			8,312.						
Ă		Total unrelated business revenue from Part VIII, column (C), line 12			7,267.						
	a	Net unrelated business taxable income from Form 990-T, line 34		Prior Year	Current Year						
	8	Contributions and grants (Part VIII, line 1h)		8,050,705.	4,831,510.						
anc	9			1,148,149.	501,097.						
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		11,786.	100,663.						
Å	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<5,620.							
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,205,020.	5,447,800.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,500.	0.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		593,406.	641,559.						
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	34.								
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,403,397.	2,532,883.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,999,303.	3,174,442.						
	19	Revenue less expenses. Subtract line 18 from line 12		7,205,717.	2,273,358.						
ces			Be	ginning of Current Year	End of Year						
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		16,398,483.	20,874,943.						
t As Id B	21	Total liabilities (Part X, line 26)		8,723,674.	10,962,611.						
Fur	22	Net assets or fund balances. Subtract line 21 from line 20		7,674,809.	9,912,332.						
Pa	nrt II	Signature Block									
Unde	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the best of m	y knowledge and belief, it is						

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date
Here				
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	AMY A. O'LOUGHLIN			if self-employed P00869687
Preparer	Firm's name 🕒 CBIZ MHM, LLC			Firm's EIN 34-1884125
Use Only	Firm's address 3101 N. CENTRAL	AVE., STE. 300		
	PHOENIX, AZ 8501	.2		Phone no. $602 - 264 - 6835$
May the I	RS discuss this return with the preparer shown ab	ove? (see instructions)		X Yes No
132001 01-2	23-12 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.		Form 990 (2011)
~				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2011) ALCOR LIFE EXTENSION FOUNDATION	23-7154039	Page
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III	<u></u>	🖸
1	Briefly describe the organization's mission: THE PRESERVATION OF INDIVIDUAL LIVES, TO BE SOUGHT TH:	ROUGH THE	
	FOLLOWING PRIORITIZED LIST OF FUNDAMENTALS: MAINTAIN		
	PATIENTS IN BIOSTASIS, PLACE CURRENT AND FUTURE MEMBE		SIS
	(WHEN AND IF NEEDED), EVENTUALLY RESTORE [CONTINUE]	D ON SCHEDULE	0]
	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	
~	If "Yes," describe these new services on Schedule O.		X
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servic If "Yes," describe these changes on Schedule O.	es?Yes	
4	Describe the organization's program service accomplishments for each of its three largest program services	s as measured by expense	s
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amour	• •	
	others, the total expenses, and revenue, if any, for each program service reported.	-	
4a		Revenue \$	
	TO PROMOTE, FOSTER AND CONDUCT BASIC AND APPLIED RESE		
	IN ALL AREAS OF THE LIFE EXTENSION SCIENCES INCLUDING NOT LIMITED TO, CRYONICS, CRYOBIOLOGY, GERONTOLOGY,	, BUT	
	MOLECULAR ENGINEERING AND CELL REPAIR TECHNOLOGY.		
4b	(Code:) (Expenses \$ 296,877. including grants of \$) (F	Revenue \$ 502,	472
	TO ENGAGE IN THE APPLICATION OF WHOLE-BODY CRYONIC		
	SUSPENSION, NEUROPRESERVATION AND OTHER POSTMORTEM AN	D	
	BIOPRESERVATION TECHNIQUES AND TO PROVIDE THESE SERVI	CES TO	
	THE GENERAL PUBLIC.		
4c	(Code:) (Expenses \$ including grants of \$) (F	Revenue \$	
4 4	Other program carries (Describe in Schedule O)		
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 2,770,325.)	
		Form 9	90 (20
32002 2-09-			·
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Form 990 (2011)

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AT COD	ттор	EVENCION	FOUNDATION
ALCOR		CVICUSTON	FOUNDATION

Pa	rt 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	х	
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	_		
Ū	public office? If "Yes," complete Schedule C, Part I	3		x
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		4	- 23	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			77
	Schedule D, Part III	8		<u> </u>
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	X	
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		X
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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
d	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		_ X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			Ι.
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	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, Parts II and IV	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, Parts III and IV	16		X
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		X
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		X
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2011)

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Note. All Form 990 filers are required to complete Schedule O

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4 2011.05000 ALCOR LIFE EXTENSION FOUNDA 02532T1

ALCOR LIFE EXTENSION FOUNDATION Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States 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 and other assistance to individuals in the United States 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		X
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 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	0.5		x
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	054		x
06	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disgualified	25b		
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		- 23
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			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	x	
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		Х
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?		37	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	0.51		
20	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
27	If "Yes," complete Schedule R, Part V, line 2	36		
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11 and 19?	31		
	big and organization complete conclude o and provide explanations in conclude o for r art vi, integrar and 13!			

38 X

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	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	26			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	Х	
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	10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			-		v
	any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		-	C 1-		
7	were not tax deductible?			6b		-
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices r	provided to the payor?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			10		
Ŭ	to file Form 8282?	aoroq		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ct?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation f	ile a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. D	id the s	upporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tin	ne during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the organization make any taxable distributions under section 4966?			9a		┝──
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	1				
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	44-				
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	11a				
D		11b				
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		>	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
-	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		

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Form 990 (2011)

Part V

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ALCOR LIFE EXTENSION FOUNDATION **Statements Regarding Other IRS Filings and Tax Compliance**

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ALCOR LIFE EXTENSION FOUNDATION

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.

С	heck if Sc	chedu	ule O	contair	ns a res	ponse to any question in this Part VI	
	•		-	•			_

X

Sec	tion A. Governing Body and Management				V	
4	Enterthe symplex of unting meaning of the conversion had up the and of the territory	1.40	1 9	3	Yes	No
Ia	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing	1a	<u> </u>	4		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh		any other	-		
-	officer, director, trustee, or key employee?			2		х
3	Did the organization delegate control over management duties customarily performed by or under th					
-	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			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as			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 a	ppoint	t one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	ne following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ached	at the			37
0				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	levenu	ie Code.)		N.	N
100	Did the organization have local chapters, branches, or affiliates?			10a	Yes X	No
	If "Yes," did the organization have written policies and procedures governing the activities of such c			10a		
D.	and branches to ensure their operations are consistent with the organization's exempt purposes?	-		10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a		x
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	.,				
12a	Did the energy institutes a subtract of interest a slipe 0.15 "No. " so to line 12			12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," a	lescribe			
	in Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approv		ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?				v
a	The organization's CEO, Executive Director, or top management official			15a		X X
b	Other officers or key employees of the organization			15b		
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	mont	with a			
IUd				16a		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			104		
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga					
	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 $lacksquare{AZ}$, CA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website I Upon request					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict	of interest policy, a	nd finar	ncial	
~~	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books a BONNIE MAGEE - $480-905-1906$	and red	cords of the organiz	ation: 🕨	•	
	7895 EAST ACOMA DRIVE, #110, SCOTTSDALE, AZ 85260)_60	16			
13200 01-23-				Form	990	2011)
51 20-	6)

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

Check if Schedule O contains a response to any question 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.

L Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B) (C)							(D)	(E)	(F)		
Name and Title	Average Position (do not check more than one) than	one	Reportable	Reportable	Estimated		
	hours per	box	box, unless perso			is bot	h an	compensation	compensation	amount of		
	week				officer and a director/trustee)			or/trus	itee)	from	from related	other
	(describe	ector						the	organizations	compensation		
	hours for	or dir	Ð			ated		organization	(W-2/1099-MISC)	from the		
	related	Istee	truste		æ	bens		(W-2/1099-MISC)		organization		
	organizations	ual tru	onal		ploye	t com				and related		
	(describe hours for related organizations in Schedule O)	divid	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) RAVIN JAIN		<u> </u>	<u> </u>	0	×	Ξē	۰Œ					
DIRECTOR	0.10	X						0.	0.	0.		
(2) SAUL KENT												
DIRECTOR	0.10	X						0.	0.	0.		
(3) RALPH MERKLE												
DIRECTOR	0.10	X						0.	0.	0.		
(4) MICHAEL RISKIN												
DIRECTOR AND CHAIRMAN	0.10	X		Х				0.	0.	0.		
(5) MICHAEL SEIDL												
DIRECTOR	0.10	X						0.	0.	0.		
(6) BRIAN WOWK												
DIRECTOR	0.10	X						0.	0.	0.		
(7) TIM SHAVERS												
DIRECTOR	0.10	X						0.	0.	0.		
(8) JAMES CLEMENT												
DIRECTOR	0.10	X						0.	0.	0.		
(9) MAX MORE												
PRESIDENT/CEO	40.00			Х				131,328.	0.	7,233.		
(10) MICHAEL PERRY												
SECRETARY/TREASURER/CFO	40.00			Х				31,593.	0.	5,660.		
	_											
			-	-	-							
	-			-	-							
				-	-							
				-								
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	990 (2011) ALCOR LI	FE EXTEI	NS1	101	NF	707	UNI)A'	TION	23-71	<u>154(</u>	039	Page 8
Par	t VII Section A. Officers, Directors, Tru	istees, Key Ei	mplo	oyee	es, a	nd I	High	est	Compensated Employ	/ees (continued)			
	(A)	(B)			(C	C)			(D)	(E)		(F)
	Name and title	Average			Posi				Reportable	Reportable			nated
	Nume and the	hours per					than o is boti		compensation	compensatio	n		unt of
		week					or/trus		from	from related			her:
		(describe	tor						the	organizations			ensation
		hours for	trustee or director				p		organization	(W-2/1099-MIS			n the
		related	ee or	stee			nsate		(W-2/1099-MISC)	,	<i>'</i>		nization
		organizations	trust	al tru		yee	mpe					•	related
		in Schedule	dual	Institutional trustee	5	old m	est cc oyee	er				organ	izations
		O)	Individual	Instit	Officer	Key employee	Highest compensated employee	Form					
											\rightarrow		
			-	-	$\left \right $		\square				\dashv		
											\neg		
											\square		
											\rightarrow		
									1.50.001				
1b	Sub-total								162,921.		0.	12	,893.
	Total from continuation sheets to Part V								0.		0.	10	0.
	Total (add lines 1b and 1c)								162,921.		0.	12	,893.
2	Total number of individuals (including but n	ot limited to th	lose	liste	ed at	bove	e) wł	no re	eceived more than \$100	0,000 of reportable	е		1
	compensation from the organization												
											г	Y	'es No
3	Did the organization list any former officer,												x
	line 1a? If "Yes," complete Schedule J for s	uch individual										3	
4	For any individual listed on line 1a, is the su and related organizations greater than \$15												x
5	Did any person listed on line 1a receive or a											4	
5	rendered to the organization? If "Yes," com							eiat	ed organization or indiv	Idual for services		<i>E</i>	x
Sec	tion B. Independent Contractors		01	01 30	ucn	Ders	<u>son</u> .					5	
1	Complete this table for your five highest co	mpensated in	dona	ande	ont c	onti	racto	vre t	hat received more than	\$100.000 of com	none	ation fro	m
•	the organization. Report compensation for	-	-								pense		////
	(A)	the calendar y	car	enui	ng w	VILII			(B)	year.			
	(A) Name and business	address	NC	ONE	Ξ				Description of s	services	Co	(C) ompens	ation
								_					
								_					
								T					
2	Total number of independent contractors (i		not lii	mite	d to		•	sted	l above) who received n	nore than			
	\$100,000 of compensation from the organi	zation 🕨				(0						

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Form **990** (2011)

Form	990	(20)11)

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Pa	rt VII	Statement of Reven	nue					Ŭ
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns						
9 an	b	Membership dues	1b	500,192.				
Am (с	Fundraising events	1c					
la Git	d	Related organizations	1d					
ns,	е	Government grants (contributi	ons) 1e					
er tio	f	All other contributions, gifts, grant						
<u>i</u> E		similar amounts not included abov	/e 1f	4331318.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f: \$					
<u>a Ö</u>	h	Total. Add lines 1a-1f			4831510.			
				Business Code				
e Ce	2 a			900099	297,930.			
Program Service Revenue	b	COMPREHENSIVE S	TANDBY	900099	203,167.	203,167.		
n S en I	С							
Rev	d							
Š,	е							
"		All other program service reve						
-		Total. Add lines 2a-2f			501,097.			
	3	Investment income (including			114,235.			114,235.
		other similar amounts)			114,235.			114,235.
	4	Income from investment of tax		1				
	5	Royalties						
	•	0	(i) Real 8,313.	(ii) Personal				
		Gross rents	0,515.					
		Less: rental expenses Rental income or (loss)	8,313.					
			-	<u> </u>	8,313.	1.	8,312.	
		Gross amount from sales of	(i) Securities	(ii) Other	0,5150		0,5120	
	<i>i</i> a	assets other than inventory	52,152.					
	h	Less: cost or other basis	02/2020					
	5	and sales expenses	65,724.					
	c	Gain or (loss)	10000					
		Net gain or (loss)			<13,572.	>		<13,572.>
Other Revenue		Gross income from fundraising including \$	g events (not					
Sel .		contributions reported on line						
۳,		Part IV, line 18	,					
the	b	Less: direct expenses						
Ó		Net income or (loss) from fund						
		Gross income from gaming ac	-					
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam		►				
	10 a	Gross sales of inventory, less	returns					
		and allowances	а	1,374.				
	b	Less: cost of goods sold	b	0.				
	с	Net income or (loss) from sales	s of inventory	►	1,374.	1,374.		
		Miscellaneous Revenue	e	Business Code				
Γ	11 a	OTHER INCOME		900099	4,843.			4,843.
	b							
	с							
		All other revenue						
	е	Total. Add lines 11a-11d			4,843.			
10000	12	Total revenue. See instructions.		►	5447800.	502,472.	8,312.	105,506.
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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).

	Check if Schedule O contains a respon	se to any question in thi			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	175,814.	140,651.	31,647.	3,516
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include	380,730.	304,584.	68,531.	7,615
-	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	42,900.	32,807.	9,273.	820
10	Payroll taxes	42,115.	33,692.	7,581.	842
11	Fees for services (non-employees):				
а	Management				
b	Legal	82,536.		82,536.	
	Accounting	18,325.		18,325.	
	, o H	24,000.	24,000.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		1 0 0 0	<u> </u>	
g	Other	8,400.	1,920.	6,480.	111
12	Advertising and promotion	21,908. 154,372.	17,174. 116,660.	<u>4,293.</u> 37,712.	441
13	Office expenses	19,441.	15,553.	3,888.	
14	Information technology		10,000.	5,000.	
15	Royalties	87,140.	69,712.	17,428.	
16		14,875.	11,900.	2,975.	
17 10	Travel Payments of travel or entertainment expenses	14,075.	11,500.	2,575.	
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	53,869.	43,095.	10,774.	
22	Depreciation, depletion, and amortization	44,101.	3,779.	40,322.	
23 24	Other expenses. Itemize expenses not covered 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 0.)	44,101.	5,119.	40,322.	
а	LOSS ON PATIENT CARE	1,530,000.	1,530,000.		
b	CRYOPRESERVATION	296,962.	296,962.		
с	PCT EXPENSES	59,528.	59,528.		
d	READINESS EXPENSES	50,235.	50,235.		
е	All other expenses	67,191.	18,073.	49,118.	
25	Total functional expenses. Add lines 1 through 24e	3,174,442.	2,770,325.	390,883.	13,234
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
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ce Sheet	- 011
ALCOR LIFE EXTENSION FOUNDAT:	ION

	· ·				
			(A) Beginning of year		(B) End of year
	4	Cash, pap interact bearing	351,343.	1	779,645.
	1	Cash - non-interest-bearing	5,873,947.	2	2,916,130.
	2	Savings and temporary cash investments	119,719.	2	65,187.
	3	Pledges and grants receivable, net	367,850.		345,452.
	4	Accounts receivable, net	307,030.	4	545,452.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	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			
s		employees' beneficiary organizations (see instructions)	004 4 7 0	6	
Assets	7	Notes and loans receivable, net	224,172.	7	186,166.
As	8	Inventories for sale or use	132,349.	8	110,953.
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,515,904.			
	b	Less: accumulated depreciation 10b 932,628.	560,986.	10c	583,276.
	11	Investments - publicly traded securities	5,552,932.	11	9,647,409.
	12	Investments - other securities. See Part IV, line 11	415,964.	12	425,929.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,799,221.	15	5,814,796.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	16,398,483.	16	20,874,943.
	17	Accounts payable and accrued expenses	77,752.	17	153,827.
	18	Grants payable		18	0 100 000
	19	Deferred revenue	7,149,919.	19	9,186,220.
	20	Tax-exempt bond liabilities	1 40 5 000	20	
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D	1,496,003.	21	1,622,564.
oilit	22	Payables to current and former officers, directors, trustees, key employees,			
Liabilities		highest compensated employees, and disqualified persons. 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		0.5	
	00	Schedule D	8,723,674.	25 26	10,962,611.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▲	0,725,0740	20	10,902,011.
<i>(</i> 0		lines 27 through 29, and lines 33 and 34.			
Ce	07		7,674,809.	27	6 994 632.
alan	27 28	Unrestricted net assets	7,074,005.	21	6,994,632. 65,187.
I B	20 29	Temporarily restricted net assets		20	2,852,513.
un	25	Permanently restricted net assets Organizations that do not follow SFAS 117, check here and		25	2,002,0201
г		complete lines 30 through 34.			
tso	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	33	Total net assets or fund balances	7,674,809.	33	9,912,332.
	34	Total liabilities and net assets/fund balances	16,398,483.	34	20,874,943.
					Form 990 (2011)

Form 990 (
Part X	Balan

Form	1 990 (2011) ALCOR LIFE EXTENSION FOUNDATION	23-715	4039	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)		5,44		
2	Total expenses (must equal Part IX, column (A), line 25)		3,17		
3	Revenue less expenses. Subtract line 2 from line 1		2,27		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,67		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			<u>35.</u> >
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	9,91	2,3	32.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		<u></u>		
				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	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
b	Were the organization's financial statements audited by an independent accountant?		2b		X
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
3a	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		<u>X</u>
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.		Зb		
			Form	990 (2	2011)

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(For	m 99	DULE A 0 or 990-EZ) f the Treasury nue Service) 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. ► See separate instructions.							ł	20 Open to	1545-0047	_
Nam	e of t	he organizati	on				-		E	mployer i	dentificati	on numb	er
			ALCOR L	IFE EXTENSIO	N FOU	NDATI	ON			23	-7154	039	
Par	tl	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See inst	ructions.				—
The c	organi	ization is not a	private foundation	because it is: (For lines ⁻	1 through	11, check	only one b	ox.)					_
1	Ū		-	s, or association of chur	-		-	-					
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3 [A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4 [A medical res	search organization of	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter th	ne hospital	's name,	
		city, and stat	e:										
5		An organizati	on operated for the	benefit of a college or ur	niversity o	wned or op	perated by	a governi	mental un	it describe	ed in		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6		A federal, sta	te, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(⁻	I)(A)(v).					
7	Х	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general p	ublic desc	ribed in	
,		section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8		A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9		An organizati	on that normally rec	eives: (1) more than 33 ⁻	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, an	d gross re	ceipts fro	m
		activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2	2) no more	than 33 1	/3% of its	support f	rom gross	investme	ent
		income and u	inrelated business ta	axable income (less sect	tion 511 ta	ix) from bu	sinesses a	acquired b	y the orga	anization a	fter June 3	80, 1975.	
г		See section	509(a)(2). (Complete	e Part III.)									
10		-	-	perated exclusively to te	-	-			-				
11		An organizati	on organized and op	perated exclusively for the	ne benefit	of, to perfo	orm the fu	nctions of,	or to carr	y out the p	ourposes o	of one or	
		more publicly	supported organiza	ations described in section	on 509(a)(⁻	1) or section	on 509(a)(2	2). See sec	tion 509(a)(3). Che	ck the box	that	
				organization and compl		-							
r		a 📖 Type I		<i>,</i>	• •	e III - Func	•	-		d└──	Type III - C		
el				at the organization is not									
				han one or more publicly						9(a)(1) or s	ection 509	9(a)(2).	
f				ten determination from t	the IRS tha	at it is a Ty	ре I, Туре	II, or Type	e III			Г	_
			rganization, check th									L	
g				organization accepted ar									
				irectly controls, either al								Yes N	lo
				upported organization?							. 11g(i)		
		.,	•	n described in (i) above?							11g(ii)		
				person described in (i) o							11g(iii)		
h		Provide the fe	ollowing information	about the supported or	ganization	(S).							
				(iii) Type of	(iv) to the c	ranization	(w) Did you	, potify the	(vi) s	the			
(i) I		of supported	(ii) EIN	organization		organization sted in your			organizati	on in col.	• •	nount of	
organization		Inization		(described on lines 1-9		document?		support?	i) organiz) U.S	ed in the	sup	port	
		(see instructions)) Yes No Yes No Yes No											
										+			

LHA For Paperwork Reduction Act Notice, see the Instructions for
Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

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Total

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Schedule A (Form 990 or 990 EZ) 2011 ALCOR LIFE EXTENSION FOUNDATION

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	754,120.	1,129,091.	1,038,123.	8,050,705.	4,831,510.	15,803,549.
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 \dots						
4	Total. Add lines 1 through 3	754,120.	1,129,091.	1,038,123.	8,050,705.	4,831,510.	15,803,549.
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)						9,575,256.
6	Public support. Subtract line 5 from line 4.						6,228,293.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	754,120.	1,129,091.	1,038,123.	8,050,705.	4,831,510.	15,803,549.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots	316,437.	37,589.	80,038.	79,714.	114,235.	628,013.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	10,262.	29,383.	13,188.		8,312.	61,145.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	4,914.	6,589.	9,764.	16,047.	4,843.	42,157.
11	Total support. Add lines 7 through 10						16,534,864.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 2	,705,579.
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)	
_	organization, check this box and stor	here					>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2011 (•			14	37.67 %
	Public support percentage from 2010					15	86.84 %
16 a	33 1/3% support test - 2011. If the o	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2010. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"	-		• • • •	-		
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2011

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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.)

Section A. Public Support					-	
Calendar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization'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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 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.)						
14 First five years. If the Form 990 is for	r the organization's	s first, second, thi	ird, fourth, or fifth t	tax year as a secti	on 501(c)(3) organi	zation,
check this box and stop here	-	<u></u>	·	- 		
Section C. Computation of Publ	ic Support Pe	rcentage				
15 Public support percentage for 2011 (ine 8, column (f) d	ivided by line 13,	column (f))		15	%
16 Public support percentage from 2010					16	%
Section D. Computation of Inve						
17 Investment income percentage for 20)11 (line 10c, colur	nn (f) divided by li	ine 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2011. If the					33 1/3%, and line	17 is not
more than 33 1/3%, check this box a	-					>
b 33 1/3% support tests - 2010. If the						and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t	this box and see ir	nstructions	▶
132023 01-24-12				Sc	hedule A (Form 99	0 or 990-EZ) 2011
			15			

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Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization	Employer identification number	
	ALCOR LIFE EXTENSION FOUNDATION	23-7154039
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year. contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

15591116 134713 02532T

Employer identification number

23-7154039

ALCOR LIFE EXTENSION FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 1</u>		\$ 138,454.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ 161,363.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ <u>137,897.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$ <u>103,507.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$ <u>2,852,513.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
123452 01-23		\$ Schedule B (Form 5	Person Payroll Noncash Complete Part II if there is a noncash contribution.)

Employer identification number

23-7154039

ALCOR LIFE EXTENSION FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

art II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		—	
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(see instructions)	
		—	
		<u> </u>	
		\$	
(a) No.		(c)	(4)
from	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
Part I			
		(
		\ ^{\$}	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
Part I			
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
Faili			
		—	
		\$	
(c)			
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
3453 01-23	-12 18	Schedule B (Form S	990, 990-EZ, or 990-PF) (2

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rt III	IFE EXTENSION FOUNDAT Exclusively religious, charitable, etc., ind year Complete columns (a) through (c) and	ividual contributions to section 501(c)(7)), (8), or (10) organizations that total more than \$1,000 for completing Part III, enter			
	the total of <i>exclusively</i> religious, charitable, e	tc., contributions of \$1,000 or less for the	e year. (Enter this information once.)			
No.	Use duplicate copies of Part III if addition					
om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_ _						
-			_			
		(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
_						
_						
No.						
om Irt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-			_			
	(e) Transfer of gift					
	Transferee's name, address, a	Ind ZI P + 4	Relationship of transferor to transferee			
_						
-						
No						
om Irt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-			_			
			_			
		e) Transfer of gift				
	Transferee's name, address, a					
		III a ZIP + 4	Relationship of transferor to transferee			
-			Relationship of transferor to transferee			
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
No. om irt I						
om						
om		(c) Use of gift				
om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
om		(c) Use of gift				
om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			

SCHEDULE C	Political Ca	ampaign a	nd Lobbyin	g Activities		OMB No. 1545-0047
(Form 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527					2011	
Department of the Treasury Internal Revenue Service	Open to Public Inspection					
If the organization answ	vered "Yes" to Form 990, Part	See separat IV, line 3, or Form		46 (Political Campa	aign Activ	vities), then
 Section 501(c)(3) org 	anizations: Complete Parts I-A a	and B. Do not com	plete Part I-C.			
 Section 501(c) (other 	than section 501(c)(3)) organiza	ations: Complete F	arts I-A and C below.	Do not complete Pa	rt I-B.	
•	tions: Complete Part I-A only.					
-	vered "Yes" to Form 990, Part					
	anizations that have filed Form	-		-	-	
	anizations that have NOT filed F	-				
-	vered "Yes" to Form 990, Part or (6) organizations: Complete		ax), or Form 990-EZ	, Part V, line 35C (Pr	oxy rax),	then
Name of organization	or (o) organizations. Complete				Employe	r identification number
Ū	ALCOR LIFE EXTE	NSION FOU	NDATION		2	23-7154039
Part I-A Comple	te if the organization is	exempt unde	r section 501(c) o	or is a section 5	27 orga	nization.
1 Provide a description	n of the organization's direct ar	nd indirect political	campaign activities ir	n Part IV.		
2 Political expenditure	s				.►\$	
3 Volunteer hours						
Part I-B Comple	to if the organization in	avampt unda	r agation E01/a)/	2)		
	te if the organization is any excise tax incurred by the				▶ ¢	
 Enter the amount of Protection amount of 	any excise tax incurred by orga	anization managers	s under section 4955		`►s	
	curred a section 4955 tax, did					Yes No
	ade?					
b If "Yes," describe in	Part IV.					
Part I-C Comple	te if the organization is	exempt unde	r section 501(c),	except section	501(c)(3).
1 Enter the amount d	rectly expended by the filing or	ganization for secti	on 527 exempt functi	on activities	▶\$	
	the filing organization's funds of		-			
	ivities				▶\$	
	on expenditures. Add lines 1 an					
	ation file Form 1120-POL for the					Yes No
	dresses and employer identific					
	r each organization listed, enter			-		
	ed that were promptly and dire				eparate s	egregated fund or a
political action com	nittee (PAC). If additional space	e is needed, provid	e information in Part I	V.		
(a) Name	(b) A	ddress	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ente	n's co er-0	(e) Amount of political ntributions received and promptly and directly delivered to a separate political organization. If none, enter -0
For Paperwork Reducti	on Act Notice, see the Instruc	tions for Form 99	0 or 990-EZ.	Sched	ule C (Fo	rm 990 or 990-EZ) 2011
LHA						

132041 01-27-12

	Schedule C (Form 990 or 990-EZ) 2011 A	ALCOR I	JIFE	EXTENSION	FOUNDATION
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Part II-A Complete if the org					134039 Page 2
(election under sec	tion 501(h)).				
	-	iliated group (and list ir	n Part IV each affiliated	group member's nam	ne, address, EIN,
	re of excess lobbying				
Limi	ts on Lobbying Expe	nd "limited control" pro nditures unts paid or incurred.		(a) Filing organization's totals	(b) Affiliated group totals
				101213	
1a Total lobbying expenditures to infl	· ·				
b Total lobbying expenditures to infl	-	• • • •			
c Total lobbying expenditures (add l					
d Other exempt purpose expenditure Total exempt purpose expenditure		<i>ч)</i>			
f Lobbying nontaxable amount. Ent					
If the amount on line 1e, column (a) of		bying nontaxable am			
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,00		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17		00 plus 5% of the exce			
Over \$17,000,000	\$1,000,		. , ,		
· · · ·	• • •				
g Grassroots nontaxable amount (er	nter 25% of line 1f)				
h Subtract line 1g from line 1a. If zer	o or less, enter -0-				
i Subtract line 1f from line 1c. If zero	o or less, enter -0-				
j If there is an amount other than ze	ero on either line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?			[Yes No
	ations that made a s	eraging Period Under section 501(h) election le instructions for line	n do not have to com		
		nditures During 4-Yea	<u> </u>		
Calendar year	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
(or fiscal year beginning in)					
2a Lobbying nontaxable amount b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
, , , , , , , , , , , , , , , , , , , ,	-	•			•

Schedule C (Form 990 or 990-EZ) 2011

132042 01-27-12

Schedule C (Form 990 or 990-EZ) 2011 ALCOR LIFE EXTENSION FOUNDATION

23-7154039 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description		(a)		(k	<u></u> _)	
of the lobbying activity.	Ye	es	No	Amo	<u> </u>	
1 During the year, did the filing organization attempt to influence foreign, national, state or						
local legislation, including any attempt to influence public opinion on a legislative matter						
or referendum, through the use of:						
a Volunteers?			X			
b Paid staff or management (include compensation in expenses reported on lines 1c through						
c Media advertisements?			<u>X</u>			
d Mailings to members, legislators, or the public?			X			
e Publications, or published or broadcast statements?			X			
f Grants to other organizations for lobbying purposes?			X X			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			<u>х</u> Х			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	37		Δ	2/	1,000.	
i Other activities?					<u>1,000.</u>	
j Total. Add lines 1c through 1i			X	25	±,000•	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			<u> </u>			
b If "Yes," enter the amount of any tax incurred under section 4912						
 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? 						
Part III-A Complete if the organization is exempt under section 501(c)(4)	section 50	(c)(5)	or se	ction		
501(c)(6).		,,(0)(0)	, 01 00			
				Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?			1			
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 						
3 Did the organization agree to carry over lobbying and political expenditures from the prior ye			3			
Part III-B Complete if the organization is exempt under section 501(c)(4))1(c)(5)	, or se	ction		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are ans	swered "No	" OR (b	o) Part	III-A, lin	e 3, is	
answered "Yes."						
1 Dues, assessments and similar amounts from members			1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts	of political					
expenses for which the section 527(f) tax was paid).						
a Current year			2a			
b Carryover from last year			2b			
c Total			2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e)	dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of						
does the organization agree to carryover to the reasonable estimate of nondeductible lobby	ring and politica	al				
expenditure next year?			4			
5 Taxable amount of lobbying and political expenditures (see instructions)			5			
Part IV Supplemental Information						
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C,	line 5; Part II-A	; and Pa	rt II-B, lir	ne 1. Also, o	complete	
this part for any additional information.						
PART II-B, LINE 1, LOBBYING ACTIVITIES:						
THE ORGANIZATION ENGAGED THE SERVICES OF THE AARO	NG COMP	ANV	™∩ ™	АТСН		
THE ORGANIZATION ENGRGED THE SERVICES OF THE AAR	TAP COMP	LTN T	IO W			
FOR ANY LEGISLATIVE ACTIVITY THAT MAY AFFECT ALCO	יי רוא באר	O ME	ድጥ መ	ттн		
TOK INT DEGIGERITVE ACTIVITI THAT PAT AFFECT ADO			VV	11		
LEGISLATORS TO EDUCATE THEM ABOUT ALCOR'S PROGRAM	1.					

Schedule C (Form 990 or 990-EZ) 2011

132043 01-27-12

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(Form	990)
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Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047
2011
ZU I I
Open to Public
Inspection

Nam	e of the organization ALCOR LIFE EXTENSI	ON FOUNDATION	Employer identification numb 23-7154039
Pa			
I U	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(-)	(1)
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		sod funds
5	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
0	for charitable purposes and not for the benefit of the donor of		
Pa		ganization answered "Yes" to Form 990	
1	Purpose(s) of conservation easements held by the organizat	·	
•	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conservation essement on the last
2	day of the tax year.		Tota conservation easement on the last
	day of the tax year.		Held at the End of the Tax Y
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
u	listed in the National Register	-	
3	Number of conservation easements modified, transferred, re		
Ŭ	year	induced, extinguished, or terrimitated by th	le organization daning the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
-	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
-	and section 170(h)(4)(B)(ii)?	• •	
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	•	, , , ,
	conservation easements.		· · · · · · · · · · · · · · · · · · ·
Pa	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or C	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 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exl		
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	nt and balance sheet works of art, histori
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:		· · · · · ·
	(i) Revenues included in Form 990, Part VIII, line 1		• • •
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		• *
b	Assets included in Form 990, Part X		
LHA 13205 01-23-	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 20

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		IFE EXTENS								9 Page 2
Par	t III Organizations Maintaining C	Collections of A	rt, Hi	storical Tr	easures, c	or Othe	r Simila	r Asse	ts (conti	nued)
3	Using the organization's acquisition, access	ion, and other record	ds, che	ck any of the	following that	t are a sig	gnificant u	se of its	collectio	n items
	(<u>check all that apply):</u>									
а	Public exhibition	c	ı 🖳	Loan or exc	hange progra	ims				
b	Scholarly research	e	, L	Other						
с	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	in how	they further t	he organizatio	on's exen	npt purpos	se in Par	t XIV.	
5	During the year, did the organization solicit of	or receive donations	of art, l	historical trea	sures, or othe	er similar	assets	_	-	
	to be sold to raise funds rather than to be m	aintained as part of	the org	anization's co	ollection?			L	Yes	No No
Par	t IV Escrow and Custodial Arran		ete if th	ne organizatio	n answered "	'Yes" to F	orm 990,	Part IV,	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod		-						7	
	on Form 990, Part X?							L	Yes	X No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	g table:						
									Amount	
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
f	Ending balance						1f	v	Yes	
	Did the organization include an amount on F		21?						⊥ Yes	└── No
	If "Yes," explain the arrangement in Part XIV t V Endowment Funds. Complete			d "Vee" to Fe	rm 000 Dart	N/ line 10	<u> </u>			
Fai	Endowment Funds. Complete							are back	(a) Four	voare back
10	Designing of year balance	(a) Current year	(a)	Prior year	(c) Two year	S DACK (a) Thee ye	ais Dack	(e) i oui	years Dack
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships Other expenditures for facilities									
e	•									
f	and programsAdministrative expenses									
	End of year balance									
2	Provide the estimated percentage of the cur		re (line	1a. column (a	a)) held as:					
	Board designated or quasi-endowment	•	%	19, 00101111 (0						
	Permanent endowment	%								
	Temporarily restricted endowment	%								
-	The percentages in lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	-	ation th	hat are held a	nd administe	red for th	e organiza	ation		
	by:	Ũ					U		Γ	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organization								3b	
4	Describe in Part XIV the intended uses of the	e organization's end	owmen	t funds.						
Par	t VI Land, Buildings, and Equipn	nent. See Form 990	0, Part	X, line 10.						
	Description of property	(a) Cost or c	other	(b) Cost	or other	(c) Ac	cumulated	t l	(d) Bool	k value
		basis (investr	ment)	basis	(other)	dep	reciation			
1a	Land									
	Buildings									
	Leasehold improvements				7,291.		98,15			9,136.
d	Equipment			1,21	8,613.	8	34,47	3.	384	4,140.
	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colu	ımn (B), line 1	0(c).)					3,276.
							c	ماريام		000) 2011

Schedule D (Form 990) 2011

132052 01-23-12

Schedule D	(Form 990)) 2011
Dart VII	Invocto	ant

Chedule D (Form 990) 2011 ALCOR LIFE EXTENSION FOUNDATION

(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valu Cost or end-of-year ma	
(1) Financial derivatives				
2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H) (D)				
(I) Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related. s		ino 12		
	See Form 990, Part X, I		(c) Method of valu	ation:
(a) Description of investment type	(b) Book value		Cost or end-of-year ma	
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	e 15.			
(a)) Description			(b) Book value
(1) INSURANCE POLICIES				2,962,283.
(2) BENEFICIAL INTEREST IN PH	ERPETUAL TRU	JST		2,852,513.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) lin			▶	5,814,796.
Part X Other Liabilities. See Form 990, Part X	, line 25.	() >		
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)			_	
(3)			_	
(4)				
(5)			_	
(6)			_	
(7)				
(8)				
(9)				
(10)				
(11) Total (Column (b) must equal Form 990, Part X, col (B) lin	<u>25</u>) ►			
Total. (Column (b) must equal Form 990, Part X, col (B) lin Fin 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote Fin 48 (ASC 740).	to the organization's financial	statements that reports the c	organization's liability for uncert	ain tax positions under

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-	dule D (Form 990) 2011 ALCOR LIFE EXTENSION FOUND.				L54039 Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audite	d Financial State	ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net). Add lines 4 through 8				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an				
Par	t XII Reconciliation of Revenue per Audited Financial Stateme			leturn	
1	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:	т т			
	Net unrealized gains on investments			-	
	Donated services and use of facilities				
	Recoveries of prior year grants				
	Other (Describe in Part XIV.)	2d			
е	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:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIV.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
	t XIII Reconciliation of Expenses per Audited Financial Statem				
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:				
	Donated services and use of facilities			-	
	Prior year adjustments			-	
	Other losses			-	
	Other (Describe in Part XIV.)			0.	
-	Add lines 2a through 2d			2e 3	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIV.) Add lines 4a and 4b			10	
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			4c 5	
	t XIV Supplemental Information	<u></u>			
	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	II. lines 1a	and 4: Part IV. lines 1	b and 2b	Part V. line 4: Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp	-			
	RT IV, LINE 2B: THE ORGANIZATION RECORDS T				
	· · ·				
FOI	R CRYOPRESERVATION IN AN ESCROW ACCOUNT. T	HE AC	COUNT IS TH	IEN US	SED AT
TI	ME OF DEATH FOR CRYOPRESERVATION SERVICES	AND R	ECORDED AS	PROGE	RAM
REV	/ENUE.				

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				27				
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

of the organization				
OR LIFE EXTE	NSION FO	UNDATION		
			side the United States. Compl	ete if the organiz
to Form 990, Part	IV, line 14b.			
-	-		ds to substantiate the amount of its gr	
ne grantees' eligibility fo	or the grants or a	assistance, and t	the selection criteria used to award the	e grants or assis
or grantmakers. Descr Inited States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and oth
ctivities per Region. (Th	ne following Part	I, line 3 table ca	n be duplicated if additional space is	needed.)
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activi
	offices	employees, agents, and	(by type) (e.g., fundraising, program	is a progr
	in the region	independent contractors	services, investments, grants to recipients located in the region)	describe s
		in region	recipients located in the region)	
E (INCLUDING				
ND & GREENLAND)	0	0	PROGRAM SERVICES	MEMBERSHIP D
ASIA AND THE				
IC	0	0	PROGRAM SERVICES	MEMBERSHIP D
AMERICA	0	0	PROGRAM SERVICES	MEMBERSHIP D
	_			
AMERICA	0	0	PROGRAM SERVICES	MEMBERSHIP D
E EAST AND				
AFRICA	0	0	PROGRAM SERVICES	MEMBERSHIP D

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

Inspection Employer identification number

Schedule F (Form 990) 2011

OMB No. 1545-0047

Open to Public

Name of the organization					Employer identif	ication number
ALCOR LIFE EXTE	NSION FO	UNDATION	I		23-715403	9
			tside the United States. Comp	lete if the orgar		
to Form 990, Par			·	5		
1 For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance,	
the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance?	Yes 🛛 No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance out	side the
United States.						
		1	an be duplicated if additional space is	1		(0, -, -, -,
(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in region (by type) (e.g., fundraising, program	1	vity listed in (d) gram service,	(f) Total expenditures
	in the region	agents, and independent	services, investments, grants to		e specific type	for and
	5	contractors	recipients located in the region)		ce(s) in region	investments in region
		in region				
EUROPE (INCLUDING						
ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	MEMBERSHIP	DUES	0.
EAST ASIA AND THE						
PACIFIC	0	0	PROGRAM SERVICES	MEMBERSHIP	DUES	0.
SOUTH AMERICA	0	0	PROGRAM SERVICES	MEMBERSHIP	DUES	0.
		Ŭ			0010	
NORTH AMERICA	0	0	PROGRAM SERVICES	MEMBERSHIP	DUES	0.
MIDDLE EAST AND						
NORTH AFRICA	0	0	PROGRAM SERVICES	MEMBERSHIP	DUES	0.
3 a Sub-total	0	0				0.
b Total from continuation	0	0				0.
sheets to Part I c Totals (add lines 3a						5.
and 3b)	0	0				0.

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

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3 Enter total number of other organizations or entities

Schedule F (Form 990) 2011

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

Part II can be du	plicated if additional	space is needed.						
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			 recognized as charities by the n 501(c)(3) equivalency letter					<u> </u>

Page 2

23-7154039

Schedule F (Form 990) 2011

	O - h th	L. E (E

Schedule F (Form 990) 2011

ALCOR LIFE EXTENSION FOUNDATION

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.

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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23-7154039

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011 ALCOR LIFE EXTENSION FOUNDATION Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund.</i> (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5713, International Boycott Report (see Instructions</i> <i>for Form 5713)</i>	Yes	X No

Schedule F (Form 990) 2011

132074 01-23-12

Schedule F (Form 990) 2011 ALCOR LIFE EXTENSION FOUNDATION	23-7154039	Page 5
Part V Supplemental Information Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 2 (mo	line 3, column (f) (accounting r	nethod;
amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (ac (c) (estimated number of recipients), as applicable. Also complete this part to provide any additiona		l, column
SCHEDULE F, PART I, LINE 3: SOME MEMBERS OF THE ORGANIZA	TION ARE LOCATE	≤D
OUTSIDE THE UNITED STATES. LIKE ALL MEMBERS, THEY PAY DU	IES TO BE ENROLI	LED
IN OUR CRYOPRESERVATION PROGRAM. AT LEGAL PRONOUNCEMENT	OF DEATH, ONE	OF
OUR TEAMS WILL BE DISPATCHED TO WHEREVER A MEMBER IS WOR	LDWIDE TO BEGIN	1
THE PROCESS OF CRYOPRESERVATION INCLUDING STABILIZING TH	IE BODY FOR	
TRANSPORT TO OUR FACILITIES IN ARIZONA. IN 2011, THE OF	GANIZATION DID	
NOT INCUR ANY SUBSTANTIAL COSTS RELATED TO OUR FOREIGN A	ACTIVITIES. WE	
DID, HOWEVER, RECEIVE \$56,262 IN MEMBERSHIP DUES FROM FO	REIGN MEMBERS.	

132075 01-23-12

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization 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.

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

Open To Public Inspection

L

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

Name of the organization								Employer	identif	ication r	umber	
				I FOUND				23-71	5403	9		
Part I Excess Benefit	Transacti	ons (secti	on 501(c)(3) and sectio	n 501(c)(4) organizatio	ons only)						
Complete if the orga	nization ansv	vered "Yes	" on Form	990, Part IV,	line 25a or 25b, or Fo	rm 990-E	Z, Par	t V, line 40)b.			
1 (a) Name of disc	gualified per	son		(b) Description of transacti						(c) Corrected?		
		5011			(b) Description					Yes	No	
2 Enter the amount of tax impo												
3 Enter the amount of tax, if an	iy, on line 2,	above, rein	ibursed by	/ the organiza	ation			🕨 \$				
Part II Loans to and/or	r From Int	erested	Persons									
					line 26, or Form 990-E	7 Dart \	/ line '	380				
(a) Name of interested	1	to or from		nal principal	(d) Balance due) In	(f) App	proved	(g) W	ritten	
person and purpose		the organization?		nount	(u) Balance due	default?		by board or committee?		agree		
	To From					Yes No					No	
	10					1.00	110			Yes		
Total	·			🕨 \$					-			
Part III Grants or Assis	tance Ber	nefiting I	ntereste	ed Person	S.							
Complete if the orga	nization ansv	vered "Yes	" on Form	990, Part IV,	line 27.							
(a) Name of interested p	person		(b) Relati		een interested person	and				d type o	f	
				the or	ganization				assistar	ice		
	Act Nation	coo the In	tructions	for Form 00	0 or 000 E7		Sobod	ula L (Eor	m 000 c	vr 000 E	7) 2011	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2011

132131 01-19-12

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship between interested person (c) Amount of transaction (d) Description of transaction (e) Sharing organization organization 21ST CENTURY MEDICINE COMMON OFFICER 18,008.LICENSING X Image: Complete this part to provide additional information Image: Complete this part to provide additional information for responses to questions on Schedule L (see instructions). Image: Complete this part to provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: 21ST CENTURY MEDICINE – SAUL KENT
(a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of transaction (d) Description of transaction (e) Sharing of organization 21ST CENTURY MEDICINE COMMON OFFICER 18,008.LICENSING X Image: state stat
(a) Name of interested person (b) Person and the organization (c) Alloch of transaction organization 21ST CENTURY MEDICINE COMMON OFFICER 18,008.LICENSING X 21ST CENTURY MEDICINE Complete this part to provide additional information for responses to questions on Schedule L (see instructions). Image: Complete this part to provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
21ST CENTURY MEDICINE COMMON OFFICER 18,008.LICENSING X Image: Common of the system of t
Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
Complete this part to provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
Complete this part to provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
Complete this part to provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
Complete this part to provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
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Complete this part to provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
Complete this part to provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
Complete this part to provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
Complete this part to provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
Complete this part to provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
Complete this part to provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: 21ST CENTURY MEDICINE - SAUL KENT
(A) NAME OF PERSON: 21ST CENTURY MEDICINE - SAUL KENT

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

ALCOR LIFE EXTENSION FOUNDATION

Employer identification number 23-7154039

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

[CONTINUED] ...RESTORE HEALTH TO PATIENTS IN ALCOR'S CARE AND FUND

RESEARCH AND PUBLIC EDUCATION FOR BIOSTASIS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

...HEALTH TO ALL PATIENTS IN ALCOR'S CARE, [CONTINUED] FUND RESEARCH

INTO DEVELOPING MORE COST EFFECTIVE AND RELIABLE MEANS FOR THE ABOVE

AND PROVIDE PUBLIC EDUCATION AS A MEANS OF FOSTERING GROWTH TO SUPPORT

THE GOALS OF THE ABOVE.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED BY AN

OUTSIDE ACCOUNTING FIRM AND REVIEWED BY THE CHIEF EXECUTIVE OFFICER AND

FINANCE DIRECTOR PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

SECTION B, LINE 15: THE BOARD OF DIRECTORS OF THE FORM 990, PART VI,

ORGANIZATION REVIEWED AND APPROVED THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE OR UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS:

-35,835.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011) 132211 01-23-12 34

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(Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Open to Public Inspection

Name of the organization

Attach to Form 990. See separate instructions.

 $\begin{array}{c} \text{Employer identification number} \\ 23-7154039 \end{array}$

ALCOR LIFE EXTENSION FOUNDATION

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No

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

OMB No. 1545-0047

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Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under		(f) Share of total income	(g) Share of end-of-year	(Disprop ate alloc	portion-	n- IS? Code V-UBI amount in box 20 of Schedule		(j) Gener mana partn	(k) al or Percentaç ^{jing} ownershi
		foreign country)		section	s 512-514)		assets	Yes	No	K-1 (For	m 1065)	Yes	No
CRYONICS PROPERTY -													
86-0740606, 7895 E. ACOMA													
DRIVE, #110, SCOTTSDALE, AZ	-												
85260-6916	RENTAL	AZ	N/A	UNRELAT	ED	9,965.	425,929.	. x		X N/A			ζ 84.06
	-												
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Part IV Identification of Related O organizations treated as a c	rganizations Taxable a	as a Corp	oration or Trust (Co	omplete if t	the organizat	ion answered "Yes"	' to Form 990, Pa	art IV, I	ine 34	because	e it had o	ne or	more related
-		ig the tax				()							
(a)			(b)		(c)	(d)	(e)		(f)				(h)
Name, address, and of related organizati	EIN		Primary activ	(state or		Direct controlling entity	Type of entity (C corp, S corp	y Share of tota		of total	al Share of end-of-year		Percentac ownershi
of related organization	011				foreign country)	entity	or trust)	,	inco		ass	ets	Ownersm
					country)			_					

Schedule R (Form 990) 2011 ALCOR LIFE EXTENSION FOUNDATION

Part V	Transactions With Related Organizations (Complete if the organization ans	wered "Yes" to Form	n 990, Part IV, line 34, 35, 3	35a, or 36.)			
Note.	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 C	ouring the tax year, did the organization engage in any of the following transaction	s with one or more r	elated organizations listed	in Parts II-IV?			
аF	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		-		1a	X	
	Sift, grant, or capital contribution to related organization(s)				1b		Х
c G	ift, grant, or capital contribution from related organization(s)				1c		Х
	oans or loan guarantees to or for related organization(s)				1d	X	
	oans or loan guarantees by related organization(s)				1e		Х
fS	ale of assets to related organization(s)				1f		Х
g F	Purchase of assets from related organization(s)				1g		Х
hΕ	xchange of assets with related organization(s)				1h		X X
i Lease of facilities, equipment, or other assets to related organization(s)							
						x	
j Lease of facilities, equipment, or other assets from related organization(s)							
	Performance of services or membership or fundraising solicitations for related orga				1k		Х
	Performance of services or membership or fundraising solicitations by related orga				11		Х
	haring of facilities, equipment, mailing lists, or other assets with related organizati				1m		Х
	haring of paid employees with related organization(s)				1n		Х
οF	eimbursement paid to related organization(s) for expenses				10		Х
рF	leimbursement paid by related organization(s) for expenses				1p		Х
qC	Other transfer of cash or property to related organization(s)				1q		Х
	Other transfer of cash or property from related organization(s)				1r		Х
2 If	the answer to any of the above is "Yes," see the instructions for information on w	vho must complete t	his line, including covered	relationships and transaction thresholds.			
	(a)	(b)	(c)	(d)			
	Name of other organization	Transaction type (a-r)	Amount involved	Method of determining amount involved			
	WONTOG DRODEDEW IIG		20 707				
(1) CF	RYONICS PROPERTY LLC	A	20,707.	Епл			

23-7154039

Page 3

Schedule R (Form 990) 2011 ALCOR LIFE EXTENSION FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are al partners 501(c)(orgs.' Yes) sec. (3) ?	(f) Share of total income	(g) Share of end-of-year assets	(I Dispi tio alloca	h) ropor- nate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes	al or f ging er? NO	(k) Percentage ownership

Schedule R (Form 990) 2011

ALCOR LIFE EXTENSION FOUNDATION

(Wo	990-W rksheet) rtment of the Treasury al Revenue Service	Taxable ons FORM 990- .)	T	OMB No. 1545-0976				
1	Unrelated business	taxable income expected in the tax y	vear				1	
2	Tax on the amount	on line 1. See instructions for tax c	omputa	tion			2	
3	Alternative minimun	n tax (see instructions)					3	
4	Total. Add lines 2 ar	ıd 3					4	
5	Estimated tax credit	s (see instructions)					5	
6	Subtract line 5 from		6					
7	Other taxes (see ins	tructions)					7	
8	Total. Add lines 6 ar		8					
9	Credit for federal tax	x paid on fuels (see instructions) \dots					9	
b	Subtract line 9 from estimated tax payme Enter the tax shown zero or the tax year and enter the amoun 2012 Estimated Tax		-					
	from line 10a on line	e 10c		(a)	ADJUST (b)	ED TO (c)	10c	<u>1,120.</u> (d)
11 12	Required installme	tes (see instructions)	11	04/17/12	06/15/12	09/17/1	.2	12/17/12
	uses the annualized the adjusted season	h (d) unless the organization income installment method, al installment method, or is a (see instructions)	12	280.	280.	2	80.	280.
13	2011 Overpayment	(see instructions)	13	280.	280.	2	80.	70.
14		tract line 13 from line 12.)	14					210.
LHA	For Paperwork R	eduction Act Notice, see instruction	ns.					Form 990-W (2012)

ESTIMATED TAX	1,120.
OVERPAYMENT APPLIED	910.
AMOUNT DUE	210.

123801 02-23-12

Internal Review To catacity user Control from the trap systemation is a control of the catacity of the trap systemation is a control of the catacity o	Form 990-T	Exempt Organization E (and proxy tax			ax Return	•	OMB No. 1545-0687
A	Department of the Treasury Internal Revenue Service					0	Open to Public Inspection for 501(c)(3) Organizations Only
Image: Section (Signame and Section (Sign			ame changed	and see instructions.)		DEmplo (Empl	oyer identification number oyees' trust, see
Image: and the analysis of the	B Exempt under section	Print ALCOR LIFE EXTENSION	N FOUN	DATION		2	3-7154039
□ 040 □ 530(a) □ Orgonom.stat. and ZP code 5311.20 0 Geok walke of all assets Forup exemption number (See instructions.) > 0 Geok walke of all assets Forup exemption number (See instructions.) > 1 Describe the organization by period Click comparisation by period Sole(c) (Tust 0 (Inext organization by period 1 Describe the organization by period Click comparison by Sole(c) (Truth organization by period Sole(c) (Inst 0 (Inext organization by Period 1 The obsci are in a cond by BOONLIS MAGEE Telephone number (A) Income (B) Expenses (C) Net 1 a Gross needpitor of allos 1 (Inext organization by Period (Inext organization by Period (Inext organization by Period 2 Goost of obsol (Checkule A, Ine 7) 4 (Inext organization by Period (Inext organization by Period 3 Gross needpitor of allos 1 (Inext organization by Period (Inext organization by Period (Inext organization by Period 4 Graphia (Inst organization by Period (Inext organization (Inext organization by Period (Inext organizati	X 501(c)(3)						
			ν ω, π⊥	10		1	
al end of year B Check organization type ▶ X 501(c) corporation 501(c) trust 401(a) trust Other trust H Describe the organization's primary unrelated business activity. ▶ RENTAL • • • • • • • • • • • • • • • • • • •			60-691	6		531	120
20874943. Context inglitudation of the carbon							
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ↓ Yes ▼ No If Yes, which the marks and feelinghym number of the search corporation.▶ Telephone number ▶ 480-905-1906 If Nos search is ease and deelinghym number of the search corporation.▶ (A) Income (B) Expenses (C) Net If Cross registing to sales (C) Net (A) Income (B) Expenses (C) Net If Cross registing to sales (C) Net (A) Income (B) Expenses (C) Net If Cross registing to sales (C) Net (A) Income (B) Expenses (C) Net If Cross registing to sales (C) Net (C) Net (C) Net (C) Net (C) Net If Cross registing to sales (C) Net (C) Net (C) Net (C) Net (C) Net (C) Net If Cross registing to sales (C) Net	-	G Check organization type ► X 501(c) corp	oration	501(c) trust	401(a) trust		Other trust
II "the same and identifying number of the parent corporation. ► The books are in care of ► BONTIE MAGEE The books are in care of ► BONTIE MAGE The books are in care of ► BONTIE MAGE Is Gross recipts or sales (A) income Less returns and allowances cBlance Is Gross rocit, Subtract tite 2 from line to 2 2 Cost of pooks sold (Schedule A), line 7) 4 3 Gross profit. Subtract tite 2 from line to 4 4 Capital loss devices for marks and Schedule D) 4 4 Capital loss (Form 4757, Part II, line 12) (statch form 4737) 4 5 Rent income (Isshedule E) 7 6 Interest, annuelis, royating, and the starb to the concolled organizations (Sch.F). 9 9 Instancest, annuelis, royating, and the schedule E) 7 11 Advertising income (Schedule E) 7 12 Other income (Schedule E) 7 13 B, 312. 8, 312. 14 Compensation of different, directories, and the schedule.) 11 15 Advertising income (Schedule E) 11 16 Total, Combine lines 3 through 12 13 8, 312. 17 Total, Combine lines a different, directories, directories, directories, directories, directories, director							
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Part II Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales						<u> </u>	
1a Gross receipts or sales							
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22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b 23 Depletion 23 24 Contributions to deferred compensation plans 24 25 Employee benefit programs 25 26 Excess exempt expenses (Schedule I) 26 27 Excess readership costs (Schedule J) 27 28 Other deductions (attach schedule) 28 29 Total deductions. Add lines 14 through 28 29 45. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 8, 267. 31 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 31 32 8, 267. 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 8, 267. 33 1, 000. 34 T, 267. 33 1, 000. 34 7, 267. 123701 02*24*12 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2011)							
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24Contributions to deferred compensation plans2425Employee benefit programs2526Excess exempt expenses (Schedule I)2627Excess readership costs (Schedule J)2728Other deductions (attach schedule)2829Total deductions. Add lines 14 through 282930Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 133031Net operating loss deduction (limited to the amount on line 30)3132Unrelated business taxable income before specific deduction. Subtract line 31 from line 303233Specific deduction (Generally \$1,000, but see instructions for exceptions.)33347, 267.35Variant of zero or line 327123701 02-24-12LHAFor Paperwork Reduction Act Notice, see instructions.Form 990-T (2011)							
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26 Excess exempt expenses (Schedule I) 26 27 Excess readership costs (Schedule J) 27 28 28 29 45. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 8, 267. 31 Net operating loss deduction (limited to the amount on line 30) 31 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 8, 267. 33 Specific deduction (Generally \$1,000, but see instructions for exceptions.) 33 1,000. 34 7,267. 34 7,267. 123701 02-24-12 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2011)						25	
27 Excess readership costs (Schedule J) 27 28 Other deductions (attach schedule) 28 29 Total deductions. Add lines 14 through 28 29 45. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 8, 267. 31 Net operating loss deduction (limited to the amount on line 30) 31 31 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 8, 267. 33 Specific deduction (Generally \$1,000, but see instructions for exceptions.) 33 1,000. 34 T, 267. 34 T, 267. 123701 0:2-24-12 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2011)	26 Excess exempt exp	enses (Schedule I)				26	
28 Other deductions (attach schedule) 28 29 Total deductions. Add lines 14 through 28 29 45. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 8, 267. 31 Net operating loss deduction (limited to the amount on line 30) 31 31 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 8, 267. 33 Specific deduction (Generally \$1,000, but see instructions for exceptions.) 33 1,000. 34 T, 267. 34 7, 267. 123701 02-24-12 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2011)	27 Excess readership	costs (Schedule J)				27	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 8,267. 31 Net operating loss deduction (limited to the amount on line 30) 31 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 8,267. 33 Specific deduction (Generally \$1,000, but see instructions for exceptions.) 33 1,000. 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 34 7,267. 123701 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2011)	28 Other deductions (a	attach schedule)				28	
31 Net operating loss deduction (limited to the amount on line 30) 31 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 8,267. 33 Specific deduction (Generally \$1,000, but see instructions for exceptions.) 33 1,000. 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller 34 7,267. 123701 02-24-12 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2011)	29 Total deduction	s. Add lines 14 through 28					
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 8, 267. 33 Specific deduction (Generally \$1,000, but see instructions for exceptions.) 33 1,000. 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 34 7,267. 123701 02-24-12 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2011)							8,267.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.) 33 1,000. 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller 34 7,267. 123701 02-24-12 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2011)	31 Net operating loss	deduction (limited to the amount on line 30)					
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 34 123701 02-24-12 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2011)							
of zero or line 32						33	I,000.
	of zero or line 32					34	7,267.
	02-24-12 LHA For Pa	perwork Reduction Act Notice, see instructions.	41	_			Form 990-T (2011)

15591116 134713 02532T 2011.05000 ALCOR LIFE EXTENSION FOUNDA 02532T1

Form 990-T (2011)	ALCOR	LIFE	EXTENSION	FOUNDATION

Form 990-T		23-7154039	Page 2
Part II			
	Organizations Taxable as Corporations. See instructions for tax computation.		
	Controlled group members (sections 1561 and 1563) check here ▶ See instructions and:		
	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
	(1) \$ (2) \$ (3) \$		
	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)		
	(2) Additional 3% tax (not more than \$100,000) \$		4
	Income tax on the amount on line 34	> 35c	1,090.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:		
l	Tax rate schedule or Schedule D (Form 1041)		
37	Proxy tax. See instructions	> 37	
	Alternative minimum tax		
	Total. Add lines 37 and 38 to line 35c or 36, whichever applies		1,090.
	/ Tax and Payments		
40 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a		
	Other credits (see instructions) 40b		
C	General business credit. Attach Form 3800		
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 40d		
e	Total credits. Add lines 40a through 40d	40e	
41	Subtract line 40e from line 39 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other _{(a}	41	1,090.
42	Other taxes. Check if from: 🔄 Form 4255 🔛 Form 8611 🔛 Form 8697 💭 Form 8866 💭 Other _{(a}	ttach schedule) 42	
43	Total tax. Add lines 41 and 42	43	1,090.
44 a	Payments: A 2010 overpayment credited to 2011	2,000.	
b	2011 estimated tax payments 44b		
	Tax deposited with Form 8868 44c		
	Foreign organizations: Tax paid or withheld at source (see instructions) 44d		
е	Backup withholding (see instructions) 44e		
	Credit for small employer health insurance premiums (Attach Form 8941) 44f		
g	Other credits and payments: Form 2439		
[□ Form 4136 □ Other _ Total ► 44g		
45	Total payments. Add lines 44a through 44g	45	2,000.
	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🗔		
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	▶ 47	
	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid		910.
	Enter the amount of line 48 you want: Credited to 2012 estimated tax 🕨 910 🛛 Refu	unded 🕨 49	0.
Part V	Statements Regarding Certain Activities and Other Information (see instruc	tions)	
1 At ar	ly time during the 2011 calendar year, did the organization have an interest in or a signature or other authority ove	r a financial account	Yes No
(ban	k, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of	Foreign Bank and	
F inar	ncial Accounts. If YES, enter the name of the foreign country here 🕨		X
2 Durin If YES	ncial Accounts. If YES, enter the name of the foreign country here g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? S, see instructions for other forms the organization may have to file.		X
	r the amount of tax-exempt interest received or accrued during the tax year > \$		
Sched	ule A - Cost of Goods Sold. Enter method of inventory valuation N/A		
1 Inve	ntory at beginning of year 1 6 Inventory at end of year	6	
	hases 7 Cost of goods sold. Subtract line 6		
3 Cost	of labor from line 5. Enter here and in Part I, line	2 7	
	tional section 263A costs 4a 8 Do the rules of section 263A (with respe	ect to	Yes No
	r costs (attach schedule) 4b property produced or acquired for resal		
	I. Add lines 1 through 4b 5 the organization?	,	X
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to th correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		f, it is true,
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledg	ge. May the IRS discus	
Here		the preparer shown	
	Signature of officer Date Title	instructions)?	
	Print/Type preparer's name Preparer's signature Date 0	Check if PTIN	
D-!!		self- employed	
Paid	AMY A O'LOUGHLIN		69687
Prepa			884125
Use O	nly 3101 N. CENTRAL AVE., STE. 300		
		Phone no. 602–26	4-6835
123711 02-			m 990-T (2011)
	42		(== : - !)

15591116 134713 02532T 2011.05000 ALCOR LIFE EXTENSION FOUNDA 02532T1

Schedule C	- Rent Income (BION FOR			Proper	ty Leas	ed W	23-71 ith Real Pr		
. Description of pro	operty										
1)											
2)											
3)											
4)											
			ed or accrued					3(2		tly con	nected with the income in
` rent fo	personal property (if the perc or personal property is more 0% but not more than 50%)	than	` of rer	nt for pers	al and personal property (if the percentage r personal property exceeds 50% or if rent is based on profit or income)				columns 2(a)	and 2(t	b) (attach schedule)
1)											
(2)											
3)											
4) otal		0.	Total				0.	-			
	Add totals of columns 2						0.	(b) To	tal deductions.		
	1, Part I, line 6, column						0.	Frates h	ere and on page 1 ine 6, column (B)	🕨	
chedule E	 Unrelated Deb 	t-Financed	Income	(see ins	structions)						
					2. Gross inc	ome from		3. De	ductions directly c to debt-fina	onnecte nced p	ed with or allocable roperty
	1. Description of debt-fination	anced property			or allocable financed p	e to debt-	(a)		line depreciation	Ť	(b) Other deductions
					inanceu	bioperty		(attac	h schedule)		(attach schedule)
1)											
2)										-	
(<u>3)</u> (4)											
4. Amount of debt on or alloc	average acquisition able to debt-financed attach schedule)	of or a debt-fina	adjusted basis Illocable to nced property n schedule)		6. Column by colu			7. Gross income reportable (column 2 x column 6)			8. Allocable deduction (column 6 x total of colum 3(a) and 3(b))
(1)						(%			-	
(2)							%				
(3)						C	%				
(4)						C	%				
									and on page 1, e 7, column (A).	_	Enter here and on page 1 Part I, line 7, column (B).
	received deductions inc).	
	- Interest, Annui	ities. Boval	ties, and	Rent	s From Co	ontroll	ed Orga	nizat	ions (see in	struct	tions)
					Controlled O		-			Junao	
1. Name of o	controlled organization	2. Employer ide numb	entification	Net unrel	3. lated income instructions)	Total	4. of specified nents made	5. ind org	Part of column 4 cluded in the contr anization's gross i	that is olling ncome	6. Deductions directly connected with income in column 5
4)											
<u>1)</u>											
2) 3)											
3) 4)											
/	trolled Organizations	. I									
7. Taxable		let unrelated incom (see instructions		9. Total	of specified pay made	ments	in the cor	column 9 ntrolling c gross ince	that is included rganization's ome	11. _v	Deductions directly connective view of the second s
1)											
2)											
_, 3)											
4)											
								columns {	5 and 10. bage 1, Part I,	Ente	Add columns 6 and 11. er here and on page 1, Part

123721 02-24-12

Totals

►

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0.

Form 990-T (2011)

0.

15591116 134713 02532T

23-7154039

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	 Deductions directly connected (attach schedule) 	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals ►	0.	Ο.				0.
Schedule J - Advertisi	na Income (see i	nstructions)				

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	• 0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.				Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
(5) Totals from Part I	0.	0	•					0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).						Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) 🕨	0.	0						0.
Schedule K - Compensatio	n of Officers,	Directors, ar	nd Trustees (see ir	nstructio	ns)			
1 . Name			2. Title				eensation attributable related business	
						%		
(2)						%		
(3)						%		
(4)						%		
Total. Enter here and on page 1, Part II, I	ine 14					►		0.
								Eorm 990-T (2011)

123731 02-24-12 Form **990-T** (2011)

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2011.05000 ALCOR LIFE EXTENSION FOUNDA 02532T1

FORM 990-T	INCOME	(LOSS)	FROM	PARTNERSHIPS	STATEMEN'	r 1
DESCRIPTION					AMOUN	г
CRYONICS PROPERTY LLC					8	,312.
TOTAL TO FORM 990-T, PAG	GE 1, LI	INE 5			8	,312.

<u>ARI</u>	ZONA FORM Arizona Exempt Organization B	usine	ss Income Ta	ax F	Return 20	011	
	99T For the X calendar year 2011 or fiscal year b			nd enc			
Original Amended ALCOR LIFE EXTENSION FOUNDATION					Employer identification number (EIN)		
	ness telephone number 30-905-1906			AZ tra	nsaction privilege tax n	umber	
4	Check box if: This is a first return Name change Address c		82 CHECK BC Return filed)X IF: under e	extension. 82 F	x	
В М С Ц D А Е [Date Arizona operations began 09/30/1994 Nature of unrelated trade or business activities RENTAL Inrelated business activity codes 531120 Arizona apportionment: (check only one) Multistate organizations only. AIR Carrier STANDARD Sales Factor ENHANCED Sales Fac Did you file an Arizona Form 99? Yes X No Check federal form filed: X 990-T Other (specify)	tor	REVENUE USE O	NLY. DC	NOT MARK IN THIS A		
F	Check federal form filed: LX 990-T L Other (specify)		81		66		
2 3 4	Arizona Unrelated Trade or Business Taxa Unrelated trade or business taxable income - from federal Form 990-T Apportionment ratio. Multistate organizations only - see instructions Taxable income attributable to Arizona - line 1 multiplied by line 2 (or enter amount Arizona Tax Liability Comp Enter tax. Tax is 6.968 percent of line 3, or \$50, whichever is greater Clean Elections Fund Tax Reduction. Check this box to send \$5 to the fund and	2 unt from li outation	ne 1, if 100% Arizona) he tax liability	1 3		7 00	
6	(line 4) by \$5. Enter the amount of the tax reduction Clean Elections Fund Tax Credit. SEE INSTRUCTIONS BEFORE COMPLETING			5		5 <u>00</u>	
	Tax liability after Clean Elections Fund tax reduction and tax credit - subtract th				50	1 00	
9 10 11 12	Tax Payments Extension payment made with Arizona Form 120EXT or online Estimated tax payments Payment made with original return plus all payments made after it was filed - see instr Subtotal payments - add lines 8 through 10 Overpayments of tax from original return or later adjustments - see instr	9 10	00 1,099 00 1,099 00 1,099 00				
13	Total Payments - subtract line 12 from line 11 Computation of Total Due or C			13	1,09	9 00	
14	Balance of tax due - If line 7 is larger than line 13, enter balance of tax due. Skip			14		00	
15	Overpayment of tax - If line 13 is larger than line 7, enter overpayment of tax			15	59	8 00	
16	Penalty and interest			16		00	
17	Estimated tax underpayment penalty. If Form 220 is attached, check box			17		00	
18	Donation to Citizens Clean Elections Fund - enter the amount of the donation. Among			18		00	
19	TOTAL AMOUNT DUE - Add lines 14, 16, 17, and 18. If money is due, payment	t must acc	ompany return	19		00	
20	OVERPAYMENT - see instructions			20	59	8 00	
21			598 ₀₀				
22	Amount to be refunded - subtract line 21 from line 20			22		00	

Schedule A - Apportionment Formula (Multistate Organizations Only) See instructions, pages 5 through 7.

A1 Property	Factor	Limited to Un	related Trade or Business	Amounts
of owned	real and tangible personal property (by averaging the value d property at the beginning and end of the tax period; rented at capitalized value)	Column A Total Within Arizona Round to the Nearest Dollar	Column B Total Everywhere Round to the Nearest Dollar	Column C Ratio Within Arizona A ÷ B
Total own	ed and rented property			-
A2 Payroll Fa	actor			
0,	alaries, commissions and other compensation paid to			
A3 Sales Fac	ctor			
a. Total sale	s and other gross receipts			
b. Weight Ar	rizona sales - (STANDARD uses X 2; ENHANCED uses X 8)	X2 OR X8		
c. Sales fact	tor (for column A - multiply item a by item b; for column B -			
enter the	amount from item a)			•
A4 Total rati	o - add A1, A2, and A3(c), in column C			
	apportionment ratio - divide line A4, Column C, by the denomi			
ENHANCI	ED divides by ten (10)). Enter the result in column C, and on pag	ge 1, line 2		•
Certification	Under penalties of perjury, I declare that I have examined this			
	best of my knowledge and belief, it is a true, correct and com the income tax laws of the State of Arizona.	plete return, made in good	faith, for the taxable year	stated pursuant to
	the income tax laws of the State of Anzona.			
		1		
Please	Officer le aigneture	Data	Title	
Sign Here	Officer's signature	Date	пце	
Paid			<u>P00869</u>	
Preparer's	Preparer's signature	Date	Preparer's El	N, PTIN or SSN
Use Only				
	CBIZ MHM, LLC		34-188	
	Firm's name (or preparer's, if self-employed)		Firm's X	EIN or SSN
	3101 N. CENTRAL AVE., STE. 300			
	PHOENIX, AZ	85012	602-26	4-6835
	Firm's address	ZIP code	Firm's teleph	one number

Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix AZ 85072-2153

ADOR 10419 (11)

TAXABLE YEAR

California Exempt Organization Annual Information Return

128941 12-15-11 FORM

201	1 Annual Information Return		199	
Calendar Yea	2011 or fiscal year beginning month day year , and ending mont	h	day year .	
Corporation/O	ganization name	California corporati	on number	
ALCOR	LIFE EXTENSION FOUNDATION	58377		
	room, or PMB no.)	FEIN		
7895 E	AST ACOMA DRIVE, #110	23-715	<u>54039</u>	
City	State ZIP Code			
SCOTTS				
A First Retu				
	Return • Yes X No during the year: (1) participat on 4947(a)(1)trust Yes X No or (2) attempted to influence			
		• •		
D Final Ret ●			• Yes X No	
	Merged/Reorganized Enter date: • If "Yes," complete and attach			
			23701g? • Yes 🗴 No	
	Cash (2) X Accrual (3) Other If "Yes," enter the gross receiption of the second			
. ,	sturn filed?			
(1)● X] 990T (2) ● 990(PF) (3) ● Sch H (990) L If organization is exempt und			
	roup filing for the subordinates/affiliates? • 🗌 Yes I No 🛛 exclusively religious, education	onal, or charitable, a	and is	
lf "Yes," a	ttach a roster. See instructions supported primarily (50% or	more) by public co	ntributions,	
H Is this or	janization in a group exemption? $\hfill \ldots$ Yes $[X]$ No $\hfill check box.$ No filing fee is rec			
lf "Yes," v	what is the parent's name? M Is the organization a Limited			
	N Did the organization file Form			
			• Yes X No	
	nt, articles of incorporation, or bylaws that have 0 Is the organization under aud			
	reported to the Franchise Tax Board?		• Yes X No	
	xplain, and attach copies of revised documents. omplete Part I unless not required to file this form. See General Instructions B and C.			
Faill	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	•	1 699,949.00	
			2 500,192.00	
	3 Gross contributions, gifts, grants, and similar amounts received <u>S'</u>			
Receipts	4 Total gross receipts for filing requirement test. Add line 1 through line 3.		4 ,331,318. ₀₀	
and	This line must be completed. If the result is less than \$25,000, see General Instruction B		4 5,531,459. ₀₀	
Revenues	5 Cost of goods sold • 5	00		
	6 Cost or other basis, and sales expenses of assets sold 6 6 5	,724.00		
	7 Total costs. Add line 5 and line 6		7 65,724. ₀₀	
	8 Total gross income. Subtract line 7 from line 4	•	8 5,465,735. ₀₀	
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	•	9 1,644,442. ₀₀	
LYPENSES	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8			
	11 Filing fee \$10 or \$25. See General Instruction F			
Filing	12 Total payments			
Fee	13 Penalties and Interest. See General Instruction J			
	14 Use tax. See General Instruction K			
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result			
Sign	it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare	r has any knowledge.	kilowiczyc alia bolici,	
Here	Title	Date	Telephone	
	Signature of officer			
	Date	Check if	PTIN	
	Preparer's signature	self-employed	P00869687	
Paid	Firm's name	F	• FEIN	
Preparer's	(or yours, if self-		34-1884125	
Use Only	employed) 3101 N. CENTRAL AVE., STE. 300		Telephone	
and address PHOENIX, AZ 85012 602-26				
	May the FTB discuss this return with the preparer shown above? See instructions	• X Y	es No	

3651114

022

MAIL TO: MAIL 10: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEB SITE ADDRESS:

ANNUAL **REGISTRATION RENEWAL FEE REPORT** TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored. http://ag.ca.gov/charities/

State Charity Registration Number: CT 58377	Check if:							
		Change of address						
ALCOR LIFE EXTENSION FOUNDATION Name of Organization	Ame	Amended report						
7895 EAST ACOMA DRIVE, #110	Corporate	or Organization No. 58377						
Address (Number and Street) SCOTTSDALE, AZ 85260-6916 City or Town, State and ZIP Code Federal Employer I.D. No. 23-7154039								
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts								
Gross Annual Revenue Fee Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	e				
				\$150 \$225 \$300				
PART A - ACTIVITIES								
For your most recent full accounting period (beginning 01/01/2011 ending 12/31/2011) list: Gross annual revenue \$ 5,447,800. Total assets \$ 20,874,943.								
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PER	RIOD OF THIS RE	PORT						
Note: If you answer "yes" to any of the questions below, you must attac								
and details for each "yes" response. Please review RRF-1 instruc	ctions for informa	ation requirea.	Yes	No				
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization								
and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?								
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?								
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?								
 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy. 								
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.								
During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.								
 During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred. 								
 Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. 								
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?				x				
Organization's area code and telephone number $480 - 905 - 1906$								
Organization's e-mail address								
l declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.								
Signature of authorized officer Printed Name	Tit	le Date						