# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Inspection

, 20

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning

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.

, 2010, and ending

Open to Public

В.			C Nan	ne of c	organization										D Emplo	yer ide	ntification	number		
<b>D</b> C		oplicable:	AI	COR	LIFE E	XTE	NSION	FOUND	ATION	Ī										
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	Term	inated	City	or tov	vn, state or co	untry,	and ZIP + 4													
	Amer		SC	OTT	SDALE,	ΑZ	85260-	6916							<b>G</b> Gross	receipts	\$	9,68	5,0	61.
		cation			and address				X MOR	E, CE	EO				H(a) Is this		return for	Ύe		No
	pend	ing			EAST AC							7. 8!	5260-	-6916	affiliat		s included?	Ye		⊢ <sub>No</sub>
$\overline{}$	Tax-e	xempt st			501(c)(3)	1	501(c) (	<i>,</i> "==			4947(a)			527	⊣ `′		a list. (see in			
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⋖ŏ	3	Numb	er of vo	oting i	members of	the g	overning b	ody (Par	t VI, line	1a) _							3		8	
ies	4				ndent voting			-		•							4		7	
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Act	6				olunteers (es												6		9	•
	7 a	Total o	gross u	nrela	ted business	reve	nue from I	Part VIII,	column	(C), line	12					[7	7a	-2	2,1	49.
					iness taxable											;	7b			0.
		8 Contributions and grants (Part VIII, line 1h)										Prior Ye	ar		Current	Year				
a	8	Contri	butions	and	grants (Part	VIII, I	line 1h)							$\neg \Box$	1,038	,123	3.	8,05	0,7	05.
Ž	9	Progra	am ser	vice r	evenue (Par	t VIII,	line 2g)				C	OPY F	OR		504	1,743	3.	1,14	8,1	49.
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œ	11				art VIII, colur									_		5,273			5,6	
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ben	10 a	Total f	soluliai Fundroi:	nunui nina a	raising fees ( expenses (P	raiti ort IV	oolumn (	(A), IIIC	F) .		12	212				<u> </u>	0.			
$\overline{\mathbf{x}}$	47														1,141	751	1	1,40	2 2	0.7
	17				Part IX, colui												_			
					dd lines 13-										1,709			1,99		
	19	Reven	iue ies	s exp	enses. Subt	act III	ne 18 from	iline 12			<del></del>				-38			7,20		<u> </u>
ts o														Беді	nning of Cur			End of		
Net Assets or Fund Balances	20			•	X, line 16)										9,362			6,39		
A P	21			•	rt X, line 26										8,945			8,72		
					l balances. S	Subtra	ct line 21	from line	20						416	5 <b>,</b> 74	/ .	7,67	4,8	09.
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	oarer	Firm's	name	<b>•</b>	CBIZ	MH	M, LLC								EIN	<b>▶</b> 3	34-1884			
Use	Only		addres	s 🕨			TRAL AVE		300 PHO	ENTY A	7. 85012				Phone no.		02-26		5	
May	the II				ırn with the													1		No
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Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III		X
		describe the organization's mission: CHEDULE O.		
2	the pric	e organization undertake any significant program services during the year which Form 990 or 990-EZ? "describe these new services on Schedule O.		Yes X No
3	service	e organization cease conducting, or make significant changes in how it conducts s?		. Yes X No
4	Describ	"describe these changes on Schedule O. be the exempt purpose achievements for each of the organization's three largest per 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required		
	allocati	ons to others, the total expenses, and revenue, if any, for each program service re	ported.	
4a		) (Expenses\$ <sub>1,016,065.</sub> including grants of \$	) (Revenue \$	5 <b>,</b> 750)
		OMOTE, FOSTER AND CONDUCT BASIC AND APPLIED RESEARCH		
		L AREAS OF THE LIFE EXTENSION SCIENCES INCLUDING, BUT		
		IMITED TO, CRYONICS, CRYOBIOLOGY, GERONTOLOGY,		
	MOLEC	ULAR ENGINEERING AND CELL REPAIR TECHNOLOGY.		
4b		)(Expenses\$including grants of \$ GAGE IN THE APPLICATION OF WHOLE-BODY CRYONIC	) (Revenue \$	1,142,881)
		NSION, NEUROPRESERVATION AND OTHER POSTMORTEM AND		
		ESERVATION TECHNIQUES AND TO PROVIDE THESE SERVICES TO		
		ENERAL PUBLIC.		
4c	(Code:	) (Expenses \$ including grants of \$	) (Revenue \$	)
	•			<del></del> ,
4d	Other p	program services. (Describe in Schedule O.)		
	(Expen	ses \$ including grants of \$ ) (Revenue \$	)	
4e	<u> </u>	rogram service expenses ► 1,292,072.	,	

Part	V 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? (see instructions)	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		
_	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			37
_	complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			Х
•	complete Schedule D, Part III	8		Λ
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, line 21; serve as a custodian for listed in Part X, line 21; serve as a custo			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Х	
40	Did the organization, directly or through a related organization, hold assets in term, permanent, or	9	Λ	
10	quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		21
• • •	VII, VIII, IX, or X as applicable.			
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
а	Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments—othersecurities in Part X, line 12 that is 5% or more	1 I u		
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? 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		Х
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 (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form			
	990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		X
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		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, 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		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a				
<b>-</b> 0 u	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	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	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
9	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
b	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	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>	- 50		
31	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<del></del>		
J2	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
J-	IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X	
а	Did the organization receive any payment from or engage in any transaction with a			
u	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
55	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	33		
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	-31		- /1
38	· · · · · · · · · · · · · · · · · · ·	38	Х	
	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O		22	(00.45)

Form **990** (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 45			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable 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 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3 a	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 authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	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 Accounts.	E -		v
	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 transaction?	5b		Λ
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c		
oa	organization solicit any contributions that were not tax deductible?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Ju		
~	gifts were not tax deductible?	6b		
7				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/11		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
10 -	against amounts due or received from them.)  Section 4047(a)(4) per exempt, charitable trusts, le the ergonization filing Form 000 in liquid Form 10413	122		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a		
ь 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		
u	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			
С	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b ISA	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2010) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI ....... Section A. Governing Body and Management Yes Nο 1a Enter the number of voting members of the governing body at the end of the tax year **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors or trustees, or key employees to a management company or other person? Χ 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members Χ of the governing body? Χ **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ a The governing body?....... 8b **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 10a Χ 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, Χ 10b affiliates, and branches to ensure their operations are consistent with those of the organization? 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the Χ 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? 12c describe in Schedule O how this is done Χ 13 13 Does the organization have a written whistleblower policy? Χ 14 14 Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ 15a The organization's CEO, Executive Director, or top management official Χ If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ with a taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure ▶ AZ,CA, 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 18 available for public inspection. Indicate how you make these available. Check all that apply. X Upon request X Own website Another's website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public.

State the name, physical address, and telephone number of the person who possesses the books and records of the

organization: ▶BONNIE MAGEE 7895 EAST ACOMA DRIVE, #110 SCOTTSDALE, AZ 85260-6916

JSA 0E1042 1.000

20

480-905-1906

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

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

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

Nours per   Nour	(A) Name and Title	(B) Average	Dog:	ion (c	(C		hat an-	lv)	( <b>D</b> ) Reportable	(E) Reportable	( <b>F)</b> Estimated
DIRECTOR   .50	Name and Title	hours per Week (describe hours for related organizations in Schedule	Individual trustee or director		Officer	Key employee	อ Mighest compensated employee	Former	compensation from the organization	compensation from related organizations	amount of other compensation from the organization and related
(2) SAUL KENT   DIRECTOR   .50 x   0.	(1) RAVIN JAIN										
DIRECTOR   .50 x   0 .		.50	Х						0.		
Director   .50 x   0.		.50	Х						0.		
(4) JAMES CLEMENT   DIRECTOR   .50 x	(3) RALPH MERKLE										
DIRECTOR   .50	DIRECTOR	.50	Х						0.		
DIRECTOR/CHAIRMAN   .50		.50	Х						0.		
(6) MICHAEL SEIDL       0.         DIRECTOR       .50 x       0.         (7) BRIAN WOWK       0.       0.         DIRECTOR       .50 x       0.         (8) TIM SHAVERS       0.       0.         DIRECTOR       .50 x       0.         (9) JENNIFER CHAPMAN       91,907.       8,092         (10) MICHAEL PERRY       40.00 x       91,907.       8,092         (10) MICHAEL PERRY       40.00 x       31,617.       4,646         (11)       (12)       (13)       (14)         (14)       (15)       (15)		.50	Х		Х				0.		
DIRECTOR   .50   X   0   0	(6) MICHAEL SEIDL										
DIRECTOR   .50 x   0.			Х						0.		
(8) TIM SHAVERS       0.         DIRECTOR       .50 X       0.         (9) JENNIFER CHAPMAN       40.00 X       91,907.       8,092         (10)MICHAEL PERRY       31,617.       4,646         (11)       31,617.       4,646         (12)       (13)       (14)         (15)       (15)       (15)			Х						0.		
(9) JENNIFER CHAPMAN EXEC DIR/PRESIDENT 40.00 X 91,907. 8,092 (10) MICHAEL PERRY SECRETARY/TREASURER 40.00 X 31,617. 4,646 (11) (12) (13) (14)	(8) TIM SHAVERS								0		
(10)MICHAEL PERRY SECRETARY/TREASURER 40.00 X 31,617.  (11)  (12)  (13)  (14)  (15)	(9) JENNIFER CHAPMAN		21		Х						8,092
SECRETARY/TREASURER   40.00   X   31,617.   4,646									,		,
		40.00			Х				31,617.		4,646
	(16)										

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees(continued)															
Name and title    Average   hours per week (describe hours for related organizations in Schedule O)   Name and title   (C)   (D)   (E)										(F) Estimated amount of other compensation from the organization and related organizations					
(17)															
(18)															
(19)															
(20)															
(21)															
(22)															
(23)															
(24)															
<u>(25)</u>															
<u>(26)</u>															
(27)															
(28)															
1b Sub-total c Total from continuation sheets to Part VII, Sec d Total (add lines 1b and 1c)	tion A					<b>&gt; &gt; &gt;</b>	123,524. 123,524.				2,738.				
Total number of individuals (including but not lim reportable compensation from the organization	nited to thos	se liste	ed abo	ve) v	vho re	ceiv		,000 in			., 750.				
<ul> <li>3 Did the organization list any former office employee on line 1a? If "Yes," complete Schede</li> <li>4 For any individual listed on line 1a, is the</li> </ul>	er, directo	or or ch ind	trusti ividuai	ee,	key e					3	es No				
the organization and related organizations individual	greater th	an \$	150,00	00?	If "Y	es,'	" complete Sched	ule J for s	such	4	X				
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5	X				
Section B. Independent Contractors															
1 Complete this table for your five highest compensation from the organization.	compensate	ed in	deper	dent	cont	ract	tors that received	I more tha	ın \$10	0,000 of	į.				
(A) Name and business add	ress						(B) Description of ser	vices	C	(C) Compensati	on				
						e li	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ ○								

Form **990** (2010)

orm 990 (2	•		23-7154039		Page
Part VII	Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta: under sections 512, 513, or 514
amounts amounts		359,677.			
and other similar amounts and other similar amounts and other similar amounts and other similar amounts	Government grants (contributions) 1e				
and oth	Noncash contributions included in lines 1a-1f: \$				
Program Service Revenue	Busin	ess Code			
2a	CRYOPRESERVATION INCOME 9000	· ·			
e p	COMPREHENSIVE MEMBER STANDBY INCOME 9000	· ·			
ž c		99 5,750	. 5,750.		
გ   d					
gran e	All all and a second a second and a second an				
P g	All other program service revenue L  Total. Add lines 2a-2f	1,148,149			
3	Investment income (including dividends, interest, and	1,110,111			
	other similar amounts)	79,714			79,71
4	Income from investment of tax-exempt bond proceeds				,
5	Royalties • • • • • • • • • • • • • • • • • • •				
		Personal			
6a	Gross Rents				
b	Less: rental expenses				
c	Rental income or (loss) -22,148.				
d	Net rental income or (loss)	-22,148	. 1.	-22,149.	
7a		Other			
b					
С	Gain or (loss) 67,928.				
d ع 8a	Net gain or (loss)	-67 <b>,</b> 928			-67,92
Other Revenue	events (not including \$ of contributions reported on line 1c).				
ב	See Part IV, line 18				
a ∣ ‡e	•				
Ō	Gross income from gaming activities.				
b	Less: direct expenses b				
10a	Gross sales of inventory, less	481.			
b c	Less: cost of goods sold		. 481.		
	Miscellaneous Revenue Busin	less Code			
11a	OTHER INCOME 9000	99 16,047			16,04
b					
С					
d	All other revenue				
е	Total. Add lines 11a-11d				
12	Total revenue. See instructions	9,205,020	1,148,631.		27,83

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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).

	o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D). Fundraising expenses
1			САРСИОСС	general expenses	схроневе
•	organizations in the U.S. See Part IV, line 21	2,500.	2,500.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	0.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	136,262.	109,010.	24,527.	2,725.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	381,586.	305,268.	68,786.	7,532.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	0.			
9	Other employee benefits	52,460.	39,368.	12,113.	979.
10	Payroll taxes	23,098.	18,478.	4,158.	462.
11	Fees for services (non-employees):				
a	Management	0.			
	Legal	345,901.		345,901.	
(	Accounting	33,500.		33,500.	
	Lobbying	24,000.	24,000.		
•	Professional fundraising services. See Part IV, line 17	0.			
,	Investment management fees	0.			
ç	Other	9,925.	2,640.	7,285.	
12	Advertising and promotion	41,372.	30,686.	10,172.	514.
13	Office expenses	169,329.	97,394.	71,935.	
14	Information technology	17,528.	14,022.	3,506.	
15	Royalties	0.			
16	Occupancy	79,878.	63,902.	15,976.	
17	Travel	7,185.	5,748.	1,437.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	60,694.	48,555.	12,139.	
23	Insurance	42,874.	3,873.	39,001.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)				
á	READINESS_EXPENSES	100,612.	100,612.		
-	PCT EXPENSES	63,991.	63,991.		
	TECHNICAL_ADVANCEMENTS	84,889.	84,889.		
	CRYOPRESERVATION	276,007.	276,007.		
•	BAD DEBT EXPENSE	43,237.		43,237.	
1	f All other expenses	2,475.	1,129.	1,346.	
25	Total functional expenses. Add lines 1 through 24f	1,999,303.	1,292,072.	695,019.	12,212.
26	Joint Costs. Check here   if following  SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

JSA 0E1052 1.000

# Form 990 (2010) Part X Balance Sheet

Ра	rt X	Balance Sheet			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	43,359.	1	351,343.
	2	Savings and temporary cash investments	3,865,571.	2	5,873,947.
	3	Pledges and grants receivable, net	24,623.	3	119,719.
	4	Accounts receivable, net	639,546.	4	367,850.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of			
		Schedule L	1,000.	5	0.
	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 employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net	258,574.	7	224,172.
SSI	8	Inventories for sale or use	44,643.	8	132,349.
٩	9	Prepaid expenses and deferred charges	,	9	·
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D   10a   1,439,745.			
	b	Less: accumulated depreciation 10b 878,759.	478,476.	10c	560,986.
	11	Investments - publicly traded securities	1,028,433.	11	5,552,932.
	12	Investments - other securities. See Part IV, line 11	392,583.	12	415,964.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,585,485.	15	2,799,221.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	9,362,293.	16	16,398,483.
	17	Accounts payable and accrued expenses	390,179.	17	77,752.
	18	Grants payable		18	
	19	Deferred revenue	6,674,239.	19	7,149,919.
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D	1,881,128.	21	1,496,003.
Liabilities	22	Payables to current and former officers, directors, trustees, key			
jab		employees, 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. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	8,945,546.	26	8,723,674.
es		Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34.			
Juc	27	Unrestricted net assets	416,747.	27	7,674,809.
3alį	28	Temporarily restricted net assets		28	
βĒ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ίÀ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	416,747.	33	7,674,809.
	34	Total liabilities and net assets/fund balances	9,362,293.	34	16,398,483.

Form **990** (2010)

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Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				X	<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,2	05,0	020.
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,9	99,3	303.
3	Revenue less expenses. Subtract line 2 from line 1	3		7,2	05,7	717.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4	16,	747.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			52,3	345.
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		7,6	74,8	309.
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				103	140
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
b				2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight or	f	• • •			
	the 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 Schedule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were					
	issued 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 Single Audit Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b		

Form **990** (2010)

#### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

2010

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

**Employer identification number** 

AL	COR	LIFE EXTENSION	N FOUNDATION							23	-7154039
Pa	rt I	Reason for Pub	lic Charity Statu	s (All organizations mus	st com	plete	this pa	ırt.) Se	e instru	uctions	
The	orga	nization is not a priva	ite foundation beca	use it is: (For lines 1 through	gh 11,	check	only on	e box.)			
1	Ш	A church, conventio	n of churches, or a	ssociation of churches des	scribed	in s	ection	170(b)(1	1)(A)(i).		
2		A school described	in section 170(b)(	1)(A)(ii). (Attach Schedule	e E.)						
3	Ш	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research	h organization op	erated in conjunction wi	th a h	ospita	l descri	bed in	section	n 170(b	)(1)(A)(iii). Enter the
		hospital's name, city									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6	Щ		_	governmental unit describ							
7	Χ	•	-	es a substantial part of its	s supp	ort fro	m a go	vernme	ntal un	it or fro	om the general public
		described in sectio									
8	Щ			on 170(b)(1)(A)(vi). (Com							
9		=	-	es: (1) more than 33 1/3 %							
		•		exempt functions - subj			-				
				ome and unrelated busing				-		า 511	tax) from businesses
				e 30, 1975. See <b>section</b>			-		-		
10	Щ		•	ed exclusively to test for pu		•					
11		-	-	ated exclusively for the			-				=
				pported organizations de					-		
				es the type of supporting	-			-	lines 11		-ī
_		a Type I	<b>b</b> Type				ally inte	-		d	Type III - Other
е			=	the organization is not			-		-	-	
				gers and other than one	01 1110	re pub	liciy su	pported	organi	izalions	described in section
f		509(a)(1) or section		n determination from the	, IDC	that it	ic o T	vno I T	Type II	or Typ	o III supporting
		organization, check		i determination nom the	5 1110	liiat it	is a i	ype i, i	ype II,	ог тур	e iii supporting
		_		zation accepted any gift or	contril	oution	from an	v of the			
g	l	following persons?	700, mas the organi.	zation accepted any gift of	COITLIN	Julion	iioiii aii	y or the			,
		= :	directly or indire	ctly controls, either alon	e or t	ogethe	r with	nerson	s desci	rihed in	(ii) Yes No
			=	ly of the supported organi		-		рогооп	o 4000.		11g(i)
		(ii) A family memb									11g(ii)
		• •	•	n described in (i) or (ii) abo	ove?						11g(iii)
h	)	• •	• •	the supported organization							
	(i) N	ame of supported	(ii) EIN	(iii) Type of organization		Is the	(v) Did y	ou notify	(vi)	ls the	(vii) Amount of
		organization (described on lines 1-9						nization		ation in	support
				above or IRC section (see instructions))	your go	listed in verning ment?		. (i) of upport?		rganized U.S.?	
					Yes	No	Yes	No	Yes	No	
(A)											
( <del>/</del> ,											
(B)											
(C)											
(D)											
(E)											
Tota	al										

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

Schedule A (Form 990 or 990-EZ) 2010

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	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	974,716.	754,120.	1,129,091.	1,038,123.	8,050,705.	11,946,755.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	974,716.	754,120.	1,129,091.	1,038,123.	8,050,705.	11,946,755.
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)						828,406.
6	Public support. Subtract line 5 from line 4.						-
	tion B. Total Support						11,118,349.
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	974,716.	754,120.	1,129,091.	1,038,123.	8,050,705.	11,946,755.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	184,958.	316,437.	37,589.	80,038.	79,714.	698,736.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		10,262.	29,383.	13,188.	0.	52,833.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATCH. 1	66,945.	4,914.	6 <b>,</b> 589.	9,764.	16,047.	104,259.
11	<b>Total support.</b> Add lines 7 through 10						12,802,583.
12	Gross receipts from related activities, etc. (see	ee instructions) .				12	2,694,678.
13	<b>First five years.</b> If the Form 990 is forganization, check this box and <b>stop here</b>	<u></u>					
Sec	tion C. Computation of Public Sup						06.04
14	Public support percentage for 2010 (line	. ,	•	column (f))		14	86.84 %
15	Public support percentage from 2009 So					15	64.81 %
16a	33 1/3 % support test - 2010. If the o						
	this box and <b>stop here</b> . The organization						
b	33 1/3 % support test - 2009. If the o						
	check this box and <b>stop here</b> . The orga	-					
17a	10%-facts-and-circumstances test - 2						
	or more, and if the organization me					-	•
	Part IV how the organization meets t			_	-		ipported
	organization						▶ □
b	10%-facts-and-circumstances test - 2	_					
	15 is 10% or more, and if the organization in Part IV how the organization						-
	Explain in Part IV how the organization				-	•	publicly
18	supported organization  Private foundation. If the organizatio	n did not chec	k a box on line	13, 16a, 16b,	, 17a, or 17b,	check this box	
	instructions	<u> </u>				shedule A /Form 00	

Schedule A (Form 990 or 990-EZ) 2010 23-7154039 Page **3** 

## 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.)

Sec	tion A. Public Support						
C	alendar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(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 performed, 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 business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	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						
•	Add lines 7a and 7b						
R	Public support (Subtract line 7c from						
·	line 6.)						
Sec	tion B. Total Support						
	alendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
• •	activities not included in line 10b,						
	whether or not the business is regularly						
40	carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	the organization	l 's first second	third fourth or	fifth tax vear a	as a section 501	(c)(3)
• •	organization, check this box and <b>stop here</b>	ŭ			•		` ` `
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2010 (line 8, co			(f))		15	%
16	Public support percentage from 2009 Schedu	ule A, Part III, line	15			16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2010 (lir			, column (f))		17	%
18	Investment income percentage from 2009					18	%
	33 1/3 % support tests - 2010. If the org						
	17 is not more than 331/3 %, check thi						
b	33 1/3 % support tests - 2009. If the orga	-	-	-		• • • •	
	line 18 is not more than 33 1/3 %, check						
20	Private foundation. If the organization		•	•	. ,		

JSA 0E1221 1.000

23-7154039

Schedule A (Form 990 or 990-EZ) 2010 Page **4** 

**Part IV** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

					ATTACHMENT 1				
SCHEDULE A, PART II - OTHER INCOME									
DESCRIPTION	2006	2007	2008	2009	2010	TOTAL			
OTHER INCOME	66,945.	4,914.	6,589.	9,764.	16,047.	104,259.			
TOTALS	66,945.	4,914.	6,589.	9,764.	16,047.	104,259.			

#### Schedule B

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

OMB No. 1545-0047

2010

**Schedule of Contributors** (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Name of the organization		Employer identification number
ALCOR LIFE EXTENS	ON FOUNDATION	
		23-7154039
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\overline{X}$ 501(c)( $3$ ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a pri	vate foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private for	oundation
	501(c)(3) taxable private foundation	
property) from ar	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,0 ny one contributor. Complete Parts I and II.	000 or more (in money or
Special Rules		
sections 509(a)(2	I(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % sult) and 170(b)(1)(A)(vi), and received from any one contributor, during the ,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form	year, a contribution of the
the year, aggregation	I(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from the contributions of more than \$1,000 for use exclusively for religious, coses, or the prevention of cruelty to children or animals. Complete Parts I	charitable, scientific, literary, or
the year, contribution aggregate to most year for an exclusion applies to this organization.	I(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from tions for use exclusively for religious, charitable, etc., purposes, but these teres than \$1,000. If this box is checked, enter here the total contributions the sively religious, charitable, etc., purpose. Do not complete any of the particular of the parti	se contributions did not at were received during the s unless the General Rule ontributions of \$5,000 or more
<b>Caution.</b> An organization th 990-EZ, or 990-PF), but it	nat is not covered by the General Rule and/or the Special Rules does not must answer "No" on Part IV, line 2 of its Form 990, or check the box on a certify that it does not meet the filing requirements of Schedule B (Form	file Schedule B (Form 990, line H of its Form 990-EZ, or on

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) (2010)

Name of organization ALCOR LIFE EXTENSION FOUNDATION

Employer identification number 23-7154039

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
1 _		\$307,530.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
2 _		\$6,934,268.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

#### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. OMB No. 1545-0047 Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nam	e of organization	·		Employer identi	fication number					
ALC	COR LIFE EXTENSION FO	OUNDATION		23-715	54039					
Pa	rt I-A Complete if the or	rganization is exempt under se	ction 501(c) or is	a section 527 organi	zation.					
1 2 3	Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV.  Political expenditures   Volunteer hours									
Pa	art I-B Complete if the organization is exempt under section 501(c)(3).									
1 2 3 4a b	Enter the amount of any exci If the organization incurred a Was a correction made? If "Yes," describe in Part IV.	se tax incurred by the organization use tax incurred by organization manasection 4955 tax, did it file Form 472	agers under section 4 20 for this year?							
	•	rganization is exempt under se	. ,,	. ,,,,						
2 3 4 5	527 exempt function activities  Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  Yes No									
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0					
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										

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

Schedule C (Form 990 or 990-EZ) 2010

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Sch	nedule C (Form 990 or 990-EZ) 2010				23-71	54039	F	⊃age <b>2</b>
P	art II-A Complete if the org section 501(h)).	anization i	s exem <sub>l</sub>	ot under section 5	601(c)(3) and fil	ed Form 5768 (elec	tion under	
				an affiliated group ox A and "limited c		ns apply.		
	Limits (The term "expendite	on Lobbyin ures" means				(a) Filing organization's totals	(b) Affiliated group totals	
1 a	Total lobbying expenditures to in	fluence publ	ic opinior	n (grass roots lobbyir	ıg)			
b	Total lobbying expenditures to in	ifluence a leg	gislative b	ody (direct lobbying)				
C	: Total lobbying expenditures (add	d lines 1a and	d 1b)					
d	I Other exempt purpose expenditu	ıres						
е	Total exempt purpose expenditu	res (add line	s 1c and	1d)				
f	Lobbying nontaxable amount. Er columns.	both						
	If the amount on line 1e, column (a)	or (b) is: Th	e lobbying	g nontaxable amount is	s:			
	Not over \$500,000	20	% of the a	mount on line 1e.				
	Over \$500,000 but not over \$1,000,0	000 \$1	00,000 plu	is 15% of the excess ov	ver \$500,000.			
	Over \$1,000,000 but not over \$1,500	),000 \$1	75,000 plu	is 10% of the excess ov	ver \$1,000,000.			
	Over \$1,500,000 but not over \$17,00	00,000 \$2	25,000 plu	is 5% of the excess over	er \$1,500,000.			
	Over \$17,000,000		,000,000.					
9	•							
h	Subtract line 1g from line 1a. If z							
i								
j	If there is an amount other than :			_		, •		٦
	section 4911 tax for this year?						Yes	No
		ions that ma mns below.	de a sec	nstructions for lines	do not have to co s 2a through 2f o			
		Lobbyii	ng Expen	ditures During 4-Ye	ar Averaging Pei	7100	1	
	Calendar year (or fiscal year beginning in)	(a) 2007	7	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	(e) Total	
2 a	Lobbying nontaxable amount							
_b	Lobbying ceiling amount (150% of line 2a, column (e))							
c	: Total lobbying expenditures							
_d	Grassroots nontaxable amount							
е	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 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)).

		(8	a)	(b)		
		Yes	No	Ar	nount	
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?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X			
b	· · · · · · · · · · · · · · · · · · ·	X	37			
c d	Media advertisements?  Mailings to members, legislators, or the public?		X			
e	Dublications on published an horadout statement of		X			
f	Grants to other organizations for lobbying purposes?		X			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х			
i	Other activities? If "Yes," describe in Part IV	Х			24	,000.
j	Total. Add lines 1c through 1i				24,	,000.
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х			
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	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?		Х			
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	c)(5),	or se	ction		
	501(c)(6).					Τ
1	Were substantially all (90% or more) dues received nondeductible by members?			1	Yes	No
2	Did the organization make only in bound labbuing expanditures of \$2,000, or loss?			۱ ۵	_	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			—	_	
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)					
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, I					
	"Yes."					
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	politic	al			
	expenses for which the section 527(f) tax was paid).					
а	Current year			2a		
b	Carryover from last year			2b		
С	Total			2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	_		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible le					
	and natitical assemblished natives and seed	_		4		
5	Taxable amount of lobbying and political expenditures (see instructions)			5		
	t IV Supplemental Information					
Con	nplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-Co, complete this part for any additional information.	, line	5; and	d Part II-B	, line 1i.	
LOI	BBYIST					
SCI	HEDULE C, PART II-B, LINE 1I					
חנות	T ODCANTANTON ENCACED THE CEDVICES OF THE AADONS COMPANY TO WATCH	EOD				
	E ORGANIZATION ENGAGED THE SERVICES OF THE AARONS COMPANY TO WATCH	FUK				
ANY	Y LEGISLATIVE ACTIVITY THAT MAY AFFECT ALCOR AND TO MEET WITH					
LEC	GISLATORS TO EDUCATE THEM ABOUT ALCOR'S PROGRAM.					

Schedule C (Form 990 or 990-EZ) 2010

Supplemental Information (continued)

Part IV

Page 4

### **SCHEDULE D** (Form 990)

# **Supplemental Financial Statements**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

**Open to Public** Inspection

Name	of the organization		Employer identification number
ALC	COR LIFE EXTENSION FOUNDATION		23-7154039
Pa	Organizations Maintaining Donor Advised Funds organization answered "Yes" to Form 990, Part IV,		or AccountsComplete if the
		Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
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 writing	g that the assets held in dong	or advised
6	funds are the organization's property, subject to the organization's Did the organization inform all grantees, donors, and donor advisor	exclusive legal control?	Yes . No
Ū	used only for charitable purposes and not for the benefit of the do		
Pai	t II Conservation Easements. Complete if the organiza	ation answered "Yes" to F	orm 990. Part IV. line 7.
1	Purpose(s) of conservation easements held by the organization (c		
•	Preservation of land for public use (e.g., recreation or educa		of an historically important land area
	Protection of natural habitat	, I I	of a certified historic structure
	Preservation of open space	- Fieservation	or a scrimed motoric structure
2	Complete lines 2a through 2d if the organization held a qualified or	onservation contribution in th	e form of a conservation
_	easement on the last day of the tax year.		o ioiii oi a conscivation
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic structure		
d	Number of conservation easements included in (c) acquired after to	* *	
<b>u</b>	historic structure listed in the National Register		_   2d
3	Number of conservation easements modified, transferred, release		
	tax year	, ,	, ,
4	Number of states where property subject to conservation easemer	nt is located ▶	
5	Does the organization have a written policy regarding the periodic		
	violations, and enforcement of the conservation easements it hold	- · · · · · · · · · · · · · · · · · · ·	_
6	Staff and volunteer hours devoted to monitoring, inspecting, and e	nforcing conservation easem	nents during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, and enforce	cing conservation easements	during the year
	►\$		
8	Does each conservation easement reported on line 2(d) above sa	tisfy the requirements of sect	ion 170(h)(4)(B)
	(i) and 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation ea	asements in its revenue and	expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to	the organization's financial	statements that describes the
	organization's accounting for conservation easements.		
Pai	Organizations Maintaining Collections of Art, His Complete if the organization answered "Yes" to For	torical Treasures, or Oth m 990, Part IV, line 8.	ner Similar Assets.
1a	If the organization elected, as permitted under SFAS 116 (AS works of art, historical treasures, or other similar assets hel	C 958), not to report in its	revenue statement and balance sheet
L	public service, provide, in Part XIV, the text of the footnote to its	financial statements that de	escribes these items.
b	If the organization elected, as permitted under SFAS 116 (A works of art, historical treasures, or other similar assets hel public service, provide the following amounts relating to these it	d for public exhibition, ed	
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical		
	following amounts required to be reported under SFAS116 (AS		
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

Par	t III Organizations Maintaining Coll	ections of Art, H	istorical	Treasures	, or O	ther Similar <i>A</i>	Assets(c	continued)	
3	Using the organization's acquisition, acce	ssion, and other re	ecords, ch	neck any of	the fol	llowing that a	re a sign	ificant use	of its
	collection items (check all that apply):								
а	Public exhibition	d		Loan or exch					
b	Scholarly research	е		Other					
С	Preservation for future generations								
4	Provide a description of the organization's XIV.	s collections and e	explain ho	w they furth	ner the	organization's	exempt	purpose ii	n Part
5	During the year, did the organization solicit assets to be sold to raise funds rather than						_	Yes	No
Par	Escrow and Custodial Arrange line 9, or reported an amount on				answei	red "Yes" to F	orm 990		
1a	Is the organization an agent, trustee, custo	dian or other intermo	ediary for	contributions	or othe	er assets not			
	included on Form 990, Part X?						[	Yes	X No
b	If "Yes," explain the arrangement in Part XI	and complete the	following t	able:					
						Ar	nount		
С	Beginning balance			[	1c				
d	Additions during the year			[	1d				
е	Distributions during the year			[	1e				
f	Ending balance			[	1f				
2a	Did the organization include an amount on	Form 990, Part X, I	ine 21?				[	X Yes	No
b	If "Yes," explain the arrangement in Part XI	<b>V</b> .							
Par	t V Endowment Funds. Complete if	organization ans	wered "Y	es" to Forr	n 990,	Part IV, line	10.		
	<b>(a)</b> Cu	rrent year (b) Pri	ior year	(c) Two year	rs back	(d) Three yea	rs back	(e) Four year	rs back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities .								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the y		d as:						
а	Board designated or quasi-endowment	%							
b	Permanent endowment ▶ %	)							
	Term endowment ▶%								
3a	Are there endowment funds not in the pos	session of the orgar	nization the	at are held a	nd adm	inistered for the	Э		
	organization by:							Yes	No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizati or	•						3b	
4	Describe in Part XIV the intended uses of t								
Par	t VI Land, Buildings, and Equipmen	ntSee Form 990,	Part X, li	ne 10.					
	Description of investment	(a) Cost or other bas (investment)	sis (b) C	ost or other bas (other)		) Accumulated depreciation	(0	l) Book value	
1a	Land								
b	Buildings								
С	Leasehold improvements			281,05	8.	83 <b>,</b> 753.		197,	305.
d	Equipment			1,158,68	7.	795,006.		363,	681.
е	Other								
Tota	I. Add lines 1a through 1e. (Column (d) mus	t equal Form 990, P	art X, colu	ımn (B), line	10(c).)	▶		560,	986.

Schedule D (Form 990) 2010

Part VII	Investments - Other Securities. See Fo	orm 990, Part X, line	e 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1) Financia	al derivatives			
	-held equity interests			
<u>(A)</u>				
<u>(B)</u>				
<u>(C)</u>				
<u>(D)</u>				
<u>(E)</u> (F)				
<u>(i'</u> ) (G)				
(H)				
(I)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII		orm 990, Part X, lin	e 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, lii	ne 15.		
		Description		(b) Book value
(1) INSU	RANCE POLICIES			2,799,221.
(2)				
(3)				
_(4)				
_(5)				
(6)				
(7)				
(8)				
(9)				
(10)	n (b) must equal Form 990, Part X, col. (B) line 15.)			2,799,221.
Part X	Other Liabilities. See Form 990, Part X	line 25		2,799,221.
1.	(a) Description of liability	( <b>b</b> ) Amount		
	ral income taxes	(0) 1 2		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
_(9)				
(10)				
(11)				
Total. (Colur	mn (b) must equal Form 990, Part X, col. (B) line 25.)	<b>&gt;</b>		

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

PAGE 25

	Lile D (Form 990) 2010 23 - 7134039		Page 4
Part		_	
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		3	
4		4	
5		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	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu	ırn	
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:	-	
а	Net unrealized gains on investments 2a		
b			
С	B		
d			
e		2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	٠ ا	
a b		$\dashv$	
5	Add lines <b>4a</b> and <b>4b</b> Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re		
	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
1	Total expenses and losses per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a		_	
b	· · · · · · · · · · · · · · · · · · ·	_	
С		_	
d	` '	_	
е		. 2e	
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	'	_	
b	Other (Describe in Part XIV.)	_	
С	Add lines 4a and 4b	. 40	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
Part	XIV Supplemental Information		
Part \	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compleadditional information.	te thi	s part to provide
SCH	EDULE D, PART IV, LINE 2B		
LIF	E INSURANCE		
THE	ORGANIZATION RECORDS THE ALCOR MEMBERS' PREPAYMENT FOR		
CRY	OPRESERVATION IN AN ESCROW ACCOUNT. THE ACCOUNT IS THEN USED AT TIME		
OF_	DEATH FOR CRYOPRESERVATION SERVICES AND RECORDED AS PROGRAM REVENUE.		

Part XIV Supplemental Information (continued)

Schedule D (Form 990) 2010

#### **SCHEDULE F** (Form 990)

# **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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Form 990, Part IV, line 14b.

Part I

Inspection Employer identification number

ALCOR LIFE EXTENSION FOUNDATION 23-7154039 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to

1	For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes X No												
2	<b>For grantmakers.</b> Describe in Pounited States.	art V the organ	nization's proce	dures for monitoring the	use of grant funds outside	de the							
3	Activities per Region. (The following	ng Part I, line 3	table can be di	uplicated if additional space	e is needed.)								
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region							
(1)	EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	MEMBERSHIP DUES	0.							
(2)	NORTH AMERICA	0.	0.	PROGRAM SERVICES	MEMBERSHIP DUES	0.							
(3)	SOUTH AMERICA	0.	0.	PROGRAM SERVICES	MEMBERSHIP DUES	0.							
(4)	EUROPE	0.	0.	PROGRAM SERVICES	MEMBERSHIP DUES	0.							
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													
(17)	Sub total	_											
3a b	Sub-total  Total from continuation sheets to Part I	0.	0.			0.							
c	Totals (add lines 3a and 3h)	0	0			0							

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

Schedule F (Form 990) 2010

Part II	Grants and Other Assista Part IV, line 15, for any re- Part II can be duplicated if	cipient who receive	d more than \$5,000. C					Yes" to Form	990, <b>►</b> □
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(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)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
by t	er total number of recipient organi he IRS, or for which the grantee o er total number of other organizati	or counsel has provide	ed a section 501(c)(3) equi	ivalency letter			<b>&gt;</b>		
<u>J</u> EIIU	or total number of other organizati	iona di chililea					🚩	Schedule F (	Form 990) 2010

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)
_ (1)							
_(2)							
_(3)							
_(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
<u>(10)</u>							
<u>(11)</u>							
(12)							
<u>(13)</u>							
(14)							
<u>(</u> 15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2010 Page **4** 

# 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? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (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? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X	No

Schedule F (Form 990) 2010

#### Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

FOREIGN ACTIVITIES

PART I, LINE 3

SOME MEMBERS OF THE ORGANIZATION ARE LOCATED OUTSIDE THE UNITED STATES.

LIKE ALL MEMBERS, THEY PAY DUES TO BE ENROLLED IN OUR CRYOPRESERVATION

PROGRAM. AT LEGAL PRONOUCEMENT OF DEATH, ONE OF OUR TEAMS WILL BE

DISPATCHED TO WHEREVER A MEMBER IS WORLDWIDE TO BEGIN THE PROCESS OF

CRYOPRESERVATION INCLUDING STABILIZING THE BODY FOR TRANSPORT TO OUR

FACILITIES IN ARIZONA. IN 2010, THE ORGANIZATION DID NOT INCUR ANY

SUBSTANTIAL COSTS RELATED TO OUR FOREIGN ACTIVITIES. WE DID, HOWEVER,

RECEIVE \$41,085 IN MEMBERSHIP DUES FROM FOREIGN MEMBERS.

#### 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.

OMB No. 1545-0047

2010

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Inspection | Employer identification number

OR LIFE EXTENSION FOUNDATION					2	3-715	54039	9			
						, Part \	/, line	40b.			
(a) Name of disqualified person			(	(b) Description of	f transactio	n			(c)	Correct	ed?
(a) italiio oi alequaliioa pereeli			<u> </u>	(2) 2000p					Ye	es N	0
											_
											_
											_
											_
											_
Enter the amount of tay imposed on the argo	nizotion	manaa	ore or disqualified as	araana during th	20 V00r						_
		_		_	-		Φ.				
							Ψ –				-
Effect the amount of tax, if arry, of time 2, abo	, reiiii	Juiscu	by the organization			,	Ψ_				-
Loans to and/or From Interested	Person	s.									_
			990, Part IV, line 26,	, or Form 990-E	Z, Part V	, line 3	8a.				
(a) Name of interested person and purpose	(b)	oan to or from	(c) Original	(d) Balance	due (e)	n default	? <b>(f)</b> An	proved	(a) W	/ritter	·
(a) Hamo of interested person and parpose			principal amount	(4) 24.4.100	(0)		by bo	oard or		agreement	
							comn	nittee?			
	To	Fron	n		Ye	s No	Yes	No	Yes	No	,
											_
											_
											_
											_
											_
											_
											_
		+									_
											_
											_
III Grants or Assistance Benefiting	Interes	od Pa	reone	<u> </u>							_
· •					(c) Amo	unt and	tvpe o	f assist	tance		_
(,,	(-,		organization		(-)		71				
											_
											_
											_
											_
	Complete if the organization answered (a) Name of disqualified person  Enter the amount of tax imposed on the organization answered (a) Name of interested person and purpose  III Loans to and/or From Interested Complete if the organization answered (a) Name of interested person and purpose	Excess Benefit Transactions (section 501(c Complete if the organization answered "Yes" on (a) Name of disqualified person  Enter the amount of tax imposed on the organization under section 4958 Enter the amount of tax, if any, on line 2, above, reiml  Loans to and/or From Interested Person Complete if the organization answered "Yes" on (a) Name of interested person and purpose  (b) (b) (b) (b) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Excess Benefit Transactions (section 501(c)(3) and Complete if the organization answered "Yes" on Form 9  (a) Name of disqualified person  Enter the amount of tax imposed on the organization managunder section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed  Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form  (a) Name of interested person and purpose  (b) Loan to or from the organization?  To From  To From  Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form	Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) of Complete if the organization answered "Yes" on Form 990, Part IV, line 25a (a) Name of disqualified person  Enter the amount of tax imposed on the organization managers or disqualified person under section 4958  Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 26  (a) Name of interested person and purpose  (b) Loans to and/or From  To From  Pagentzation  (c) Original principal amount principal pr	Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations or Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form (a) Name of disqualified person (b) Description of (c) Description of (d) Description of (d) Description of (e) Description of (e) Description of (e) Description of (e) Description of (f) Descripti	Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).  Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ  (a) Name of disqualified person  (b) Description of transaction  (b) Description of transaction  (b) Description of transaction  (c) Description of transaction  Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V  (a) Name of interested person and purpose  (b) Laans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V  (a) Name of interested person and purpose  (b) Laans to Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V  Ye  To From  Ye  Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person and the (c) Amol	Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).  Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V  (a) Name of disqualified person  (b) Description of transaction  Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958  Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 3  (a) Name of interested person and purpose  (b) Individual principal amount  To From  Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 3  (c) Original principal amount  To From  Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person and the (c) Amount and	Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).  Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line  (a) Name of disqualified person  (b) Description of transaction  Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958  Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.  (a) Name of interested person and purpose  (b) Interested person and purpose  (c) Original principal amount  (d) Balance due  (e) In defaut?  (f) Apply by the composition of transaction  Yes No Yes  Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person and the  (c) Amount and type of the properties of the organization and the principal person and the the properties of t	Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).  Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.  (a) Name of disqualified person  (b) Description of transaction  Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958  Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.  (a) Name of interested person and purpose  (b) Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.  (a) Name of interested person and purpose  (b) Loans to and/or From 990-EZ, Part V, line 38a.  (c) Original principal amount  (d) Balance due  (e) In defaultr  (f) Approved by board or committee?  Yes No Yes No  To From  From Ps S  Grants or Assistance Benefitting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person and the (c) Amount and type of assis	Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).  Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.  (a) Name of disqualified person  (b) Description of transaction  (c) Description of transaction  (b) Description of transaction  (c) Description of transaction  (d) Balance due (e) in default? (f) Approved (f) Ap	Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).  Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.  (a) Name of disqualified person  (b) Description of transaction  (c) Ormanization of transaction  (d) Description of transaction  (e) Interest the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958  Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  (a) Name of interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.  (a) Name of interested person and purpose  (b) Description of transaction  (c) Ormanization during the year under section 4958  (c) Original principal amount princ

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

Schedule L (Form 990 or 990-EZ) 2010

Schedule L (Form 990 or 990-EZ) 2010 Page **2** 

#### 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 and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) 21ST CENTURY MEDICINE, SAUL KENT	COMMON OFFICER	59,253.	LICENSING AND PRODUCTS		Х
(2)					
(3)					
(4)					
(5)					
(6)					
(6) (7)					
(8)					
(9)					
(10)					

#### Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

#### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number 23-7154039

ORGANIZATION'S MISSION

FORM 990, PART III, LINE 1

ALCOR LIFE EXTENSION FOUNDATION

THE PRESERVATION OF INDIVIDUAL LIVES, TO BE SOUGHT THROUGH THE FOLLOWING PRIORITIZED LIST OF FUNDAMENTALS: MAINTAIN THE CURRENT PATIENTS IN BIOSTASIS, PLACE CURRENT AND FUTURE MEMBERS INTO BIOSTASIS (WHEN AND IF NEEDED), EVENTUALLY RESTORE HEALTH TO ALL PATIENTS IN ALCOR'S CARE, 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.

GOVERNMENT, MANAGEMENT AND DISCLOSURE

FORM 990, PART VI

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.

LINE 15:

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

LINE 19:

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE OR UPON REQUEST.

Schedule O (Form 990 or 990-EZ) 2010 Page **2** 

Name of the organization

ALCOR LIFE EXTENSION FOUNDATION

23-7154039

PART XI

LINE 5: OTHER CHANGES IN NET ASSETS

UNREALIZED GAINS ON INVESTMENT \$127,653

ACQUISITION OF NON-CONTROLLING INTEREST ( 120,444)

CHANGE IN INVESTMENT, CRYONICS PROPERTY, LLC 45,136

-----

\$ 52,345

#### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047
2010

Department of the Treasury Internal Revenue Service lacktriangle Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Attach to Form 990.

➤ See separate instructions.

Open	to	Pu	bli
Ins	pe	ctio	n

Name of the o	'	Employer identification number							
ALCOR I	JIFE EXTENSION FOUNDATION						23-71	54039	
Part I	Identification of Disregarded Entities (Complete if the	ne organizatior	n ansv	wered "Yes" on	Form 990, Part	IV, line 33.)			
	(a) Name, address, and EIN of disregarded entity		(b) Primary ad		(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Direct cor	ntrolling
_(1)									
_(2)									
_(3)									
_(4)									
<u>(5)</u>									
_(6)									
Part II	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during t	(Complete if the tax year.)	he or	ganization ansv	vered "Yes" on F	orm 990, Part IV	, line 34 becaus	se it had	
	(a) Name, address, and EIN of related organization	(b) Primary activit	у	(c) Legal domicile (state or foreign country)		(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
								Yes	No
_(1)									
_(2)									
_(3)									
_(4)									

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

Schedule R (Form 990) 2010

23-7154039 Page 2

Schedule R (Form 990) 2010 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 Part III because it had one or more related organizations treated as a partnership during the tax year.) (b) Primary activity (e) Predominant (g) (h) (j) (k) Name, address, and EIN Direct controlling Lègal Share of total Share of end-of-year Code V-UBI Percentage General or Disproportionate income (related, domicile entity income of assets amount in box 20 managing ownership unrelated, excluded from related organization (state or partner? foreign Schedule K-1 tax under sections 512-514) country) (Form 1065) Yes No Yes No (1) CRYONICS PROPERTY 86-0740606 7895 E. ACOMA DRIVE, #110 RENTAL N/A UNRELATED -21,755. 415,964. 84.0580 ΑZ (7)

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

				, ,			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

# Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
	During the tax year, did the organization engage in any of the following transactions with one or more related organization	rganizations listed ir	n Parts II–IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	Х	
	Gift, grant, or capital contribution to other organization(s)				1b		Χ
	Gift, grant, or capital contribution from other organization(s)				1c		Χ
	Loans or loan guarantees to or for other organization(s)				1d	Х	
	Loans or loan guarantees by other organization(s)				1e		Χ
	(4)						
f	Sale of assets to other organization(s)				1f		Χ
a	Purchase of assets from other organization(s)				1g		Χ
h	Exchange of assets				1h		Х
i	Lease of facilities, equipment, or other assets to other organization(s)				1i		Χ
•	2000 of Idollidoo, equipment, of other decode to other organization(o)						
i	Lease of facilities, equipment, or other assets from other organization(s)				1j	Х	
-	Performance of services or membership or fundraising solicitations for other organization(s)				1k		Χ
ı	Performance of services or membership or fundraising solicitations by other organization(s)				11		Х
ı m	Sharing of facilities, equipment, mailing lists, or other assets				1m		Х
					1n		X
п	Sharing of paid employees						
_	Daimh, was an and to other consultation for a was a				10		Х
0	Reimbursement paid to other organization for expenses				1p		X
р	Reimbursement paid by other organization for expenses				IP		
	Others have after a force by an appropriate to a the second size of the second sinterest size of the second size of the second size of the second				1q		Х
q	Other transfer of cash or property to other organization(s)				1r		X
<u>-</u> '	Other transfer of cash or property from other organization(s)						- 21
	(a)	(b)		nesnoids.	(d)		
	Name of other organization	Transaction	(c) Amount involved	Method o		mining	3
		type (a-r)		amou	nt invol	lved	

	(a)  Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	CRYONICS PROPERTY LLC	A/D	24,309.	
(2)	CRYONICS PROPERTY LLC	J	79,878.	
(3)				
(4)				
(5)				
(6)				

### Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on 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.

Primary activity	Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
		Yes	No		Yes	No	(1 01111 1003)	Yes	No
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			organi Yes	organizations? Yes No	organizations? Yes No  -	resulting organizations?  Yes  No  Yes	Organizations?   Yes   No   Yes   No	Organizations?   Yes   No   Yes   No   (Form 1065)	

Schedule R (Form 990) 2010

Page 5

Schedule R (Form 990) 2010

# Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Department of the Treasury	Exem				e Tax Return(and pr		I	2M1N				
nternal Revenue Service		For calendar year 2010 or other tax year beginning, 2010, and ending , 20 . See separate instructions.						Open to Public Inspection for 501(c)(3) Organizations Only				
Check box if		Name of organization (		x if nan	ne changed and see instruc		D Emplo	oyer identification number				
address change	ed						(Employe page 9.)	ees' trust, see instructions for Block D or				
Exempt under section		ALCOR LIFE	EXTENSION	N FO	UNDATION							
501( )( )	Print	Number, street, and ro	om or suite no. If	a P.O.	box, see page 8 of instruct	ions.	23-7	23-7154039				
408(e) 220(	e) Type			ated business activity code structions for Block E on page 9.)								
408A530(	1 -	7895 EAST A	COMA DRI	VE,	#110		(See in:	structions for Block E on page 9.)				
529(a)		City or town, state, and										
Book value of all asset at end of year		SCOTTSDALE,					5230	00				
•		· · · · · · · · · · · · · · · · · · ·			Block F on page 9.) ▶	<u> </u>						
16,398,483	. <b>G</b> Che	eck organization type	▶ X 501	(c) cor	poration 50	01(c) trust	401(a)	trust Other tru				
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• ,			•	•	o or a parent-subsidiary	controlled group	?	▶ Yes X I				
		dentifying number of the		oration.								
		BONNIE MAGEE				hone number >						
		e or Business In	come	1	(A) Income	(B) Ex	kpenses	(C) Net				
1 a Gross receipts	or sales											
_		ule A, line 7)		2								
		2 from line 1c		3								
		ttach Schedule D)		4a								
		art II, line 17) (attach Forn		4b								
		rusts		4c	00 140		- 1	00.14				
		s and S corporations (att		5	-22,149	ATCH	<u>1 1                                  </u>	-22,14				
				6								
		come (Schedule E)		7								
	-	ties, and rents fro										
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		section 501(c)(7),										
				9								
		ncome (Schedule I)		10								
		lule J)		11								
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13 Total. Combine		ough 12			-22,149			-22,14				
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Part II Deduct contributed Compensation of the	utions, de of officers, o	eductions must be directors, and trustees	(Schedule K)									
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contribution of Salaries and was Repairs and markets.	utions, de of officers, d ages uintenance	eductions must be	(Schedule K)				15 16					
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contribute  Compensation of Salaries and war and mar a	utions, de of officers, d ages uintenance schedule)	eductions must bedirectors, and trustees	(Schedule K)				15 16 17 18					
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PAGE 42

39 Organizations Taxable as Corporations. See instructions for tax computation on page 15.  Controlled group members (sections 1581 and 1593) check here ▶ (2) (3) (3) (3) (3) (3) (3) (3) (4) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Part		Tax Computation	1									
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 to table income brackets (in that order): (1)\$  b Enter organization's share of (1) Additional 5% tax (not more than \$11,750)  c Income tax on the annount on line 34  72 Additional 36 feat potential of the than \$100,000 (c)  c Income tax on the annount on line 34  73 Proxy tax. See page 16 of the instructions  15 Trails Trails at a Trail Rates. See instructions for tax computation on page 16, income tax or interaction in minimum tax  74 Proxy tax. See page 16 of the instructions  75 Proxy tax. See page 16 of the instructions  76 Additions 97 and 38 to line 35 or 35, whichever applies  77 Proxy tax. See page 16 of the instructions  78 Additions 40 at 15% and 15% at 15% a	35	Organiz	ations Taxable as	Corporations. Se	e instruction	s <u>f</u> c	or tax comp	utation on page	15.				
(1) S		Controlle	ed group members (section	ons 1561 and 1563) cl	heck here	·	See instruction	ns and:					
b Enter organization's share of. (1) Additional 5% tax port more than \$117.50) \$ 2) Additional 5% tax port more than \$100.000 \$ c Income tax on the amount on line 34 from:	а	Enter y	our share of the \$50,0	000, \$25,000, and	\$9,925,000	taxat	ole income bra	ackets (in that order	):				
(2) Additional 3% tax (not more than \$100.000)  2 Income tax on the amount on line 34 from the amount of line 35 co 38, whichever applies  3 Total. Add lines 37 and 38 to line 35 co 788, whichever applies  3 Total. Add lines 37 and 38 to line 35 co 788, whichever applies  3 Total. Add lines 37 and 38 to line 35 co 788, whichever applies  3 Total. Add lines 37 and 38 to line 35 co 788, whichever applies  3 Total. Add lines 37 and 38 to line 35 co 788, whichever applies  4 Foreign tax circlet (corporations attach Form 1118; trusts attach Form 1116)  4 Total and the 40 from 1118; trusts attach Form 1118; trusts attach		(1) \$		(2) \$		(3	3) \$						
(2) Additional 3% tax (not more than \$100.000)  2 Income tax on the amount on line 34 from the amount of line 35 co 38, whichever applies  3 Total. Add lines 37 and 38 to line 35 co 788, whichever applies  3 Total. Add lines 37 and 38 to line 35 co 788, whichever applies  3 Total. Add lines 37 and 38 to line 35 co 788, whichever applies  3 Total. Add lines 37 and 38 to line 35 co 788, whichever applies  3 Total. Add lines 37 and 38 to line 35 co 788, whichever applies  4 Foreign tax circlet (corporations attach Form 1118; trusts attach Form 1116)  4 Total and the 40 from 1118; trusts attach Form 1118; trusts attach	b	Enter or	ganization's share of: (1)	Additional 5% tax (no	ot more than \$1	1,750	)	\$					
Trusts Tarable at Trust Rates. See Instructions for tax computation on page 16. Income tax on the amount on line 34 form:   Tax are schedule or   Schedule D (Form 1041)   38   37   38   37   38   39   39   39   39   39   39   39				nan \$100,000)				\$					
the amount on inio 34 from:	С	Income	tax on the amount on line	34					▶	35c			0.
37 Alternative minimum tax 38 Alternative minimum tax 39 Total. Add lines 37 and 38 to line 35 or 36, whichever applies 39 0.0.  Part IV Tax and Payments 40 a Foweign tax credit (corporations attach Form 1118; inusts attach Form 1118) 40 b Other credits (see page 16 of the instructions) 40 b Other credits (see page 16 of the instructions) 40 c General business credit. Attach Form 8901 or 8827) 40 d Credit for prior year minimum tax (attach Form 8901 or 8827) 40 c Total credits. Add lines 48 through 400 41 Subtract line 40e from line 39 41 Total tax. Add lines 41 and 42 43 Total tax. Add lines 41 and 42 44 a Payments: A 2009 overpayment credited to 2010 44 a Payments: A 2009 overpayment credited to 2010 44 a Payments: A 2009 overpayment credited to 2010 44 a Payments: A 2009 overpayment credited to 2010 44 a Payments: A 2009 overpayment credited to 2010 44 a Payments: A 2009 overpayment credited to 2010 44 a Payments: A 2009 overpayment credited to 2010 44 a Payments: A 2009 overpayment credited to 2010 44 a Payments: A 2009 overpayment credited to 2010 44 a Payments: A 2009 overpayment credited to 2010 44 a Payments: A 2009 overpayment remains an experiment of the 40 payments and lines 41 and 42 45 Total tax. Add lines 44 a through 44g 46 Erection or anal employer health insurance greeniums (Attach Form 8941) 47 Tax due, illine 45 is larger than the total of lines 43 and 46, enter amount owed 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount owed 49 Tax due, line 45 is larger than the total of lines 43 and 46, enter amount owed 40 Tax due, line 45 is larger than the total of lines 43 and 46, enter amount owed 40 A 2 Tax due, line 45 is larger than the total of lines 43 and 46, enter amount owed 40 A 2 Tax due, line 45 is larger than the total of lines 43 and 46, enter amount owed 40 A 2 Tax due, line 45 is larger than the total of lines 43 and 46, enter amount owed 41 A 45 Tax due, line 45 is larger than the total of lines 43 and 46, enter amount owed 42 Tax due, line 45 is l	36	Trusts	Taxable at Trust Ra	ates. See instruction	ns for tax	comp	utation on pa	age 16. Income tax	on				
38		the amo	unt on line 34 from:	Tax rate schedule	or S	chedu	le D (Form 1041	)	▶	36			
29   O.   Part IV   Tax and Payments   39   O.	37	Proxy ta	x. See page 16 of the ins	structions					▶	37			
Part V   Tax and Payments										38			
## 40 B Other credits (see page 16 of the instructions)  ## Ago					applies					39			
b Other credits (see page 16 of the instructions) c General business credit. Attach Form 3800   40e   d Credit for prior year minimum tax (attach Form 8801 or 8827)   40e   d Total credits. Add lines 40e through 40d   41   42   d Subtract line 40e from line 39   41   50. d Total tax. Add lines 41 and 42   43   50. d Power at 250   50   50   50   50   d Power at 250   50   50   50   50   d Power at 250   50   50   50   50   d Power at 250   50   d Power at 250   50   50   d Power at 250						4440		_					
c General business credit. Attach Form 3800 of Credit for prior year minimum tax (attach Form 8801 or 8827)  e Total credits. Add lines 40s through 40d  11 Subtract line 40s from line 39  22 Other taxes. Check if Form   Form 8255		•	` .			,				-			
d Credit for prior year minimum tax (lattach Form 8901 or 8827) 40d 40e 41 Subtract line 40e from line 39 41 00. 42 Other taxes. Check if from: □ Form 4265 □ Form 8911 □ Form 8907 □ Form 8906 □ Other (lattach schedule) 42 □ Form 8907 □ Form 8906 □ Other (lattach schedule) 42 □ Form 8907 □ Form 8906 □ Other (lattach schedule) 42 □ Form 8907 □ Form 8906 □ Other (lattach schedule) 42 □ Form 8907 □ Form 8906 □ Other (lattach schedule) 42 □ Form 8907 □ Form 8906 □ Other (lattach schedule) 42 □ Form 8907 □ Form 8906 □ Other (lattach schedule) 42 □ Form 8907 □ Form 8908 □ Other (lattach schedule) 43 □ O. 444 □ Payments: A 2009 overpayment credited to 2010 □ Form 8907 □ Form 8908 □ Other (lattach schedule) 44 □ Form 8907 □ Form 8908 □ Other (lattach schedule) 44 □ Form 8907 □ Form 8908 □ Other (lattach schedule) 44 □ Form 8907 □ Form 8908 □ Other (lattach schedule) 44 □ Form 8907 □ Form 8908 □ Other (lattach schedule) 44 □ Form 8907 □ Form 8908 □ Other (lattach schedule) 44 □ Form 8907 □ Form 8908 □ Other (lattach schedule) 44 □ Form 8907 □ Form 8908 □										-			
to tracterists. Add lines 40a through 40d  41										-			
Subtract line 40e from line 39  2 Other taxes. Check if from: Form 4255 Form 8811 Form 8897 Form 8898 Other (attach schedule).  43 Total tax. Add lines 41 and 42  3 Total tax. Add lines 41 and 42  43 O.  44 a Payments: A 2009 overpayment credited to 2010  44 a Payments: A 2009 overpayment credited to 2010  5 2010 estimated tax payments  6 Form 439 Form 8898 Add lines 44 a brungh 449  6 Formign organizations: Tax paid or withheld at source (see instructions)  6 Form 4130 Form 4130 Other Form 8941)  6 Form 4130 Other organization  7 Total payments. Add lines 44a through 449  6 Form 4130 Other organization  8 Form 220 is attached  8 Enter the amount of line 48 you want: Credited to 2011 estimated tax  9 Control organization for the 449 you want: Credited to 2011 estimated tax  10 Other Information (see instructions on page 17)  1 At any time during the 2010 calendar year, did the organization have an interest in or a signature or other antity over a financial account, lif yES, enter the name of the foreign country lif YES, the organization may have to file.  2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  1 Inventory at beginning of year. 1  2 Purchases  2 Organization and Add lines 4 as a foreign country lif YES, the organization may have to file.  3 Cost of labor. 3  3 Forther the amount of Exercised organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  1 Inventory at beginning of year. 1  2 Purchases  2 Purchases  2 Purchases  3 Other organization may have to file.  3 Cost of goods Sold. Enter method of inventory valuation  1 Inventory at beginning of year. 1  3 Cost of goods sold. Subtract line  6 from line 5. Enter here and in  7 Part line 2  Part line 2  Primary line 1 Primary line 2  Primary line 2  Primary line 3 Primary line 3 Primary line 3 Primary line 4 Primary li					= =					40-			
42 Other taxes. Check if from:  Form 4255  Form 8811  Form 8897  Form 8886  Other (attach schedule), 42													
43 Total tax. Add lines 41 and 42  44 A Payments: A 2009 overpayment credited to 2010  44 A Payments: A 2009 overpayment credited to 2010  5 2010 estimated tax payments  6 Tax deposited with Form 8868  d Foreign organizations: Tax paid or withheld at source (see instructions)  44													
44 a Payments: A 2009 overpayment credited to 2010   b 2010 estimated tax payments   c Tax deposited with Form 8886   d Foreign organizations: Tax paid or withheld at source (see instructions)   d4d													0.
b 2010 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations: Tax pajd or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments:							1			45			
c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) 9 Backup withholding (see instructions) 1 Gredit for small employer health insurance premiums (Attach Form 8941) 9 Other credits and payments:   Form 4136													
d Foreign organizations: Tax paid or withheld at source (see instructions)  e Backup withholding (see instructions)  f Credit for small employer health insurance premiums (Attach Form 8941)  g Other credits and payments:  Form 2439  Other Total   Form 2439  Other   Total   Form 2439  Other   Form 4136  ### ### ### ### ### ### ### ### ### #			· • •										
e Backup withholding (see instructions)  f Credit for small employer health insurance premiums (Attach Form 9941)  g Other credits and payments:    Form 4136		•								1			
g Other credits and payments:		-	-										
Total payments. Add lines 44a through 44g	f		- ·					4f					
Total payments. Add lines 44a through 44g	g	Other cr	edits and payments:	Form :	2439								
Stimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached   Af   Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed   Af   Af   Downward   Af   Af   Af   Af   Af   Af   Af   A		F	orm 4136	Other			Total ▶ <b>_4</b>	4g					
Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid Enter the amount of line 48 you want: Credited to 2011 estimated tax ▶ 2,000. Refunded ▶ 49  Part ▼ Statements Regarding Certain Activities and Other Information (see instructions on page 17)  1 At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, 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 Financial Accounts. If YES, enter the name of the foreign country here ▶  2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	45	Total pa	yments. Add lines 44a th	rough 44g						45		2,	000.
As a very a ver	46	Estimate	ed tax penalty (see page 4	4 of the instructions).	Check if Form 2	2220 i	s attached			46			
Part V Statements Regarding Certain Activities and Other Information (see instructions on page 17)  1 At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, 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 Financial Accounts. If YES, enter the name of the foreign country here ▶  2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X  1 YES, see page 5 of the instructions for other forms the organization may have to file.  3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$  Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶  1 Inventory at beginning of year 2  Purchases 2  Octor of Jabor 3  Cost of Jabor 3  Additional section 263A costs (attach schedule) 4a  B Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, Signalure of officer Date Title  Paid Preparer Use Only  Preparer Use Only  Print/Type preparer's name ▶ CBIZ MHM , LLC  Firm's address ▶ 3101 N. CENTRAL AVE., STE 300  Phone no. 602-264-6835	47	Tax due	. If line 45 is less than the	e total of lines 43 and	46, enter amou	ınt ow	ed		▶	47			
Statements Regarding Certain Activities and Other Information (see instructions on page 17)  1 At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, 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 Financial Accounts. If YES, enter the name of the foreign country here ▶  2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	48								▶	48		2,	000.
At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, 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 Financial Accounts. If YES, enter the name of the foreign country here ▶  2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$  Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶  1 Inventory at beginning of year  2 Purchases  3 Cost of labor  4 Additional section 263A costs (attach schedule)  4 Additional section 263A costs (attach schedule)  5 Total. Add lines 1 through 4b  5 Total. Add lines 1 through 4b  5 Total. Add lines 1 frough 4b  6 Inventory at end of year  7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2  8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?  X  Sign Here  Print/Type preparer's name  Preparer  Preparer Signature  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Print/Typ													
account (bank, 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 Financial Accounts. If YES, enter the name of the foreign country here ▶													T
Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶  2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶  Schedule A - Cost of Goods Sold. Enter method of inventory valuation  1 Inventory at beginning of year 1	1		-		-			-				Yes	No
During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			•		•	-	•	e to file Form TD F 90-2	22.1, 1	кероп (	or Foreign		v
If YES, see page 5 of the instructions for other forms the organization may have to file.  3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$  Schedule A - Cost of Goods Sold. Enter method of inventory valuation  1 Inventory at beginning of year . 1	2				•		·	or of or transferor to		an truct			_
Schedule A - Cost of Goods Sold. Enter method of inventory valuation  1 Inventory at beginning of year	-							or or, or transition to, t	a 101C1	gii iiusi			121
Schedule A - Cost of Goods Sold. Enter method of inventory valuation  1	3		. •		•	,							
1 Inventory at beginning of year . 1							<u> </u>						
2 Purchases								d of year		6			
3 Cost of labor 3													
(attach schedule)  b Other costs (attach schedule)  5 Total. Add lines 1 through 4b  5 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Paid Preparer Use Only    Ab	3												
b Other costs (attach schedule)  5 Total. Add lines 1 through 4b  6 Total Add lines 1 through 4b  8 In through 4b  8 In through 4b  8 In through 4b  8 In through 4b  9 In through 4b  1 In through 4b	4 a	Addition	al section 263A costs				Part I, line 2			7			
Total. Add lines 1 through 4b		(attach	schedule)	4a		8	Do the rule	s of section 263A	(w	ith res	spect to	Yes	No
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.    May the IRS discuss this return with the preparer shown below (see instructions)?   X Yes   No	b	Other co	osts (attach schedule)	4b			property prod	duced or acquired	for	resale	e) apply		
Sign Here    Correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.   May the IRS discuss this return with the preparer shown below (see instructions)?   X	5						to the organizat	tion?		<u></u>			
Here Signature of officer  Paid Preparer Use Only    Firm's name   CBIZ MHM, LLC		correct	penalties of perjury, I declare t, and complete. Declaration of pr	that I have examined this reparer (other than taxpaver	s return, including	accon ormation	npanying schedules	and statements, and to the has any knowledge.	best o	of my kno	owledge and I	pelief, it	is true,
Signature of officer   Date   Title   (see instructions)?   X   Yes   No		ו ו	,		.,		<b>N</b>	,g	Ma	ay the	IRS discuss	this re	eturn
Paid Preparer Use Only         Print/Type preparer's name         Preparer's signature         Date         Check self-employed         PTIN           Firm's name         ▶ CBIZ MHM, LLC         Firm's EIN ▶ 34-1884125           Firm's address ▶ 3101 N. CENTRAL AVE., STE 300         Phone no.         602-264-6835	Here								wit	th the	preparer sho	own b	elow
Paid         Check self-employed         P 00869687           Preparer Use Only         Firm's name         CBIZ MHM, LLC         Firm's EIN ▶ 34-1884125           Firm's address         ▶ 3101 N. CENTRAL AVE., STE 300         Phone no.         602-264-6835		Signa				anct		Data	(se	e instructi		25	No
Preparer Use Only         Firm's name         CBIZ MHM, LLC         Firm's EIN         34-1884125           Firm's address         > 3101 N. CENTRAL AVE., STE 300         Phone no.         602-264-6835	Paid	Paid									IT	CO CC	7 7
Use Only   Firm's address			Finals are CDTF	MUM TTO									
					AME GUD	300	<u> </u>						
			,			500	<i>.</i>		rnon	t IIU.			

Schedule C - Rent Income (see instructions on page 18		perty a	nd Personal Prop	erty	Leased W	ith Real Prop	erty)				
1. Description of property											
(1)											
(2)											
(3)											
(4)											
	2. Rent received	or accrue	ed								
(a) From personal property (if the personal property is more than more than 50%)	percenta	om real and personal prop ge of rent for personal prop if the rent is based on profi	erty e	xceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)						
(1)											
(2)											
(3)											
(4)											
Total	T	otal									
(c) Total income. Add totals of co here and on page 1, Part I, line 6,	column (A)	<b>&gt;</b>				(b) Total deduct Enter here and or Part I, line 6, colu	n page 1,				
Schedule E - Unrelated D	ebt-Financed Inc	ome(se	e instructions on pag	e 19							
1. Description of deb	t-financed property		2. Gross income from allocable to debt-finance			debt-finance	onnected with or allocable to need property				
·					(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)				
(1)											
(2)											
(3)											
(4)											
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	allocable to debt-financed debt-financed property		6. Column 4 divided by column 5			ome reportable x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))				
(1)				%							
(2)				%							
(3)				%							
(4)				%							
Totals Total dividends-received deducti	ons included in colum	ın 8		<b>&gt;</b>	Part I, line 7	nd on page 1, , column (A).		ere and on page 1, ine 7, column (B).			
Schedule F - Interest, Ani			Pents From Contro				ctions on	nage 20)			
<u> </u>	iaitioo, itoyaitioo		cempt Controlled Org			eroriquee mond	Ottorio or	1 page 20)			
Name of controlled organization	2. Employer identification number	. ;	3. Net unrelated income (loss) (see instructions)	<b>4.</b> To	Total of specified ayyments made  5. Part of column 4 that is included in the controlling organization's gross income		ontrolling	6. Deductions directly connected with income in column 5			
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organia	zations										
7. Taxable Income	8. Net unrelated ind (loss) (see instruct		9. Total of specifie payments made	d	include	t of column 9 that is ed in the controlling ation's gross income	1′ cor	11. Deductions directly connected with income in column 10			
(1)											
(2)											
(3)											
(4)											
					Enter here	nns 5 and 10. e and on page 1, 8, column (A).	Enter	olumns 6 and 11. here and on page 1, line 8, column (B).			
Totals	<u>.</u>		<del> </del>	<u> </u>							

Form **990-T** (2010)

Schedule G -Investment In	ncome of a Sect	tion 501(c) <u>(</u> 7		r (17) Organ 3. Deductions	izatio	<b>n</b> (see inst	ructions	on pag	· · · · · · · · · · · · · · · · · · ·
1. Description of income	1. Description of income 2. Amount of in		3 dire (at			t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)									
(2)									
(3)									
(4)									
	Enter here and Part I, line 9, co								Enter here and on page 1 Part I, line 9, column (B).
	1 4111, 11110 0, 00	idilii (74).							rarr, inic 3, column (b).
Totals ▶									
Schedule I - Exploited Exe	mpt Activity Inc	come, Other	Than A	dvertising l	ncom	<b>e</b> (see instru	ctions or	n page :	21)
		3. Expenses		I. Net income (loss) from					7. Excess exempt
Description of exploited activity	2. Gross unrelated business income from trade or	directly connected with production of unrelated	uni h bu	unrelated trade or business (column 2 minus column		cross income activity that ot unrelated	attribu	xpenses utable to umn 5	expenses (column 6 minus column 5, but not more than
	business	business incom	ne co	3). If a gain, ompute cols. 5	busi	business income			column 4).
(4)				through 7.					
(1)									
(2)									
(3)									
(4)	Enter here and on	Enter here and	on.						Enter here and
	page 1, Part I, line 10, col. (A).	page 1, Part I line 10, col. (B	,				on page 1, Part II, line 26.		
Totals									
Schedule J - Advertising In									
Part I Income From Per	riodicals Repor	ted on a Cor	nsolidat	ed Basis	1		1		
1. Name of periodical	2. Gross advertising income	advertising 3. Direct 2 minus col. 3). If 5. Circulation 6. Read		adership osts	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))									
Part II Income From Pe			eparate	Basis (For	each	periodical	listed i	n Part	: II, fill in columns
2 through 7 on a l	ine-by-line basis	s.)							
1. Name of periodical	2. Gross advertising income	3. Direct advertising cos	gai 2 n sts a	4. Advertising in or (loss) (col. minus col. 3). If gain, compute ls. 5 through 7.	5. Circulation 6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).		
(1)									
(2)									<del> </del>
(3)									
(4)									
(5) Totals from Part I					1				
(-)	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and page 1, Part line 11, col. (B	i						Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)		,	´						
Schedule K - Compensation	on of Officers, D	Directors, an	d Truste	es(see instr	uctions	on page 21)	)		
1. Name			2. Titl	е		3. Percent of time devoted to business			ensation attributable to related business
(1)						22311000	%		
(2)							%		
(3)							%		
(4)							%		
<b>Total.</b> Enter here and on page 1, Page 1	art II, line 14						. ▶		
- 1-5-17-				<del></del>					

Form **990-T** (2010)

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

CRYONICS PROPERTY LLC

-22,149.

INCOME (LOSS) FROM PARTNERSHIPS