

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No. 1545-0047

2006Open to Public
Inspection**A** For the 2006 calendar year, or tax year beginning

and ending

B Check if
applicable:

- ☐ Address
change
- ☐ Name
change
- ☐ Initial
return
- ☐ Final
return
- ☐ Amended
return
- ☐ Application
pending

Please
use IRS
label or
print or
type. See
Specific
Instruc-
tions.**C** Name of organization

ALCOR LIFE EXTENSION FOUNDATION

Number and street (or P.O. box if mail is not delivered to street address)

7895 EAST ACOMA DR. #110

Room/suite

City or town, state or country, and ZIP + 4

SCOTTSDALE, AZ 85260-6916

D Employer identification number

23-7154039

E Telephone number

480-905-1906

F Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) ▶• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ).

Hand I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ N/A**H(c)** Are all affiliates included? N/A ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an or-
ganization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ N/A**M** Check ☐ If the organization is not required to attach
Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: WWW.ALCOR.ORG**J** Organization type (check only one) ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross
receipts are normally not more than \$25,000. A return is not required, but if the organization
chooses to file a return, be sure to file a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,568,039.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	720,722.	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	Total (add lines 1a through 1d) (cash \$ 720,722. noncash \$)	1e	720,722.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	341,420.	
	3	Membership dues and assessments	3	253,994.	
	4	Interest on savings and temporary cash investments	4	184,958.	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
c	Net rental income or (loss). Subtract line 6b from line 6a	6c			
7	Other investment income (describe ▶)	7			
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b	Less: cost or other basis and sales expenses	8a		
	c	Gain or (loss) (attach schedule)	8b		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c		
Revenue	8d				
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ☐			
	a	Gross revenue (not including \$ of contributions reported on line 1b)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
Revenue	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c		
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
Revenue	11	Other revenue (from Part VII, line 103)	11	66,945.	
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	1,568,039.	
	13	Program services (from line 44, column (B))	13	1,427,793.	
	14	Management and general (from line 44, column (C))	14	262,056.	
Expenses	15	Fundraising (from line 44, column (D))	15		
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses. Add lines 16 and 44, column (A)	17	1,689,849.	
	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	-121,810.	
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,380,894.	
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 1	20	-108,896.	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	1,150,188.	

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here ☐	22a			
22b Other grants and allocations (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here ☐	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A <u>STMT 3</u>	25a	69,269.	55,415.	13,854.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26	376,774.	301,419.	75,355.
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33	52,373.	41,898.	10,475.
34 Telephone	34	23,668.	18,934.	4,734.
35 Postage and shipping	35	17,586.	14,069.	3,517.
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38	3,879.	3,103.	776.
39 Travel	39	6,227.	4,982.	1,245.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42	76,511.	61,209.	15,302.
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g <u>SEE STATEMENT 2</u>	43g	1,063,562.	926,764.	136,798.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,689,849.	1,427,793.	262,056.

Joint Costs. Check ☐ If you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶

LIFE EXTENSION RESEARCH AND EDUCATION

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a LIFE EXTENSION RESEARCH AND EDUCATION(Grants and allocations \$) If this amount includes foreign grants, check here ☐

1,427,793.

b(Grants and allocations \$) If this amount includes foreign grants, check here ☐**c**(Grants and allocations \$) If this amount includes foreign grants, check here ☐**d**(Grants and allocations \$) If this amount includes foreign grants, check here ☐**e** Other program services (attach schedule)(Grants and allocations \$) If this amount includes foreign grants, check here ☐**f** Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶ 1,427,793.

Form 990 (2006)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	215,544.	280,479.
	46 Savings and temporary cash investments		
	47 a Accounts receivable	67,451.	
	b Less: allowance for doubtful accounts		67,451.
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 a Receivables from current and former officers, directors, trustees, and key employees		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
	51 a Other notes and loans receivable	361,502.	
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use	95,448.	127,528.
	53 Prepaid expenses and deferred charges		
	54 a Investments - publicly-traded securities		
	b Investments - other securities	4,139,125.	4,320,549.
Liabilities	55 a Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation		
	56 Investments - other	470,895.	470,895.
	57 a Land, buildings, and equipment: basis	1,144,470.	
	b Less: accumulated depreciation	610,221.	534,249.
	58 Other assets, including program-related investments (describe SEE STATEMENT 6)	1,242,511.	1,216,870.
	59 Total assets (must equal line 74). Add lines 45 through 58	7,282,044.	7,379,523.
	60 Accounts payable and accrued expenses	94,549.	64,503.
	61 Grants payable		
	62 Deferred revenue		
Net Assets or Fund Balances	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe SEE STATEMENT 7)	5,806,601.	6,164,832.
	66 Total liabilities . Add lines 60 through 65	5,901,150.	6,229,335.
	Organizations that follow SFAS 117, check here ☒ and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	1,380,894.	1,150,188.
	68 Temporarily restricted		
	69 Permanently restricted		
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 70 through 74.		
70 Capital stock, trust principal, or current funds			
71 Paid-in or capital surplus, or land, building, and equipment fund			
72 Retained earnings, endowment, accumulated income, or other funds			
73 Total net assets or fund balances . Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	1,380,894.	1,150,188.	
74 Total liabilities and net assets/fund balances . Add lines 66 and 73	7,282,044.	7,379,523.	

Form 990 (2006)

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

		a	N/A
a	Total revenue, gains, and other support per audited financial statements		
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	

Part IV-B		Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
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a Total expenses and losses per audited financial statements		a	N/A
b Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):	b4	
Add lines b1 through b4		b	
c Subtract line b from line a		c	
d Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
Add lines d1 and d2		d	
e Total expenses (Part I, line 17). Add lines c and d		e	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]

Part V-A	Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>
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Yes	No
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75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings _____

10

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)

75b		X
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c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."

75c		X
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If "Yes," attach a statement that includes the information described in the instructions.

d Does the organization have a written conflict of interest policy?

75d	X	
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Part V-B	Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other
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Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

Part VI	Other Information <i>(See the instructions.)</i>
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Yes	No
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76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change

76		X
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77 Were any changes made in the organizing or governing documents but not reported to the IRS?
If "Yes," attach a conformed copy of the changes.

77	X
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78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

78a	X
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b If "Yes," has it filed a tax return on Form 990-T for this year?

78b	X	
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79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common
membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

79		X
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b If "Yes," enter the name of the organization N/A

and check whether it is ☐ exempt or ☐ nonexempt

81 a Enter direct or indirect political expenditures. (See line 81 Instructions.)	81a	0
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1

b Did the organization file Form 1120-POL for this year?

81b	X
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Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed <u>AZ</u>		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	10
91 a	The books are in care of <u>SHEILA KIMBRELL</u> Telephone no. <u>480-905-1906</u> Located at <u>7895 E. ACOMA, SCOTTSDALE, AZ</u> ZIP + 4 <u>85260-6916</u>		
b	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)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

Part VI Other Information (continued)		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?		91c	X
If "Yes," enter the name of the foreign country N/A			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here		☐	
and enter the amount of tax-exempt interest received or accrued during the tax year		92	N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a RESEARCH					341,420.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					253,994.
95 Interest on savings and temporary cash investments			14	184,958.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER REVENUE - RELATED					66,945.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		184,958.	662,359.
105 Total (add line 104, columns (B), (D), and (E))					847,317.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

SEE STATEMENT 11

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
SEE STATEMENT 10	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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 officer) is based on all information of which preparer has any knowledge.

Please
Sign
Here

Signature of officer _____ Date _____
Type or print name and title _____

Paid
Preparer's
Use Only

Preparer's signature _____ Date _____ Check if self-employed ☐ Preparer's SSN or PTIN (See Gen. Inst. X) _____
Firm's name (or yours if self-employed), address, and ZIP + 4 **WOODS & DWYER, PLC**
3101 N. CENTRAL AVE #800
PHOENIX, AZ 85012 EIN _____
Phone no. _____

Form 990 (2006)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(a), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2006

Name of the organization

ALCOR LIFE EXTENSION FOUNDATION

Employer identification number

23 7154039

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
TANYA JONES	COO	61,019.	1,823.	685.
	60.00			

Total number of other employees paid over \$50,000 ▶

1

Part II-A

Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶

0

Part II-B

Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶

0

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities. \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets?	2e	X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
	b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
	b Did the organization make any taxable distributions under section 4966?	4b	X
	c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	X
	d Enter the total number of donor advised funds owned at the end of the tax year		0
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		0.
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶**
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ▶					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total **
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					4,006,135.
16 Membership fees received					920,203.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	** SEE SUPPLEMENTAL SUPPORT SCHEDULE				1,316,701.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					437,874.
19 Net income from unrelated business activities not included in line 18					3,287.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					156,792.
23 Total of lines 15 through 22	0.	0.	0.	0.	6,840,992.
24 Line 23 minus line 17					5,524,291.
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 110,486.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 5,524,291.
d Add: Amounts from column (e) for lines: 18 437,874. 19 3,287. 22 156,792. 26b					26d 597,953.
e Public support (line 26c minus line 26d total)					26e 4,926,338.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 89.1759%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A	(2005)	(2004)	(2003)	(2002)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A	(2005)	(2004)	(2003)	(2002)	
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2006

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☐ a ☐ If the organization belongs to an affiliated group.Check ☐ b ☐ If you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Yes	No	Amount
		0.

Part IV-A Supplemental Support Schedule					
Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants)	571,020.	1,646,852.	385,490.	1,402,773.	4,006,135.
16 Membership fees received	287,828.	237,097.	160,780.	234,498.	920,203.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	385,456.	486,943.	222,151.	222,151.	1,316,701.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	77,835.	85,685.	103,669.	170,685.	437,874.
19 Net income from unrelated business activities not included in line 18	0.	0.	1,401.	1,886.	3,287.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	3,700.		SEE STATEMENT 12 48,911.	104,181.	156,792.
23 Total of lines 15 through 22	1,325,839.	2,456,577.	922,402.	2,136,174.	6,840,992.
24 Line 23 minus line 17	940,383.	1,969,634.	700,251.	1,914,023.	5,524,291.
25 Enter 1% of line 23	13,258.	24,566.	9,224.	21,362.	

AMOUNTS IN COLUMN (E) ARE INCLUDED IN THE TOTAL ON
SCHEDULE A, PAGE 3, PART IV-A

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2006

Name of organization

ALCOR LIFE EXTENSION FOUNDATION

Employer identification number

23-7154039

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundation

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

General Rule—

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

Special Rules—

- ☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization

Employer identification number

ALCOR LIFE EXTENSION FOUNDATION

23-7154039

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	[REDACTED]	\$ 155,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
2	[REDACTED]	\$ 112,783.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
3	[REDACTED]	\$ 80,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
4	[REDACTED]	\$ 50,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
5	[REDACTED]	\$ 183,910.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
6	[REDACTED]	\$ 15,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ALCOR LIFE EXTENSION FOUNDATION

23-7154039

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	[REDACTED] [REDACTED] [REDACTED]	\$ 30,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
8	[REDACTED] [REDACTED] [REDACTED]	\$ 40,700.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)

2006 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
4PCT	MEDICAL EQUIPMENT -	080186SL		20.00	16	14,640.			14,640.	14,213.		427.
5PCT	MEDICAL EQUIPMENT -	010187SL		20.00	16	16,660.			16,660.	15,827.		833.
7PCT	MEDICAL EQUIPMENT -	060188SL		20.00	16	22,067.			22,067.	19,395.		1,103.
8PCT	MEDICAL EQUIPMENT -	070189SL		20.00	16	7,822.			7,822.	6,452.		391.
11	OFFICE EQUIPMENT	060190SL		5.00	16	24,987.			24,987.	24,987.		0.
12PCT	MEDICAL EQUIPMENT -	070190SL		20.00	16	97,971.			97,971.	75,934.		4,899.
13	MEDICAL EQUIPMENT	010191SL		20.00	16	5,931.			5,931.	4,455.		297.
14	MEDICAL EQUIPMENT	120191SL		20.00	16	6,343.			6,343.	4,464.		317.
15PCT	MEDICAL EQUIPMENT -	010192SL		20.00	16	8,000.			8,000.	5,600.		400.
16PCT	MEDICAL EQUIPMENT -	080192SL		20.00	16	14,483.			14,483.	9,714.		724.
17	MEDICAL EQUIPMENT	110792SL		20.00	16	1,531.			1,531.	1,014.		77.
18	MEDICAL EQUIPMENT	123192SL		20.00	16	5,795.			5,795.	3,770.		290.
19	MEDICAL EQUIPMENT	123192SL		20.00	16	3,000.			3,000.	1,950.		150.
20PCT	MEDICAL EQUIPMENT -	010193SL		20.00	16	24,947.			24,947.	16,211.		1,247.
21	MEDICAL EQUIPMENT	010193SL		20.00	16	2,500.			2,500.	1,625.		125.
22	KONICA COPIER	010193SL		5.00	16	6,525.			6,525.	6,525.		0.
23PCT	LEASEHOLD IMPROVE -	010194SL		20.00	16	5,421.			5,421.	2,172.		271.
24	LEASEHOLD IMPROVEMENTS	010194SL		20.00	16	2,594.			2,594.	1,040.		130.

625102
07-28-06

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2006 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
25	MEDICAL EQUIPMENT	0101194SL		20.00	16	3,557.			3,557.	2,136.		178.
26	MALISE CART	0101194SL		20.00	16	8,400.			8,400.	5,040.		420.
27	OFFICE EQUIPMENT	0101194SL		5.00	16	2,705.			2,705.	2,705.		0.
28	TELEPHONE EQUIPMENT	071595SL		20.00	16	2,149.			2,149.	1,124.		107.
29	BLOOD GAS SYSTEM	071595SL		20.00	16	6,852.			6,852.	3,601.		343.
30	PODS (4) - PCT	101695SL		20.00	16	4,083.			4,083.	2,074.		204.
31	CLEANROOM EQUIPMENT	053196SL		20.00	16	3,466.			3,466.	1,658.		173.
32	MEDICAL EQUIPMENT - PCT	123196SL		20.00	16	20,200.			20,200.	9,090.		1,010.
33	COMPUTER	031597SL		5.00	16	7,357.			7,357.	7,357.		0.
34	COMPUTER	041597SL		5.00	16	2,067.			2,067.	2,067.		0.
35	COMPUTER	041597SL		5.00	16	650.			650.	650.		0.
36	MEDICAL EQUIPMENT	060197SL		20.00	16	873.			873.	377.		44.
37	DEWAR	061797SL		20.00	16	9,750.			9,750.	4,148.		488.
38	1990 DODGE STRAT	112797SL		5.00	16	4,500.			4,500.	4,500.		0.
39	COMPUTER	031098SL		5.00	16	5,800.			5,800.	5,800.		0.
40	COMPUTER	031599SL		5.00	16	5,068.			5,068.	5,068.		0.
41	DEWAR - PCT	042899SL		20.00	16	19,300.			19,300.	6,433.		965.
42	DEWAR - PCT	042899SL		20.00	16	18,800.			18,800.	6,267.		940.

528102
07-28-06

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2006 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
43	PRINTER	063099SL		5.00	16	1,448.			1,448.	1,448.		0.
44	PRESSURE VESSEL - PCT	111019SL		10.00	16	15,812.			15,812.	9,750.		1,581.
45	PRESSURE VESSEL - PCT	020100SL		10.00	16	21,821.			21,821.	12,910.		2,182.
46	AIR CONDITIONER	041900SL		10.00	16	4,123.			4,123.	2,335.		412.
47	RETTRACTOMETER	042000SL		7.00	16	2,486.			2,486.	2,011.		355.
48	TELEPHONE SYSTEM	051500SL		5.00	16	25,475.			25,475.	25,475.		0.
49	SECURITY SYSTEM	110601SL		5.00	16	14,027.			14,027.	11,688.		2,339.
50	SECURITY SYSTEM	110601SL		5.00	16	14,026.			14,026.	11,688.		2,338.
51	1999 SURBURBAN	120202SL		5.00	16	27,972.			27,972.	17,248.		5,594.
52	REFRACTOMETER	093002SL		10.00	16	2,893.			2,893.	939.		289.
53	LABVIEW	093002SL		3.00	16	7,506.			7,506.	7,506.		0.
54	DEFIBULATOR	121802SL		10.00	16	4,539.			4,539.	1,362.		454.
55	ATP SYSTEM	123002SL		5.00	16	48,855.			48,855.	29,313.		9,771.
56	EQUIPMENT	063003SL		5.00	16	32,240.			32,240.	16,120.		6,448.
57	FACILITY UPGRADE	063003SL		20.00	16	36,565.			36,565.	4,570.		1,828.
58	VEHICLE	063003SL		5.00	16	15,000.			15,000.	7,500.		3,000.
59	OFFICE EQUIPMENT	063003SL		5.00	16	8,309.			8,309.	4,155.		1,662.
60	OFFICE EQUIPMENT	063003SL		5.00	16	1,240.			1,240.	620.		248.

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(D) - Asset disposed

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
61	MEDICAL EQUIPMENT	063003SL		20.0016		30,834.			30,834.	3,855.		1,542.
62	MEDICAL EQUIPMENT	063003SL		20.0016		67,868.			67,868.	8,483.		3,393.
63	FACILITY UPGRADE	063003SL		20.0016		25,000.			25,000.	3,125.		1,250.
64	FACILITY UPGRADE	063003SL		20.0016		54,088.			54,088.	6,760.		2,704.
65	DEWAR - PCT	061904SL		20.0016		49,264.			49,264.	3,695.		2,463.
66	PODS	111604SL		20.0016		1,493.			1,493.	81.		75.
67	PODS	091704SL		20.0016		6,230.			6,230.	390.		312.
68	TEMP. /VOLT	072204SL		20.0016		1,721.			1,721.	122.		86.
70	MEDICAL EQUIPMENT	063005SL		20.0016		66,589.			66,589.	1,665.		3,329.
71	EQUIPMENT	063005SL		20.0016		7,501.			7,501.	188.		375.
72	LEASEHOLD IMPROVEMENTS	063005SL		20.0016		96,101.			96,101.	2,403.		4,805.
73	ITS SYSTEM	070106SL		20.0016		15,000.			15,000.			375.
74	OXYGENATOR	112806SL		20.0016		5,000.			5,000.			21.
75	CAGES	112106SL		20.0016		8,000.			8,000.			33.
76	CHILLER	101206SL		20.0016		3,000.			3,000.			38.
77	ANESTHESIA MACHINE 10-TECH DATA	091906SL		20.0016		5,000.			5,000.			63.
78	ACQUISITION SYSTEM 10-TECH DATA	081006SL		20.0016		3,800.			3,800.			79.
79	ACQUISITION SYSTEM	051506SL		20.0016		1,650.			1,650.			55.

528102
07-28-06

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
80	10-TECH DATA ACQUISITION SYSTEM	031406	SL	20.00	16	4,200.			4,200.			175.
81	10-TECH DATA ACQUISITION SYSTEM	083006	SL	20.00	16	7,000.			7,000.			117.
82	LATHE	030706	SL	20.00	16	4,000.			4,000.			167.
	* TOTAL 990 PAGE 2 DEPR					1144470.		0.	1144470.	482,848.	0.	76,511.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
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DESCRIPTION	AMOUNT
UNREALIZED HOLDING GAINS ON INVESTMENTS	72,446.
PRIOR YEAR ACCOUNTING ADJUSTMENTS	-181,342.
TOTAL TO FORM 990, PART I, LINE 20	-108,896.

FORM 990	OTHER EXPENSES	STATEMENT	2
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BANK SERVICE CHARGES	14,572.	11,658.	2,914.	
CREDIT CARD FEES	1,386.	1,109.	277.	
CONTRACT SERVICES	12,670.	10,136.	2,534.	
INSURANCE	97,947.	78,358.	19,589.	
OFFICE EXPENSE	14,277.	11,422.	2,855.	
COMPUTER EXPENSES	5,108.	4,086.	1,022.	
OFFICE SUPPLIES	8,307.	6,646.	1,661.	
AUTOMOBILE EXPENSE	5,984.	4,787.	1,197.	
LEASE EXPENSE	19,569.	15,655.	3,914.	
UTILITIES	22,642.	18,114.	4,528.	
OVERHEAD	109,125.	87,300.	21,825.	
MARKETING	145,437.	116,350.	29,087.	
ROYALTY EXPENSE	25,000.	20,000.	5,000.	
PROFESSIONAL FEES	173,777.	139,022.	34,755.	
TAXES, LICENSES AND PERMITS	9,997.	7,998.	1,999.	
TECHNICAL ADVANCEMENTS	154,434.	154,434.		
TRAINING	18,207.	14,566.	3,641.	
SUSPENSION EXPENSE	225,123.	225,123.		
TOTAL TO FM 990, LN 43	1,063,562.	926,764.	136,798.	

FORM 990	OFFICER COMPENSATION ALLOCATION PART II, LINE 25A	STATEMENT 3
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NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
STEPHEN J. VAN SICKLE	62,670.	1,506.		64,176.
A. PROGRAM SERVICES	50,136.			50,136.
B. MANAGEMENT AND GENERAL	12,534.			12,534.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JOSEPH HOVEY	6,600.			6,600.
A. PROGRAM SERVICES	5,280.			5,280.
B. MANAGEMENT AND GENERAL	1,320.			1,320.
C. FUNDRAISING				

TOTAL PROGRAM SERVICES	55,416.
TOTAL MANAGEMENT AND GENERAL	13,854.
TOTAL FUNDRAISING	
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A	69,270.

FORM 990	OTHER INVESTMENTS	STATEMENT 4
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DESCRIPTION	VALUATION METHOD	AMOUNT
OTHER INVESTMENTS	COST	470,895.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		470,895.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 5

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
MEDICAL EQUIPMENT - PCT	14,640.	14,640.	0.
MEDICAL EQUIPMENT - PCT	16,660.	16,660.	0.
MEDICAL EQUIPMENT - PCT	22,067.	20,498.	1,569.
MEDICAL EQUIPMENT - PCT	7,822.	6,843.	979.
OFFICE EQUIPMENT	24,987.	24,987.	0.
MEDICAL EQUIPMENT - PCT	97,971.	80,833.	17,138.
MEDICAL EQUIPMENT	5,931.	4,752.	1,179.
MEDICAL EQUIPMENT	6,343.	4,781.	1,562.
MEDICAL EQUIPMENT - PCT	8,000.	6,000.	2,000.
MEDICAL EQUIPMENT - PCT	14,483.	10,438.	4,045.
MEDICAL EQUIPMENT	1,531.	1,091.	440.
MEDICAL EQUIPMENT	5,795.	4,060.	1,735.
MEDICAL EQUIPMENT	3,000.	2,100.	900.
MEDICAL EQUIPMENT - PCT	24,947.	17,458.	7,489.
MEDICAL EQUIPMENT	2,500.	1,750.	750.
KONICA COPIER	6,525.	6,525.	0.
LEASEHOLD IMPROVE - PCT	5,421.	2,443.	2,978.
LEASEHOLD IMPROVEMENTS	2,594.	1,170.	1,424.
MEDICAL EQUIPMENT	3,557.	2,314.	1,243.
MALSE CART	8,400.	5,460.	2,940.
OFFICE EQUIPMENT	2,705.	2,705.	0.
TELEPHONE EQUIPMENT	2,149.	1,231.	918.
BLOOD GAS SYSTEM	6,852.	3,944.	2,908.
PODS (4) - PCT	4,083.	2,278.	1,805.
CLEANROOM EQUIPMENT	3,466.	1,831.	1,635.
MEDICAL EQUIPMENT - PCT	20,200.	10,100.	10,100.
COMPUTER	7,357.	7,357.	0.
COMPUTER	2,067.	2,067.	0.
COMPUTER	650.	650.	0.
MEDICAL EQUIPMENT	873.	421.	452.
DEWAR	9,750.	4,636.	5,114.
1990 DODGE STRAT	4,500.	4,500.	0.
COMPUTER	5,800.	5,800.	0.
COMPUTER	5,068.	5,068.	0.
DEWAR - PCT	19,300.	7,398.	11,902.
DEWAR - PCT	18,800.	7,207.	11,593.
PRINTER	1,448.	1,448.	0.
PRESSURE VESSEL - PCT	15,812.	11,331.	4,481.
PRESSURE VESSEL - PCT	21,821.	15,092.	6,729.
AIR CONDITIONER	4,123.	2,747.	1,376.
RETRACTOMETER	2,486.	2,366.	120.
TELEPHONE SYSTEM	25,475.	25,475.	0.
SECURITY SYSTEM	14,027.	14,027.	0.
SECURITY SYSTEM	14,026.	14,026.	0.
1999 SURBURBAN	27,972.	22,842.	5,130.
REFRACTOMETER	2,893.	1,228.	1,665.

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LABVIEW	7,506.	7,506.	0.
DEFIBULATOR	4,539.	1,816.	2,723.
ATP SYSTEM	48,855.	39,084.	9,771.
EQUIPMENT	32,240.	22,568.	9,672.
FACILITY UPGRADE	36,565.	6,398.	30,167.
VEHICLE	15,000.	10,500.	4,500.
OFFICE EQUIPMENT	8,309.	5,817.	2,492.
OFFICE EQUIPMENT	1,240.	868.	372.
MEDICAL EQUIPMENT	30,834.	5,397.	25,437.
MEDICAL EQUIPMENT	67,868.	11,876.	55,992.
FACILITY UPGRADE	25,000.	4,375.	20,625.
FACILITY UPGRADE	54,088.	9,464.	44,624.
DEWAR - PCT	49,264.	6,158.	43,106.
PODS	1,493.	156.	1,337.
PODS	6,230.	702.	5,528.
TEMP./VOLT	1,721.	208.	1,513.
MEDICAL EQUIPMENT	66,589.	4,994.	61,595.
EQUIPMENT	7,501.	563.	6,938.
LEASEHOLD IMPROVEMENTS	96,101.	7,208.	88,893.
ITS SYSTEM	15,000.	375.	14,625.
OXYGENATOR	5,000.	21.	4,979.
CAGES	8,000.	33.	7,967.
CHILLER	3,000.	38.	2,962.
ANESTHESIA MACHINE	5,000.	63.	4,937.
10-TECH DATA ACQUISITION SYSTEM	3,800.	79.	3,721.
10-TECH DATA ACQUISITION SYSTEM	1,650.	55.	1,595.
10-TECH DATA ACQUISITION SYSTEM	4,200.	175.	4,025.
10-TECH DATA ACQUISITION SYSTEM	7,000.	117.	6,883.
LATHE	4,000.	167.	3,833.
TOTAL TO FORM 990, PART IV, LN 57	1,144,470.	559,359.	585,111.

FORM 990	OTHER ASSETS	STATEMENT	6
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DESCRIPTION	AMOUNT
EMPLOYEE RECEIVABLES	12,500.
DEPOSITS	8,653.
CMS PREPAIDS	16,425.
PREPAID SUSPENSION & STANDBY	1,179,292.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	1,216,870.

FORM 990	OTHER LIABILITIES	STATEMENT	7
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DESCRIPTION	AMOUNT
CAPITAL LEASE - LONG TERM	30,832.
DEFERRED SUSPENSION REVENUE	6,134,000.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	6,164,832.

FORM 990	OTHER SECURITIES	STATEMENT	8
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
SECURITIES AND OTHER INVESTMENTS	FMV	4,320,549.
TO FORM 990, LINE 54B, COL B		4,320,549.

FORM 990	PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	9
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
SAUL KENT [REDACTED]	BOARD MEMBER 2.00	0.	0.	0.
JERRY LEMLER [REDACTED]	BOARD MEMBER 2.00	0.	0.	0.
RALPH MERKLE [REDACTED]	BOARD MEMBER 2.00	0.	0.	0.
CARLOS MONDRAGON [REDACTED]	BOARD MEMBER 2.00	0.	0.	0.
MICHAEL RISKIN [REDACTED]	VICE PRESIDENT 2.00	0.	0.	0.

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MICHAEL R. SEIDL [REDACTED]	BOARD MEMBER 2.00	0.	0.	0.
STEPHEN J. VAN SICKLE [REDACTED]	EXECUTIVE DIRECTOR 60.00	62,670.	1,506.	0.
BRIAN WOWK [REDACTED]	BOARD MEMBER 2.00	0.	0.	0.
JOSEPH HOVEY [REDACTED]	SECRETARY/TREASURER 2.00	6,600.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		69,270.	1,506.	0.

FORM 990 PART IX - INFORMATION REGARDING TAXABLE STATEMENT 10
 SUBSIDIARIES AND DISREGARDED ENTITIES

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

CRYONICS PROPERTY, LLC

ADDRESS

7895 E. ACOMA DRIVE, STE 110, SCOTTSDALE, AZ 85260

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
86-0740606	72.65%	RENTAL	0.	0.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 11
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

93A RESEARCH ENABLES THE ORGANIZATION TO EXPLORE THE DEVELOPMENT AND/OR
 IMPROVEMENT OF LIFE SUPPORT SYSTEMS, SURGICAL PROCEDURES,
 PHARMACEUTICAL AND CHEMICAL CRYO-PROTECTANTS AND PREVENTION OF
 ISCHEMIC INJURY.

94 MEMBERSHIP DUES ALLOWS ALCOR TO PROVIDE BASIC INFORMATION SERVICES TO
 MEMBERS.

103 OTHER REVENUES SUPPORT EDUCATIONAL FUNCTIONS.

SCHEDULE A SUPPLEMENTAL SUPPORT SCHEDULE STATEMENT 12
 OTHER INCOME

DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
OTHER REVENUE	3,700.	0.	48,911.	104,181.
TOTAL TO LINE 22	3,700.	0.	48,911.	104,181.