# Form **990**

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

20**09** 

Department of the Treasury Internal Revenue Service 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.

2009
Open to Public Inspection

<u> </u>	or tn	e 2009	calei	dar year, or tax year beginning	, 2009, and ei	naing			, 20			
В	heck if ap	oplicable:	Please	C Name of organization ALCOR LIFE EXTENSION E	OUNDATION		D Employer id	dentificatio	n numl	ber		
	Addre chang		use IRS label or	Doing Business As			23-715	4039				
			print or	Number and street (or P.O. box if mail is not delivered to street add	dress) F	Room/suite	E Telephone	number				_
		return	type. See	7895 EAST ACOMA DRIVE, #110			(480) 90	05-190	6			
			Specific	City or town, state or country, and ZIP + 4			, ,					_
	Amen		Instruc- tions.	SCOTTSDALE, AZ 85260-6916	<b>G</b> Gross recei	nte \$	1	949	,86	6		
_	return Applio	_		me and address of principal officer: JENNIFER CHAPM	IV VI		H(a) Is this a gr			Yes	<u> </u>	
	pendi	ing				6016	affiliates?	·			$\vdash$	
_				EAST ACOMA DRIVE, #110 SCOTTSDALE,		-0910	H(b) Are all affil			Yes		No
<u> </u>		empt sta			527		If "No," atta	ach a list. (se	e instruct	tions)		
J	Websi	te: 🕨 โ	WWW.	ALCOR.ORG			H(c) Group exer					
K	Туре с	of organiz	zation:	X Corporation Trust Association Other ▶	L Ye	ear of format	ion: 1972 <b>M</b>	State of le	egal dor	nicile:	С	A
Pá	art I	Sun	nmary									
	1	Briefly	descri	pe the organization's mission or most significant activities:								
		THE	PRES	ERVATION OF INDIVIDUAL LIVES, TO B	E SOUGHT 1	HROUGH	MAINTAI	NING				
nce				S, EVENTUALLY TO RESTORE HEALTH TO								
rna				RESEARCH AND PUBLIC EDUCATION FOR								
Governance	2			x if the organization discontinued its operations or			of its assets					
	3				•			2			8	
Š											7	_
Activities				dependent voting members of the governing body (Part VI, li				1 1			11	—
÷				of employees (Part V, line 2a)								
Ă				of volunteers (estimate if necessary)				. 6		1.5	10	
	7 a	Total g	ross u	nrelated business revenue from Part VIII, line 12, column (C)				. 7a			,10	
	b	Net un	related	business taxable income from Form 990-T, line 34		<del></del> .		. 7 b		13	,18	3.
Revenue							Prior Year		Curr	ent Y	ear	
	8	Contrib	oution	and grants (Part VIII, line 1h)			1,129,0	91.	1,	038	,12	3.
	9	Progra	m serv	ice revenue (Part VIII, line 2g)	COPY FOR		422,4	18.		504	,74	3.
	10	Investr	nent ir	come (Part VIII, column (A), lines 3, 4, and 7d)	PUBLIC INSPECT		34,7	89.		101	,94	$\overline{4}$ .
œ	11			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			44,4	16.		26	,27	<del>-</del> 3.
				- add lines 8 through 11 (must equal Part VIII, column (A), li			1,630,7	14.	1,	671	,08	<del>-</del> 3.
	_			"				0.				Ο.
	14					0.					Ο.	
10	4-			er compensation, employee benefits (Part IX, column (A), lines		• • •	515,301. 568					6.
Ses	162			fundraising fees (Part IX, column (A), line 11e)		• • • -	0.					0.
Expenses	l Va	Total fo	undrai	ing expenses, Part IX, column (D), line 25)	360	• • •						
ŭ	17	Othor	ovnone	es (Part IX, column (A), lines 11a-11d, 11f-24f)			847,9	48	1	1 4 1	,75	1
				es. Add lines 13-17 (must equal Part IX, column (A), line 25)			1,363,2		•		,88	
							267,4				,80	
- S	13	Keveni	ue iess	expenses. Subtract line 18 from line 12	<u> </u>		Beginning of Y			of Ye		
Net Assets or Fund Balances	20	T-4-1 -		Doub V. Bino 46V			8,261,4				, 29.	<u>-</u>
SSE	20			Part X, line 16)		• • •	8,032,0				,54	
P P	21			s (Part X, line 26)								
				fund balances. Subtract line 21 from line 20	<u> </u>		229,3	61.		416	,74	<u>/-</u>
Pa	art II	Sig	natur	Block								_
		Under	penalti	s of perjury, I declare that I have examined this return, including	accompanying so	hedules and	l statements, ar	id to the b	est of	my ˌkr	nowled	ge
		and be	eller, it	is true, correct, and complete. Declaration of preparer (other that	n officer) is based	on all into	rmation or white	in preparer	nas a	ny kn	owied	je.
	ign											
Н	lere	<b>S</b>	Signatu	e of officer			Date					
		<u>                                     </u>	ype or	print name and title								_
		Prepa			Date	Check if self-		eparer's ide e instructior		numb	er	_
Paid		signature employed   employed										
Preparer's		Firm's	name (	or yours CBIZ MHM, LLC			EIN <b>&gt;</b>	34-	1884	1125	5	_
use	Only	address	employé s, and Z	d), IP+4 3101 N. CENTRAL AVE., STE 300 PHOENIX, AZ 85	5012		Phone no.	602	-264	1-68	335	_
Ma	v the II			s return with the preparer shown above? (See instructions)			· · · · · · · · · · · · · · · · · · ·	X	Ye			٦٠

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Pa	art III	Statement of Program Service Accomplishments	
1		y describe the organization's mission: SCHEDULE O.	
	255	SCHEDOLE O.	
	the pri If "Yes	ne organization undertake any significant program services during the year which were not listed rior Form 990 or 990-EZ? s," describe these new services on Schedule O.	
3	service		Yes X No
1		s," describe these changes on Schedule O. ribe the exempt purpose achievements for each of the organization's three largest program services by	avnancas
•	Sectio	on 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amountains to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code		3,846. )
		PROMOTE, FOSTER AND CONDUCT BASIC AND APPLIED RESEARCH	
		ALL AREAS OF THE LIFE EXTENSION SCIENCES INCLUDING, BUT	
		LIMITED TO, CRYONICS, CRYOBIOLOGY, GERONTOLOGY,	
	MOLE	ECULAR ENGINEERING AND CELL REPAIR TECHNOLOGY.	
4 b		ENGAGE IN THE APPLICATION OF WHOLE-BODY CRYONIC	502,304.
		PENSION, NEUROPRESERVATION AND OTHER POSTMORTEM AND	
	BIOP	PRESERVATION TECHNIQUES AND TO PROVIDE THESE SERVICES TO	
	THE	GENERAL PUBLIC.	
4 c	(Code	e: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	(		
4 d	Other	program services. (Describe in Schedule O.)	
. •		nses \$ including grants of \$ ) (Revenue \$ )	
4 e	•	program service expenses ► 1,190,574.	
			222

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# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4	Х	
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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,"			
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If" Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.			
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	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.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
4.0	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Х
121	Was the organization included in consolidated, independent audited financial statement for the tax year?  Yes No	1 4		25
124	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	174		
-	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1 7 10		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	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, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	. •		
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

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#### 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 Χ 21 in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II............ 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the Χ 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 Χ 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines Χ 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . . c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?..... 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction Χ 25a 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 Χ 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or Χ 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. 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? Χ 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): Χ a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . . . . b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 28b c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Χ 28c Χ 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Χ Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Χ 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Χ 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Χ 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Χ 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

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#### **Statements Regarding Other IRS Filings and Tax Compliance** Part V

a Initiation fees and capital contributions included on Part VIII, line 12				Yes	No
b Enter the number of Forms W-2G included in line 1a. Enter-0-if not applicable.  □ Did the organization comply with baskup withholding rules for reportable payments to vendors and reportable gaming (gambling) withings to prize winners?  10 2a. Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax  11 2b If at least one is reported on line 2a, did the organization the all required federal employment tax returns?  Note. If the sum of lines 1st and 2a is greater than 250, you may be required to e-file this return. (see instructions)  12 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  13 b If "See," has it filed a Form 980-T for this year? If "Wo." provide an explanation in Schedule O.  14 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account, a foreign country.  15 b If "Yes," has it filed a Form 980-T for this year? If "Wo." provide an explanation in Schedule O.  16 b If "Yes," she if the amen of the foreign country.  17 See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  18 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sociot any contributions that were not tax deductible?  18 Did any taxable partly motify the organization the Form 8898-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  19 If "Yes," industry contributions that were not tax deductible?  20 Organizations that may receive deductible contributions under section 170(c).  21 Did the organization were calchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  22 Organizations that may receive deductible contributions under section 170(c).  23 Did the organization and property of the donor of the value of the goods or services provided to the p	1 a				
o Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) witnings to prize winners?  2 a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.  3 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)  3 b Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3 b if Yes. Thas it filed a Form 960-T for this year? If Yo. "provide an explanation in Schedule O.  4 a Nat 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, or signature or other authority over, a financial account in a foreign country (such as a bank account, or signature or other financial accounts)?  5 a Was the organization a party to a prohibited tax shelter transaction and Financial Accounts.  5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 b Did any stable party notify the organization that it was or is a party to a prohibited tax shelter fransaction?  6 a Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6 b If Yes," id question 5 a of 5b, did the organization in leve were not tax deductible?  7 b If Yes," id the organization include with every solicitation an express statement that such contributions or giffs were not tax deductible?  8 b If Yes," id the organization include with every solicitation and express promided to the pagor?  9 b If Yes," id the organization of qualified intellectual property, did the		o.c. morniadon recame. Enter o mitor applicable			
gaming (gambling) winnings to prize winners?  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 writhin the year covered by this return  2a 1.1  b) If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-Me this return. See instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  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)?  5b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6a Does the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5c all Old the organization a party to a prohibited tax shelter transaction?  6a Does the organization as party to a prohibited tax shelter transaction?  6a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c organizations shall may receive deductible contributions under section 170(c).  8b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the organization notify the donor of the value of the goods or services provided?  7d Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8292?  8 The foreign the form		Enter the number of Forms vv-2G included in line 1a. Enter -0- if not applicable			
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendary year ending with or within the year covered by this return.  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-Me this return. (see instructions that we unrelated business gross income of \$1,000 or more during the year covered by this return?  b if "Yes," has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O.  4a At any time during the calendary year, did the organization have an interest, in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts)  b if "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6c Tes." To question 6a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization include with every solicitation an express statement that such contributions of under section 170(c).  a 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?  b if "Yes," indicate the number of Forms 8282 filed during the year received from the very solicitation and partly of promises of the payor organization sell, exchange, or otherw	C				
Statements, filed for the calendar year ending with or within the year covered by this return    b if at Iteast one is reported on line 2a (dit the organization file all required federal employment tax returns?    Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)    3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?    4b if "Yes," has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule 0 other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country   See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?    5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?    5b D did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?    5b C a Does the organization are considered to the organization select any contributions that were not tax deductible?    5c 6 a Does the organization select was considered to the organization select any contributions that were not tax deductible?    5c 6 a Did the organization select was parkent in excess of \$75 made party as a contribution and party for goods and services provided to the payor?    5c 7b 1"Yes," indicate the number of Forms 8282 filed during the year    5c 1"Yes," indicate the number of Forms 8282 filed during the year    6c 1"Yes," indicate the number of Forms 8282 filed during the year    6c 2"Yes," indicate the number of Forms 8282 filed during the year    6c 2"Yes," indicate the number of Forms 8282 filed during the year    7c 2"Yes,			1c		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)  3a Did the organization have unrelated businesse gross income of \$1,000 or more during the year covered by this return?  b if 17'es," has it filed a Form 990-T for this year? If "No." provide on explanation in Schedule O.  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; a financial account in a foreign country; less the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction?  5a Was the organization aperty to a prohibited tax shelter transaction?  5 If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  5 If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  5 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5 If "Yes," indicate the payor?  5 Organizations that may receive deductible contributions under section 170(c).  a 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?  5 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6 If "Yes," indicate the number of Forms 8282 filed during the year.  7 If Did the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contr	2 a				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  b if "Yes," has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O		ctatements, med for the calcular year ending with or within the year covered by this return.			
a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  b if "Yes," has it field a Form 990-1 for this year? If "No." provide an explanation in Schedule O.  3 a X X 3 b X X 3	b		2 b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  b if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0					
this return? bif "Yes," less it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.  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??  bif "Yes," enter the name of the foreign country. ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Priositive Tax Shelter Transaction?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6b If "Yes," idd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6b If "Yes," idd the organization inclevit we apayment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  6b If "Yes," indicate the number of Forms 8282 filed during the year  6c If Yes," indicate the number of Forms 8282 filed during the year  6c If Yes," indicate the number of Forms 8282 filed during the year  6c If Yes," indicate the number of Forms 8282 filed during the year  6c If Yes," indicate the number of Forms 8282 filed during the year  6c If Yes, indicate the number of Forms 8282 filed during the year  6c If Yes, indicate the number of Forms 8282 filed during the year  6c If Yes, indicate the number of Forms 8282 filed during the year  6c If Yes, indicate the number of Forms 8282 filed during the year  6c If Yes, indicate the number of Forms 8282 filed during the year  6c If Yes, indicate the number of Forms 8282 filed during the year  6c If Yes, indicate the		,			
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7 Organizations that may receive deductible contributions under section 170(c).  a 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?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  7 Th  For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  7 Th  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, bid the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make a distribution to a donor, donor advisor, or related person?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization to the supporting organization to a donor, donor			6 b		
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b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  a Did the organization make a distribution to a donor, donor advisor, or related person?  a 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  10b  11a  b Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?					X
required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year			7 b		
d If "Yes," indicate the number of Forms 8282 filed during the year	С		_		37
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  S 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?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  2 Section 501(c)(7) organizations. Enter:  a 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  10a  10b  11a  5 Section 501(c)(12) organizations. Enter:  a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			7 C		Λ
benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  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?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a 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  10a  10b  11a  b Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a					
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  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?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  10 Section 501(c)(7) organizations. Enter:  a 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  11a  Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a  12a	е		7.		V
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h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  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?  9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person?  10 Section 501(c)(7) organizations. Enter: a 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  10 Jua  10 Jua  11 Jua  11 Jua  12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					22
required?			<i>,</i> A		
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?  9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person?  10 Section 501(c)(7) organizations. Enter: a 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 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a 12a 12a 12a	"		7 h		
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a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  10 Section 501(c)(7) organizations. Enter:  a 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  10b  11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	9				
b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12			9a		
a Initiation fees and capital contributions included on Part VIII, line 12			9 b		
a Initiation fees and capital contributions included on Part VIII, line 12	10				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	а				
11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)					
amounts due or received from them.)					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	b				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			12a		
	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			

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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.

Sect	tion A. Governing Body and Management			
		11:20:20:20:20:20:20:20:20:20:20:20:20:20:	Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
-	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
, a	of the governing body?	7 a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
0				
_	the year by the following:	8 a	Χ	
a	The governing body?	8 b	Х	
ь	Each committee with authority to act on behalf of the governing body?	0.0		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9a		X
Saat		за		
	<b>tion B. Policies</b> (This Section B requests information about policies not required by the Internal enue Code.)			
TEVE	triue Code.)		Yes	No
		100	X	
10a	Does the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	401	Х	
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	25	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			X
	form?	11		Λ
11A	, , ,, ,			37
12a	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a		Х
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Χ
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," 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?	16b	Production of the	
Sect	ion C. Disclosure			
17	1			
	List the states with which a copy of this Form 990 is required to be filed ► 1.1.7 ≤ 1.7			
18	• • • • • • • • • • • • • • • • • • • •	s only	,	
	available for public inspection. Indicate how you make these available. Check all that apply.  X Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	est		
	policy, and financial statements available to the public.			
20	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 85260-69	ne		
	organization:   BONNIE MAGEE /895 EAST ACOMA DRIVE, #IIU SCOTTSDALE, AZ 85260-69	, T Q		

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average	(C) Position (check all that apply)					oly)	(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
RAVIN JAIN											
DIRECTOR	1.00	Х									
SAUL KENT											
DIRECTOR	1.00	Х									
RALPH MERKLE											
DIRECTOR	1.00	Х									
JAMES CLEMENT											
DIRECTOR	1.00	Х									
MICHAEL RISKIN											
DIRECTOR/CHAIRMAN	1.00	Х		Χ							
MICHAEL SEIDL											
DIRECTOR	1.00	Х									
BRIAN WOWK											
DIRECTOR	1.00	Х									
TIM SHAVERS											
DIRECTOR	1.00	Х									
JENNIFER CHAPMAN											
EXEC DIR/PRESIDENT	40.00			Χ				88,819.		7,836.	
TANYA JONES											
EXEC DIR/PRESIDENT	40.00			Χ				14,783.			
MICHAEL PERRY											
SECRETARY	40.00			Χ				24,976.		4,568.	
JOE HOVEY											
TREASURER/CFO/SECRETARY	5.00			Χ				1,000.			

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Part VII Section A. Officers, Directors, Tro	ustees. Ke	v Em	olar	ve	es.	and F	lia	hest Compensat	ed Employe	es (continued)
(A)	(B)				C)		5	(D)	(E)	(F)
Name and title	Average hours per		_	chec	k all	that app		Reportable compensation	Reportable compensati	e Estimated
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from relate organizatio (W-2/1099-M	ns compensation
	-									
	-									
	-									
Total number of individuals (including but not reportable compensation from the organization)	limited to t		iste				<b>►</b> o re	129,578.	\$100,000 in	12,404
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched.										
4 For any individual listed on line 1a, is the the organization and related organizations individual	e sum of greater th	repor nan \$	tabl 150	e c	om 10?	pensa If "Yo	itioi es,'	n and other com	pensation fro	om
5 Did any person listed on line 1a receiv services rendered to the organization? If "Yes,"	e or accr	ue c	omp	ens	satio	on fro	m			for
Section B. Independent Contractors	complete	301104	4,0	5 ,0	, 04	on por	00,	<u>,</u>		.   0     1
Complete this table for your five highest compensation from the organization.	compensat	ted in	dep	end	dent	cont	rac	tors that received	d more than	\$100,000 of
(A) Name and business address								(B) Description of services		(C) Compensation
							F			
Total number of independent contractors (in more than \$100,000 in compensation from the contractors)				nite	d to	thos	e I	isted above) who	received	
	o organiza		-							

_	Form 990 (2009) Page <b>9</b>										
Par	rt VIII	Statement of Reve	nue			23-7154039	T				
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514			
grants ounts	1a b	Federated campaigns Membership dues		290,160.							
giffs, g lar amo	c d	Fundraising events Related organizations									
itions, er simi	e f	Government grants (contributions, gifts, grants)	itions) 1e								
Contributions, gifts, grants and other similar amounts	g	and similar amounts not included Noncash contributions included i	above . 1f	747,963.							
	h	Total. Add lines 1a-1f		1,038,123.							
enue				Business Code							
Rev	2 a	CRYOPRESERVATION INCOME COMPREHENSIVE MEMBER STAN	UDDY THOOME	900099	478,775.	478,775.					
ice	b	MEDIA INCOME	IDBI INCOME	900099	22,750. 3,218.	22,750. 3,218.					
Serv	c d	111111111111111111111111111111111111111		300033	0,2101	3,2131					
E S	e										
Program Service Revenue	f g	All other program service rev Total. Add lines 2a-2f			504,743.						
	3	Investment income (includin									
		other similar amounts)		▶	79,259.			79,259.			
	4	Income from investment of t	ax-exempt bond p	proceeds	0.						
	5	Royalties	(i) Real	(ii) Personal	0.						
	_		· · · · · · · · · · · · · · · · · · ·	. ,							
	6 a	Gross Rents									
	b	Less: rental expenses Rental income or (loss)	45 004								
	d	Net rental income or (loss).	<u></u>		15,881.	779.	15,102.				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other							
		assets other than inventory	37,668.	263,800.							
	b	Less: cost or other basis		278,783.							
	С	and sales expenses Gain or (loss)									
	d	Net gain or (loss)		<u></u> ▶	22,685.	MONOTORIUS (1000) (1000	management consistency and consistency of the constitution of the	22,685.			
ne Te	8 a	Gross income from f	undraising								
Other Revenue		events (not including \$									
₹ev		of contributions reported on	•								
er		See Part IV, line 18 Less: direct expenses									
)th	b b	Net income or (loss) from fur			0.						
0	9 a		activities.								
	b	Less: direct expenses	b								
	C	Net income or (loss) from ga	-		0.						
	10a	Gross sales of inventor returns and allowances	a								
	b b	Less: cost of goods sold Net income or (loss) from sal	les of inventory		628.	628.					
		Miscellaneous Reven	iue	Business Code				подпользя подпол			
	11a	OTHER INCOME		900099	9,764.			9,764.			
	b										
	c d	All other revenue									
	e e	Total. Add lines 11a-11d		·	9,764.						
	12	Total Revenue. See instruction			1,671,083.	506,150.	15,102.	111,708.			

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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).

	All other organizations must complete the include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	( <b>D</b> ) Fundraising
_			expenses	general expenses	expenses
1	organizations in the U.S. See Part IV, line 21	0.			
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	140,983.	112,786.	25 <b>,</b> 377.	2,820
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	379,888.	303,910.	68,380.	7,598
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	0.			
9	Other employee benefits	47,265.	33,294.	13,139.	832
10	Payroll taxes	0.			
11	Fees for services (non-employees):				
а	Management	0.			
b	Legal	203,457.		203,457.	
С	Accounting	15,755.		15,755.	
d	Lobbying	36,000.	36,000.		
е	Professional fundraising services. See Part IV, line 17	0.			
f	Investment management fees	0.			
g	Other	88,422.	37,717.	50,705.	
12	Advertising and promotion	37,096.	28,789.	7,197.	
13	Office expenses	88,912.	70,612.	18,300.	
14	Information technology	20,913.	16,730.	4,183.	
15	Royalties	0.			
16	Occupancy	92,278.	73,822.	18,456.	
17	Travel	5,879.	4,703.	1,176.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	4,184.		4,184.	
21	Payments to affiliates	0.		10 701	
22	Depreciation, depletion, and amortization	63,619.	50,895.	12,724.	
23	Insurance	42,902.	4,260.	38,642.	
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)	00 161	74 440	E 710	
	READINESS EXPENSES	80,161.	74,442.	5,719.	
	PCT EXPENSES	52,217.	52,217.		
_	TECHNICAL ADVANCEMENTS	83,778. 182,935.	83,778. 182 935		
	CRYOPRESERVATION	182,935.	182,935.	13,741.	
_	BAD DEBT EXPENSE	29,502.	23,684.	5,818.	
	All other expenses	1,709,887.	1,190,574.	506,953.	
	Total functional expenses. Add lines 1 through 24f	1, 103,007.	1,130,3/4.	500,355.	12,300
26	Joint Costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form 990 (2009) 23-7154039 Page **11** 

Part X **Balance Sheet** (A) Beginning of year End of year 250,425. 43,359. Savings and temporary cash investments ....... 2,355,466. 3,865,571. 2 2 24,623. 3 0. 3 Accounts receivable, net ......................... 88,423. 639,546. 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 1,000. 2,000. 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Notes and loans receivable, net \_\_\_\_\_\_\_\_ 289,716. 258,574. 7 88,069. 44,643. 8 Prepaid expenses and deferred charges . . . . . . . 9 10a Land, buildings, and equipment: cost or |10a | other basis. Complete Part VI of Schedule D 818,065. 713,403.10c 478,476. 1,611,022. 1,028,433. 11 11 392,583. 376,751. **12** 12 Investments - other securities. See Part IV, line 11........ 13 13 14 14 <del>2,4</del>86,184. 2,585,485. 15 15 8,261,459. 9,362,293. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . . . . 390,179. 57,873. 17 17 18 18 6,245,864. 6,674,239. 19 19 20 20 1,620,021. 1,881,128. Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 108,340. 23 0. 23 Secured mortgages and notes payable to unrelated third parties . . . . . . . Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities. Complete Part X of Schedule D 25 8,032,098. 8,945,546. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here ightharpoonup and **Fund Balances** complete lines 27 through 29, and lines 33 and 34. 416,747. 229,361. 27 27 28 28 29 29 Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 5 Assets 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Net 229,361. 416,747. 33 33 8,261,459. 9,362,293. Total liabilities and net assets/fund balances 34

Page **12** 

Pa	rt XI Financial Statements and Reporting			
			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.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	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 consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
3 a	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				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3 b		
		Form	990	(2009)

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

Department of the Treasury

Internal Revenue Service

## **Public Charity Status and Public Support**

2009

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

OMB No. 1545-0047

Name of the organization Employer identification number 23-7154039 ALCOR LIFE EXTENSION FOUNDATION Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). Χ 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the a following persons? No (ii) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? . . . . . . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . 11g(iii) Provide the following information about the supported organization(s). h (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of the organization in organization (described on lines 1-9 in col. (i) listed in your organization in col. support (i) organized in the above or IRC section governing document? col. (i) of your (see instructions)) support? Yes Nο Yes Νo Yes

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

Schedule A (Form 990 or 990-EZ) 2009

#### 23-7154039 Schedule A (Form 990 or 990-EZ) 2009 Page 2 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.) **Section A. Public Support** (a) 2005 (b) 2006 (d) 2008 (c) 2007(e) 2009 (f) Total Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not 858,848 974,716 754,120 1,129,091 1,038,123 4,754,898. include any "unusual grants.") . . . . Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . . 858.848. 974,716 754,120. 1,129,091 1,038,123 4,754,898. Total. Add lines 1 through 3..... 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)..... 1,127,994. Public support. Subtract line 5 from line 4. 3,626,904. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007(d) 2008 (e) 2009 (f) Total 1,038,123 4,754,898. 858,848. 974,716 754,120. 1,129,091 7 Amounts from line 4 . . . . . . . . . . . . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 77,835. 184,958 316,437 37,589 80,038 696,857. Net income from unrelated business activities, whether or not the business is 10,262 29,383 13,188 52,833. 10 Other income. Do not include gain or loss from the sale of capital assets 3,700. 66,945 4.914 6.589 9.764 91,912, (Explain in Part IV.) . ATCH. 1. . . . . 5,596,500. 11 Total support. Add lines 7 through 10... 1,931,504. 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

Sec	tion C. Computation of Public Support Percentage
14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))
15	Public support percentage from 2008 Schedule A, Part II, line 14
16a	331/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check
	this box and <b>stop here</b> . The organization qualifies as a publicly supported organization
b	331/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more,
	check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization
17a	10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10%
	or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in
	Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported
	organization
b	10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.
	Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly
	supported organization
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see
	instructions

Schedule A (Form 990 or 990-EZ) 2009

23-7154039 Schedule A (Form 990 or 990-EZ) 2009 Page 3

#### Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
C	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
C	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
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						
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	n's first. second.	third, fourth, o	r fifth tax vear a	as a section 501(c	:)(3)
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sur						1 1
15	Public support percentage for 2009 (line 8	, column (f) divide	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2008 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2009 (li			13, column (f))		17	%
18	Investment income percentage from 2008					18	%
	33 1/3% support tests - 2009. If the o					re than 331/3%. a	nd line
	17 is not more than 33 1/3%, check the	=					. $\square$
b	33 1/3% support tests - 2008. If the org		•	•			
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization		•	•			. —

Page 4

## Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

					ATTACHMENT 1	
SCHEDULE A, PART II - OTHER INCO	DME					
DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
OTHER INCOME	3,700.	66,945.	4,914.	6,589.	9,764.	91,912.
TOTALS	3,700.	66,945.	4,914.	6,589.	9,764.	91 <b>,</b> 912.

#### Schedule B

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

Internal Revenue Service

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

Schedule of Contributors

OMB No. 1545-0047

Employer identification number Name of the organization ALCOR LIFE EXTENSION FOUNDATION 23-7154039 Organization type (check one): Filers of: Section: X 501(c)(3 Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** |X| For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not 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. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). For Privacy Act and Paperwork Reduction Act Notice, see the Instructions Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

JSA

for Form 990, 990-EZ, or 990-PF.

Name of organization

ALCOR LIFE EXTENSION FOUNDATION

Employer identification number 23-7154039

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$\$	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		\$98,491.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3		\$114,649.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4		\$ 314,649.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5		\$114,649.	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

#### **SCHEDULE C**

(Form 990 or 990-EZ)

# **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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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), then

•	Section 501(c)(4), (5), or (6) or	organizations: Complete Part III.			
N	ame of organization			Employer identi	fication number
AL	COR LIFE EXTENSION			23-71	
Pa	art I-A Complete if the	organization is exempt under	r section <mark>501(c)</mark> or	ris a section 527 organ	nization.
1	Provide a description of the	ne organization's direct and indirect	t political campaign	activities in Part IV.	
2	Political expenditures			▶ \$	
3	Volunteer hours				
Pa		organization is exempt under			
1	Enter the amount of any e	excise tax incurred by the organizat	ion under section 49	955 ▶ \$	
2		excise tax incurred by organization			
3		d a section 4955 tax, did it file Forr			
4a b	Was a correction made? If "Yes," describe in Part IV				Yes No
Pa	rt I-C Complete if the	organization is exempt under	r section <b>501(</b> c), e	except section 501(c)(3)	).
1	Enter the amount directly	expended by the filing organization	n for section 527 ex	rempt function	
	activities			<b>&gt;</b> \$	
2	Enter the amount of the fil	ing organization's funds contributed	d to other organizati	ons for section	
		ities			
3	•	penditures. Add lines 1 and 2. En		*	
4		file Form 1120-POL for this year?			
5		es and employer identification numb			
		anization listed, enter the amount eived that were promptly and direc			
	•	cal action committee (PAC). If addit	•		·
		, ,			
	(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
					,
_					

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

Schedule C (Form 990 or 990-EZ) 2009

JSA 9E1264 2.000

Pá	under section 501		on is exen	npt under sectio	n 501(c)(3) and	filled Form 5768 (elec	ction	
				an affiliated grou box A and "limited		ions apply.		
		s on Lobb	ying Expen	ditures	•	(a) Filing organization's totals	(b) Affilia group tot	
1 a       Total lobbying expenditures to influence public opinion (grass roots lobbying)         b       Total lobbying expenditures to influence a legislative body (direct lobbying)         c       Total lobbying expenditures (add lines 1a and 1b)         d       Other exempt purpose expenditures         e       Total exempt purpose expenditures (add lines 1c and 1d)								
f	Lobbying nontaxable amount. I columns.							
	If the amount on line 1e, column (a	a) or (b) is:	_	-	is:			
	Not over \$500,000			amount on line 1e.	<b>4500.000</b>			
	Over \$500,000 but not over \$1,00	-		us 15% of the excess	, ,			
	Over \$1,000,000 but not over \$1,5 Over \$1,500,000 but not over \$17			us 10% of the excess us 5% of the excess				
	Over \$1,000,000 but not over \$17	,000,000	\$1,000,000		over \$1,500,000.			
g		t (enter 25	. , ,					
_	Subtract line 1g from line 1a. It							
i								
i	If these is an amount other tha		,			Form 4720 reporting		
•	section 4911 tax for this year?				•		Yes	No
	, ,	tions that imns belo	made a se w. See the	instructions for li	on do not have t nes 2a through 2	to complete all of the five five five five five five five fiv	/e	
		Lobi	bying Expe	nditures During 4-`	rear Averaging P	erioa		
	Calendar year (or fiscal year beginning in)	(a) 2	006	( <b>b</b> ) 2007	(c) 2008	(d) 2009	(e) Tota	ıl
2 a	Lobbying non-taxable 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))							
	ı			1	1			

Schedule C (Form 990 or 990-EZ) 2009

f Grassroots lobbying expenditures

Page 3

23-7154039 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). Part II-B

	, , , , , , , , , , , , , , , , , , ,	(a	(a)		(b)		
		Yes	No		Amo	unt	
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:						
а	Volunteers?		Х				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X					
C	Media advertisements?		X				
d	Mailings to members, legislators, or the public?		X				
e	Publications, or published or broadcast statements?		X				
f	Grants to other organizations for lobbying purposes?		X				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X				
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X	Λ			36	,000
j	Other activities? If "Yes," describe in Part IV	25					,000
ј 2 а	Total. Add lines 1c through 1i  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х			30,	, 000
-a b	If "Yes," enter the amount of any tax incurred under section 4912						
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	100000000000000000000000000000000000000	Х				
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection	1		ATERIORIS ATERICA
	501(c)(6).					1	
4	Mars substantially all (000/ or mars) dues respised mandedustible by marshare?					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?				1		
3	Did the organization make only in-nouse lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?				2		
	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501				<u> </u>		
Га	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A						
	"Yes."	,					
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of						
	expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2 b			
С	Total			2 c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	_		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 I	obbyir	ng				
5	and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)			5			
_	rt IV Supplemental Information			<u> </u>			
						4.	
	replete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C	, line	b; an	d Part	II-B, I	ne 11.	
LO	, complete this part for any additional information. BBYIST						
SCI	HEDULE C, PART II-B, LINE 1I						
THI	E ORGANIZATION ENGAGED THE SERVICES OF THE AARONS COMPANY TO WAY	ГСН I	FOR				
יזא ת	V I DOTCI NOTIVE NOOTIVITY TUNT MNY NEEDOW NICOD NND TO MEET WITTU						
— — —	Y LEGISLATIVE ACTIVITY THAT MAY AFFECT ALCOR AND TO MEET WITH						
LE	GISLATORS TO EDUCATE THEM ABOUT ALCOR'S PROGRAM.						

Schedule C (F	Form 990 or 990-EZ) 2009	23-7154039	Page <b>4</b>
Part IV	Form 990 or 990-EZ) 2009  Supplemental Information (continued)		
I altiv	Cappiemental information (continued)		

## SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

2009 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► 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

Employer identification number

ALC	OR LIFE EXTENSION FOUNDATION	23-7154039
Pai	Organizations Maintaining Donor Advised Funds or Other Similar Funds on the organization answered "Yes" to Form 990, Part IV, line 6.	r Accounts. Complete if
	(a) Donor advised funds	(b) Funds and other accounts
4	· · · · · · · · · · · · · · · · · · ·	(2)
1 2	Total number at end of year	
3	Aggregate contributions to (during year)	
4	Aggregate grants from (during year)	
5	Did the organization inform all donors and donor advisors in writing that the assets held in do	onor advised
•	funds are the organization's property, subject to the organization's exclusive legal control? .	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for	
	purpose conferring impermissible private benefit?	
Pai	Conservation Easements. Complete if the organization answered "Yes" to F	orm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or pleasure)  Preservation of	of an historically important land area
	Protection of natural habitat	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	n the form of a conservation
	easement on the last day of the tax year.	
		Held at the End of the Year
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
С	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06	
3	Number of conservation easements modified, transferred, released, extinguished, or termin	lated by the organization during
4	the tax year ▶ Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, ha	
J	violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation eas	
	>	Jennenie dannig die year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easeme	nts during the year
	<b>▶</b> \$	<i>.</i>
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of se	ection
	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	Yes . No
9	In Part XIV, describe how the organization reports conservation easements in its revenue an	d expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's finance	ial statements that describes
	the organization's accounting for conservation easements.	0: 11 1
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Othe Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	r Similar Assets.
1 a	If the organization elected, as permitted under SFAS 116, not to report in its revenue s art, historical treasures, or other similar assets held for public exhibition, education, or res	tatement and balance sheet works of search in furtherance of public service.
	provide, in Part XIV, the text of the footnote to its financial statements that describes these ite	ems.
b	If the organization elected, as permitted under SFAS 116, to report in its revenue states	
	historical treasures, or other similar assets held for public exhibition, education, or rese provide the following amounts relating to these items:	earch in furtherance of public service,
	(i) Revenues included in Form 990, Part VIII, line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar	
_	following amounts required to be reported under SFAS 116 relating to these items:	assets for infamolal gain, provide the
а	Revenues included in Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	
		<del> </del>

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

Schedule D (Form 990) 2009

23-7154039 Schedule D (Form 990) 2009 Page 2

Par	rt III       Organizations Maintaini	ng Collections o	of Art, Histor	rical Treasures	s, or Ot	her Similar A	ssets (co	ntinued)	)
3	Using the organization's acquisition	n, accession, and o	other records,	check any of th	ne follow	ing that are a	significant ι	use of its	
	collection items (check all that app	ly):		_					
а	Public exhibition		d	Loan or ex	change	programs			
b	Scholarly research		е	Other					
С	Preservation for future ge	nerations							
4	Provide a description of the organiz	zation's collections	and explain l	now they further	the org	anization's exe	mpt purpo	se in	
	Part XIV.								
5	During the year, did the organization	on solicit or receive	e donations o	f art, historical t	reasure	s, or other simila	ar		
	assets to be sold to raise funds rath	ner than to be mai	ntained as pa	rt of the organiz	ation's o	collection?		Yes	No
Par	rt IV Escrow and Custodial A IV, line 9, or reported an				answe	ered "Yes" to F	Form 990	, Part	
1 a	Is the organization an agent, truste	e, custodian or oth	ner intermedia	ary for contributi	ons or c	ther assets not	t		
	included on Form 990, Part X?							Yes	X No
b	If "Yes," explain the arrangement in	Part XIV and com	plete the follo	owing table:					
						Aı	mount		
С	Beginning balance				1c				
d	Additions during the year				1 d				
е	Distributions during the year				1e				
f	Ending balance								
2 a	Did the organization include an am	ount on Form 990	), Part X, line 2	21?			X	Yes	No
b	If "Yes," explain the arrangement in	Part XIV.							
Par	rt V Endowment Funds. Con	nplete if organiz	ation answe	red "Yes" to Fo	orm 990	), Part IV, line	10.		
		(a) Current Year	(b) Prior yea	ar (c) Two ye	ars back	(d) Three yea	rs back (	( <b>e)</b> Four yea	ars back
1 a	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	'								
g	End of year balance								
2	Provide the estimated percentage		lance held as:						
а	Board designated or quasi-endown		%						
b	Permanent endowment ▶	%							
С	Term endowment ▶	%							
3 a	Are there endowment funds not in	the possession of	the organiza	tion that are hel	d and a	dministered for	the	_	
	organization by:						,	Ye	s No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations						L	3a(ii)	
b	If "Yes" to 3a(ii), are the related org							3 b	
4	Describe in Part XIV the intended u								
Par	rt VI Investments - Land, Buil	dings, and Equi	pment. See	Form 990, Pa	<u>rt X, lin</u>	e 10.			
	Description of investment		or other basis restment)	(b) Cost or other basis (other)	· (c	Accumulated depreciation	(d) I	Book value	
1 a	Land								
b	Buildings								
С	Leasehold improvements			229,9	42	70,910.		159	,032.
d	Equipment			1,066,5	59.	747,155.		319	,444.
_ е	Other								
Tota	<b>il.</b> Add lines 1a through 1e. <i>(Column</i>	(d) must equal Fo	rm 990, Part )	K, column (B), lin	e 10(c).	) <del> ▶</del>		478	,476.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 23-7154039 Page **3** 

Part VII	Investments - Other Securities. See F	orm 990, Part X, lin	e 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio Cost or end-of-year market	
Financial c	derivatives			
	eld equity interests			
	·			
Tatal (Colum	an (h) must swipl Form 000 Port V sel (D) line (2)			
Part VIII	In (b) must equal Form 990, Part X, col. (B) line 12.)  Investments - Program Related. See F	orm 990 Part X lir	ne 13	
r art viii	(a) Description of investment type	(b) Book value	(c) Method of valuatio	n:
	(,	(,	Cost or end-of-year market	
			HEREBOOK STATES	
	nn (b) must equal Form 990, Part X, col. (B) line 13.)	- 4 <i>E</i>		
Part IX	Other Assets. See Form 990, Part X, I	Description		(b) Book value
EMPLOYE	EE RECEIVABLE	Description		2,500.
	ICE POLICIES			2,582,985
				· · ·
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 15.)			2,585,485
Part X	Other Liabilities. See Form 990, Part >			
1.	(a) Description of liability	(b) Amount		
Federal ind	come taxes			
			- 1	
			-	
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)			

**2.** FIN 48 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.

Schedu	ule D (Form 990) 2009	23-7154039	Page <b>4</b>
Part	Reconciliation of Change in Net Assets from Form 990 to Au	dited Financial Stateme	ents
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1
2	Total expenses (Form 990, Part IX, column (A), line 25)		2
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3
4	Net unrealized gains (losses) on investments		4
5	Donated services and use of facilities		5
6	Investment expenses		6
7	Prior period adjustments		7
8	Other (Describe in Part XIV.)		8
9	Total adjustments (net). Add lines 4 through 8		9
10	Excess or (deficit) for the year per audited financial statements. Combine line		0
	Reconciliation of Revenue per Audited Financial Statements		
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
- a		2a	
b			
c C	, , , , , , , , , , , , , , , , , , , ,	. 2d	
d	* * * * * * * * * * * * * * * * * * * *		-
e	•		
3	Subtract line 2e from line 1		.   3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а			-
b	/		
С _			
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
	Reconciliation of Expenses per Audited Financial Statements	With Expenses per Rei	
1			. 1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а			_
b		. 2b	_
C		. 2c	_
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		. 4a	_
b	Other (Describe in Part XIV.)	. 4b	_
C	Add lines <b>4a</b> and <b>4b</b>		4c
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	B.)	. 5
Part	XIV Supplemental Information		
Comp	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9;	Part III. lines 1a and 4: Part	t IV. lines 1b
	b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Pa		
this pa	art to provide any additional information.		
LIFE	E INSURANCE		
SCHE	EDULE D, PART IV, LINE 2B		
THE	ORGANIZATION RECORDS THE ALCOR MEMBERS' PREPAYMENT	FOR	
CRYC	OPRESERVATION IN AN ESCROW ACCOUNT. THE ACCOUNT IS	THEN USED AT TIME	1 1
OF D	DEATH FOR CRYOPRESERVATION SERVICES AND RECORDED AS	PROGRAM REVENUE.	

Schedule D (Form 990) 2009 23-7154039

Part XIV Supplemental Information (continued)

Schedule D (Form 990) 2009

Page 5

# Schedule F (Form 990)

# **Statement of Activities Outside the United States**

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

▶ Attach to Form 990. ▶ See separate instructions.

ALCOR LIFE EXTENSION FOUNDATION

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

23-7154039

Pa	<b>Part I General Information on Activities Outside the United States.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.							
1	For grantmakers. Does assistance, the grants or assistance?							
2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.								
3	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	<b>(f)</b> Total expenditures in region		
EAS'	F ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	MEMBERSHIP DUES	0.		
NOR!	TH AMERICA	0	0	PROGRAM SERVICES	MEMBERSHIP DUES	0.		
EUR	DPE	0	0	PROGRAM SERVICES	MEMBERSHIP DUES	0.		
SOU'	TH AMERICA	0	0	PROGRAM SERVICES	MEMBERSHIP DUES	0.		
_								
Tof	als	• 0	0			0.		
						•		

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

Schedule F (Form 990) 2009

JSA 9E1274 2.000 Schedule F (Form 990) 2009 23-7154039 Page **2** 

Part II	<b>Grants and Other Assis</b> Part IV, line 15, for any	recipient who received	l more than \$5,00						
1	Use Schedule F-1 (Form  (a) Name of organization	(b) IRS code section and EIN (if applicable)	e is needed. (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)
									other
<b>2</b> Enter	total number of recipient org	ganizations listed above th	nat are recognized as	s charities by the f	oreign country, re	cognized as tax	-exempt		
by the 3 Enter	e IRS, or for which the grante total number of other organi	ee or counsel has provided zations or entities	d a section 501(c)(3)	equivalency letter			· · • ——		(Form 990) 200

JSA 9E1275 1.000

PAGE 30

Schedule F (Form 990) 2009 23-7154039 Page **3** 

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

(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)

Schedule F (Form 990) 2009

23-7154039 Schedule F (Form 990) 2009 Page 4

Part IV Supplemental Information Complete this part to provide the information required in Part I, line 2, and any additional information.
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 2009, THE ORGANIZATION DID NOT INCUR ANY
SUBSTANTIAL COSTS RELATED TO OUR FOREIGN ACTIVITIES. WE DID, HOWEVER,
RECEIVE \$30,211 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.

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

OMB No. 1545-0047

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attaon to Form ou

Employer identification number 23-7154039

ALCOR LIFE EXTENSION FOUNDAT	Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b,  (a) Name of disqualified person  (b) Description of the companization managers or disqualified persons under section 4958.  Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  **III** Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 10) 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 10) Name of interested person and purpose  (b) Relationship between interested person and the organization answered "Yes" on Form 990, Part IV, line 27.  (c) Name of interested person interested person and the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, (a) Name of interested person  (b) Relationship between interested person and the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, (a) Name of interested person  (b) Relationship between interested person and the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, (a) Name of interested person  (b) Relationship between interested person and the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, (a) Name of interested person  (b) Relationship between interested person and the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, (b) Relationship between interested person and the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, (c) Name of interested person and the organization and the organiza			23	-715	4039	9					
								, Part	V, line	e 40b.		
1 (a) Name of disqualified person				(h	\ Docorintion	of transactiv	.n				<b>(c)</b> Cor	rected?
(a) Name of disqualified person				a)	) Description	or transaction	м				Yes	No
under section 4958									_			
				Part IV, lin	e 26, or For	m 990-EZ,	Part √	, line	38a.			
(a) Name of interested person and purpose					(d) Bala	nce due	(e) In (	lefault?	by bo	ard or		
	То	From					Ye		Ce   Corrected?   Yes   No   No   No   No   No   No   No   N			
JOE HOVEY ADVANCED BONUS		X	× -	10,000.		1,000.		Х	Х		Х	
						1,000.						
					∋ 27.							
· · · · · · · · · · · · · · · · · · ·	T		ip between int	erested per		(c) A	Amoun	and t	ype of	assist	ance	
					a 28a 28h	or 28c						
· · · · · · · · · · · · · · · · · · ·	T						a rintia r	of tro	naaati	<b>.</b>	(=) ==	
(a) Name of interested person		ested per	son and the			, oi			organiz	zation's		
											Yes	No
21ST CENTURY MEDICINE	OWNED	BY SAUL	KENT		31,975.	LICENSING						X

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

Schedule L (Form 990 or 990-EZ) 2009

# SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

Name of the organization
ALCOR LIFE EXTENSION FOUNDATION

Employer identification number

23-7154039

ATTACHMENT 2

FORM 990, PART III, LINE 1

ORGANIZATION'S MISSION

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 REVEIWED 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 R (Form 990)

# **Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

▶ 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 Public Inspection

Employer identification number

ALCOR I	LCOR LIFE EXTENSION FOUNDATION										
Part I	Identification of Disregarded Entities (Complete if the organization	n answered "Yes" o	n Form 990, Parl	: IV, line 33.)							
	(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity					
Part II	Identification of Related Tax-Exempt Organizations (Complete if had one or more related tax-exempt organizations during the tax year	the organization ans ar.)	swered "Yes" on	Form 990, Part l'	V, line 34 becaus	se it					
	(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity					

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

Schedule R (Form 990) 2009

Schedule R (Form 990) 2009						23-715	4039				Р	age .
Part III Identification of I because it had on	<b>Related Organizat</b> e or more related	t <b>ions Tax</b> organiza	a <b>ble as a Partne</b> itions treated as	ership (Complet a partnership du	e if the organiz ring the tax yea	zation ansv ar.)	vered "Yes" on F	orm 9	990, I	Part IV, line 34		
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Primary activity  Legal domicile domicile (state or foreign country)  Legal domicile entity domicile (state or foreign country)  Predominant Share of total income assets or elated, unrelated, excluded from tax under sections		income (related, unrelated, estity encoded from tax under					h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	<b>j)</b> eral or aging tner?
		Journally,		512-514)				Yes	No		Yes	No
CRYONICS PROPERTY 86-0740606												
7895 E. ACOMA DRIVE, #110	RENTAL	AZ	N/A	UNRELATED	1	.5,832.	392,583.		Х	0.		Х
	-											
	-											
	_											
	_											
	-											
	-											
Part IV Identification of I	Related Organizates se it had one or m	tions Tax ore relat	able as a Corpo ed organizations	ration or Trust ( treated as a cor	Complete if the poration or true	e organiza st during th	tion answered "Y ne tax year.)	es" o	n Fo	rm 990, Part	•	
(a Name, address, and EIN			<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of en (C corp, S c or trust)	porp,	income		(g) Share of end-of-year assets	(h) Percent owners	tage
				1		1			1			

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

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

Not	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Ye	s No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		. 1	a 2	X
					X
	Gift, grant, or capital contribution from other organization(s)			С	X
4	Loans or loan guarantees to or for other organization(s)			_	K
a			· ·		X
е	Loans or loan guarantees by other organization(s)				
					X
f	Sale of assets to other organization(s)			_	X
g	Purchase of assets from other organization(s)				
h	Exchange of assets				X
i	Lease of facilities, equipment, or other assets to other organization(s)		1	i	X
i	Lease of facilities, equipment, or other assets from other organization(s)		1	j   2	
k	Performance of services or membership or fundraising solicitations for other organization(s)			k	X
ı	Performance of services or membership or fundraising solicitations by other organization(s)			1	X
m	Sharing of facilities, equipment, mailing lists, or other assets			m	X
			–		X
n	Sharing of paid employees		• •		
				_	X
	Reimbursement paid to other organization for expenses				X
р	Reimbursement paid by other organization for expenses		1	p	^
q	Other transfer of cash or property to other organization(s)		<u>  1</u>	q	X
r	Other transfer of cash or property from other organization(s)		1	r	X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and trans			lds.	
	(a) (b) Transaction	0	(c)	امميامر	
	(a) Name of other organization  (b) Transaction type (a-r)	Arr	iount inv	oivea	
(1)	CRYONICS PROPERTY LLC		9	2,2	78.
111				,	
(2)	CRYONICS PROPERTY LLC		2	7 5	76

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(3)

(5)

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## 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.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	Are all sed 501 organi	d) partners ction (c)(3) zations?	(e) Share of end-of-year assets	Disprop alloca	ortionate ations?	e (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 1000)	Yes	No	