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Form 990-EZ

Department of the Treasury  
Internal Revenue ServiceShort Form  
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)  
 Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.  
 The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2011

Open to Public  
Inspection

A For the 2011 calendar year, or tax year beginning

and ending

B Check if applicable

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

C Name of organization

AMERICANS FOR CURES FOUNDATION  
FORMERLY ALLIANCE FOR STEM CELL RESEARCH

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

550 S CALIFORNIA AVENUE

Room/suite  
330

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

PALO ALTO, CA 94306-1441

D Employer identification number

20-1824931

E Telephone number

650-833-0100

F Group Exemption  
NumberG Accounting Method: ☐ Cash ☒ Accrual Other (specify) \_\_\_\_\_

I Website: WWW.AMERICANSFORCURES.ORG

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).J Tax-exempt status (check only one) ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

\$ 69,154.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I

☒

|            |            |                                                                                                                                                                                                            |                                                      |         |
|------------|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------|
| Revenue    | 1          | Contributions, gifts, and similar amounts received                                                                                                                                                         | 1                                                    | 69,154. |
|            | 2          | Program service revenue including government fees and contracts                                                                                                                                            | 2                                                    |         |
|            | 3          | Membership dues and assessments                                                                                                                                                                            | 3                                                    |         |
|            | 4          | Investment income                                                                                                                                                                                          | 4                                                    |         |
|            | 5a         | Gross amount from sale of assets other than inventory                                                                                                                                                      | 5a                                                   |         |
|            | 5b         | Less: cost or other basis and sales expenses                                                                                                                                                               | 5b                                                   |         |
|            | 5c         | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)                                                                                                                    | 5c                                                   |         |
|            | 6          | Gaming and fundraising events                                                                                                                                                                              |                                                      |         |
| Expenses   | a          | Gross income from gaming (attach Schedule G if greater than \$15,000)                                                                                                                                      | 6a                                                   |         |
|            | b          | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b                                                   |         |
|            | c          | Less: direct expenses from gaming and fundraising events                                                                                                                                                   | 6c                                                   |         |
|            | d          | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)                                                                                                         | 6d                                                   |         |
|            | 7a         | Gross sales of inventory, less returns and allowances                                                                                                                                                      | 7a                                                   |         |
|            | b          | Less: cost of goods sold                                                                                                                                                                                   | 7b                                                   |         |
|            | c          | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)                                                                                                                             | 7c                                                   |         |
|            | 8          | Other revenue (describe in Schedule O)                                                                                                                                                                     | 8                                                    |         |
|            | 9          | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8                                                                                                                                                     | 9                                                    | 69,154. |
|            | Net Assets | 10                                                                                                                                                                                                         | Grants and similar amounts paid (list in Schedule O) | 10      |
| 11         |            | Benefits paid to or for members                                                                                                                                                                            | 11                                                   |         |
| 12         |            | Salaries, other compensation, and employee benefits                                                                                                                                                        | 12                                                   |         |
| 13         |            | Professional fees and other payments to independent contractors                                                                                                                                            | 13                                                   | 9,500.  |
| 14         |            | Occupancy, rent, utilities, and maintenance                                                                                                                                                                | 14                                                   | 1,637.  |
| 15         |            | Printing, publications, postage, and shipping                                                                                                                                                              | 15                                                   |         |
| 16         |            | Other expenses (describe in Schedule O)                                                                                                                                                                    | 16                                                   | 60,484. |
| 17         |            | Total expenses. Add lines 10 through 16                                                                                                                                                                    | 17                                                   | 71,621. |
| Net Assets | 18         | Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                                                                                            | 18                                                   | -2,467. |
|            | 19         | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)                                                           | 19                                                   | 18,205. |
|            | 20         | Other changes in net assets or fund balances (explain in Schedule O)                                                                                                                                       | 20                                                   | 0.      |
|            | 21         | Net assets or fund balances at end of year. Combine lines 18 through 20                                                                                                                                    | 21                                                   | 15,738. |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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Check if the organization used Schedule O to respond to any question in this Part II

Check if the organization used Schedule O to respond to any question in this Part II

Check if the organization used Schedule O to respond to any question in this Part III ☒

| <b>Expenses</b>                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|
| (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.) |

Check if the organization used Schedule O to respond to any question in this Part IV

132172  
02-06-12

## AMERICANS FOR CURES FOUNDATION

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FORMERLY ALLIANCE FOR STEM CELL RESEARCH

20-1824931

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**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V ☒

|                                                                                                                                                                                                                                                                                                                          | Yes | No  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O                                                                                                                                                   |     | X   |
| 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)                                                            |     | X   |
| 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?                                                                                                                                 |     | X   |
| b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O                                                                                                                                                                                             | N/A |     |
| c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III                                                                                                       |     | X   |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N                                                                                                                                     |     | X   |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions.                                                                                                                                                                                                                        | 37a | 0.  |
| b Did the organization file Form 1120-POL for this year?                                                                                                                                                                                                                                                                 | 37b | X   |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?                                                                                         | 38a | X   |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved                                                                                                                                                                                                                                             | 38b | N/A |
| 39 Section 501(c)(7) organizations. Enter:                                                                                                                                                                                                                                                                               |     |     |
| a Initiation fees and capital contributions included on line 9                                                                                                                                                                                                                                                           | 39a | N/A |
| b Gross receipts, included on line 9, for public use of club facilities                                                                                                                                                                                                                                                  | 39b | N/A |
| 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:                                                                                                                                                                                                              |     |     |
| section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.                                                                                                                                                                                                                                                                |     |     |
| b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | X   |
| c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958                                                                                                                                        |     | 0.  |
| d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization                                                                                                                                                                                                          |     | 0.  |
| e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T                                                                                                                                                               | 40e | X   |
| 41 List the states with which a copy of this return is filed. ▶ CA                                                                                                                                                                                                                                                       |     |     |
| 42a The organization's books are in care of ▶ KLEIN FINANCIAL CORPORATION Telephone no. ▶ 559-441-7901                                                                                                                                                                                                                   |     |     |
| Located at ▶ 2607 FRESNO STREET, SUITE A, FRESNO, CA ZIP + 4 ▶ 93721                                                                                                                                                                                                                                                     |     |     |
| b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                                                               | 42b | X   |
| 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.                                                                                                                                                                                        |     |     |
| c At any time during the calendar year, did the organization maintain an office outside of the U.S.?                                                                                                                                                                                                                     | 42c | X   |
| If "Yes," enter the name of the foreign country: ▶                                                                                                                                                                                                                                                                       |     |     |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year                                                                                                                               | 43  | N/A |
| 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ                                                                                                                                                                                   | 44a | X   |
| b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ                                                                                                                                                                              | 44b | X   |
| c Did the organization receive any payments for indoor tanning services during the year?                                                                                                                                                                                                                                 | 44c | X   |
| d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                                                                                                                                                                                    | 44d |     |
| 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                              | 45a | X   |
| 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)                                                                   | 45b |     |

**AMERICANS FOR CURES FOUNDATION**  
**FORMERLY ALLIANCE FOR STEM CELL RESEARCH**

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46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

If "Yes," complete Schedule C, Part I

|    | Yes | No |
|----|-----|----|
| 46 |     | X  |

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

|     | Yes | No |
|-----|-----|----|
| 47  |     | X  |
| 48  |     | X  |
| 49a |     | X  |
| 49b |     |    |

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|----------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| NONE                                                           |                                                          |                                                   |                                                                                         |                                            |
|                                                                |                                                          |                                                   |                                                                                         |                                            |
|                                                                |                                                          |                                                   |                                                                                         |                                            |
|                                                                |                                                          |                                                   |                                                                                         |                                            |
|                                                                |                                                          |                                                   |                                                                                         |                                            |
|                                                                |                                                          |                                                   |                                                                                         |                                            |
|                                                                |                                                          |                                                   |                                                                                         |                                            |
|                                                                |                                                          |                                                   |                                                                                         |                                            |
|                                                                |                                                          |                                                   |                                                                                         |                                            |
|                                                                |                                                          |                                                   |                                                                                         |                                            |

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." **NONE**

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|------------------------------------------------------------------------------|---------------------|------------------|
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt

charitable trusts must attach a completed Schedule A

☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

**ROBERT N. KLEIN, II, DIRECTOR**

Type or print name and title

Paid Preparer Use Only

|                               |                      |         |                                                 |           |
|-------------------------------|----------------------|---------|-------------------------------------------------|-----------|
| Print/Type preparer's name    | Preparer's signature | Date    | Check <input type="checkbox"/> if self-employed | PTIN      |
| JOHN SLATER                   |                      | 5.10.12 |                                                 | P00537659 |
| Firm's name                   | Firm's EIN           |         | Firm's address                                  |           |
| SLATER MOFFAT ASSOCIATES, LLP | 20-1089335           |         | 6795 N. PALM AVE., SUITE 108                    |           |
| Firm's address                | Phone no.            |         |                                                 |           |
| FRESNO, CA 93704              | 559-437-0700         |         |                                                 |           |

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Form 990-EZ (2011)

Department of the Treasury  
Internal Revenue Service

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

OMB No 1545-0047

# 2011

**Open to Public Inspection**

**Employer identification number**  
**20-1824931**

**The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)**

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

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).**

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.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

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

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other

e ☐ 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).

f ☐ 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

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s).

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2011

**AMERICANS FOR CURES FOUNDATION**

Schedule A (Form 990 or 990-EZ) 2011 **FORMERLY ALLIANCE FOR STEM CELL RESEARCH** 20-1824931 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                                | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                                                  | 202,142. | 708,515. | 76,199.  | 14,891.  | 69,154.  | 1070901.  |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                     |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3                                                                                                                                                                        | 202,142. | 708,515. | 76,199.  | 14,891.  | 69,154.  | 1070901.  |
| <b>5</b> 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) |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4                                                                                                                                                         |          |          |          |          |          | 1070901.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                                    | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4                                                                                                                                                                                     | 202,142. | 708,515. | 76,199.  | 14,891.  | 69,154.  | 1070901.  |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                          | 4,629.   | 20,358.  | 4,921.   |          |          | 29,908.   |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                                                                                                      |          |          |          |          |          |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                                                        | 432.     |          |          | 45.      |          | 477.      |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                                                                                                  |          |          |          |          |          | 1101286.  |
| <b>12</b> Gross receipts from related activities, etc. (see instructions)                                                                                                                                        |          |          |          |          | 12       |           |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |       |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|---|
| <b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                                                | 14 | 97.24 | % |
| <b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                                                      | 15 | 95.88 | % |
| <b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>                                                                                                                                                                 |    |       |   |
| <b>b 33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>                                                                                                                                                                         |    |       |   |
| <b>17a 10% -facts-and-circumstances test - 2011.</b> 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 <input type="checkbox"/>    |    |       |   |
| <b>b 10% -facts-and-circumstances test - 2010.</b> 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 <input type="checkbox"/> |    |       |   |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>                                                                                                                                                                                                                                                           |    |       |   |

Schedule A (Form 990 or 990-EZ) 2011

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                     | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                       |          |          |          |          |          |           |
| <b>2</b> 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 |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| <b>b</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           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b                                                                                                                                                      |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6)                                                                                                                            |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                                                                         | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6                                                                                                                                                                                                                          |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                                                             |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                                                                                      |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b                                                                                                                                                                                                                        |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                                                                                                 |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                                                                                             |          |          |          |          |          |           |
| <b>13 Total support</b> (Add lines 9, 10c, 11, and 12)                                                                                                                                                                                                |          |          |          |          |          |           |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <span style="float: right;">▶ <input type="checkbox"/></span> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                  |           |   |
|--------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> | % |
| <b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                       |           |   |
|-------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

**b 33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

**2011**

Open to Public  
Inspection

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **See separate instructions.**

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

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

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

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

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

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

Name of organization **AMERICANS FOR CURES FOUNDATION**  
**FORMERLY ALLIANCE FOR STEM CELL RESEARCH** Employer identification number  
**20-1824931**

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  
☐ Yes ☐ No
- 4a Was a correction made?  
☐ Yes ☐ No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

Schedule C (Form 990 or 990-EZ) 2011

LHA

**AMERICANS FOR CURES FOUNDATION**

Schedule C (Form 990 or 990-EZ) 2011 **FORMERLY ALLIANCE FOR STEM CELL RESEARCH** 20-1824931 Page 2

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check ☒ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (a) Filing organization's totals                         | (b) Affiliated group totals        |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------|--------------------|-------------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------|----------------------------------------------------|--------------------------------------------|---------------------------------------------------|-------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>d</b> Other exempt purpose expenditures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is:          | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | The lobbying nontaxable amount is:                       |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Not over \$500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 20% of the amount on line 1e.                            |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$100,000 plus 15% of the excess over \$500,000.         |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$175,000 plus 10% of the excess over \$1,000,000.       |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$225,000 plus 5% of the excess over \$1,500,000.        |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$1,000,000.                                             |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

| Lobbying Expenditures During 4-Year Averaging Period                |          |          |          |          |           |
|---------------------------------------------------------------------|----------|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                                | 0.       | 0.       | 0.       | 0.       |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                | 0.       | 0.       | 0.       | 0.       |           |
| <b>d</b> Grassroots nontaxable amount                               | 0.       | 0.       | 0.       | 0.       |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           | 0.       | 0.       | 0.       | 0.       |           |

Schedule C (Form 990 or 990-EZ) 2011

**AMERICANS FOR CURES FOUNDATION**

Schedule C (Form 990 or 990-EZ) 2011 **FORMERLY ALLIANCE FOR STEM CELL RESEARC 20-1824931** Page 3

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

| For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.                                                                                                              | (a) |    | (b)    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|                                                                                                                                                                                                                                        | Yes | No | Amount |
| <b>1</b> 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: |     |    |        |
| <b>a</b> Volunteers?                                                                                                                                                                                                                   |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                                  |     |    |        |
| <b>c</b> Media advertisements?                                                                                                                                                                                                         |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public?                                                                                                                                                                              |     |    |        |
| <b>e</b> Publications, or published or broadcast statements?                                                                                                                                                                           |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes?                                                                                                                                                                          |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                   |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                     |     |    |        |
| <b>i</b> Other activities?                                                                                                                                                                                                             |     |    |        |
| <b>j</b> Total. Add lines 1c through 1i                                                                                                                                                                                                |     |    |        |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                                                |     |    |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912                                                                                                                                                             |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912                                                                                                                                    |     |    |        |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                                                                                                                                  |     |    |        |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

|                                                                                                            | Yes      | No |
|------------------------------------------------------------------------------------------------------------|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?                      | <b>1</b> |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                 | <b>2</b> |    |
| <b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? | <b>3</b> |    |

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

|                                                                                                                                                                                                                                                     |           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>1</b> Dues, assessments and similar amounts from members                                                                                                                                                                                         | <b>1</b>  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).                                                                                 |           |  |
| <b>a</b> Current year                                                                                                                                                                                                                               | <b>2a</b> |  |
| <b>b</b> Carryover from last year                                                                                                                                                                                                                   | <b>2b</b> |  |
| <b>c</b> Total                                                                                                                                                                                                                                      | <b>2c</b> |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues                                                                                                                                            | <b>3</b>  |  |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | <b>4</b>  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions)                                                                                                                                                                   | <b>5</b>  |  |

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, AFFILIATED GROUP RETURN STATEMENT:**

**AMERICAN FOR STEM CELL THERAPIES AND CURES IS A 501(C)4 ORGANZIATION.**

**AMERICAN FOR STEM CELL THERAPIES AND CURES AND AMERICAN FOR CURES**

**FOUNDATION HAVE MORE THAN 25% OF BOARD MEMBERS IN COMMON.**

**AMERICANS FOR CURES FOUNDATION**

Schedule C (Form 990 or 990-EZ) 2011 **FORMERLY ALLIANCE FOR STEM CELL RESEARCH** 20-1824931 Page 4

**Part IV** Supplemental Information (continued)

**Schedule C**

**Affiliated Group Lobbying Expenditures**  
**Part II -A**

Name of Affiliated Group Member  
**AMERICAN FOR STEM CELL THERAPIES AND CURES**

Employer ID Number  
**57-1136023**

Affiliated Group Member Address  
**550 CALIFORNIA AVENUE #330**  
**PALO ALTO, CA 94306**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

| Total lobbying expenditures to influence public opinion (grassroots lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                      | 0.                                 | 1a                                 |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|----|---|
| Total lobbying expenditures to influence a legislative body (direct lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                      | 0.                                 | b                                  |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| Total lobbying expenditures (add lines 1a and 1b)                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0.                                 | c                                  |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| Other exempt purpose expenditures                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0.                                 | d                                  |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| Total exempt purpose expenditures (add lines 1c and 1d).                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0.                                 | e                                  |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| Lobbying nontaxable amount.                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| Enter the amount from the following table:                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| <table><tr><th>If the amount on line e is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>&gt; 500,000 &lt;= 1,000,000</td><td>100,000 + 15% &gt; 500,000</td></tr><tr><td>&gt; 1,000,000 &lt;= 1,500,000</td><td>175,000 + 10% &gt; 1,000,000</td></tr><tr><td>&gt; 1,500,000 &lt;= 17,000,000</td><td>225,000 + 5% &gt; 1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 | 0. | f |
| If the amount on line e is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| Not over \$500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| > 500,000 <= 1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| > 1,000,000 <= 1,500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| > 1,500,000 <= 17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| Over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| Grassroots nontaxable amount (enter 25% of line 1f)                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0.                                 | g                                  |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| Subtract line 1g from line 1a (limit to zero)                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0.                                 | h                                  |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| Subtract line 1f from line 1c (limit to zero)                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0.                                 | i                                  |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| Member's share of excess lobbying expenditures                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

AMERICANS FOR CURES FOUNDATION  
FORMERLY ALLIANCE FOR STEM CELL RESEARCH

Employer identification number  
20-1824931

**FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE:**

| DESCRIPTION OF EXPENSES:  | AMOUNT: |
|---------------------------|---------|
| DEPRECIATION/AMORTIZATION | 1,637.  |

**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

| DESCRIPTION OF OTHER EXPENSES:                     | AMOUNT: |
|----------------------------------------------------|---------|
| BANK SERVICE CHARGES                               | 98.     |
| INSURANCE EXPENSE                                  | 2,741.  |
| INTERNET SERVICES - WEBHOSTING/DOMAIN NAME RENEWAL | 410.    |
| TELEPHONE EXPENSE                                  | 1,323.  |
| TRAVEL EXPENSE                                     | 1,389.  |
| DOCUMENTARY EXPENSE                                | 50,875. |
| ACCOUNTING EXPENSE                                 | 1,573.  |
| LEGAL EXPENSE                                      | 2,050.  |
| TAXES, LICENSE, AND FEES                           | 25.     |
| TOTAL TO FORM 990-EZ, LINE 16                      | 60,484. |

**FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:**

| DESCRIPTION                   | BEG. OF YEAR | END OF YEAR |
|-------------------------------|--------------|-------------|
| PREPAID EXPENSE - INSURANCE   | 2,015.       | 2,387.      |
| OTHER DEPRECIABLE ASSETS      | 13,863.      | 12,226.     |
| TOTAL TO FORM 990-EZ, LINE 24 | 15,878.      | 14,613.     |

**FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:**

| DESCRIPTION                  | BEG. OF YEAR | END OF YEAR |
|------------------------------|--------------|-------------|
| ACCOUNTS PAYABLE - TELEPHONE | 0.           | 85.         |

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FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROMOTE AND SUPPORT  
STEM CELL RESEARCH AND CURES.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

TO PROMOTE AND SUPPORT STEM CELL RESEARCH AND CURES;

EDUCATE THE PUBLIC ABOUT THE IMPORTANCE OF STEM CELL

RESEARCH; SUPPORT IMPLEMENTATION OF CA PROPOSITION 71. DON

REED PRODUCED 37 ARTICLES FOR THE STEM CELL BATTLES WEBLOG AND PRODUCED

14 PUBLISHED ARTICLES FOR THE HUFFINGTON POST. DON REED PARTICIPATED IN

THE WORLD STEM CELL SUMMIT AT PASADENA, CALIFORNIA AS AN ADVOCATE

PANELIST. DON REED DELIVERED TWO 60-MINUTE LECTURES FOR THE STEM CELL

PROGRAM AT UC BERKELEY AND PROVIDED A SIMILAR LECTURE AT IRVINGTON HIGH

SCHOOL. DON REED SPOKE AT THE ROMAN REED SPINAL CORD INJURY RESEARCH

ACT "MEET THE PATIENT NIGHT" AT UC IRVINE. DON REED ALSO ASSISTED IN

THE ONGOING STANFORD PARTNERSHIP FOR SPINAL CORD INJURY REPAIR AND

ATTENDED APPROXIMATELY 6 MEETINGS.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES, DOCUMENTARY EXPENSE:

ELECTION TO EXPENSE QUALIFIED FILM PRODUCTION COSTS UNDER CODE SEC. 181

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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OMB No 1545-0047

**2011**

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FORMERLY ALLIANCE FOR STEM CELL RESEARCH

Employer identification number  
20-1824931

ELECTION TO EXPENSE QUALIFIED FILM PRODUCTION COSTS UNDER CODE SEC. 181

AMERICANS FOR CURES FOUNDATION IS ELECTING TO EXPENSE PRODUCTIONS COSTS  
INCURRED AND PAID IN 2011 UNDER CODE SEC. 181 FOR THE FOLLOWING:

NAME OF THE PRODUCTION:

POWER OF ONE DOCUMENTARY

DATE PRODUCTION COSTS WERE FIRST PAID OR INCURRED:

JUNE 8, 2011

AMOUNT OF PRODUCTION COSTS PAID OR INCURRED IN 2011:

\$50,875

AMOUNT OF QUALIFIED COMPENSATION PAID OR INCURRED IN 2011:

\$50,875

AMOUNT OF COMPENSATION (OTHER THAN QUALIFIED COMPENSATION) PAID OR  
INCURRED IN 2011:

\$ -0-

AMERICANS FOR CURES FOUNDATION DOES NOT EXPECT THAT THE AGGREGATE  
PRODUCTION COST FOR POWER OF ONE DOCUMENTARY TO BE MORE THAN \$20  
MILLION.

AMERICANS FOR CURES FOUNDATION REASONABLY EXPECTS, BASED ON ALL THE  
FACTS AND CIRCUMSTANCES AT THE TIME THIS ELECTION, BOTH THAT THE  
PRODUCTION WILL BE SET FOR PRODUCTION, IT WILL BE A QUALIFIED FILM OR  
TELEVISION PRODUCTION, AND PRODUCTION COSTS WILL NOT, AT ANY TIME,  
EXCEED THE APPLICABLE AGGREGATE PRODUCTION COST LIMITS OF \$20 MILLION.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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OMB No 1545-0047

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20-1824931

AT THE TIME OF THIS ELECTION, THERE ARE NO PRE-AMENDMENT PRODUCTION  
COSTS.

**Depreciation and Amortization 990-EZ**  
(Including Information on Listed Property)

OMB No 1545-0172

**2011**

Attachment  
Sequence No **179**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**AMERICANS FOR CURES FOUNDATION**

**FORMERLY ALLIANCE FOR STEM CELL RESEARCH**

**FORM 990-EZ PAGE 1**

**20-1824931**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I

|    |                                                                                                                                         |                              |                  |
|----|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------|
| 1  | Maximum amount (see instructions)                                                                                                       | 1                            | 500,000.         |
| 2  | Total cost of section 179 property placed in service (see instructions)                                                                 | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation                                                                   | 3                            | 2,000,000.       |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-                                                        | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property                                                                                                             | (b) Cost (business use only) | (c) Elected cost |
|    |                                                                                                                                         |                              |                  |
|    |                                                                                                                                         |                              |                  |
|    |                                                                                                                                         |                              |                  |
|    |                                                                                                                                         |                              |                  |
| 7  | Listed property. Enter the amount from line 29                                                                                          | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7                                                    | 8                            |                  |
| 9  | Tentative deduction. Enter the smaller of line 5 or line 8                                                                              | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2010 Form 4562                                                                   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5                                         | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11                                                   | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12                                                             | 13                           |                  |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

|    |                                                                                                                          |    |      |
|----|--------------------------------------------------------------------------------------------------------------------------|----|------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year | 14 |      |
| 15 | Property subject to section 168(f)(1) election                                                                           | 15 |      |
| 16 | Other depreciation (including ACRS)                                                                                      | 16 | 877. |

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

|    |                                                                                                                                   |    |  |
|----|-----------------------------------------------------------------------------------------------------------------------------------|----|--|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2011                                                  | 17 |  |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here |    |  |

**Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|------------------------------------------------------------------------------|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |                                                                              |                     |                |            |                            |
| b 5-year property              |                                      |                                                                              |                     |                |            |                            |
| c 7-year property              |                                      |                                                                              |                     |                |            |                            |
| d 10-year property             |                                      |                                                                              |                     |                |            |                            |
| e 15-year property             |                                      |                                                                              |                     |                |            |                            |
| f 20-year property             |                                      |                                                                              |                     |                |            |                            |
| g 25-year property             |                                      |                                                                              | 25 yrs.             |                | S/L        |                            |
| h Residential rental property  | /                                    |                                                                              | 27.5 yrs.           | MM             | S/L        |                            |
|                                | /                                    |                                                                              | 27.5 yrs.           | MM             | S/L        |                            |
| i Nonresidential real property | /                                    |                                                                              | 39 yrs.             | MM             | S/L        |                            |
|                                | /                                    |                                                                              |                     | MM             | S/L        |                            |

**Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System**

|                |   |  |         |    |     |  |
|----------------|---|--|---------|----|-----|--|
| 20a Class life |   |  |         |    | S/L |  |
| b 12-year      |   |  | 12 yrs. |    | S/L |  |
| c 40-year      | / |  | 40 yrs. | MM | S/L |  |

**Part IV Summary (See instructions.)**

|    |                                                                                                                                                                                                        |    |      |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------|
| 21 | Listed property. Enter amount from line 28                                                                                                                                                             | 21 |      |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. | 22 | 877. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs                                                                | 23 |      |

**AMERICANS FOR CURES FOUNDATION**

Form 4562 (2011)

**FORMERLY ALLIANCE FOR STEM CELL RESEARCH**

**20-1824931 Page 2**

**Part V Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

|                                                                                                                                                          |                               |                                           |                            |                                                              |                                                                                                 |                          |                               |                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------|----------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------|-------------------------------|---------------------------------|--|
| 24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No                        |                               |                                           |                            |                                                              | 24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No |                          |                               |                                 |  |
| (a)<br>Type of property<br>(list vehicles first)                                                                                                         | (b)<br>Date placed in service | (c)<br>Business/investment use percentage | (d)<br>Cost or other basis | (e)<br>Basis for depreciation (business/investment use only) | (f)<br>Recovery period                                                                          | (g)<br>Method/Convention | (h)<br>Depreciation deduction | (i)<br>Elected section 179 cost |  |
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use |                               |                                           |                            |                                                              |                                                                                                 |                          | 25                            |                                 |  |
| 26 Property used more than 50% in a qualified business use:                                                                                              |                               |                                           |                            |                                                              |                                                                                                 |                          |                               |                                 |  |
|                                                                                                                                                          |                               | %                                         |                            |                                                              |                                                                                                 |                          |                               |                                 |  |
|                                                                                                                                                          |                               | %                                         |                            |                                                              |                                                                                                 |                          |                               |                                 |  |
|                                                                                                                                                          |                               | %                                         |                            |                                                              |                                                                                                 |                          |                               |                                 |  |
| 27 Property used 50% or less in a qualified business use:                                                                                                |                               |                                           |                            |                                                              |                                                                                                 |                          |                               |                                 |  |
|                                                                                                                                                          |                               | %                                         |                            |                                                              |                                                                                                 | S/L -                    |                               |                                 |  |
|                                                                                                                                                          |                               | %                                         |                            |                                                              |                                                                                                 | S/L -                    |                               |                                 |  |
|                                                                                                                                                          |                               | %                                         |                            |                                                              |                                                                                                 | S/L -                    |                               |                                 |  |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1                                                                     |                               |                                           |                            |                                                              |                                                                                                 |                          | 28                            |                                 |  |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1                                                                                  |                               |                                           |                            |                                                              |                                                                                                 |                          |                               | 29                              |  |

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.  
 If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

|                                                                                            |                |                |                |                |                |                |
|--------------------------------------------------------------------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|
|                                                                                            | (a)<br>Vehicle | (b)<br>Vehicle | (c)<br>Vehicle | (d)<br>Vehicle | (e)<br>Vehicle | (f)<br>Vehicle |
| 30 Total business/investment miles driven during the year (do not include commuting miles) |                |                |                |                |                |                |
| 31 Total commuting miles driven during the year                                            |                |                |                |                |                |                |
| 32 Total other personal (noncommuting) miles driven                                        |                |                |                |                |                |                |
| 33 Total miles driven during the year.<br>Add lines 30 through 32                          |                |                |                |                |                |                |
| 34 Was the vehicle available for personal use during off-duty hours?                       | Yes            | No             | Yes            | No             | Yes            | No             |
| 35 Was the vehicle used primarily by a more than 5% owner or related person?               |                |                |                |                |                |                |
| 36 Is another vehicle available for personal use?                                          |                |                |                |                |                |                |

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

|                                                                                                                                                                                                                           |     |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?                                                                                        | Yes | No |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners |     |    |
| 39 Do you treat all use of vehicles by employees as personal use?                                                                                                                                                         |     |    |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?                                                   |     |    |
| 41 Do you meet the requirements concerning qualified automobile demonstration use?                                                                                                                                        |     |    |

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

|                                                                               |                                 |                           |                     |                                          |                                   |
|-------------------------------------------------------------------------------|---------------------------------|---------------------------|---------------------|------------------------------------------|-----------------------------------|
| (a)<br>Description of costs                                                   | (b)<br>Date amortization begins | (c)<br>Amortizable amount | (d)<br>Code section | (e)<br>Amortization period or percentage | (f)<br>Amortization for this year |
| 42 Amortization of costs that begins during your 2011 tax year:               |                                 |                           |                     |                                          |                                   |
|                                                                               |                                 |                           |                     |                                          |                                   |
| 43 Amortization of costs that began before your 2011 tax year                 |                                 |                           |                     |                                          | 43                                |
|                                                                               |                                 |                           |                     |                                          | 760.                              |
| 44 Total. Add amounts in column (f). See the instructions for where to report |                                 |                           |                     |                                          | 44                                |
|                                                                               |                                 |                           |                     |                                          | 760.                              |