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Department of the Treasury Internal Revenue Service

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

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

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2013
Open to Public

Inspection

Form **990** (2013)

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<u> </u>	roi tii	e 2013 Calendar year, or tax year beginning and	ending		
В	Check if applicate	C Name of organization		D Employer identif	fication number
	Addr	ess   ALCOR LIFE EXTENSION FOUNDATION			
	Name chan	pe   Doing-Business As		23-71	54039
	Initia returi	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	er
	Term	n- 7895 EAST ACOMA DRIVE, #110		480-9	05-1906
	Amer	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,391,990.
	Appli	SCOTTSDALE AZ 85260-6916		H(a) Is this a group	return
	pend	F Name and address of principal officer MAX MORE, CEO		for subordinate	s? Yes X No
		7895 EAST ACOMA DRIVE, #110, SCOTTSDALE, AZ		H(b) Are all subordinates	ıncluded? Yes No
1	Tax-ex	empt status x 501(c)(3) 501(c)( )◀ (insert no.) 4947(a)(1)	or 527	If "No," attach	a list (see instructions)
J	Webs	te: ► www.alcor.org		H(c) Group exempte	on number 🕨
	Form o	forganization: Corporation Trust Association Other > Summary	<u></u> L Year	of formation: 1972	M State of legal domicile: CA
_	1	Briefly describe the organization's mission or most significant activities THE PR	ESERVATIO	N OF INDIVIDUAL	
Activities & Governance		LIVES, TO BE SOUGHT THROUGH MAINTAINING BIOSTASIS, EVENTUALL			
rna	2	Check this box   x if the organization discontinued its operations or dispo	sed of more	than 25% of its net a	ssets
o Ve	3	Number of voting members of the governing body (Part VI, line 1a)		_3	7
<u>ග</u> න	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	5
es	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	10
<u>×</u>	6	Total number of volunteers (estimate if necessary)		6	12
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	24,209.
_		Net unrelated business taxable income from Form 990-T, line 34	· · · · · · · · · · · · · · · · · · ·	7b	21,697.
			Prior Year	Current Year	
e	8	Contributions and grants (Part VIII, line 1h)		1,015,448	774,701.
Revenue	9	Program service revenue (Part VIII, line 2g)	ļ <u>.</u>	377,479	554,595.
Ŗ.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	412,714	611,575.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		35 244	38 058.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,840,885.	1,978,929.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	5,375.	4,145,766.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		668,919,	601,446.
eü	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0,	0.
Ä	Ь р		427.	· · · · · · · · · · · · · · · · · · ·	<del></del>
	17	Other expenses (Part/IX-column (A), lines 11a-11d, 11f-24e)		1,059,330,	991,050.
		Total expenses Add lines (3-17, must equal Part IX, column (A), line 25)		1,733,624,	5,738,262.
7 6		Revenue less expenses Subtrate ine 18 from line 12		107,261.	<3,759,333.>
ets c	20	NOV 2 6 2014 6 Total assets (Part X, line 16)	Бе	ginning of Current Year	End of Year
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		21,982,042,	20,650,145.
Net	22	Net assets or fund balances, Subtract line 21 from line 20		11 197 852 10 784 190	12 605 657
_	art II	Signature Block		10,784,190.	8,044,488,
_		ulties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	ny knowledge and belief, it is
		ct, and complete Declaration of preparer (other than officer) is based on all information of wi			., monioago ana oonoi, it io
	,	N. R. Michael Parry			2014
Sig	ın	Signature of officer		Date	AVT
Hei		VR. Michael Perry, CFO Type or print name and title			
		Type or print name and title	•		
		Print/Type preparer's name Preparer's signalule		)ate Check	PTIN
Paid	d	AMY A. O'LOUGHLIN		1-17-14 of self-employ	red P00869687
Pre	parer	Firm's name CBIZ MHM, LLC		Firm's EIN	34-1884125
	Only	Firm's address 3101 N. CENTRAL AVE., STE. 300	-		
		PHOENIX, AZ 85012		Phone no 602	-264-6835
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2013) ALCOR LIFE EXTENSION FOUNDATION	23-7154039 Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission	
	THE PRESERVATION OF INDIVIDUAL LIVES, TO BE SOUGHT THROUGH THE	
	FOLLOWING PRIORITIZED LIST OF FUNDAMENTALS: MAINTAIN THE CURRENT	
	PATIENTS IN BIOSTASIS, PLACE CURRENT AND FUTURE MEMBERS INTO BIOSTASIS	
_	(WHEN AND IF NEEDED), EVENTUALLY RESTORE HEALTH TO ALL PATIENTS IN	
2	Did the organization undertake any significant program services during the year which were not listed on	Yes X No
	the prior Form 990 or 990-EZ?	LYes LXNo
_	If "Yes," describe these new services on Schedule O	x Yes No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	LX_Yes LNo
_	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	• •
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, and
_	revenue, if any, for each program service reported	
4a	(Code) (Expenses \$4,926,519. including grants of \$4,145,766.) (Reven	ue\$)
	TO PROMOTE, FOSTER AND CONDUCT BASIC AND APPLIED RESEARCH IN ALL AREAS	
	OF THE LIFE EXTENSION SCIENCES INCLUDING, BUT NOT LIMITED TO, CRYONICS,	
	CRYOBIOLOGY, GERONTOLOGY, MOLECULAR ENGINEERING AND CELL REPAIR	
	TECHNOLOGY.	<del>-</del>
4b	(Code) (Expenses \$316,710. Including grants of \$) (Revented to ENGAGE IN THE APPLICATION OF WHOLE-BODY CRYONIC SUSPENSION,  NEUROPRESERVATION AND OTHER POSTMORTEM AND BIOPRESERVATION TECHNIQUES  AND TO PROVIDE THESE SERVICES TO THE GENERAL PUBLIC.	517,087.)
4c	(Code ) (Expenses \$ 65,265. including grants of \$ ) (Reveni	27 (02 )
-	TO EDUCATE THE GENERAL PUBLIC ABOUT THE SCIENCE AND PRACTICE OF HUMAN	31,002.)
	CRYOPRESERVATION AND RELATED TOPICS. INCLUDING REJUVENATION	
	BIOTECHNOLOGIES, MOLECULAR NANOTECHNOLOGY, LIFE EXTENSION, PREVENTATIVE	
	HEALTH, AND RELATED RESEARCH.	
		<u>-</u>
4d	Other program services (Describe in Schedule O )	
	Other program services (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses \$ 5 308 494.	)

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# Form 990 (2013) ALCOR LIFE EXTENSION FOUNDATION Part IV Checklist of Required Schedules

		,	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			ĺ
	If "Yes," complete Schedule A	_1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	х	ł
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			l l
	If "Yes," complete Schedule D, Part IV	9	х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	_x_	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	ـ		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.5		
	complete Schedule G, Part III	19		_ X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	(2012)
		corm	33U (	ZU 131

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# Form 990 (2013) ALCOR LIFE EXTENSION FOUNDATION Part IV Checklist of Required Schedules (continued)

22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25a  25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  26c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  26d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  27d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  28d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  29d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  29d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  29d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  29d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  29d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  29d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  29d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  29d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  29d Did the organization act as an "on behalf of" issuer for bonds outstandin	No
22 but the organization report more than \$5.000 of grants or other assistance to individuals in the United States on Part IX, coclumn (A), line 2º If "Yes," complete Schedule I, Parts I and III.  23 Dot the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule Is Schedule II.  24 Dot the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II. If "Yes," or to line 25a.  25a Dot the organization maintain an escrow account other than a refunding escrow at any time during the year?  25b Section 501(c)(3) and 501(c)(4) organizations. Did the organization epsage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part I be the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sphore former officers, directors, trustees, key employees, highest completes Schedule II. Part II bid the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, highest compensated employees, or disqualified persons? If so, complete Schedule II. Part IV is not trustee, or direct or midned towner? If "Yes," complete Schedule II. Part IV is not trustee, or direct or midned towner? If "Yes," complete Schedule II. Part IV is not trustee, or direct or midned towner? If "Yes," complete Schedule II. Part IV is a not payable sche	
column (A), Inne 27 II "Yes," complete Schedule I, Parts I and III 21 Did the organization answer "Yes" to Part VII, Section A, Inne 3. 4, or 5 about compensation of the organization's current and former officiers, directors, trustees, key employees, and highest compensated employees? // "Yes," complete Schedule J. 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? // "Yes," answer lines 24b through 24d and complete Schedule II will be organization mines 25a. 24b. Did the organization maintain an escrow account other than a refunding secrow at any time during the year of the organization maintain an escrow account other than a refunding secrow at any time during the year of the organization and at as an "ion behalf of" issuer for bonds outstanding at any time during the year of the organizations. Did the organization are that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part II is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization is prior Forms 990 or 990 EZ? If "Yes," complete Schedule I., Part II is bid the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, frustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule I., Part II is Did the organization provide a grant or other assistance to an officer, director, trustee, expenditure employees, or disqualified persons? If yes, complete Schedule I., Part II is Did the organization provide a grant or other assistance to an officer, director, trustee, expenditure employees, or disputable finition or applicable ling thersholds, conditions, and exceptions?  If yes, complete Schedule II, Part I	
Did the organization answer "Yes" to Part VII, Section A, line 3.4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employes, and highest compensated employees? // "Yes," complete Schedule L, Part IV and substances persons 21 romer of ficers, director, trustee, or direct or director work? If "Yes," complete Schedule L, Part I V as the organization related to any tax-exempt or trastation on the organization and san that the transaction has not been organization and schedule O. Part IV and any organization of the organization and schedule C, Part II and that the transaction has not been reported on any of the organization schedule L, Part II and that the transaction and the schedule L, Part II and that the transaction and the schedule L, Part II and that the transaction and the schedule L, Part II and that the transaction and the schedule L, Part II and that the transaction and the schedule L, Part II and the schedule L, Part II and the schedule L, Part II and the schedule L part II and the schedule L, Part II and the schedule L	
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 2d Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to time 25a  bid the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  Did the organization and escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization and escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization and escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization and escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization and any on the year?  If "Yes," complete Schedule L, Part II  Did the organization and that the register of an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part III  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee employee? If "Yes," complete Schedule L, Part IV instructions for applicable fining thresholds, conditions, and exceptions?  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable fining thresholds, conditions, and exceptions?  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule II	Х
Schedule / 24 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a.  24b Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax exempt bonds?  24c Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax exempt bonds?  24d Did the organization and so 10(x)4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Order L. Part I be the organization aware that it engaged in an excess benefit transaction with a dequalified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L. Part II be the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any outrient or former officers, directors, trustees, leve employees, highest compensated employees, or disqualified persons? If so, complete Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions).  25d A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions).  27d A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV instruction or ceive contributions of rif "Yes," complete Schedule I, Part IV instructions? If "Yes," complete Schedule I, Part IV, Institute or any tax-exempt or dissolve and cease operations?  27d Did the organization rela	
24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25a 24b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b Did the organization mental an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 25 Section 501(eX) and 501(eX) organizations. Did the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax exempt bonds? 25 Section 501(eX) and 501(eX) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 11 list the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Did the organization and the transaction with a disqualified persons? If so, complete Schedule L, Part I Did the organization and the transaction with organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, bulbantial contribution or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV and the part II of the organization receive more than \$25,000 in non-eash contributions? If "Yes," complete Schedule II, Part IV 18b, or other sinvallations and the organization will office the parties of the o	
is at day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No"; go to line 25a  b. Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  c. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d 24d 25a Section 501(c)(3) and 501(c)(4) organization is not be organization end of the organization end of the organization with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and the transaction with a disqualified person disqualified persons? If year, and prior year, and the prior year year, and the prior year yea	Х
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c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part II  33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note, All Form 990 filers are required to complete Schedule O or Part VI, lines 11b and 19	Х
director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  31 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  32 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  33 If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2  34 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  35 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  36 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  37 Note, All Form 990 filers are required to complete Schedule O	
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Note, All Form 990 filers are required to complete Schedule O	X
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Form 990 (2013)

ALCOR LIFE EXTENSION FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

Enter the number reported in Box 3 of Form 1996 Enter 0 if not applicable  Enter the number of Forms W 2G included in line 1a. Enter 0 if not applicable  Enter the number of Forms W 2G included in line 1a. Enter 0 if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamilling) with minimary or prevention of the property of the organization organization organization organization organization organization organization organization file all required federal employment tax returns?  2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements,  filed for the calendar year endoin with organization file all required federal employment tax returns?  Note, if the use of files a file as greater than 3C9, you may be required to e-file (see instructions)  A total the organization of all required federal employment ax returns?  Note, if the use of files a file as greater than 3C9, you may be required to e-file (see instructions)  B If Yee, a file as filed a Form 990 Tot for this year? Yie, You for in 80, provide an explanation of schedule O  A tary time during the calendar year, did the organization have an interest int, or a signature or other authority over, a financial account or schedule or a probability of the organization and provided as explained as a party to a prohibited tax shelfer transaction at any time during the tax year?  B If Yee, a file in 6 are 950, and the organization have an interest time or a signature or other authority over, a file of the organization and party for a prohibited tax shelfer transaction at any time during the tax year?  B If Yee, a file in 6 are 950, and the organization file Form 8886.7  B Ose the organization and party to a prohibited tax shelfer transaction at any time during the tax year?  B If Yee, a file is 6 are 50, and the organization file Form 8886.7  C organization and the schedular of the organization file and the organization shell and the organization shell a		Check if Schedule O contains a response or note to any line in this Part V			
16 Enter the number reported in Box 3 of Form 1096 Enter- 0' in not applicable  17 Enter the number of Forms W30 Cancidade in in a 1 Enter-0' in intel applicable  18 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) within obtaining with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) within obtaining within or within the your covered by this return  19 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the your covered by this return  10 If I see a separated on line 22, did the organization file all required flooral employment tax returns?  Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions)  10 United the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions)  11 Wes, "has it filed a Form 990 F for this year? If No," to line 3b, provide an explanation in Schedule O  12 Sa Was the regardation than 19 Sa the Sa than 19 Sa than 1				Ves	No
b Enter the number of Ferms W.25 included in line 1a Enter 0- if not applicable   10   0   0   0   0   0   0   0   0	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.			
C but the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) withings to prize withins a within the year covered by this returned.  2 Einter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this returned to the file of the calendar year ending with or within the year covered by this returned to the file of the calendar year ending with or within the year covered by this returned to the file (see instructions)  3 bit the organization have unrelated business gross income of \$1.000 or more dumpt the year?  3 bit 1'*es, 'has it filed a Form 990°T for this year? If 'No,' to file 30, provide an explanation in Schedule O  5 bit 1'*es, 'and it filed a form 990°T for this year? If 'No,' to file 30, provide an explanation in Schedule O  5 bit 1'*es, 'and it filed a form 990°T for the year? If 'No,' to file 30, provide an explanation in Schedule O  5 bit 1'*es, 'and the the name of the foreign country'  5 bit 1'*es, 'and the the name of the foreign country'  5 bit 1'*es, 'and the organization and the file year of the organization and the organizat					
Gambingly winnings to prize winners?  Effect the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements.  If it of the calendar year ending with or within the year covered by this return  If it is task one is reported on line 2a, did the organization in lie all required federal employment tax returns?  Note. If the sum of lane 1s and 2 are greater than 250, you may be required to e-/fel (see instructions)  3a Dat the organization have unrelated business gross income of \$1,000 or more during the year?  3a Lay 11 "Yes," sain at fleed a Form 950-17 for the year 11" h/o, *to firs 83,000 or more during the year?  3a Lay 11" yes, and a still feel a Form 950-17 for the year 11" h/o, *to firs 83,000 or more during the year?  3a Lay 11" yes, and the during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account?  3b If "Yes," either the name of the foreign country   ▶  See instructions for filing requirements for Form 15 F00-221, Report of Foreign Bark and Financial Accounts  5a Was the organization ap arry to a prohibited tax shelter transaction at any time during the tax year?  5b If "Yes," odd the organization file organization file Form 8986-17"  5c If "Yes," odd the organization for form 15 F00-221, Report of Foreign Bark and Financial Accounts  5b If "Yes," odd the organization for form 15 F00-221, Report of Foreign Bark and Financial Accounts  5c If "Yes," odd the organization for form 15 F00-221, Report of Foreign Bark and Financial Accounts  5c If "Yes," odd the organization for tax deductibles or form 8986-17 for see an expense of the appropriation frame and a party for groods and services provided to the payor?  5c If "Yes," odd the organization include with every solicitation an express statement that such contributions or grits were not tax deductible as charable contributions?  6c If "Yes," odd the organization has a charable contribution ander section 470(c).  6c If "Yes," odd the organization netwer application of					į
2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  b if at least one is reported on line 2a, did the organization file all inequired federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3	·		10	v	Ì
fined for the calendary year ending with or within the year covered by this return  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Dd the organization have unrelated business gross income of \$1,000 or more during the year?  3b If if "Yea," has if file a form 900 Tof the year "If "No," to file a file, you may be required to e-file (see instructions)  3b If "Yea," share if file a form 900 Tof the year "If "No," to file a file, you may be required to e-file (see instructions)  3c If "Yea," share if file a form 900 Tof the year "If "No," to file a file, you may be required to e-file (see instructions)  3c If "Yea," share if file a form 900 Tof the year "If "No," to file a file, you may be required to e-file (see instructions)  3c If "Yea," enter the name of the foreign country [such as a bank account, securities account, or other financial account)?  4c If "Yea," enter the name of the foreign country [such as a bank account, securities account, or other financial account?  5c If "Yea," in the set or 5b, dot the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yea," to line 5a or 5b, dot the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yea," in the set or 5b, dot the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yea," in the set of 5b, dot the organization that it was or is a party to a prohibited accountry of the year of	22				
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Note. If the sum of thes 1a and 2a is greater than 250, you may be required to e-/fe (see instructions)  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly a foreign country (such as a bank account, or of other financial accountly?  4 If "Yes," either the name of the foreign country lew as a bank account, securities account an a foreign country such as a bank account, or other financial accountly?  5 If "Yes," other the name of the foreign country lew as a bank account, or other financial accounts?  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 If "Yes," other foreign eguirements for form TDF 90-22 1, Report of Foreign Bank and Financial Accounts  5 If "Yes," other foreign eguirements for form TDF 90-22 1, Report of Foreign Bank and Financial Accounts  5 If "Yes," other foreign eguirements for form TDF 90-22 1, Report of Foreign Bank and Financial Accounts  5 If "Yes," other foreign eguirements for form TDF 90-22 1, Report of Foreign Bank and Financial Accounts  5 If "Yes," other foreign eguirements for form TDF 90-22 1, Report of Foreign Bank and Financial Accounts  5 If "Yes," other foreign eguirements for form TDF 90-22 1, Report of Foreign Bank and Financial Accounts  5 If "Yes," other foreign eguirements for form TDF 90-22 1, Report of Foreign Bank and Financial Accounts  5 If "Yes," other foreign eguirements for form TDF 90-22 1, Report of Foreign Bank and Financial Accounts  6 If "Yes," other foreign eguirements for form TDF 90-22 1, Report of Foreign Bank and Financial Accounts  6 If "Yes," other foreign eguirements for form TDF 90-22 1, Report of Foreign Bank and Financial Accounts  6 If "Yes," other foreign eguirements for form TDF 90-22 1, Peport of Foreign Bank and Financial Accounts  7 If Yes, "Indicate the foreign eguirements for foreign eguirements f	h		2h	v	Ì
3a Du the organization have unrelated business gross income of \$1,000 or more duming the year?  b if "Yes," has it filled a Form 990-17 for this year? if "No," to line 8,0, provide an explanation in Schedule 0  4a At any time duming 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 accounts  b if "Yes," either the name of the foreign country [such as a bank account, securities account, or other financial accounts  See enstructions for filling requirements for Form TD F 902.21, Report of Foreign Bank and Financial Accounts  Sa Was the organization and state shelter transaction at any time duming the tax year?  b Old any taxable party notify the organization file Form 8886-17  6a Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b if "Yes," to line 5 or 55b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  a bd the organization receive application and express statement that such contributions or gifts were not tax deductible as charitable contributions under section 170(c).  b If "Yes," did the organization necesse allowed the value of the goods or services provided?  organization shall exchange, or otherwise dispose of targible personal property for which it was required to file Form 8282?  b If the organization received a contribution of updated intellectual property, did the organization file in Form 1090 C/2  b Personal organization received a contribution of casis, boats, airplanes, or other vehicles, did the organization file a Form 1090 C/2  b Personal organization make any taxable distributions under section 4968?  b Office organization make a	-	• • • • • • • • • • • • • • • • • • • •			
b If "Yes," has if filed a Form 99.0T for this year? If "No." to fine 3b, provide an explanation in Schedule O  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?)  b If "Yes," enter the name of the foreign country  See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5b D and any taxable party notify the organization that it was or se a party to a prohibited tax shelter transaction?  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6c If "Yes," indicate the next as the contributions under section 170(c).  a Did the organization receive abunctible contributions under section 170(c).  b If "Yes," indicate the number of Forms 8282 filed during the year  C Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c X  7d If the organization developed a contribution of cars, beats, anglanes, or other vehicles, did the organization file Form 8999 as required?  7a Yes, indicate the number of Forms 8282 filed during the year  Dod the organization received a contribution of cars, beats, anglanes, or other vehicles, did the organizations. But the supporting organizations in a Form 1098.0°?  7b Spensoring organization make any taxable distribution to a done, donor advised funds.  a Did the organization make any taxable distributions under section 59(8)(3) supporting organizations. But have such as a financial fundation of the value of paral till, line 12  b Gross receipts	32	<b>i</b>	3a	Y	Ì
4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts  Sa. Was the organization of the foreign country by the prophietide tax shelter transaction at any time during the tax year?  5a. X.  b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6b. If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6c. If "Yes," to the 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6c. If "Yes," to the 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6c. If "Yes," to the 5a or 5b, did the organization include with every solicitation and party for goods and did the organization solicities any contributions under section 170(c).  a. Did the organization neceve apyment in excess of 575 made party as a contribution and party for goods and services provided to the page of the did the organization on the form 8282?  6c. Did the organization receive apyment in excess of 575 made party as a contribution and party for goods and services provided to the page of the form 8282?  6c. Did the organization receive apyment in excess of 575 made party as a contribution of page and the services provided?  6d. Did the organization receive apyment in excess of 575 made party as a contribution of page and the services of 575 made party as a contribution of page and the services of 575 made party as a contribution of page and the services of 575 made party as a contribution of page and the services of 575 made party as a contribution of the organization and page and the services of 575 made party as a contribution of the organization f		· · · · · · · · · · · · · · · · · · ·			
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c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$57 made partly as a contribution and partly for goods and services provided to the payor?  7 b If "Yes," did the organization notify the donor of the value of the goods or services provided?  1 Did the organization receive all, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  2 If "Yes," indicate the number of Forms 8282 filed during the year  2 If If the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7 If Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 If If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization file a Form 1098-C?  9 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations make a distribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  9 Sponsoring organizations make a distribution to a donor, donor advised funds.  10 If the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advised, related person?  9 Sponsoring organizations. Enter a initiation fees and capital contributions. Enter a foress recome					
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g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  10 Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  110 Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13b	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
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	b_	if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		000	20.40

Form 990 (2013) ALCOR LIFE EXTENSION FOUNDATION Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

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17	List the states with which a copy of this Form 990 is required to be filed	AZ.	CA

exempt status with respect to such arrangements?

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

x\_ Own website Another's website Lx Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization BONNIE MAGEE - 480-905-1906

7895 EAST ACOMA DRIVE #110 SCOTTSDALE AZ 85260-6916

332006 10-29-13

Form 990 (2013)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

(A) Name and Title	(B) Average	(C) Position (do not check more than one					one	(D) Reportable	<b>(E)</b> Reportable	(F) Estimated
	hours per week (list any	box, unless person is both an officer and a director/trustee)			is bot	h an	compensation from the	compensation from related organizations	amount of other compensation	
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) RAVIN JAIN	20.00									
DIRECTOR		х		ļ	ļ <u> </u>	<u> </u>		0.	0.	0
(2) SAUL KENT	20.00									
DIRECTOR	1.00	х		<u> </u>				0.	0,	0
(3) RALPH MERKLE	20.00									
DIRECTOR	1.00	х						0.	0.	0
(4) MICHAEL RISKIN	20.00									
DIRECTOR AND CHAIRMAN		х	_	Х				0.	0.	0
(5) MICHAEL SEIDL	20.00	-								
DIRECTOR		X						0.	0.	0
(6) BRIAN WOWK	20.00									
DIRECTOR		X	ļ	_				0.	0.	0
(7) TIM SHAVERS	20.00									
DIRECTOR		X	-	-		-		0.	0.	0
(8) JAMES CLEMENT	20.00					1				
DIRECTOR	1.00	X						0,	0.	0
(9) CATHERINE BALDWIN	20,00	۱.,						0.		_
DIRECTOR	40.00	Х						0.	0.	0
(10) MAX MORE	40.00			x	ļ		ĺ	123,728.	0	15,499
PRESIDENT/CEO (11) MICHAEL PERRY	40.00			_				123,720.		13,477
SECRETARY/TREASURER/CFO	40.00	1		x				31,951.	0.	5,328
BECKETAKT/ TREASUREN/ CTO			<u> </u>					31,331.		
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Form **990** (2013)

(A) Name and title		(B) Average hours per week	B) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable	(E) Reportable compensation from related	(F) Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	;)   	from organ and re	nsation the ization elated zations
			_										
						ļ <u>-</u>							
	Sub-total		l			l		<b>&gt;</b>	155,679.		0.		20 827.
	Total from continuation sheets to Part V  Total (add lines 1b and 1c)					_	-	<b>&gt;</b>	155,679.		0.		<u>0.</u> 20.827.
2	Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	0,000 of reportable			1
3	Did the organization list any former office	r, director, or tru	uste	e, ke	y er	nplo	yee,	, or	highest compensated e	mployee on		Y	es No
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s	such individual									_3	3	x
	and related organizations greater than \$15	50,000? If "Yes,	" co	mple	ete S	Sche	edule	e J i	for such individual		4	-	x
5 ——	Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor							elat	ted organization or indiv	dual for services		5	x
Sec 1	tion B. Independent Contractors  Complete this table for your five highest c	ompensated in	depe	ende	nt c	onti	racto	ors t	that received more than	\$100,000 of comp	 ensatic	n fror	n
	the organization Report compensation for (A)	r the calendar y	ear	endı	ng v	vith	or w	rthir	n the organization's tax (B)	year		(C)	
	Name and busines								Description of s	ervices	Com	pensa	ation
	PENDED ANIMATION, INC, 3020 HIGH D. SUITE #300, BOYNTON BEACH, FL								RESEARCH			1	13,125.
	2 12 11 11 11												
2	Total number of independent contractors	_	ot li	mite	d to	tho	se lis	stec	d above) who received n	nore than			-
	\$100,000 of compensation from the organ	iizatioli 🚩			_		1				Fo	m 99	<b>0</b> (2013)

Page 9 Form 990 (2013) ALCOR LIFE EXTENSION FOUNDATION Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (**D)** Revenue excluded from tax under (A) Related or Unrelated Total revenue exempt function business revenue revenue , Gifts, Grants nilar Amounts 1 a Federated campaigns b Membership dues 1b 467,047 c Fundraising events 1c d Related organizations 1d Contributions, and Other Simi Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 307,654 g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 774 701 Business Code Program Service Revenue 2 a CRYOPRESERVATION 541700 395,982 395,982 541700 COMPREHENSIVE STANDBY 158,613 158,613 All other program service revenue g Total. Add lines 2a-2f 554 595 Investment income (including dividends, interest, and other similar amounts) 192,856 192,856. Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 24,210 b Less rental expenses 0 c Rental income or (loss) 24,210, d Net rental income or (loss) 24,210 24,209 (ii) Other 7 a Gross amount from sales of (i) Securities assets other than inventory 2,828,780 3.000 b Less: cost or other basis 2,413,061 and sales expenses 3,000 c Gain or (loss) 415,719 d Net gain or (loss) 418,719 418,719. 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events ▶ 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold 0 c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a OTHER INCOME 900099 13,755 13,755.

Form 990 (2013)

625 330.

13,755

978,929

d All other revenue e Total, Add lines 11a-11d

Total revenue See instructions.

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b, Total expenses Program service Managèment and Fundraising 7b, 8b, 9b, and 10b of Part VIII. <u>expen</u>ses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 4,145,766 4,145,766 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 176,506 141,205 31,771 3,530. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 341,722 273,377 61,510 6,835. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 11,790 9.432 2,122 236. 603. 9 Other employee benefits 30,165 24,132 5,430 10 Payroll taxes 41,263 33,011 7,427 825. Fees for services (non-employees) 11 Management 74.870 Legal 74,870 b c Accounting 20,150 20,150 d Lobbying 30,000 30,000 Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 6,650 6,650 12 Advertising and promotion 11,642 2,447 1,223 7,972. 13 Office expenses 137,967 95,275 42,692 Information technology 14 Royalties 15 32,802 16 Occupancy 140,289 107,487 17 Travel 6.483 3,890 1,945 648. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 64,161 51,329 12,832 23 Insurance 47,818 4.012 43,806 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a CRYOPRESERVATION 258,571 258,571 11.059 PUBLIC EDUCATION 84 102 65,265 7,778. 34,042 34,042 LIQUID NITROGEN BAD DEBT EXPENSE 13,556 13,556 e All other expenses 60,749 59,253 1,496 Total functional expenses Add lines 1 through 24e 28.427. 5.738.262 5,308,494 401,341 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

Check here

educational campaign and fundraising solicitation.

ıf following SOP 98-2 (ASC 958-720)

Par	<u>t X</u>	Balance Sheet					
		Check if Schedule O contains a response or not	e to a	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			780,094.	1_1_	642,023
	2	Savings and temporary cash investments	2,985,459.	_2	3,590,171.		
	3	Pledges and grants receivable, net	139,089.	3	0		
	4	Accounts receivable, net	140,679.	4	232,753		
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation	ated er	nployees Complete			
		Part II of Schedule L				5	
-	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	4958	c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50	I(c)(9) voluntary			
2		employees' beneficiary organizations (see instr)	Comp	lete Part II of Sch L		6	
2255	7	Notes and loans receivable, net		L	147,842.	7	100,297
(	8	Inventories for sale or use			141,447.	8	168,916
	9	Prepaid expenses and deferred charges			12,184.	9	503
	10a	Land, buildings, and equipment cost or other	]				
		basis Complete Part VI of Schedule D	10a	1,464,757.			
	b	Less accumulated depreciation	10b	884,844.	545,386.	10c	579,913.
	11	Investments - publicly traded securities			10,776,104.	11	8,446,031
	12	Investments - other securities See Part IV, line 1	1	_	449,601.	12	473,952
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11	5,864,157.	15	6,415,586		
_	16	Total assets. Add lines 1 through 15 (must equa	21,982,042.	16	20,650,145,		
	17	Accounts payable and accrued expenses			87,485.	17	48,669
- 1	18	Grants payable				18	· <del>···</del>
	19	Deferred revenue			9,417,368.	19	10,395,250
	20	Tax-exempt bond liabilities		_		20	
	21	Escrow or custodial account liability Complete I			1,692,999.	21	2,161,738
;	22	Loans and other payables to current and former	office	s, directors, trustees,			
		key employees, highest compensated employee	s, and	disqualified persons			
		Complete Part II of Schedule L				22	
۱ ا	23	Secured mortgages and notes payable to unrela	ited th	rd parties		23	<del>-</del>
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pa					
-		parties, and other liabilities not included on lines	17-24	. Complete Part X of			
		Schedule D				25	
4	_26	Total liabilities. Add lines 17 through 25			11,197,852.	26	12,605,657
		Organizations that follow SFAS 117 (ASC 958		k here Lx_ and			
}		complete lines 27 through 29, and lines 33 an	d 34.				
	27	Unrestricted net assets		_	7,660,273.	27	4,921,959,
5	28	Temporarily restricted net assets	_	100,297.	28	0.	
	29	Permanently restricted net assets		3,023,620.	29	3,122,529	
		Organizations that do not follow SFAS 117 (A	SC 95	3), check here		ŀ	
5		and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	·
	31	Paid-in or capital surplus, or land, building, or eq	•	-		31	
<u>.</u>	32	Retained earnings, endowment, accumulated in	come,	or other funds	-	32	
.	33	Total net assets or fund balances		-	10,784,190.	33	8,044,488.
- 1	34	Total liabilities and net assets/fund balances			21,982,042,	34	20 650 145.

Forn	990 (2013) ALCOR LIFE EXTENSION FOUNDATION	23-715403	)	Pa	ge 1 <u>2</u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				_ X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	.978	929.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	,738	262.
3	Revenue less expenses Subtract line 2 from line 1	3	<3	759	333 <u>.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10	784	190.
5	Net unrealized gains (losses) on investments	5		920	721.
6	Donated services and use of facilities	6	- ·		
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		98	910.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	8	044	488.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt	}		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2013)

#### SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public

Inspection Name of the organization Employer identification number ALCOR LIFE EXTENSION FOUNDATION 23-7154039 Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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) An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated a Type I b Type II Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ıi) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (vi) Is the (iv) Is the organization! (v) Did you notify the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organization in col. (i) organized in the U.S.? in col. (i) listed in your organization in col. organization (described on lines 1-9 support governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes Yes

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13 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)

Se	ction A. Public Support					<del>-</del>	
Cale	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	1,038,123.	8,050,705.	4,831,510.	1,015,448.	774,701.	15,710,487.
2	Tax revenues levied for the organ						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,038,123.	8,050,705.	4,831,510.	1,015,448.	774,701.	15,710,487.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						9,585,194.
6	Public support. Subtract line 5 from line 4						6 125 293,
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	1,038,123.	8,050,705.	4,831,510.	1,015,448.	774,701.	15,710,487.
8	Gross income from interest,						, ,
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	80,038.	79,714.	114,235.	157,819.	192.857.	624,663.
9	Net income from unrelated business		· ·				,
	activities, whether or not the						
	business is regularly carried on	13,188.		8,312.	23,329.	24,209.	69,038.
10	Other income Do not include gain						•
	or loss from the sale of capital						
	assets (Explain in Part IV)	9.764.	16.047.	4.843.	10,906.	13,755.	55 315.
11	Total support. Add lines 7 through 10			·	,		16,459,503.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	3,092,002.
13	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	year as a section	n 501(c)(3)	
	organization, check this box and stor	here					▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage			<del>-</del>	**
14	Public support percentage for 2013 (	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	37.21 %
15	Public support percentage from 2012	Schedule A, Part	II, line 14		i	15	39.32 %
16a	33 1/3% support test - 2013. If the	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				►Lx
t	33 1/3% support test - 2012. If the	organization did no	t check a box on lir	ne 13 or 16a, and I	ine 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			▶∟
17a	10% -facts-and-circumstances tes	<b>t - 2013.</b> If the org	anızatıon dıd not ch	neck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check thi	s box and stop he	ere. Explain in Par	t IV how the organ	zation
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	ublicly supported	organization		
b	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not ch	neck a box on line	13, 16a, 16b, or 1	17a, and line 15 is 1	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	eck this box and s	top here. Explain	in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test	The organization qu	ualifies as a public	ly supported orga	ınızatıon	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	, 16b, 17a, or 17b,	check this box a	nd see instructions	<u>, ▶□</u>
					Sche	dule A (Form 990	or 990-FZ) 2013

## Schedule A (Form 990 or 990-EZ) 2013 ALCOR LIFE EXTENSION FOUNDATION 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)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not		ı				
	ınclude any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						-
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge					Ì	
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
, ,	3 received from disqualified persons				Ì		
b	Amounts included on lines 2 and 3 received						
_	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
_	amount on line 13 for the year Add lines 7a and 7b						
							· · · · · · · · · · · · · · · · · · ·
	Public support (Subtract line 7c from line 6)			L	<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	(a) 2009	(0) 2010	(6) 2011	(u) 2012	(e) 2013	(I) Total
-	Gross income from interest,						
102	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
D	Unrelated business taxable income						
	(less section 511 taxes) from businesses					}	
	acquired after June 30, 1975		_				<del></del>
	Add lines 10a and 10b						·
11	Net income from unrelated business activities not included in line 10b,				1		
	whether or not the business is				1		
	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV)						
	Total support (Add lines 9, 10c, 11, and 12)				<u> </u>	L	
14	First five years. If the Form 990 is for	r the organization's	s first, second, thu	d, fourth, or fifth to	ax year as a section	on 501(c)(3) organiz	ation,
_	check this box and stop here						▶∟_
	ction C. Computation of Publ					T T	
	Public support percentage for 2013 (		-	column (f))		15	
	Public support percentage from 2012					16	<u>%</u>
	ction D. Computation of Inve						
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2013. If the	_					7 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly	supported organiz	ation	▶∟
b	33 1/3% support tests - 2012. If the	organization did n	ot check a box or	i line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	eck this box and st	top here. The orga	anization qualifies	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	<u> </u>
33203	23 09-25-13				Sch	edule A (Form 990	or 990-FZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 ALCOR LIFE EXTENSION FOUNDATION	23-7154039	Page 4
Part IV Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a of	or 17b, and Part III, line 1	12
Also complete this part for any additional information (See instructions)		
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
OTHER INCOME		
OTHER TREOME	·	
2009 AMOUNT: \$ 9,764.		_
2010 AMOUNT: \$ 16,047.	· · · · · · · · · · · · · · · · · · ·	
2011 AMOUNT: \$ 4.843.		
2012 MODENTE. Č. 10 906		
2012 AMOUNT: \$ 10,906.		<del></del>
2013 AMOUNT: \$ 13,755.		
		<del></del>
		<del></del>
	*	
		<del></del>
	<del></del>	

#### SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

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

Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► See separate instructions.
 ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

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) organiza	ations Complete Part III			
	me of organization			Empl	loyer identification number
	ALCOR LIFE	EXTENSION FOUNDATION			23-7154039
Pi	art I-A Complete if the or	ganization is exempt und	er section 501(c	or is a section 527 o	rganization.
2	Provide a description of the organic Political expenditures Volunteer hours	zation's direct and indirect politica	al campaign activities		
Pi	art I-B Complete if the or	ganization is exempt und	er section 501(c	(3).	
1	Enter the amount of any excise tax	incurred by the organization und	er section 4955	▶\$	
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 495		
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes No
4:	a Was a correction made?				Yes No
_	b If "Yes," describe in Part IV			504	-1/01
		ganization is exempt und		<del></del>	
	Enter the amount directly expende	, , ,	·		
2	Enter the amount of the filing organ	nization's funds contributed to oth	ner organizations for s		
_	exempt function activities				
3	Total exempt function expenditure	s Add lines 1 and 2 Enter here a	nd on Form 1120-POI	-, • •	
_	line 17b  Did the filing organization file Form	4400 DOL for this year?		<b>&gt;</b> \$	Yes No
	Enter the names, addresses and emade payments For each organization contributions received that were prolitical action committee (PAC)	mployer identification number (Elf ation listed, enter the amount paic romptly and directly delivered to a	from the filing organ separate political org	olitical organizations to whic ization's funds. Also enter th ganization, such as a separa	th the filing organization ne amount of political
	(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) 2013

LHA

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Schedule C (Form 990 or 990-EZ) 2013 ALCOR	LIFE EXTEN	SION FOUNDATION		23-71	54039 Page <b>2</b>
Part II-A Complete if the organization		mpt under section	on 501(c)(3) and file	ed Form 5768	
(election under section 5				· · · · · · · · · · · · · · · · · · ·	
A Check ► if the filing organization belo	_		n Part IV each affiliated	group member's na	me, address, EIN,
expenses, and share of exc	ess lobbying	expenditures)			
B Check ▶  if the filing organization che	cked box A a	nd "limited control" pr	ovisions apply		<del></del>
Limits on Lo (The term "expenditures"			.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence pi	ublic opinion	(grass roots lobbying)			
b Total lobbying expenditures to influence a	•				
c Total lobbying expenditures (add lines 1a a	-	-, (,,			
d Other exempt purpose expenditures	,		ļ		
e Total exempt purpose expenditures (add li	nes 1c and 1	d)		,,, · · · ·	
f Lobbying nontaxable amount Enter the an		•	th columns		
If the amount on line 1e, column (a) or (b) is:	1	bying nontaxable an	11		
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,000		00 plus 15% of the ex			
Over \$1,000,000 but not over \$1,500,000					
Over \$1,000,000 but not over \$1,000,000		00 plus 10% of the ex 00 plus 5% of the exc			
			988 OVER \$1,500,000		
Over \$17,000,000	\$1,000,	000			
O	-fl 16	<del></del>			
g Grassroots nontaxable amount (enter 25%	-				
h Subtract line 1g from line 1a If zero or less			}		
i Subtract line 1f from line 1c If zero or less,					<u>.t.</u>
j If there is an amount other than zero on eit	her line 1h or	line 11, did the organiz	ation file Form 4/20		
reporting section 4911 tax for this year?					Yes No
(Some organizations t columns b	hat made a s	• •	• •		
Lo	bbying Expe	nditures Durıng 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures				· · · · · · · · · · · · · · · · · · ·	
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

## Schedule C (Form 990 or 990-EZ) 2013 ALCOR LIFE EXTENSION FOUNDATION 23-7154039 Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description		(	a)	(b)	
of th	e lobbying activity	Yes	No	Amo	ount
	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 Volunteers?		x		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?	Х	x		.,
	Mailings to members, legislators, or the public?		х		
	Publications, or published or broadcast statements?		x		
	Grants to other organizations for lobbying purposes?		х		
	Direct contact with legislators, their staffs, government officials, or a legislative body?		х		
_	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		х		
i	Other activities?	Х			30,000.
j	Total Add lines 1c through 1r				30,000.
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1_		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3_	Did the organization agree to carry over lobbying and political expenditures from the prior year?	- F04(-)	3		· 
Pai	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (c) BOTH Part III A lines 1 and 2 are encurred				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," O	R (b) Par	i III-A, IIn	ie 3, is
1	Dues, assessments and similar amounts from members		1		<del></del>
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cal			
	expenses for which the section 527(f) tax was paid).				
a	•		2a		
b	•		2b		
C			2c 3		<del></del>
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc		3		
4	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?	Olitical	1		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information	<del></del>	1 3		
	ide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group	list) Part II	I-A line 2 a	nd Part II-R	line 1
	, complete this part for any additional information		., ,, , ,, ,,	na i ait ii B	,
	I II-B, LINE 1, LOBBYING ACTIVITIES:				
	. 11 0, 11111 1, 100011110 11011111110				
THE	ORGANIZATION ENGAGED THE SERVICES OF THE AARONS				
COM	PANY TO WATCH FOR ANY LEGISLATIVE ACTIVITY THAT MAY AFFECT ALCOR AND		<del>.</del>		
TO I	MEET WITH LEGISLATORS TO EDUCATE THEM ABOUT ALCOR'S SCIENTIFIC AND		·		
EDU	CATIONAL MISSION.				

#### SCHEDULE D

(Ferm 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Nam	e of the organization		Employer identification number
_	ALCOR LIFE EXTENSION FOUNDAY	FION	23-7154039
Pa			ACCOUNTS. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		(I-) Friends and other accounts
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		·
5	Did the organization inform all donors and donor advisors in v		
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose confe	
Da	impermissible private benefit?	West to Form 200 Port IV	Yes No
Pa			, line /
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		•
	Protection of natural habitat	Preservation of a certified h	nistoric structure
_	Preservation of open space	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form of a c	onservation easement on the last
	day of the tax year		Held at the End of the Tax Year
	Tatal as such as of appearation accompanie		
a	Total number of conservation easements		2a 2b
b	Total acreage restricted by conservation easements  Number of conservation easements on a certified historic stri	icture included in (a)	2c
C	Number of conservation easements included in (c) acquired a	* *	20
ď	listed in the National Register	arter 6/17/00, and not on a mistoric structure	2d
3	Number of conservation easements modified, transferred, rel	eased extinguished or terminated by the orga	
3	year	oused, extinguished, or terrimitated by the erga	median daming the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	<del> </del>	
Ū	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	-	
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?	, , , , , , , , , , , , , , , , , , , ,	Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes the or	ganization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherance o	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement and I	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical treating	asures, or other similar assets for financial gain,	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		► \$ ► \$

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

Schedule D (Form 990) 2013

24

_	rdule D (Form 990) 2013 ALCOR LIFE	EXTENSION FOUN		torical Tr	ogeurge	or Other		3-71540		Page 2
3	Using the organization's acquisition, accessi	on, and other record	as, cnec	k any of the	tollowing tha	at are a sigr	nificant L	ise of its	collection	items
	(check all that apply)		. $ egin{array}{c} $		h					
a	Public exhibition				hange progr	ams				
b	Scholarly research	•	• 🗀	Other		<del></del>				
С	Preservation for future generations							_		
4	Provide a description of the organization's co	•		-	-	-		se in Par	t XIII	
5	During the year, did the organization solicit of					ner sımılar a	ssets		٦	
	to be sold to raise funds rather than to be m								_ Yes	No_
Pai	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" to Fo	rm 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa						<del></del>	-	_	
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	ns or other as	ssets not in	cluded		٦	
	on Form 990, Part X?							L_	Yes	Lx_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table						<del></del>
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
f	Ending balance						1f		_	
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					Lx	Yes	No
b	If "Yes," explain the arrangement in Part XIII.									x
Par	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 10			,	
		(a) Current year	(b) F	rior year	(c) Two yea	rs back (d)	Three ye	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	•								
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1	g, column (a	a)) held as	•				
а	Board designated or quasi-endowment	•	%		"					
b	Permanent endowment ▶	%	_							
	Temporarily restricted endowment ▶	%								
·	The percentages in lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posse		ation tha	at are held a	nd administe	ered for the	organiza	ation		
ou	by	ocion or mic organia					o / ga		ſ.	Yes No
	(i) unrelated organizations								3a(i)	103 110
	(ii) related organizations								3a(ii)	
h	If "Yes" to 3a(ii), are the related organizations	e lietad se raquirad (	on Sched	hula R2					3b	
4	Describe in Part XIII the intended uses of the	•							<u> </u>	<del></del>
	t VI Land, Buildings, and Equipm		JWITIGHT	idildə						<del></del>
	Complete if the organization answere		). Part IV	Line 11a S	ee Form 990	). Part X. lini	e 10			
	Description of property	(a) Cost or o			or other		umulated	4	(d) Book	value
	bescription of property	basis (investi			(other)	, ,	ciation	<b>"</b>	(u) DOOK	• alut
10	Land	223.0 (001)		245/0	,	20010				
				-						
b	Buildings				224 246		120.5			002 555
C	Leasehold improvements	-	-		334,149.		130,5			203,557.
d	Equipment			1	,130,608.	<u> </u>	754,2	252.		<u>376,356.</u>
	Other	<u> </u>		(D) :		<u> </u>		<del>_  </del>		
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	'U(c) )					<u>579 913.</u>

	) (Form 990) 2013 ALCOR LIFE EXTEN	SION FOUNDATION			23	3- <u>7</u> 154039	Page 3
Part VII	Investments - Other Securities.						
	Complete if the organization answered "Yes"		11b				
(a) Descrip	OTION Of SECURITY OF CATEGORY (including name of security)	(b) Book value	_	(c) Method of	valuation Cost or e	nd-of-year marke	et value
(1) Fınancı	al derivatives		$\perp$				
(2) Closely	held equity interests		_		<del></del>		
(3) Other			↓_				
(A)			<u> </u>				
(B)			_		·		
(C)			_				
(D)			┿	· · · · · · · · · · · · · · · · · · ·			
(E)			+				
(F)			┼	<u> </u>			
(G)			-				
(H)			ļ.				
	b) must equal Form 990, Part X, col. (B) line 12.)		_				
Part VIII	Investments - Program Related.						
<del></del>	Complete if the organization answered "Yes"  (a) Description of investment	to Form 990, Part IV, line (b) Book value	11c			nod of wood made	
	(a) Description of investment	(b) Book value	+-	(c) Metriod of	valuation Cost or e	nu-or-year marke	et value
(1)			<del>  -</del> -				<u> </u>
(2)			+-				
(3)			+				
(4)			<del> </del>				
(5)					<del></del>		
(6)			+-	<del>.</del>		<del></del>	
(7)				<u> </u>		<del></del>	<del>,</del>
(8) (9)			1				
	b) must equal Form 990, Part X, col. (B) line 13.)		<del> </del>				
Part IX	Other Assets.						·
	Complete if the organization answered "Yes"	to Form 990. Part IV. line	11d	See Form 990.	Part X. line 15		
		Description				(b) Book	value
(1) INS	SURANCE POLICIES					3	280,499,
	NEFICIAL INTEREST IN PERPETUAL TRUS						.122.529.
	DEPOSITED FUNDS	<del></del>				- <del>-</del>	12,558.
(4)	221001120 101100						
(5)							
(6)							
(7)							
(8)							
(9)			·				
Total. (Colu	ımn (b) must equal Form 990, Part X, col (B) lın	e 15)				• 6	415 586
Part X	Other Liabilities.						
	Complete if the organization answered "Yes"	to Form 990, Part IV, line	11e	or 11f See Forr	n 990, Part X, line 2	5	
1.	(a) Description of liability		(b) l	Book value	_		
(1) Fed	deral income taxes				_		
(2)	121-7-7						
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)					_		
	ımn (b) must equal Form 990, Part X, col. (B) lın	e 25)					
2. Liability	for uncertain tax positions. In Part XIII, provide	the text of the footnote t	o the	e organization's	financial statement	s that reports the	e
organız	ation's liability for uncertain tax positions unde	FIN 48 (ASC 740) Checl	k her	e if the text of th	ne footnote has bee	n provided in Pa	ırt XIII 🔲
					Sc	hedule D (Form	1 990) 2013

Schedule D (Form 990) 2013 ALCOR LIFE EXTENSION FO		23-7154039 Page <b>4</b>
Part XI Reconciliation of Revenue per Audited F Complete if the organization answered "Yes" to Form		iue per Return.
Total revenue, gains, and other support per audited financial		1
2 Amounts included on line 1 but not on Form 990, Part VIII, lir		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII )	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on	line 1	
a Investment expenses not included on Form 990, Part VIII, lin	e 7b   <b>4a</b>	
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b	<del> </del>	4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990		5
Part XII Reconciliation of Expenses per Audited	•	nses per Return.
Complete if the organization answered "Yes" to Form	990, Part IV, line 12a	
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line	1 1	
a Donated services and use of facilities		
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII )		
e Add lines 2a through 2d		<u>2e</u>
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on li	1 1	
a Investment expenses not included on Form 990, Part VIII, line		
b Other (Describe in Part XIII )	_ 4b	
c Add lines 4a and 4b		4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 99 Part XIII Supplemental Information.	10, Part I, line 18)	5
	U base 4s and 4 Dowl IV base 4b and 0b 4	Daty Inc. A. Banky Inc. O. Banky
Provide the descriptions required for Part II, lines 3, 5, and 9, Part I lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this p		Part V, line 4, Part X, line 2, Part XI,
PART IV, LINE 2B:		
THE ORGANIZATION RECORDS THE ALCOR MEMBERS' PREPAY	MENT FOR	
CRYOPRESERVATION IN AN ESCROW ACCOUNT. THE ACCOUNT	IS THEN USED AT TIME OF	
DEATH FOR CRYOPRESERVATION SERVICES AND RECORDED A	S PROGRAM REVENUE.	
		The desired services
	<del> </del>	

#### SCHEDULE F (Form 990)

#### Statement of Activities Outside the United States

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

➤ Attach to Form 990. ➤ See separate instructions.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

vame of the organization					Employer ident	ification number
ALCOR LIFE EXTENSION FO	OUNDATION				23-7154039	
Part I General Info	mation on A	ctivities Ou	tside the United States. Compl	ete if the organ	ization answered	'Yes" on
Form 990, Part IV						
•	_		ds to substantiate the amount of its gr		· —	. —
the grantees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	istance?	YesNo
2 For grantmakers, Desc	ribe in Part V the	organization's	procedures for monitoring the use of it	e arante and o	ther assistance of	taida tha
United States	inde iii r ait v tile	organization's	procedures for morntoring the use of it	s grants and or	iner assistance ou	iside trie
	ne following Part	I, line 3 table ca	an be duplicated if additional space is	needed )		
(a) Region	(b) Number of	(c) Number of		1 -/	vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (e g , fundraising, program		gram service,	expenditures for and
	ın the region	independent contractors	services, investments, grants to recipients located in the region)	1	e specific type ce(s) in region	investments
		in region	recipients located in the region)	OI Service		in region
UROPE (INCLUDING						
CELAND & GREENLAND)	0	0	DROCDAN GERVICES	MEMBER	Dilla	
	O		PROGRAM SERVICES	MEMBERSHIP	DUES	0.
				i		
AST ASIA AND THE						
ACIFIC -	. 0	. 0	PROGRAM SERVICES	MEMBERSHIP	DUES	0.
OUTH AMERICA -		•				
RGENTINA, BOLIVIA,	0	0	PROGRAM SERVICES	MEMBERSHIP	DUES	0.
ORTH AMERICA -						
ANADA AND MEXICO						
UT	0	0	PROGRAM SERVICES	MEMBERSHIP	DUES	0.
					-	
IDDLE EAST AND						
ORTH AFRICA -	0	0	PROGRAM SERVICES	MEMBERSHIP	DUES	0.
ENTRAL AMERICA AND						
HE CARIBBEAN - NTIGUA & BARBUDA.						
RUBA, BAHAMAS,	0	0	PROGRAM SERVICES	MEMBERSHIP	DUES	0.
UROPE (INCLUDING						
CELAND & GREENLAND)	0	0	PROGRAM SERVICES	MEMBER SERV	ICES	23,417.
3 a Sub-total	0	0	,			23,417.
b Total from continuation						23, 417.
sheets to Part I	0	. 0				0.
c Totals (add lines 3a					•	
and 3b)	0	0				23,417.
HA For Paperwork Reducti	on Act Notice,	see the Instruc	tions for Form 990.		Schedule F	(Form 990) 2013

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23-7154039

Page 2

23-71

ALCOR LIFE EXTENSION FOUNDATION

Schedule F (Form 990) 2013

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

(i) Method of valuation (book, FMV, appraisal, other)				
(h) Description of non-cash val				
(g) Amount of non-cash assistance				
(f) Manner of cash disbursement				
(e) Amount of cash grant				
(d) Purpose of grant				
(c) Region				
(b) IRS code section and EIN (if applicable)				
(a) Name of organization				

Schedule F (Form 990) 2013

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

FOUNDATION
ALCOR LIFE EXTENSION FOUNDATION
ALCOR LI
e F (Form 990) 2013

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 Schedule F

Page 3

23-7154039

Part III can be duplicated if additional space is needed

l of					2013
(h) Method of valuation (book, FMV, appraisal, other)		-			Schedule F (Form 990) 2013
(g) Description of non-cash assistance					Schedul
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

Schedule F (Form 990) 2013

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990,

Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

•	1	Open
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חווופת סומופי	Part IV, line 21 or 22.	
	Part	

OMB No 1545-0047	2013	Open to Public	Inspection

Employer identification number

**2** (h) Purpose of grant 23-7154039 or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any RESEARCH SUPPORT Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, EMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. (d) Amount of cash grant 23,759 4,122,007 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 501(C)(3) Enter total number of other organizations listed in the line 1 table ALCOR LIFE EXTENSION FOUNDATION 32-6313396 General Information on Grants and Assistance 26-4438381 (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization ADVANCED NEURAL BIOSCIENCES, INC ALCOR ENDOWMENT TRUST SUPPORTING ORGANIZATION - 7895 EAST ACOMA DRIVE, #110 - SCOTTSDALE, AZ 937 NW GLISAN STREET #1034 or government PORTLAND, OR 97209 85260-6916 Part Part II

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

Schedule I (Form 990) (2013)

Page 2 (f) Description of non-cash assistance 23-7154039 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant GRANTS BEING AWARDED FOR RESEARCH PROJECTS, WRITTEN PROPOSALS ARE PROVIDED FOR EACH GRANT, AND WRITTEN REPORTS OF THE FINDINGS GO TO THE COMMITTEE. (b) Number of recipients ALCOR LIFE EXTENSION FOUNDATION A RESEARCH & DEVELOPMENT COMMITTEE IS USED TO EVALUATE ANY (a) Type of grant or assistance PART I LINE 2: Part III

Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013)

34

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#### SCHEDULE L

## **Transactions With Interested Persons**

(Ferm 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

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

Open To Public

Internal Revenue Service	► Information abou	t Schedule L (For	m 990	ot 990-	EZ) and its instruction	is is at www.irs.go	v/form9	90.	Ins	spect	ion	
Name of the organization		-					Em	ploye	identi	ficati	on nu	ımber
	ALCOR LIFE EX						23-	7154	039			
Part I Excess Bend	efit Transacti	ions (section 5	01(c)(3	3) and s	section 501(c)(4) org	janizations only)						
Complete if the	organization ans	wered "Yes" on	Form 9	990, Pa	art IV, line 25a or 25	b, or Form 990-EZ	, Part V,	line 40	)b			
1 (a) Name of disqualified	(b) f	Relationship bet			lified	c) Description of t	raneactio	nn.		(d)	Corre	cted?
(a) Name of disquaimed [	person	person and o	rganız	ation		—————		)   		Y	es	No
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• Enter the amount of tax	incurred by the c	rangation mar		or disc	rualified persons du	uras the year unde						
2 Enter the amount of tax section 4958	incurred by the c	ngamzation mai	layers	OI UISC	quaimed persons du	ining the year unde	<del>,</del> 1	•				
3 Enter the amount of tax,	if any on line 2	ahove reimburs	ed hv	the or	ganization							
3 Littor the amount of tax,	ii arry, orr iii o 2,	abovo, reimbare	ocu by	1110 01	gamzation			Ψ				
Part II Loans to and	d/or From Int	erested Per	sons									
Complete if the	organization ansv	wered "Yes" on	Form 9	990-EZ	, Part V, line 38a or	Form 990, Part IV,	lıne 26,	or if th	e organ	nızatıc	on	
reported an amo	ount on Form 990	, Part X, line 5, 6	6, or 2	2								
(a) Name of	(b) Relationship			oan to or	(e) Original	(f) Balance due		) In	(h) App by boa	roved rd or	, ,,, ,,	ritten.
interested person	with organization	of loan	organi	zation?	principal amount		defa		cómmi		agree	ment?
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Total		Citizen Late			<u>▶ \$</u>							
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	organization ansv	-				( n T						<del>.</del> —
(a) Name of interested	person	(b) Relationship interested pers		. 1	(c) Amount of assistance	(d) Tyl assist			• •	Purpo ssista	ose of Ince	
		the organiza										
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Schedule L (Form 990 or 990-EZ) 2013

	vered "Yes" on Form 990, Part IV, line 28a, 28		1	T (a) Ch	ones :
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organia rever	aring o zation' nues?
			ļ. <u>.</u>	Yes	No
EE PART V	SEE PART V	113,125	.RESEARCH	<del> </del>	Х
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5 iv   6 iii			<u> </u>		<u></u>
Part V Supplemental Information					
Provide additional information for	responses to questions on Schedule L (see ii	nstructions)			
NA TV					
PART IV			<u>.</u>		<del></del>
AUL KENT AND CATHERINE BALDWIN, DI	RECTORS WITH ALCOR ARE OFFICERS W	ГТН			
					-
SUSPENDED ANIMATION, INC. A VENDOR	OF THE ORGANIZATION.				
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OMB No 1545-0047	2013	Open to Public ' Inspection	Employer identification number	licated if additional	(g) IRC section of recipient(s) (if tax-exempt) or type of entity			17 T T T T T T T T T T T T T T T T T T T	Yes No
Liquidation Termination Dissolution or Significant Disposition of Assats	30-EZ, line 36.	orm990.		the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36 Part I can be duplicated if additional	(f) Name and address of recipient				
ficant Dienc	31 or 32; or Form 99.	s is at www.rrs.gov/fc		90, Part IV, line 31, or	(e) EIN of recipient				
Ition or Signi	Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.  Attach certified copies of any articles of dissolution, resolutions, or plans.	(Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.		nswered "Yes" to Form 99	(d) Method of determining FMV for asset(s) distributed or transaction expenses				
Mation Dissolu	ation answered "Yes" to			part if the organization ar	(c) Fair market value of asset(s) distributed or amount of transaction expenses				
ion. Termir	plete if the organiz:	<ul> <li>Attach to Form 990 or 990-EZ.</li> <li>Information about Schedule N</li> </ul>	MOTHAGINION MOTHER PARTY MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHER MOTHE	ution. Complete this	(b) Date of distribution				
Liquidat	▼ Com	► Attac	T GOOTS	m E	(a) Description of asset(s) distributed or transaction expenses paid				
SCHEDULE N	(Form 990 or 990-EZ)	Department of the Treasury Internal Revenue Service	Name of the organization		(a) Descripti distributed c expens				:
SC	(Fori	Depari Interna	Nam	Part	-				

organization
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employee
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trustee,
director,
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- a Become a director or trustee of a successor or transferee organization?
- b Become an employee of, or independent contractor for, a successor or transferee organization?
  - Become a direct or indirect owner of a successor or transferee organization?
- d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?
  - e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III

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

Schedule N (Form 990 or 990-EZ) (2013)

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-[음	R LIFE EXTENSION	I FOUNDATION		23-7154039		Page 2
Part I Liquidation, Termination, or Dissolution (continued)	ution (continued)					
	its assets during the	tax year, then Form 990,	Part X, column (B), line 16	(Total assets), and	; then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-	Yes No
3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	n accordance with its	governing instrument(s)	19 If "No," describe in Part	≣		8
4a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	ttorney general or ot	ner appropriate state offi	icial of its intent to dissolve	e, liquidate, or termir	nate?	4a
b If "Yes," did the organization provide such notice?	notice?					4b
5 Did the organization discharge or pay all of its liabilities in accordance with state laws?	of its liabilities in acco	rdance with state laws?				5
6a Did the organization have any tax-exempt bonds outstanding during the year?	bonds outstanding of	during the year?				е
b Did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?	all of its tax-exempt	bond liabilities during the	e tax year ın accordance w	ith the Internal Reve	nue Code and state laws?	Q9
c If "Yes," to line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities If "No," explain in Part III	v the organization de	feased or otherwise settl	ed these liabilities If "No,"	explain in Part III		
Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Form 990-EZ, line 36 Part II can be duplicated if additional space is needed	er Transfer of More	Than 25% of the Organ space is needed	nzation's Assets.Complet	e this part if the org	Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36 Part II can be duplicated if additional space is needed	art IV, line 32, or
1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
CASH SECURITIES	10/14/13	4,122,007,	THIRD PARTY 4 122 007 STATEMENTS	32-6313396	7895 EAST ACOMA DRIVE, #110 SCOTTSDALE, AZ 85260-6916	501(C)(3)
				:		
				l		Yes No
	key employee of the	organization				
<ul> <li>a Become a director or trustee of a successor or transferee organization?</li> </ul>	sor or transteree orga	inization?				2a ×

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d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III

**b** Become an employee of, or independent contractor for, a successor or transferee organization?

Become a direct or indirect owner of a successor or transferee organization?

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Schedule N (Form 990 or 990-EZ) (2013) SEE PART III

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Schedule N (Form 990 or 990-EZ) (2013) ALCOR LIFE EXTENSION FOUNDATION 23-7154039	Page 3
Part III Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e Also complete this part to provide any additional information	<u>.</u>
PART II, LINE 2E:	<del></del>
NAME OF PERSON: JAMES CLEMENT, SAUL KENT, RALPH MERKLE	
PART II, LINE 2E:	
EXPLANATION: DURING THE YEAR, THE ORGANIZATION TRANSFERRED FUNDS TO THE	
ALCOR ENDOWMENT TRUST SUPPORTING ORGANIZATION, A RELATED 501(C)(3) PUBLIC	
CHARITY, WHOSE MISSION IS TO SUPPORT THE MISSION OF ALCOR LIFE EXTENSION	
FOUNDATION. THE NEW SUPPORTING ORGANIZATION WILL MANAGE THE INVESTMENTS IN	
THE TRUST AND SOLICIT CONTRIBUTIONS FROM THE ALCOR MEMBERS AND THE GENERAL	
PUBLIC. THREE DIRECTORS ALSO SERVE ON THE BOARD OF THE RECIPIENT	<del></del>
ORGANIZATION.	
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#### **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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047 Open to Public Inspection

Name of the organization Employer identification number ALCOR LIFE EXTENSION FOUNDATION 23-7154039 FORM 990 PART I LINE 1 DESCRIPTION OF ORGANIZATION MISSION THE PRESERVATION OF INDIVIDUAL LIVES. TO BE SOUGHT THROUGH MAINTAINING BIOSTASIS, EVENTUALLY TO RESTORE HEALTH TO PATIENTS IN ALCOR'S CARE AND FUND RESEARCH AND PUBLIC EDUCATION FOR BIOSTASIS FORM 990 PART III LINE 1 DESCRIPTION OF ORGANIZATION MISSION THE PRESERVATION OF INDIVIDUAL LIVES, TO BE SOUGHT THROUGH THE FOLLOWING PRIORITIZED LIST OF FUNDAMENTALS: MAINTAIN THE CURRENT PATIENTS IN BIOSTASIS. PLACE CURRENT AND FUTURE MEMBERS INTO BIOSTASIS (WHEN AND IF NEEDED). EVENTUALLY RESTORE HEALTH TO ALL PATIENTS IN ALCOR'S CARE, FUND RESEARCH INTO DEVELOPING MORE COST EFFECTIVE AND RELIABLE MEANS FOR THE ABOVE AND PROVIDE PUBLIC EDUCATION AS A MEANS OF FOSTERING GROWTH TO SUPPORT THE GOALS OF THE ABOVE FORM 990 PART III LINE 3 CHANGES IN PROGRAM SERVICES: EXPLANATION: DURING THE YEAR THE ORGANIZATION TRANSFERRED FUNDS TO THE ALCOR ENDOWMENT TRUST SUPPORTING ORGANIZATION A RELATED 501(C)(3) PUBLIC CHARITY WHOSE MISSION IS TO SUPPORT THE MISSION OF ALCOR LIFE THE NEW SUPPORTING ORGANIZATION WILL MANAGE THE EXTENSION FOUNDATION. INVESTMENTS IN THE TRUST AND SOLICIT CONTRIBUTIONS FROM THE ALCOR MEMBERS AND THE GENERAL PUBLIC FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS NO MEMBERS AS DEFINED BY THE INTERNAL REVENUE CODE. THE ORANIZATION OFFERS SERVICES THROUGH CLASSES OF NONVOTING

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

SCHEDULE R (Form 990)

Name of the organization

ALCOR LIFE EXTENSION FOUNDATION

►Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. ▶ See separate instructions.

Open to Public

Employer identification number 23-7154039

entity

Direct controlling Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year End-of-year assets <u>e</u> Total income ਉ Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part Part

(a)	(q)	(c)	(d)	(e)	(J)	( <b>6</b> )	2(h)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	controlled entity?	led '-
				501(c)(3))		Yes	N <sub>o</sub>
ALCOR ENDOWMENT TRUST SUPPORTING					ALCOR LIFE		
ORGANIZATION - 32-6313396, 7895 EAST ACOMA					EXTENSION		
DRIVE, #110, SCOTTSDALE, AZ 85260-6916	SUPPORT	ARIZONA	501(C)(3)	LINE 11A I FOUNDATION	FOUNDATION		×

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Schedule R (Form 990) 2013

Page 2

23-7154039

Schedule R (Form 990) 2013 ALCOR LIFE EXTENSION FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	3	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j)  General or managing e partner? e partner? 5) Yes No	(j) (k) General or Percentage managing ownership
CRYONICS PROPERTY - 86-0740606, 7895 E, ACOMA DRIVE, #110, SCOTTSDALE, AZ 85260-6916	RENTAL	AZ	N/A	UNRELATED		24,351.	473,952.		1	×	84,068
	ganizations Taxable a	s a Corpo		molete if the	organization an	swered "Yes"	on Form 990. Pa	T.Y. ine 3	or Trust Complete if the organization answered "Yes" on Form 990. Part IV, line 34 because it had one or more related		ye related
(b)  Name, address, and EIN  Of related organization	rporation or trust during in	g the tax y		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	ntity Share of total come tt	f total ne	(g) Share of Pend-of-year assets	(h) Percentage ownership	Section Section 512(b) (i) Section controlled entity?
332162 00-12-13			<u>-</u>	43					Schedu	ile R (For	Schedule R (Form 990) 2013

ich which the prognization conducted more than five percent of its activities (measured by total assets or grass review)

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	Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	(g) Share of end-of-year assets																										
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on F	ucted	(e) Are all partners sec 501(c)(3) orgs?	3								$\pm$							-										
R (Form 990) 2013 ALCOR LIFE EXTENSION FOUNDATION Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37	Provide the following information for each entity taxed as a partnership through which the organization condithat was not a related organization. See instructions regarding exclusion for certain investment partnerships.	come ated, r tax 2-514)																										
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ALCOR LIFE EXTENSION FOUNDATION tions Taxable as a Partnership Complete	on Se	z													;													
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Schedule R (Form 990) 2013  Part Vi Unrelated Organi	ollowin a relat	(a) Name, address, and EIN of entity																										
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Schedule Part VI	Provide hat wa																											
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Schedule R (Form 990) 20 13

Schedule	R (Form 990) 2013	ALCOR LIFE EXTENSION FOUNDATION	23-7154039	Page 5
Part VI	R (Form 990) 2013 Supplemental Info	ormation		
•	Provide additional infor	rmation for responses to questions on Schedule R (see instructions)		
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Form 8868 (Rev 1-2014)					Page 2
If you are filing for an Additional (Not Automatic) 3-Mor	nth Extension,	complete only Part II and check thi	s box		▶ x
Note. Only complete Part II if you have already been grante				8868	
If you are filing for an Automatic 3-Month Extension, co	omplete only Pa	art I (on page 1)			
Part II Additional (Not Automatic) 3-Mor			al (no d	opies ne	eded).
		Enter filer's	identifyi	na number.	see instructions
Type or Name of exempt organization or other filer, see	instructions				on number (EIN) or
print			. ,		,
File by the ALCOR LIFE EXTENSION FOUNDATION				23-7154	039
due date for Number, street, and room or suite no If a P O	box, see instruc	tions	Social s	ecurity numb	
filing your return See   7895 EAST ACOMA DRIVE   #110				•	
Instructions City, town or post office, state, and ZIP code F	or a foreign add	fress, see instructions			
SCOTTSDALE, AZ 85260-6916					
Enter the Return code for the return that this application is	for (file a separa	te application for each return)			0 1
Application	Return	Application			Return
ls For	Code	Is For			Code
Form 990 or Form 990-EZ	01		·		
Form 990-BL	02	Form 1041-A			08
Form 4720 (Individual)	03	Form 4720 (other than individual)			09
Form 990-PF	04	Form 5227	<u> </u>		10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already gr	anted an autor	natic 3-month extension on a prev	iously file	ed Form 88	58
BONNIE MAGEE					
• The books are in the care of ► 7895 EAST ACOMA DI	RIVE, #110 -		<del></del>		
Telephone No ► 480-905-1906		Fax No • 480-922-9027			
If the organization does not have an office or place of bu					
If this is for a Group Return, enter the organization's four					
oox . If it is for part of the group, check this box		ch a list with the names and EINs of	all memi	ers the exte	nsion is for
<ul> <li>I request an additional 3-month extension of time until</li> <li>For calendar year 2013, or other tax year beginning</li> </ul>		<del></del>	_		
<ul> <li>For calendar year <u>2013</u>, or other tax year beginning</li> <li>If the tax year entered in line 5 is for less than 12 mon</li> </ul>	~	on Initial return	Final	roturn	
Change in accounting period	uis, check reas			etum	
7 State in detail why you need the extension					
ADDITIONAL TIME IS NEEDED IN ORDER TO GA	THER THE IN	FORMATION NECECCARY			· · · · · · · · · · · · · · · · · · ·
TO PREPARE A COMPLETE AND ACCURATE RETUR		ONIATION NECESSARI			
10 IRBITAL II COMPANIA IND INCOMPANIA MATOR	±, •				· · · · · · · · · · · · · · · · · · ·
8a If this application is for Forms 990-BL, 990-PF, 990-T,	4720. or 6069.	enter the tentative tax, less any			
nonrefundable credits. See instructions	,	, , , , , , , , , , , , , , , , , , , ,	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or	6069, enter an	y refundable credits and estimated			
tax payments made include any prior year overpayments				ĺ	
previously with Form 8868		,	8b	\$	0.
C Balance due. Subtract line 8b from line 8a Include yo	our payment wit	h this form, if required, by using		-	
EFTPS (Electronic Federal Tax Payment System) See	instructions		8c	s	0.
		st be completed for Part II o		_	<del>.</del>
Inder penalties of perjury, I declare that I have examined this form, t is true, correct and complete, and that I am authorized to prepare	including accomp	anying schedules and statements, and to	the best o	f my knowled	ge and belief,
t is true, correct/and complete/ and that I am authorized to prepare	this form	•		A .	
Signature ► (WW) (VW) (V Title	· <b>&gt;</b>		Date	<u> 8-6</u>	,-14
			-	Form 8	3868 (Rev 1-2014)

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#### Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

<ul><li>If you a</li></ul>	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box							
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form)	-					
Do not c	omplete Part II unless you have already been granted	an automa	atic 3-month extension on a previou	sly filed Fo	orm 8868					
Electron	ic filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of tir	me to file (	6 months for a co	rporation				
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically t	file Form 8	868 to request ar	n extension				
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers	Associated With	Certain				
Personal	Benefit Contracts, which must be sent to the IRS in page	er format	(see instructions) For more details	on the ele	ctronic filing of th	ıs form,				
visit www	urs gov/efile and click on e-file for Charities & Nonprofits	3								
Part I	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).						
A corpora	ation required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete						
Part I only	у									
All other of	corporations (including 1120-C filers), partnerships, REN	1ICs, and t	rusts must use Form 7004 to reques	st an exter	nsion of time					
to file inc	ome tax returns			Enter fil	er's identifying n	umber				
Type or	Name of exempt organization or other filer, see instru	ictions.		Employe	r identification nu	mber (EIN) or				
print										
	ALCOR LIFE EXTENSION FOUNDATION				23-7154039					
File by the due date for	Number, street, and room or suite no If a P.O box, s	ee instruc	tions	Social se	curity number (S	SN)				
filing your return See	return See 7895 EAST ACOMA DRIVE, #110									
instructions										
SCOTTSDALE, AZ 85260-6916										
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1				
Application Return Application										
Is For Code Is For										
Form 990 or Form 990-EZ         01         Form 990-T (corporation)         07										
Form 990-BL 02 Form 1041-A 08										
Form 472	0 (ındıvıdual)	03	Form 4720 (other than individual)			09				
Form 990	-PF	04	Form 5227			10				
Form 990	-T (sec 401(a) or 408(a) trust)	05	Form 6069			11				
Form 990	-T (trust other than above)	06	Form 8870			12				
	BONNIE MAGEE									
• The bo	ooks are in the care of > 7895 EAST ACOMA DRIVE	#110 -	SCOTTSDALE, AZ 85260-6916							
Teleph	ione No   480-905-1906		Fax No 🕨 480-922-9027							
• If the c	organization does not have an office or place of busines	s in the Ur	nited States, check this box							
• If this i	s for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	lf this is fo	r the whole group	, check this				
box 🕨	If it is for part of the group, check this box	and atta	ich a list with the names and EINs o	f all memb	ers the extension	ı ıs for				
	quest an automatic 3-month (6 months for a corporation									
	AUGUST 15, 2014 , to file the exemp	t organiza	tion return for the organization name	ed above	The extension					
_	or the organization's return for									
▶ļ	x calendar year <u>2013</u> or									
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2 If th	ne tax year entered in line 1 is for less than 12 months, o	heck reas	on L Initial return L	Final retur	'n					
	Change in accounting period				·					
3a If th	us application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any							
	refundable credits. See instructions			3a	\$	0.				
	ns application is for Forms 990-PF, 990-T, 4720, or 6069									
	mated tax payments made. Include any prior year overp		<del> </del>	3b	\$	0.				
c Bal	ance due. Subtract line 3b from line 3a Include your pa	lyment wit	th this form, if required,							
	using EFTPS (Electronic Federal Tax Payment System)			3c	\$	0.				
	If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	3453-EO a	nd Form 8879-EO	for payment				
instructio	113									