** PUBLIC DISCLOSURE COPY **

Internal Revenue Service

Department of the Treasury

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

	OI UI	20 10 Calendar year, or tax year beginning	anu	enuing							
В	Check if applicab	C Name of organization			D Employer i	identifi	cation number				
	Addre	e ALCOR LIFE EXIENSION FOUNDATION									
	Name	e Doing business as				23-71	L54039				
	Initial return Final	Number and street (or P.O. box if mail is not del 7895 EAST ACOMA DRIVE, #110	ivered to street address)	Room/suite	E Telephone		r 5–1906				
	⊥return termir ated	(- ·	71D f				7,411,127.				
	ated		City or town, state or province, country, and ZIP or foreign postal code SCOTTSDALE, AZ 85260-6916 G Gross receipts \$ H(a) Is this a ground the control of								
	return	SCOTISDADE, AZ 03200-0910	IOD II		H(a) Is this a g						
	Application pendi	ng l	IORE		for subor						
_		SAME AS C ABOVE					ncluded? Yes No				
				or 527	1 '		list. (see instructions)				
		te: ► WWW.ALCOR.ORG			H(c) Group ex		n number 🕨				
	orm o	forganization: X Corporation Trust As Summary	sociation Other ►	L Year	of formation: 19	72 N	M State of legal domicile; CA				
	1	Briefly describe the organization's mission or most	significant activities: THE PR	ESERVATIO	N OF INDIVI	DUAL					
Activities & Governance		LIVES, TO BE SOUGHT THROUGH MAINTAININ									
rna	2	Check this box if the organization discor	ntinued its operations or dispos	sed of more	than 25% of its	net ass	sets.				
Š	3	Number of voting members of the governing body (Part VI, line 1a)			. 3	7				
Ğ	4	Number of independent voting members of the gov	rerning body (Part VI, line 1b)			4	7				
တ္	5	Total number of individuals employed in calendar ye					0				
iŧie	6	Total number of volunteers (estimate if necessary)					10				
듅	7 a	Total unrelated business revenue from Part VIII, col					0.				
⋖	b	Net unrelated business taxable income from Form 9					0.				
					Prior Year		Current Year				
•	8	Contributions and grants (Part VIII, line 1h)		1,045	,371.	6,211,759.					
ž	9	. (5 1)(11 11 6)									
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,			2,016	,492.	-78,736.				
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			82	,718.	56,145.				
	12	Total revenue - add lines 8 through 11 (must equal l		3,777	,219.	7,169,093.					
	13	Grants and similar amounts paid (Part IX, column (A			17	,300.	12,707,651.				
	14	Benefits paid to or for members (Part IX, column (A)				0.	0.				
w	15	Salaries, other compensation, employee benefits (F			700	,716.	836,157.				
Se	16a	Professional fundraising fees (Part IX, column (A), li				0.	0.				
Expenses	. ь	Total fundraising expenses (Part IX, column (D), line		955.							
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d,	•		963	,107.	2,097,299.				
		Total expenses. Add lines 13-17 (must equal Part IX			1,681	,123.	15,641,107.				
	19	Revenue less expenses. Subtract line 18 from line 1			2,096	,096.	-8,472,014.				
or or	3				ginning of Curren	t Year	End of Year				
ets	20	Total assets (Part X, line 16)			34,453		26,576,764.				
ASS	21	Total liabilities (Part X, line 26)			20,132	,967.	22,218,692.				
Net Assets or	22	Net assets or fund balances. Subtract line 21 from	line 20		14,320	,810.	4,358,072.				
Pá	art II	Signature Block									
Und	er pena	alties of perjury, I declare that I have examined this return,	including accompanying schedules	s and stateme	ents, and to the be	st of my	knowledge and belief, it is				
		ct, and complete. Declaration of preparer (other than office				-	,				
	-		,								
Sig	n	Signature of officer			Date						
Her		R MICHAEL PERRY, SECRETARY/TREASU	RER/CFO								
		Type or print name and title									
		Print/Type preparer's name	Preparer's signature	[Date	Check	PTIN				
Paid	i	KRISTEN BASS	1	1:	1/15/19	if self-employ	P01247587				
	parer	Firm's name CBIZ MHM, LLC									
-	Only	Firm's address 4722 N 24TH ST, STE 300		Firm's EIN 34-1884125							
	•	PHOENIX, AZ 85016			Phone	no.602	-264-6835				
Ma	v the I	RS discuss this return with the preparer shown above	/e? (see instructions)		,		X Yes No				

23-7154039

	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: SEE SCHEDULE O.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total erevenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$13,769,397. including grants of \$12,707,651.) (Revenue \$)
	OF THE LIFE EXTENSION SCIENCES INCLUDING, BUT NOT LIMITED TO, CRYONICS,	
	CRYOBIOLOGY, GERONTOLOGY, MOLECULAR ENGINEERING AND CELL REPAIR	
	TECHNOLOGY.	
4b	(Code:) (Expenses \$ 619 ,870 including grants of \$) (Revenue \$	849,290.)
	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.	
4c	(Code:) (Expenses \$	132,308.
	TO EDUCATE THE GENERAL PUBLIC ABOUT THE SCIENCE AND PRACTICE OF HUMAN	
	CRYOPRESERVATION AND RELATED TOPICS, INCLUDING REJUVENATION BIOTECHNOLOGIES, MOLECULAR NANOTECHNOLOGY, LIFE EXTENSION, PREVENTATIVE	
	HEALTH, AND RELATED RESEARCH.	
4d	Other program services (Describe in Schedule O.)	
4 -	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 14,440,741.)
4e	Total program service expenses 14,440,741.	Form 990 (2018)

Form 990 (2018) 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)?			
	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	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	i i		
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
U		6		x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		_v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		X
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?			
	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, VII, 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		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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			
u		11d	Х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX		21	х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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		X
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or 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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
=	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	,	19		x
20-	complete Schedule G, Part III	20a		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			┼
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

832003 12-31-18

23-7154039

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24.5	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
274				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
_0	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? "Yes."			
		26		x
07	complete Schedule L, Part II			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or 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 III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete			
	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00		33		х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	- 33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	Х	
0.5	Part V, line 1	34		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			v
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	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	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

832004 12-31-18

Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendary year unding with or within the year covered by this roturn b if all least one is reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendary year unding with or within the year covered by this roturn b if all least one is reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendary year unding with or within the year covered by this roturn b if Ves, * tax filed a Form 980-T for this year? If Y-10 in its 30, provide an explanation in Schedule O. b If Y-10 in the year of the calendary of the calendary and its desirable on the schedule O. b If Y-10 in the schedule of the year of the organization have an intention in, or a signature on other authority over, a financial account in a foreign country. Explanation have an intention in, or a signature on other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for fitting requirements for Indical New Year of Foreign Bank and Financial Accounts (FBAF). See Was the organization appropriate prohibited tax shifted transaction at any time during the tax year? 5a Was the organization or prohibited tax shifted transaction at any time during the tax year? 5b If Y-10 in the organization that it was or is a party to a prohibited tax shifted transaction? 5c Uniform Sec 7 in the organization in the foreign SBAF A shifted in the organization shift prohibited tax shifted transaction and the shift prohibited tax shifted transaction? 5c Video any taxable party northy the organization will be from 888617 5c Video any taxable party northy the organization will be foreign the shift and the organization solid in the organization shift was only any taxable distributions under section 170(c). 6c Video any taxable party northy the organization shift and the organization related the organization shift and the organization			(2018) ALCOR LIFE EXTENSION FOUNDATION		23-715403	19	Р	age 5
tell of the free interpretation of Form W3. Transmittal of Wage and Tax Statements, belief for the celendary pare ending with or within the year covered by this return 2 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If this sum of lines 1a and 2a is greater than 250, you may be required to a Jine federal employment tax returns? Note. If this sum of lines 1a and 2a is greater than 250, you may be required to a Jine federal employment tax returns? Note. If this sum of lines 1a and 2a is greater than 250, you may be required to a Jine federal employment tax returns? Note. If this sum of lines 1a and 2a is greater than 250, you may be required to a Jine federal employment tax returns? Note. If this sum of lines 1a and 2a is greater than 250, you may be required to a Jine federal employment tax returns? A larny time during the calendar year, and the organization have some of 15, 1000 or more during the year? Sa I all this did not be referred to the comparation of the foreign country. Sa I "I "vas to the the name of the foreign country. Sa Was the organization as party to a prohibited tax shelter transaction? Sa I "I "vas to the sa or 50, did the organization that it was or in a party to a prohibited tax shelter transaction? Sa I "I "vas " of the sa or 50, did the organization that it was or in a party to a prohibited tax shelter transaction? Sa I "I "vas " of the sa or 50, did the organization that it was or in a party to a prohibited tax shelter transaction solid any contribution that were not tax deductible as charitable contributions? For a particular than 1 and	Par	t V	Statements Regarding Other IRS Filings and Tax Compliance (continued)					
filed for the calendar year ending with or within the year covered by this return							Yes	No
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have united to Javie greater than 260, you may be required to _Javie green instructions) 3a Did the organization have united to Javies greater than 260, you may be required to _Javie green instructions 3a I Wrs.* has it field a Form 90-01 for this year? If 'No' to line 3b, provide an explanation in Schedule O 3b Did Yes.* and the unity the calendary year, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country great shall be a salar account, securities account, or other financial accounts? 4a At any time the name of the foreign country. 5b If 'Yes.* and the name of the foreign country. 5c I I 'Yes.* to line 5a or 5b, old the organization that It was or is a party to a prohibitod tax shelter transaction? 5c I 'Yes.* to line 5a or 5b, old the organization that It was or is a party to a prohibitod tax shelter transaction? 5c I 'Yes.* to line 5a or 5b, old the organization that It was or is a party to a prohibitod tax shelter transaction? 5c I 'Yes.* to line 5a or 5b, old the organization that It was or is a party to a prohibitod tax shelter transaction? 5c I 'Yes.* and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductibles and carintable contributions or gifts were not tax deductibles and carintable contributions or gifts were not tax deductibles and carintable contributions or gifts were not tax deductibles and exhaustication and the organization shall be organization s	2 a	Ente	r the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to _c/lin/ (see instructions) 3a		filed	for the calendar year ending with or within the year covered by this return	2a	0			
3a X X M M M M M M M M	b	If at I	least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
b If "Yes," has it filed a Form 990 T for this year? **It "No" to line 30, provide an explaination in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? **A see instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? **See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5b Lix was the organization have armusing pross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductables a charitable contributions? **See instructions that any contributions that were not tax eductables and scharitable contributions? **Better Types, "clid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductables of the scharitable contributions under section 170(c). 5c If "Yes," include the number of both were yellocitation an express statement that such contributions or gifts were not tax deductables of the scharitable contribution and party for goods and services provided to the payor? **Define Types, and the organization scharitable contribution and party for goods and services provided to the payor? **Define Base 22?** 7c Organizations that may receive deductable contributions under section 170(c). 8d bit the organization received a contribution of carb party as a contribution of appropriation for payor to the organization received a contribution of the value of the appropriation for the value of the payor to the organization received and provided for form 8282?** 7c Did the organization received a contribution of carb, both signatures or a personal benefit contract?** 7e Did t		Note	e. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? b if "Yes," enter the name of the foreign country. ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization the organization that it was or is a party to a prohibited tax shelter transaction? 5b C C C Was any taxable party notify the organization file from 8886.7 C C C Was any taxable party notify the organization than the variation at any time during the tax shelter transaction? 5b M Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles calentable contributions? 5c D Organization in the development in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7c D Was the organization in orbit the donor of the value of the goods or services provided? 7d D Was the organization notify the donor of the value of the goods or services provided? 7d D Was the organization and the organization and party for goods and services provided to the payor? 7d D Was the organization and party than organization and party for goods and services provided to the form 8202? 7d D Was the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7d D Was the organization receive a pay premium and party is party for goods and services provided? 7d D Was the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided? 7d D Was the organization than a payment is payment in excess of \$75 made party as a contribu	За	Did t	the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? b if "Yes," enter the name of the foreign country. ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization the organization that it was or is a party to a prohibited tax shelter transaction? 5b C C C Was any taxable party notify the organization file from 8886.7 C C C Was any taxable party notify the organization than the variation at any time during the tax shelter transaction? 5b M Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles calentable contributions? 5c D Organization in the development in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7c D Was the organization in orbit the donor of the value of the goods or services provided? 7d D Was the organization notify the donor of the value of the goods or services provided? 7d D Was the organization and the organization and party for goods and services provided to the payor? 7d D Was the organization and party than organization and party for goods and services provided to the form 8202? 7d D Was the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7d D Was the organization receive a pay premium and party is party for goods and services provided? 7d D Was the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided? 7d D Was the organization than a payment is payment in excess of \$75 made party as a contribu	b	If "Ye	es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule (·		3b		
b If "Yes," enter the name of the foreign country. ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b If any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" is line fac of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes", did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibile? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 If "Yes," indicate the number of Forms \$282 filed during the year 10 If "Yes," indicate the number of Forms \$282 filed during the year 11 Fold the organization received an contribution of craft prohibitions on a personal benefit contract? 12 If If the organization received an contribution of craft prohibitions, or personal benefit contract? 13 If the organization received an contribution of craft prohibitions, or ordinectly, on a personal benefit contract? 15 Did the organization received an contribution of craft prohibitions, or ordinectly, on a personal benefit contract? 16 Did the organization received an contribution of craft prohibitions, or ordinectly, on a personal benefit contract? 17 If X 18 Sponsoring organization have excess business holdings at any time during the year? 19 Sponsoring organization have a contribution of craft prohibitions, or ordinectly, on a personal benefit contract? 19 Did the sponsoring organization make a distribution or during the year? 10 Section 501(c)(12) qu								
b If "Yes," enter the name of the foreign country. ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b If any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" is line fac of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes", did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibile? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 If "Yes," indicate the number of Forms \$282 filed during the year 10 If "Yes," indicate the number of Forms \$282 filed during the year 11 Fold the organization received an contribution of craft prohibitions on a personal benefit contract? 12 If If the organization received an contribution of craft prohibitions, or personal benefit contract? 13 If the organization received an contribution of craft prohibitions, or ordinectly, on a personal benefit contract? 15 Did the organization received an contribution of craft prohibitions, or ordinectly, on a personal benefit contract? 16 Did the organization received an contribution of craft prohibitions, or ordinectly, on a personal benefit contract? 17 If X 18 Sponsoring organization have excess business holdings at any time during the year? 19 Sponsoring organization have a contribution of craft prohibitions, or ordinectly, on a personal benefit contract? 19 Did the sponsoring organization make a distribution or during the year? 10 Section 501(c)(12) qu						4a		х
See instructions for filing requirements for FinCEH Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 9 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 9 Sb X 9 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 9 Sc L 8 Does the organization shall were not tax deductible as charitable contributions? 9 If Yes, 1 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 Organizations that may receive deductible contributions under section 170(c). 10 If the organization receive a payment in excess of \$75 made party as a contribution of an aparty for goods and services provided to the payor? 10 If Yes, 1 did the organization notify the donor of the value of the goods or services provided? 10 If Yes, 1 did the organization notify the donor of the value of the goods or services provided? 10 If Yes, 1 did the organization notify the donor of the value of the goods or services provided? 11 If Yes, 1 did the organization notify the donor of the value of the goods or services provided? 12 If Yes, 1 did the organization notify the donor of the value of the goods or services provided? 13 If Yes, 1 did the organization neceived an contribution of qualified intellectual property, did the organization fee Form 898 as required? 14 If Yes, 1 included on contribution of qualified intellectual property, did the organization file Form 899 as required? 15 If the organization received an contribution of qualified intellectual property, did the organization file a Form 1098-C? 15 Septimental propagation and propagation and propagation file form 899 as required? 16 If the organization received an contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 17 S	b				,			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c			• • • • • • • • • • • • • • • • • • • •	ccoun	ts (FBAR).			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6 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? 6 If "Yes," did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 mate party as a contribution and party for goods and services provided to the payor? 7 Did the organization receive aparty the donor of the value of the goods or services provided? 8 Did the organization notify the donor of the value of the goods or services provided? 9 Did the organization notify the donor of the value of the goods or services provided? 1 If "Yes," indicate the number of Forms 8282 filed during the year 2 Did the organization, during the year pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, diff the organization file Form 8899 as required? 9 If the organization received a contribution of qualified intellectual property, diff the organization file a Form 1098-0? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization services sholdings at any time during the y	5a					5a		х
c if "Yes" to line 5a or 5b, did the organization file Form 888617? 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 a charitable contributions? 6b I "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 \$75 mate partly as a contribution and partly for goods and services provided to the papy? 7 b If "Yes," indicate the number of Forms \$282 filed during the year 6 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 c If "Yes," indicate the number of Forms 8282 filed during the year 8 d If "Yes," indicate the number of Forms 8282 filed during the year 9 c Did the organization received an contribution of qualified intellectual property, clid the organization file a Form 1988 c? 9 if the organization received a contribution of qualified intellectual property, clid the organization file a Form 1988 c? 9 Sponsoring organization make any taxable distributions under section 49667 9 Sponsoring organization make any taxable distributions under section 49667 9 Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on Part VIII, line 12 3 Section 501(c)(2) organizations. Enter: a Gross income from members or shareholders b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(2) organizations. Enter: a If the organization incessed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization filing Form 990 in lieu of Form 1041? 12 Section 501(c)(2) qualified nonprofit health insurance issuers. a If the organization incersed	_							х
6a X b 1 Yes, "did 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 1 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). 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization funding the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Did the organization funding the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organization make any taxable distributions. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization material proving the section 4966? 9 Did the sponsoring organiza								
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 releve appment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 T X 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, anylphase, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross received from them) 10 Gross received from them) 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross received from them) 11 Section 501(c)(12) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross received from them) 12 Section 501(c)(12) organization in the organization filing Form 990 in lieu of Form 1041? b If Yes, "enter the amo								
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 \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 Ta	-			_		6a		x
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 \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 To L 7 To L 8 TYes, "did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? I Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? I did during the year I To L I Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required I Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? I Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? I Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 I Did the spanization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 I Did the sponsoring organizations maintaining donor advised funds. I Did the sponsoring organization make any taxable distributions under section 49667 I Did the sponsoring organization make any taxable distributions under section 49667 I Did the sponsoring organization make any taxable distributions under section 49667 I Did the sponsoring organization make and taxability to a donor, donor advisor, or related person? I Did Cross received from them. I Dia Did	h	,						
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if Yes,* did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if Yes,* indicate the number of Forms 8282? filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To X g if the organization file a form premiums, directly or indirectly, on a personal benefit contract? 7 If X g if the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? S Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution of under funds. B Did the sponsoring organization make and istributions under section 4966? B Did the sponsoring organization make and istributions under section 4966? B Did the sponsoring organization make and istributions under section 4966? B all illiation flees and capital contributions included on Part VIII, line 12 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health						6h		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, pay premiums, directly, on a personal benefit contract? 7c	7					30		
b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c		_	•	vione n	royidad to the naver?	70		x
to file Form 8282? At if "Yes," in the rorganization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organization have excess business holdings at any time during the year? It did the sponsoring organization make any taxable distributions under section 4966? Section 501(c)(7) organizations make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: In Initiation fees and capital contributions included on Part VIII, line 12 Gross income from members or shareholders Gross income from members or shareholders If yes, "enter the amount of tax-exempt interest received or accrued during from 990 in lieu of Form 1041? If yes, "enter the amount of tax-exempt interest received or accrued during from 990 in lieu of Form 1041? If yes, "enter the amount of tax-exempt interest received or accrued during from 990 in lieu of Form 1041? If yes, "enter the amount of reserves the organization in the organization must report on Schedule O. Enter the amount of reserves the organization in rore than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization in sequined to maintain by the states in which the organization is licensed to issue qualified health								
to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year p Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c						76		
d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7	С			•				v .
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7t				ı	 I	/C		_ A
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization incensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves any payments for indoor tanning services during the tax year? 14a Did the organization subject to the section 4960 tax on payments) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 15 It					10	٠		v
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? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11b 12c 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.) 12 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 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves any payments for indoor tanning services during the tax year? 14a	_							-
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. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make and stirribution to a donor, donor advisor, or related person? 9a								
Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Bection 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 forsos receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax exempt interest received or accrued during the year Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? If "Yes," has it flied a Form 720 to report these payments? If "No," provide an explanation in Schedule O. If the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If the organization an educational institution subject to the section 4968 excise tax on net investment income? If the sponsoring organization in an educational institution subject to the section 4968 excise tax on net investment income?								
sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12c 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 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. If "Yes," see instructions and file Form 4720, Schedule N. If "Yes," omplete Form 4720, Schedule O.	_					7h		
Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 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 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. If "Yes," see instructions and file Form 4720, Schedule N. If "Yes," complete Form 4720, Schedule N.	8			by th	9			
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		-				8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," see instructions and file Form 4720, Schedule N.	9	-						
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 11b 11b 26 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b 12b 12a 12b	а							
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 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 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? In the section 501(c) 10a 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? In the section 501(c) 10a 10b 10c 10c 10c 10c 10c 10c 10c	b					9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 5 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b 15 "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 15 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				ı	I			
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filled a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	а					4		
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 filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. If "Yes," see instructions and file Form 4720, Schedule N. If "Yes," complete Form 4720, Schedule O.	b	Gros	ss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		4		
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 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filled a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	11	Sect	tion 501(c)(12) organizations. Enter:	ı	ı			
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 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N.	а	Gros	ss income from members or shareholders	11a		-		
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 12b 125 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a 13c 14a 15c 15c 16c 16c 16c 16c 16c 16c 16c 16c 16c 16	b		·					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.								
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a	12a	Sect	tion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	b	If "Ye	es," enter the amount of tax-exempt interest received or accrued during the year	12b				
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	13	Sect	tion 501(c)(29) qualified nonprofit health insurance issuers.					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	а	Is the	e organization licensed to issue qualified health plans in more than one state?			13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.		Note	e. See the instructions for additional information the organization must report on Schedule O.					
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	b	Ente	r the amount of reserves the organization is required to maintain by the states in which the					
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.		orga	nization is licensed to issue qualified health plans	13b				
Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	С			13c				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 "Yes," see instructions and file Form 4720, Schedule N. 18 the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 "Yes," complete Form 4720, Schedule O.						14a		Х
Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	b	If "Ye	es," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	O		14b		
excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.								
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.						_15		Х
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.								
If "Yes," complete Form 4720, Schedule O.	16			incor	ne?	16		х
			- ·					
101111 12010						Form	990	(2018)

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					L	Х
Sec	tion A. Governing Body and Management						
			1		Ye	s I	No_
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		7			
	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		7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?			. 2			Х
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, or trustees, or key employees to a management company or other person?			з			X
4	Did the organization make any significant changes to its governing documents since the prior Form 9						x
5	Did the organization become aware during the year of a significant diversion of the organization's ass						x
6	Did the organization have members or stockholders?						x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?	•		78	.		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
_	persons other than the governing body?			71	.		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			·			
а	The governing body?	-	-	88	х		
b	Each committee with authority to act on behalf of the governing body?					-	—
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			· •			
Ū	organization's mailing address? <i>If</i> "Yes." <i>provide the names and addresses in Schedule O</i>			9			Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re			0			
	(This Section B requests information about policies not required by the internal ne	venue	Code.)		Ye	اء	No
10a	Did the organization have local chapters, branches, or affiliates?			10		$\overline{}$	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			· ··		\top	
			, armatos,	10	h		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11			X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, 50.0.	o ming the form.				
12a				12	a X		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise					-	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? f			·· '-		\top	
·		, -		12	c x		
12	in Schedule O how this was done			. —	_	-	<u>x</u>
13	Did the organization have a written whistleblower policy?				_	-	<u>x</u>
14	Did the organization have a written document retention and destruction policy?			·· '			
15	Did the process for determining compensation of the following persons include a review and approva		dependent				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45			X
	The organization's CEO, Executive Director, or top management official					-	<u>x</u>
a	Other officers or key employees of the organization			. 15	U		**
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	no1 ·	ith a				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent to active the installant of the contribute assets to a participate in a joint venture or similar arrangent to active the installant of the contribute assets to a participate in a joint venture or similar arrangent to active the installant of the contribute assets to a participate in a joint venture or similar arrangent to active the installant of the contribute assets to a participate in a joint venture or similar arrangent to active the installant of the contribute assets to a participate in a joint venture or similar arrangent to active the installant of the contribute assets to a participate in a joint venture or similar arrangent to a participate in a joint venture or similar arrangent to a participate in a joint venture or similar arrangent to a participate in a joint venture or similar arrangent to a participate in a joint venture or similar arrangent to a participate in a joint venture or similar arrangent to a participate in a joint venture or similar arrangent to a participate in a joint venture or similar arrangent to a participate in a joint venture or similar arrangent to a participate in a joint venture or similar arrangent to a participate in a joint venture or similar arrangent to a participate in a joint venture or similar arrangent to a participate in a joint venture or similar arrangent to a participate in a joint venture or similar arrangent to a joint venture or similar arra			40	_		X
	taxable entity during the year?			. 16	d		47
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in initial contents and applicable follows the contents are a processed to a processed the organization to evaluate the contents are a processed to a processed the organization to evaluate the contents are a processed to a processed the organization to evaluate the organization to evaluate the contents are a processed to the organization to evaluate the organization that the organization the organization that the organization the organization that the o	-					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			40			
Sac	exempt status with respect to such arrangements? tion C. Disclosure			. 16	0		
							—
17 10	List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an	4 000	T (Section 501/a)	(3)0 001	Λ ανα:	abla	_
18		ia 330-	1 (36011011 301(0)	اا ال حرب	ı, aval	aDIE	,
	for public inspection. Indicate how you made these available. Check all that apply.		(
40	X Own website Another's website X Upon request Other (explain			nd fi	20:01		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	ITIICT O	interest policy, a	na tina	icial		
	statements available to the public during the tax year.	.1					
20	State the name, address, and telephone number of the person who possesses the organization's book	oks and	a records				—
	BONNIE MAGEE - 480-905-1906						—
	7895 EAST ACOMA DRIVE, #110, SCOTTSDALE, AZ 85260-6916						

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)	(B)			(C Pos	C)	,		(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per week	box offi	, unle: cer ar	ss pei d a d	rson i irecto	s both or/trus	n an tee)	compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				, ,		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensate		(W-2/1099-MISC)	, , ,	organization
	organizations	al trus	nal tr		loyee	om p				and related
	below	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	mer			organizations
/1\	line)	P P	l su	JJ0	, Ke	E E	For			
(1) RALPH MERKLE	10.00	١,,							0	0
DIRECTOR CONTRACTOR DISCRETE	2.00	Х	_					0.	0.	0.
(2) MICHAEL RISKIN	10.00	١,,		٠,,					_	0
DIRECTOR/CHAIR	2.00	Х		Х				0.	0.	0 .
(3) BRIAN WOWK	2.00	х							_	0
DIRECTOR (4) MICHAEL SEIDL	10.00	^						0.	0.	0.
DIRECTOR	10.00	х						0.	0.	0
(5) ANDREW AYMELOGLU	10.00	^						0.	0.	0.
DIRECTOR	4.00	x						0.	0.	0
(6) MICHAEL O'NEAL	10.00	1						· · ·	· ·	•
DIRECTOR	2.00	x						0.	0.	0.
(7) MICHAEL ANZIS	10.00	 						•	••	•
DIRECTOR	10.00	x						0.	0.	0.
(8) MAX MORE	40.00									-
PRESIDENT/CEO	-	1		х				145,830.	0.	17,010.
(9) R. MICHAEL PERRY	40.00							,		,
SECRETARY/TREASURER/CFO		1		х				33,859.	0.	2,688.
(10) BONNIE MAGEE	40.00							·		•
VP OF FINANCE				х				90,744.	0.	10,988.
		1								
]								
		<u> </u>								
		1								
		<u> </u>	_			_	_			
		1								

Fai	Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C		,			(-)	
	(A)	(B) Average	(C) Position				1		(D)	(E)		_	(F)	
	Name and title	hours per		not c	heck	more	than d s both		Reportable compensation	Reportable compensation	n		stimate nount	
		week					r/trus		from	from related	- 1	ai	other	
		(list any	ctor						the	organizations	- 1	com	pensa	
		hours for	or dire	ap.			ated		organization	(W-2/1099-MIS	.C)		rom th	
		related organizations	stee	truste		eo.	bens		(W-2/1099-MISC)				janizat	
		below	ual tru	tional		ploye	t com	_					d relat anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				o g	ai iizati	10113
				_										
			1											
			1											
											-			
			1											
											\neg			
			-											
			1											
1h	Sub-total								270,433.		0.		30.	686.
	Total from continuation sheets to Part VI							•	0.		0.			0.
	Total (add lines 1b and 1c)							•	270,433.		0.		30,	686.
2	Total number of individuals (including but r							o re	eceived more than \$100,	000 of reportable				
	compensation from the organization													1
											ſ		Yes	No
3	Did the organization list any former officer	, director, or tru	uste	e, ke	y en	nplo	yee,	or I	highest compensated er	nployee on				
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su	•							•	•				
_	and related organizations greater than \$150											4	Х	
5	Did any person listed on line 1a receive or a	· ·				-			-	lual for services		_		
Sec	rendered to the organization? If "Yes." contion B. Independent Contractors	nplete Schedule	e J f	or st	ıch <u>ı</u>	oers	on .					5		Х
1	Complete this table for your five highest co	mnensated inc	lene	nder	nt co	ntra	actor	rs th	nat received more than \$	100 000 of comp	ensa'	tion fr	om.	
•	the organization. Report compensation for	-								· · · · · · · · · · · · · · · · · · ·	Crioai		5111	
	(A)				<u> </u>				(B)			((C)	
	Name and business	address							Description of s	ervices	C	ompe		n
	ENDED ANIMATION, INC, 30221 AVEN	TURA												
RANC	HO, SANTA MARGARITA, CA 92688								RESEARCH				164,	076.
								_						

Form **990** (2018)

Total number of independent contractors (including but not limited to those listed above) who received more than

23-7154039

Form 990 (2018) ALCOR LIFE
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
			·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ည ည	1 a	Federated campaigns	1a					
ran		Membership dues	1 1	531,533.				
2 8		Fundraising events						
ifts ar A		Related organizations		107,063.				
s, mik		Government grants (contribution						
Sig		All other contributions, gifts, grant						
ber		similar amounts not included abov		5,573,163.				
ÖĘ	g	Noncash contributions included in lines 1	a-1f: \$					
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f			6,211,759.			
				Business Code				
e	2 a	CRYOPRESERVATION		541700	610,378.	610,378.		
Š	b	COMPREHENSIVE STANDBY		541700	369,547.	369,547.		
Sel	c	:						
Program Service Revenue	d	_						
age B	е	•						
P	f	All other program service rever	nue					
	g	Total. Add lines 2a-2f			979,925.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		▶	138,790.			138,790.
	4	Income from investment of tax	exempt bond ¡	oroceeds >				
	5	Royalties		>				
			(i) Real	(ii) Personal				
	6 a	Gross rents	49,758	,				
	b	Less: rental expenses	0					
	c	Rental income or (loss)	49,758	,				
	d	Net rental income or (loss)		. <u>.</u>	49,758.			49,758.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		24,508.				
	b	Less: cost or other basis						
		and sales expenses	242,034	0.				
	c	Gain or (loss)	-242,034	24,508.				
	d	Net gain or (loss)			-217,526.			-217,526.
ē	8 a	Gross income from fundraising	g events (not					
		including \$						
ev		contributions reported on line	,					
Other Reven		Part IV, line 18		·				
됩		Less: direct expenses		·				
-		Net income or (loss) from fund		>				
	9 a	Gross income from gaming ac]				
		Part IV, line 19		'				
		Less: direct expenses		·——				
		Net income or (loss) from game	-	P				
	10 a	Gross sales of inventory, less r		1,673.				
		and allowances		1,6/3.				
		Less: cost of goods sold		·——	1 673	1,673.		
ŀ	С	Net income or (loss) from sales		Business Oct	1,673.	1,0/3.		
ŀ	11 ~	Miscellaneous Revenue OTHER INCOME	.	Business Code 900099	4,714.			4,714.
	11 a			300033	=,/==•			<u> </u>
	C	: I All other revenue						
		Total. Add lines 11a-11d			4,714.			
	12	Total revenue. See instructions			7,169,093.	981,598.	0.	-24,264.

832009 12-31-18

23-7154039

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 respons	e or note to any line in t	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	12,707,651.	12,707,651.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	301,119.	240,895.	56,967.	3,257
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	428,094.	342,475.	85,619.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	19,121.	15,297.	3,824.	
9	Other employee benefits	31,968.	25,574.	6,394.	
10	Payroll taxes	55,855.	44,684.	11,171.	
11	Fees for services (non-employees):				
а	Management				
b	Legal	770,044.		770,044.	
С	Accounting	16,000.		16,000.	
d	Lobbying	33,000.		33,000.	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	` '				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	550.	440.	55.	55
13	Office expenses	129,720.	81,966.	47,754.	
14	Information technology				
15	Royalties	100.050	111 076	44.054	
16	Occupancy	183,950.	141,976.	41,974.	44.642
17	Travel	14,643.			14,643
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		+		
21	Payments to affiliates	100 200	102 450	25 064	
22	Depreciation, depletion, and amortization	129,320. 64,696.	103,456.	25,864.	
23	Insurance	04,090.	9,809.	54,887.	
24	Other expenses. Itemize expenses not covered 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.)				
а	CRYOPRESERVATION	444,944.	444,944.		
b	READINESS EXPENSES	174,926.	174,926.		
c	PUBLIC EDUCATION	64,342.	51,474.	12,868.	
d	RESEARCH & DEVELOPMENT	33,216.	33,216.	·	
e	All other expenses	37,948.	21,958.	15,990.	
25	Total functional expenses. Add lines 1 through 24e	15,641,107.	14,440,741.	1,182,411.	17,955
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2018) Part X Balance Sheet

Part	. ^	Balance Sheet					
		Check if Schedule O contains a response or not	te to any	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			498,941.	1	1,630,664
	2	Savings and temporary cash investments			7,189,832.	2	9,992,762
	3	Pledges and grants receivable, net			0.	3	30,31
	4	Accounts receivable, net			50,315.	4	174,78
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation	ated em	plovees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
	_	section 4958(f)(1)), persons described in section	•	,			
		employers and sponsoring organizations of section	•	/ / / //			
,		employees' beneficiary organizations (see instr).		· ·		6	
20	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		123,435.	8	135,04	
	9	Donatal and a second defended by		9	200,01		
			 I I			9	
	iva	Land, buildings, and equipment: cost or other	100	2 778 134			
		basis. Complete Part VI of Schedule D		1,305,471.	1,246,390.	40-	1 472 66
		Less: accumulated depreciation			<u> </u>	10c	1,472,66 1,523,91
- 1	11	Investments - publicly traded securities	15,029,291. 655,286.	11	729,46		
	12	Investments - other securities. See Part IV, line	033,280.	12	729,40		
	13	Investments - program-related. See Part IV, line		13			
- 1	14	Intangible assets		0 ((0 207	14	10 007 16	
	15	Other assets. See Part IV, line 11		I	9,660,287.	15	10,887,16
	16	Total assets. Add lines 1 through 15 (must equ			34,453,777.	16	26,576,76
	17	Accounts payable and accrued expenses			125,069.	17	125,57
- 1	18	Grants payable	14 505 205	18	16 642 00		
	19	Deferred revenue			14,705,307.	19	16,643,92
	20	Tax-exempt bond liabilities		I	5 202 504	20	5 440 40
	21	Escrow or custodial account liability. Complete			5,302,591.	21	5,449,19
Sal	22	Loans and other payables to current and former					
		key employees, highest compensated employee	,				
Liabilities		Complete Part II of Schedule L				22	
┛┃	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	yables t	to related third			
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			20,132,967.	26	22,218,69
		Organizations that follow SFAS 117 (ASC 958), chec	k here ▶ X and			
တ္က 		complete lines 27 through 29, and lines 33 and	ıd 34.				
בַּ	27	Unrestricted net assets			9,787,990.	27	16,62
<u>a</u>	28	Temporarily restricted net assets				28	
5	29	Permanently restricted net assets		<u></u> .	4,532,820.	29	4,341,44
5		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🗌			
5		and complete lines 30 through 34.					
<u> 2</u>	30	Capital stock or trust principal, or current funds			30		
200	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund balances	32	Retained earnings, endowment, accumulated in				32	
ž	33	T			14,320,810.	33	4,358,07
	34				34,453,777.	34	26,576,764

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		7,169,	093.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15	5,641,	,107.
3	Revenue less expenses. Subtract line 2 from line 1	3	- 8	3,472,	014.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14	1,320,	810.
5	Net unrealized gains (losses) on investments	5	-1	1,120,	208.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		-179,	141.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-191,	375.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4	1,358,	072.
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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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 separate	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	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 Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	ıt		
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	t		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Forr	ո 990	(2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **Employer identification number** ALCOR LIFE EXTENSION FOUNDATION 23-7154039 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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). 11 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,018,966.	1,040,854.	672,680.	1,045,371.	6,211,759.	9,989,630.
2	Tax revenues levied for the organ-						
	ization'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	1,018,966.	1,040,854.	672,680.	1,045,371.	6,211,759.	9,989,630.
	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)						379,542.
6	Public support. Subtract line 5 from line 4.						9,610,088.
	ction B. Total Support						· ·
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	1,018,966.	1,040,854.	672,680.	1,045,371.	6,211,759.	9,989,630.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	168,502.	220,211.	204,846.	245,045.	188,548.	1,027,152.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	49,277.	18,891.				68,168.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	10,858.	1,149.	1,919.	7,220.	4,714.	25,860.
11	Total support. Add lines 7 through 10						11,110,810.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	3,323,242.
13	•	,	,			501(c)(3)	
	organization, check this box and stop	here			-		
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2018 (li	ne 6, column (f) div	vided by line 11, co	olumn (f))		14	86.49 %
15	Public support percentage from 2017	Schedule A, Part I	I, line 14			15	67.15 %
16a	33 1/3% support test - 2018. If the o	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶ X
b	33 1/3% support test - 2017. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			▶□
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac-	ts-and-circumstand	es" test, check thi	s box and stop h	ere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		
b	10% -facts-and-circumstances test	- 2017. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th	e "facts-and-circur	nstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	
	organization meets the "facts-and-circ	umstances" test. 7	The organization qu	ualifies as a public	ly supported orgar	nization	>
18	Private foundation. If the organizatio						>
							or 000 EZ\ 0049

Schedule A (Form 990 or 990-EZ) 2018

Page 3

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

(Complete only if you checked the box on line 10 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	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include 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	ļ					
	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	ļ					
	or expended on its behalf	ļ					
5	The value of services or facilities						
	furnished by a governmental unit to	ļ					
	the organization without charge	ļ					
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,	ļ					
	and income from similar sources	ļ					
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on	ļ					
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiza	ation,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2018 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2017					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)18 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2018. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	>
k	33 1/3% support tests - 2017. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	ind
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

832023 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
0.0		
3с		
- 00		
4a		
Tu		
4b		
40		
40		
4c		
E-		
5a		
Eh		
5b		
5c		
6		
_		
7		
8		
0-		
9a		
0		
9b		
0-		
9c		
40-		
10a		
401-		
10b		Щ

Га	Supporting Organizations (Continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst.	ructions).	
2	Activities Test. Answer (a) and (b) below.	401.07.0,	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
_	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	За		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionall	y integra	ted Type III supporting orga	inization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2018

Par	LV	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exer	npt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp			
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose			
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrik	outions to attentive supported organizations to which th	e organization is responsive		
	(provi	de details in Part VI). See instructions.			
9	Distrik	outable amount for 2018 from Section C, line 6			
10		s amount divided by line 9 amount			
Secti		Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distrib	outable amount for 2018 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2018 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3		s distributions carryover, if any, to 2018			
а	From	2013			
b	From	2014			
С	From				
	From				
	From				
		of lines 3a through e			
		ed to underdistributions of prior years			
		ed to 2018 distributable amount			
i		over from 2013 not applied (see instructions)			
i		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2018 from Section D,			
-	line 7:	. '			
а		ed to underdistributions of prior years			
		ed to 2018 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2018, if			
_		Subtract lines 3g and 4a from line 2. For result greater			
	,	tero, explain in Part VI. See instructions.			
6		ining underdistributions for 2018. Subtract lines 3h			
•		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2019. Add lines 3j			
'	and 4	- I			
8		down of line 7:			
		s from 2014			
		s from 2015			
		s from 2016			
		ss from 2017			
е	⊨xces	s from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER INCOME
2014 AMOUNT: \$ 10,858.
2015 AMOUNT: \$ 1,149.
2016 AMOUNT: \$ 1,919.
2017 AMOUNT: \$ 7,220.
2018 AMOUNT: \$ 4,714.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

	ALCOR LIFE EXTENSION FOUNDATION 23-7154039					
Organization	type (check one):					
Filers of:	Sec	etion:				
Form 990 or 9	990-EZ X	501(c)(³) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990-PF		501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		ered by the General Rule or a Special Rule.), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.			
General Rule						
	-	g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling contributor. Complete Parts I and II. See instructions for determining a contributor				
Special Rules	5					
secti any c	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
year, preve	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
year, is ch purp	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
but it must ar	nswer "No" on Part	n't covered by the General Rule and/or the Special Rules doesn't file Schedule B (FIV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

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

Name of organization

Employer identification number

ALCOR LIFE EXTENSION FOUNDATION

23-7154039

ı artı	(see instructions). Ose duplicate copies of Fart I if addition		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for

Name of organization

Employer identification number

ALCOR LIFE EXTENSION FOUNDATION

23-7154039

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		 \$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				

Employer identification number

Name of organization

art III	FE EXTENSION FOUNDATION	ione to examinations described?	23-71				
	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	ions to organizations described in se) through (e) and the following line ent	ction 501(c)(7), (8), or (10) that total more	than \$1,000 for the ye			
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.)				
	Use duplicate copies of Part III if additional	space is needed.					
No.	(1) D	() 11 () 15	() 5				
om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of ho	w gift is held			
			<u> </u>				
L							
		(e) Transfer of gift	İ				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to tra	ınsferee			
	,		•				
							
NI-							
No. om	(b) Purpose of gift	(c) Use of gift	(d) Description of ho	w aift is hold			
art I	(b) i di pose di giit	(c) Osc of gift	(u) Description of no	w girt is ricia			
_							
\vdash		/ \ -					
	(e) Transfer of gift						
L	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
No.		<u> </u>					
om	(b) Purpose of gift	(c) Use of gift	(d) Description of ho	w gift is held			
art I							
<u> </u>							
L							
	(e) Transfer of gift						
		(1)					
	Transferee's name, address, a	nd 7 ID + 4	Relationship of transferor to tra	neforoo			
	Transieree's name, address, a		nelationship of transferor to tra	iiisieiee			
-							
-							
No.							
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of ho	w gift is held			
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of ho	w gift is held			
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of ho	w gift is held			
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of ho	w gift is held			
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of ho	w gift is held			
No. om art I	(b) Purpose of gift			w gift is held			
No. om art I	(b) Purpose of gift	(c) Use of gift (e) Transfer of giff		w gift is held			
No. om art I	(b) Purpose of gift			w gift is held			
No. om art I		(e) Transfer of gift					
No. om art I	(b) Purpose of gift Transferee's name, address, a	(e) Transfer of gift					
No. om irt I		(e) Transfer of gift					
No. om rt I		(e) Transfer of gift					

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

Tax) (see	e separate instructions), then				
	on 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Name of	organization			Emp	oloyer identification number
		EXTENSION FOUNDATION			23-7154039
Part I-	·A Complete if the org	anization is exempt unde	er section 501(c) o	or is a section 527 or	rganization.
2 Poli	tical campaign activity expendit	ation's direct and indirect politica ures gn activities		> :	\$
Part I-	B Complete if the org	anization is exempt unde	er section 501(c)(3	3).	
1 Ente	er the amount of any excise tax	incurred by the organization und	er section 4955	> :	\$
		incurred by organization manage			
		n 4955 tax, did it file Form 4720			
		······································			
	'es," describe in Part IV.				
Part I-	C Complete if the org	anization is exempt unde	er section 501(c),	except section 501(c)(3).
2 Enter exe 3 Total line 4 Did 5 Enter made con	er the amount of the filing organ mpt function activities all exempt function expenditures 17b the filing organization file Form or the names, addresses and ende payments. For each organizatributions received that were pro	I by the filing organization for secization's funds contributed to other contributed to other contributed and 2. Enter here and 1120-POL for this year? Inployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a conditional space is needed, proving the provin	ner organizations for se nd on Form 1120-POL, N) of all section 527 pol d from the filing organiz a separate political orga	itical organizations to whic ation's funds. Also enter the anization, such as a separa	\$ Yes No th the filing organization he 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) 2018

LHA

832041 11-08-18

Schedule C (Form 990 or 990-EZ) 2018					154039 Page 2	
Part II-A Complete if the org	ganization is exen	npt under section	501(c)(3) and file	d Form 5768 (ele	ction under	
section 501(h)).						
A Check ▶ ☐ if the filing organiz	ation belongs to an affil	iated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,	
	are of excess lobbying e	' '				
B Check ▶ if the filing organiz	ation checked box A ar	d "limited control" pro	visions apply.		Г	
	its on Lobbying Exper iditures" means amou			(a) Filing organization's totals	(b) Affiliated group totals	
1a Total lobbying expenditures to inf	luence public opinion (g	grass roots lobbying)				
b Total lobbying expenditures to inf	luence a legislative bod	y (direct lobbying)		33,000.		
c Total lobbying expenditures (add	lines 1a and 1b)			33,000.		
d Other exempt purpose expenditure	res			15,655,107.		
e Total exempt purpose expenditure	es (add lines 1c and 1d)			15,688,107.		
f Lobbying nontaxable amount. Ent	obbying nontaxable amount. Enter the amount from the following table in both columns.					
If the amount on line 1e, column (a)	or (b) is: The lob	bying nontaxable am	ount is:			
Not over \$500,000	20% of t	he amount on line 1e.				
Over \$500,000 but not over \$1,00						
Over \$1,000,000 but not over \$1,	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.					
Over \$1,500,000 but not over \$17	7,000,000 \$225,00	0 plus 5% of the exces	ss over \$1,500,000.			
Over \$17,000,000	\$1,000,0	000.				
g Grassroots nontaxable amount (el	,			233,601.		
h Subtract line 1g from line 1a. If ze	ro or less, enter -0			0.		
i Subtract line 1f from line 1c. If zer				0.		
j If there is an amount other than ze	ero on either line 1h or l	ine 1i, did the organiza	tion file Form 4720	_		
reporting section 4911 tax for this	year?				Yes No	
(Some organizations	that made a section 50	raging Period Under 01(h) election do not l ate instructions for lin	nave to complete all o	f the five columns be	low.	
	Lobbying Exper	nditures During 4-Yea	r Averaging Period			
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total	
2a Lobbying nontaxable amount	242,543.	238,591.	234,056.	934,405.	1,649,595.	
b Lobbying ceiling amount (150% of line 2a, column(e))					2,474,393.	
c Total lobbying expenditures	30,000.	30,000.	33,000.	33,000.	126,000.	

Schedule C (Form 990 or 990-EZ) 2018

412,399.

618,599.

233,601.

59,648.

58,514.

60,636.

d Grassroots nontaxable amounte Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

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 e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a) (b			o)	
	e lobbying activity.	Yes	N	No Amou		ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
а	Volunteers?					
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	1 501(c)(5	5), or	sec	tion	
	501(c)(6).					
			_		Yes	No
						1
1	Were substantially all (90% or more) dues received nondeductible by members?			1		-
1 2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		[2		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year?	 ?	2	tion	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section	e prior year? 1 501(c)(5	 5), or	2 3 sec		2 3 is
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year? 1 501(c)(5	 5), or	2 3 sec		e 3, is
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	e prior year? n 501(c)(5 No," OR	5), or (b) F	2 3 sec		e 3, is
2 3 Par	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members	e prior year? n 501(c)(5 No," OR	5), or (b) F	2 3 sec Part		e 3, is
2 3 Par	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	e prior year? n 501(c)(5 No," OR	5), or (b) F	2 3 sec Part		e 3, is
2 3 Par	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	e prior year? 1 501(c)(§ No," OR	5), or (b) F	2 3 sec Part		e 3, is
2 3 Par	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year	e prior year? n 501(c)(§ No," OR	5), or (b) F	2 3 sec Part		e 3, is
2 3 Par 1 2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	e prior year? 1 501(c)(t No," OR	5), or (b) F	2 3 sec Part		e 3, is
2 3 Par 1 2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	e prior year? 1 501(c)(t No," OR	(b) F	2 3 sec Part 1 2a 2b		e 3, is
2 3 Par 1 2 a b c	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	e prior year? n 501(c)(b No," OR	(b) F	2 3 sec Part 1 2a 2b 2c		e 3, is
2 3 Par 1 2 a b c	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	e prior year? n 501(c)(s No," OR	(b) F	2 3 sec Part 1 2a 2b 2c		e 3, is
2 3 Par 1 2 a b c	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total 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 exceeds	e prior year? n 501(c)(s No," OR	(b) F	2 3 sec Part 1 2a 2b 2c		e 3, is
2 3 Par	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total 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 exceed the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	e prior year? n 501(c)(s No," OR	(b) F	2 3 sec Part 1 2a 2b 2c 3		e 3, is
2 3 Par	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total 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 exceed the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	e prior year? n 501(c)(s No," OR	(b) F	2 3 sec Part 1 2a 2b 2c 3		e 3, is
2 3 Par 1 2 a b c 3 4	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total 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 exceed the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	e prior year? 1 501 (c) (5 No," OR al	(b) F	2 3 sec Part 1 2a 2b 2c 3	III-A, line	e 3, is
2 3 Par 1 2 a b c 3 4	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total 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 exceed the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) IN Supplemental Information	e prior year? 1 501 (c) (5 No," OR al	(b) F	2 3 sec Part 1 2a 2b 2c 3	III-A, line	e 3, is
2 3 Par 1 2 a b c 3 4 5 Par Proviinstru	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total 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 exceedases the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) **IV** Supplemental Information* de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? 1 501 (c) (5 No," OR al	(b) F	2 3 sec Part 1 2a 2b 2c 3	III-A, line	e 3, is
2 3 Par 1 2 a b c 3 4 5 Par Proviinstru	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total 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 exceed the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) t IV Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information.	e prior year? 1 501 (c) (5 No," OR al	(b) F	2 3 sec Part 1 2a 2b 2c 3	III-A, line	e 3, is
Provinstru	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total 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 exceed the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) t IV Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information.	e prior year? 1 501 (c) (5 No," OR al	(b) F	2 3 sec Part 1 2a 2b 2c 3	III-A, line	e 3, is
Provinstru	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total 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 exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) t IV Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information.	e prior year? 1 501 (c) (5 No," OR al	(b) F	2 3 sec Part 1 2a 2b 2c 3	III-A, line	e 3, is
2 3 Par 1 2 a b c c 3 4 5 Par Provi instru PART	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total 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 exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) t IV Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information.	e prior year? 1 501 (c) (5 No," OR al	(b) F	2 3 sec Part 1 2a 2b 2c 3	III-A, line	e 3, is
2 3 Par 1 2 a b c c 3 4 5 Par Provi instru PART THE	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total 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 exceedables the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) tiv Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information. TII-A LOBBYING ACTIVITIES: ORGANIZATION ENGAGED THE SERVICES OF THE AARONS COMPANY TO WATCH FOR	e prior year? 1 501 (c) (5 No," OR al	(b) F	2 3 sec Part 1 2a 2b 2c 3	III-A, line	e 3, is
2 3 Par 1 2 a b c c 3 4 5 Par Provi instru PART THE	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total 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 exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) tiv Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information. ORGANIZATION ENGAGED THE SERVICES OF THE AARONS COMPANY TO WATCH FOR	e prior year? 1 501 (c) (5 No," OR al	(b) F	2 3 sec Part 1 2a 2b 2c 3	III-A, line	e 3, is
Part 1 2 a b c c 3 4 5 Part THE ANY LEGI	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total 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 exceedables the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) tiv Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information. TII-A LOBBYING ACTIVITIES: ORGANIZATION ENGAGED THE SERVICES OF THE AARONS COMPANY TO WATCH FOR	e prior year? 1 501 (c) (5 No," OR al	(b) F	2 3 sec Part 1 2a 2b 2c 3	III-A, line	e 3, is

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ALCOR LIFE EXTENSION FOUNDATION

Employer identification number

Pai	t I Organizations Maintaining Donor Advised Fu		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		On piete ii the
	organization answered Tes Offi Offi 990, Fart IV, line 0.	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Bottor advised failed	(b) i ando and other appearite
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	and the state of t	and formation
5	Did the organization inform all donors and donor advisors in writin	-	
_	are the organization's property, subject to the organization's exclu		
6	Did the organization inform all grantees, donors, and donor advisor		
	for charitable purposes and not for the benefit of the donor or don		
Pai		-ti	
		·	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (cl		
	Preservation of land for public use (e.g., recreation or education of land for public use)	· —	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified or	conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic structure	e included in (a)	2c
d	Number of conservation easements included in (c) acquired after	7/25/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	d, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation easeme	nt is located	
5	Does the organization have a written policy regarding the periodic	monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it hold	ls?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, hand	lling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conserva	tion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above sat	isfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation ea	asements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's	financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of Art		ther Similar Assets.
	Complete if the organization answered "Yes" on Form 990,		
1a	If the organization elected, as permitted under SFAS 116 (ASC 95	8), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition	on, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes t	hese items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 95	8), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educate	tion, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical treasure	es, or other similar assets for financia	ıl gain, provide
	the following amounts required to be reported under SFAS 116 (A	SC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

Schedule D (Form 990) 2018

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

Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	r Other	Simila	Assets	(contin	ued)
3	Using the organization's acquisition, accession								,	,
	(check all that apply):	,	•	•	J					
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е			3 1 3					
c										
4	Provide a description of the organization's co	ollections and explain	n how th	ev further th	ne organizatio	n's exem	not purpos	se in Part	XIII	
5	During the year, did the organization solicit o	•		•	•			oo iii i ai t	/	
·	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Pai			ga _				,		
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for o	contribution	s or other ass	ets not ir	ncluded			
	on Form 990, Part X?								Yes	X No
b	If "Yes," explain the arrangement in Part XIII									
	, ,	•	Ü						Amount	
С	Beginning balance						1c			
d	Additions during the year									
е	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fo							X	Yes	No
	If "Yes," explain the arrangement in Part XIII.	•								X
Par										
	·	(a) Current year		rior year	(c) Two year			ears back	(e) Four	years back
1a	Beginning of year balance	,	, ,				, , , ,		, ,	
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
·										
f	Administrative expenses									
g	End of year balance	ont year and balance	. /lipo 1e	r column (o)) hold as:					
2	Provide the estimated percentage of the curr			j, coluitiit (a)) Held as.					
a	Board designated or quasi-endowment	%	_%							
b	Permanent endowment									
С	Temporarily restricted endowment	%								
0-	The percentages on lines 2a, 2b, and 2c sho				and and and a taken	6				
За	Are there endowment funds not in the posse	ssion of the organiza	ition tha	t are neid ar	na aaminister	ea for the	e organiza	ition	Г	· I.
	by:								a m	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza								3b	
Day	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment f	unds.						
Fai) David IV	/ lima 44 a C		Dart V I	line 10			
	Complete if the organization answered									
	Description of property	(a) Cost or o basis (investr			t or other (other)		ccumulate preciation	ea	(d) Bool	k value
1a	Land									
b	Buildings									
С	Leasehold improvements				859,639.		274,	486.		585,153.
d	Equipment			1	,918,495.		1,030,	985.		887,510.
е	Other									
	. Add lines 1a through 1e. (Column (d) must e		X. colun	nn (B), line 1	0c.)			>	1,	472,663.
								<u> </u>		

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 ALCOR LIFE EXTENS	SION FOUNDATION		23-7154039 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, li	ne 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Tatal (Col. (b) must equal Form 000 Port V col. (D) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 000 Dort IV li	no 11d Coo Form 000 Port V line 15	
	Description	THE TTU. SEE FOITH 990, PART X, IIIIE 13.	(b) Book value
	Scoonpaion		6,496,700.
	1		4,341,445.
	•		
			49,019.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X. col. (B) line	15.)		10,887,164.
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, li		25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25.)		
2 1: 1::: () Indistrict Office 300, 1 art A, COI. (D) IIIIE		to the construction of the construction of	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

Part	Reconciliation of Revenue per Audited Financial	Statements With Revenue	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line	e 12.)	5	
Pan	Reconciliation of Expenses per Audited Financial	•	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part I			
	Total expenses and losses per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
	Donated services and use of facilities			
	Prior year adjustments	l l		
	Other losses			
	Other (Describe in Part XIII.)	<u> </u>		
	Add lines 2a through 2d			
	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)		4.	
	Add lines 4a and 4b			
5 Pari	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Ii. : XIII Supplemental Information.	ne 18.)	5	
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4: Dort IV lines 1h and 2h: Do	ort V. ling 4: Dort V. ling 2: Dort	
	td and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid		art v, iiile 4, i art A, iiile 2, i art	ΛI,
111103 2	a and 45, and 1 art An, intes 2d and 45. Also complete this part to provid	ac any additional information.		
PART	IV, LINE 2B:			
	•			
THE C	ORGANIZATION RECORDS THE ALCOR MEMBERS' PREPAYMENT FOR	R		
CRYO	PRESERVATION IN AN ESCROW ACCOUNT. THE ACCOUNT IS THE	N USED AT TIME OF		
DEATI	FOR CRYOPRESERVATION SERVICES AND RECORDED AS PROGRA	AM REVENUE.		

Schedule D (Form 990) 2018

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization

ALCOR LIFE EXTENSION FOUNDATION

Employer identification number

23-7154039

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total employees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and independent for and in the region gram services, investments, grants to describe specific type investments contractors recipients located in the region) of service(s) in the region in the region in the region EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM 0 0 PROGRAM SERVICES MEMBER SERVICES 0. EAST ASIA AND THE PACIFIC - AUSTRALIA, CHINA, JAPAN, NEW 0. ZEALAND, THAILAND 0 0 PROGRAM SERVICES MEMBERSHIP DUES SOUTH AMERICA -ARGENTINA, BOLIVIA, BRAZIL, CHILE 0 0 PROGRAM SERVICES MEMBERSHIP DUES 0. NORTH AMERICA -CANADA AND MEXICO. Λ PROGRAM SERVICES MEMBERSHIP DUES BUT 0 0.

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

0

0

0

0

0

Schedule F (Form 990) 2018

0.

0.

and 3b)

3 a Subtotal ______ **b** Total from continuation

sheets to Part I

Totals (add lines 3a

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.									
1 (a) Name of o	rganization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									

Part III Grants and Other Assistance Part III can be duplicated if ac			tes. Complete if	f the organization answered "Yes	" on Form 990, Part	IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2018 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2018

Part V Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 3:
SOME MEMBERS OF THE ORGANIZATION ARE LOCATED OUTSIDE THE UNITED STATES.
LIKE ALL MEMBERS, THEY PAY DUES TO BE ENROLLED IN OUR CRYOPRESERVATION
PROGRAM. AT LEGAL PRONOUNCEMENT OF DEATH, ONE OF OUR TEAMS WILL BE
DISPATCHED TO WHEREVER A MEMBER IS WORLDWIDE TO BEGIN THE PROCESS OF
CRYOPRESERVATION INCLUDING STABILIZING THE BODY FOR TRANSPORT TO OUR
FACILITIES IN ARIZONA. IN 2018, THE ORGANIZATION DID NOT INCUR ANY
SUBSTANTIAL COSTS RELATED TO OUR FOREIGN ACTIVITIES. WE DID, HOWEVER,
RECEIVE \$73,020 IN MEMBERSHIP DUES FROM FOREIGN MEMBERS.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) (2018)

Name of th	ne organization							Employer identification number
	ALCOR LIFE EX	rension founda	TION					23-7154039
Part I	General Information on Grants a	nd Assistance						
	s the organization maintain records t							
crite	ria used to award the grants or assis	stance?						Yes No
2 Desc	cribe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			
Part II	Grants and Other Assistance to	Domestic Organiz	zations and Domestic	Governments. C	omplete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
	recipient that received more than	5,000. Part II can		onal space is need		(c) Mathandat	T	
1 (a) N	lame and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	RE TRUST SUPPORTING							
	TION - 7895 EAST ACOMA DR	20 64000	5045(0)	10 505 654	•			
STE 110	- SCOTTSDALE, AZ 85260	32-6428275	501C(3)	12,707,651.	0.			SUPPORT
								<u> </u>
	r total number of section 501(c)(3) a	-	•	e line 1 table				•1.
3 Ente	r total number of other organizations	s listed in the line 1	I table					

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Supplemental Information. Provide the information	required in Part I, line	e 2; Part III, columi	n (b); and any other ad	ditional information.	
I, LINE 2:					
SEARCH & DEVELOPMENT COMMITTEE IS USED TO EV	ALUATE ANY GRAN	TS BEING			
DED FOR RESEARCH PROJECTS. WRITTEN PROPOSALS	S ARE PROVIDED F	OR EACH			
. AND WRITTEN REPORTS OF THE FINDINGS GO TO	THE COMMITTEE.				
,	•				

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

ALCOR LIFE EXTENSION FOUNDATION

Employer identification number 23-7154039

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958.6(c)?	a		

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

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) MAX MORE	(i)	141,341.	4,489.	0.	7,458.	9,552.	162,840.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							(5

Part III Supplemental Information					
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.					

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open To Public Inspection

Name of the organization								Em	oloyer	ident	ificatio	on nui	mber
		TENSION FOUN							3-715	4039			
Part I Excess Benef	iit Transacti	ons (section 5	01(c)(3), secti	on 501(c)(4), a	nd 501(c))(29) organizations	only)					
Complete if the or	ganization ansv	wered "Yes" on	Form 9	90, Pa	ırt IV, line 25a d	or 25b, o	r Form 990-EZ, Pa	rt V, I	ne 40	b.			
1 (a) Name of disqualified pe	(p) (Relationship bet			ified	(a) F	(c) Description of transaction					(d) Corrected	
(a) Name of disqualmed pe	515011	person and o	rganiza	ation		(0)	bescription or trans	Sactio	· · · · · · · · · · · · · · · · · · ·		Ye	es	No
												$-\!$	
												$-\!\!\!+$	
												\dashv	
											_	+	
											+	+	
2 Enter the amount of tax in	ourred by the e	rachization man	ogoro	or diag	usolified person	o durina	the year under						
	,	· ·	J			U			*				
3 Enter the amount of tax, if									S				
	a,,,	a,	, ,		, <u>.</u>				•				
Part II Loans to and/	or From Int	erested Pers	sons.										
Complete if the or	ganization ansv	wered "Yes" on	Form 9	90-EZ,	Part V, line 38	a or Forr	m 990, Part IV, line	e 26; d	or if the	e orga	nizatio	n	
reported an amou	int on Form 990	, Part X, line 5, 6											
	(b) Relationship	(c) Purpose		an to or	(e) Origina		(f) Balance due			ord or (I) WILLIUIT		/ritten	
interested person	with organization	of loan		zation?	principal amo	ount		defa	ult?	comm	nittee?	agree	ment?
			То	From				Yes	No	Yes	No	Yes	No
			<u> </u>									<u> </u>	
													
			<u> </u>			_							
			1										
Total						\$							
Part III Grants or Ass	sistance Ber	nefiting Inter	estec	Per	sons.								
Complete if the or	ganization ansv	wered "Yes" on	Form 9	90, Pa	rt IV, line 27.								
(a) Name of interested pe	erson	(b) Relationship interested pers the organiz	son an		(c) Amou assistar		(d) Type assistand			•) Purpassista		f

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

Schedule L (Form 990 or 990-EZ) 2018

Complete if the organization answered (a) Name of interested person	(b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sharing of organization's revenues?		
	person and the organization	transaction	transaction	reven Yes	ues? No	
SEE PART V	SEE PART V	164,076.	RESEARCH	100	Х	
Part V Supplemental Information.						
	onses to questions on Schedule L (see in	structions).				
PART IV						
CATHERINE BALDWIN, A FORMER DIRECTOR W	ITH ALCOR IS AN OFFICER WITH					
SUSPENDED ANIMATION, INC, A VENDOR OF	THE ORGANIZATION.					

SCHEDULE O

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

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization **Employer identification number** ALCOR LIFE EXTENSION FOUNDATION 23-7154039 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: 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... 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 VI, SECTION A, LINE 6: THE ORGANIZATION HAS NO MEMBERS AS DEFINED BY THE INTERNAL REVENUE THE ORANIZATION OFFERS SERVICES THROUGH CLASSES OF NONVOTING MEMBERS AS FOLLOWS: SUSPENSION MEMBERSHIP, ALSO KNOWN AS CRYOPRESERVATION MEMBERSHIP, SHALL REQUIRE THAT AN INDIVIDUAL MAKE ALL NECESSARY LEGAL AND FINANCIAL

POSTMORTEM PRESERVATION BY CRYONIC SUSPENSION, NEUROPRESERVATION OR LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

PROVISIONS REQUIRED BY THE CORPORATION AND BY LAW TO PREPARE FOR

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization ALCOR LIFE EXTENSION FOUNDATION	Employer identification number 23-7154039
OTHER TECHNIQUES (HEREINAFTER REFERRED TO AS "SUSPENSION"), TO BE	
CARRIED OUT BY THE CORPORATION AT THE TIME OF THE SUSPENSION MEMBER'S	
LEGAL DEATH.	
ASSOCIATE MEMBERSHIP SHALL REQUIRE PAYMENT OF AN ANNUAL SERVICE FEE AND	
WILL ENTITLE THE INDIVIDUAL TO RECEIVE PERIODICALS, PUBLICATIONS,	
SCIENTIFIC REPORTS AND OTHER LITERATURE OFFERED BY THE CORPORATION TO	
THE GENERAL PUBLIC. ASSOCIATE MEMBERSHIP SHALL ALSO ALLOW THE MEMBER	
THE RIGHT TO ATTEND CORPORATION MEMBERSHIP MEETINGS AND SELECTED SOCIAL	
FUNCTIONS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND REVIEWED BY THE	
CHIEF EXECUTIVE OFFICER AND VICE PRESIDENT OF FINANCE PRIOR TO FILING WITH	
THE INTERNAL REVENUE SERVICE.	
FORM 990, PART V, LINE 2A:	
ALCOR LIFE EXTENSION FOUNDATION HAS NO EMPLOYEES. THE ORGANIZATION	
LEASES EMPLOYEES FROM EMPLOYERS RESOURCE ON A DIRECT REIMBURSEMENT	
BASIS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH BOARD	
DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON	
HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, HAS READ AND	
UNDERSTANDS THE POLICY AND HAS AGREED TO COMPLY WITH THE POLICY. IF A	
CONFLICT EXISTS THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER ALCOR CAN	

Name of the organization ALCOR LIFE EXTENSION FOUNDATION	Employer identification number 23-7154039
OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR	
ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT	
OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT	
REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF	
INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE	
DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN	
ALCOR'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND	
REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION IT SHALL MAKE ITS	
DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD OF DIRECTORS OF THE ORGANIZATION REVIEWED AND APPROVED THE	
COMPENSATION OF THE CHIEF EXECUTIVE OFFICER. LAST REVIEWED SEPTEMBER 2018.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE	
ORGANIZATION'S WEBSITE OR UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST -191,375.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

ALCOR LIFE EXTENSION	FOUNDATION				23-715403	9
Part I Identification of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total incom	(e) End-of-year	r assets Direct	(f) controlling entity
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	nswered "Yes" on Form 990, F	Part IV, line 34, be	ecause it had one	or more related tax-exe	empt
(a)	(b)	(0)	(4)	(0)	(£)	(a)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr enti	olled
				501(c)(3))		Yes	No
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 12B, II	FOUNDATION		Х
ALCOR CARE TRUST SUPPORTING ORGANIZATION -					ALCOR LIFE		
32-6428275, 7895 EAST ACOMA DRIVE, #110,					EXTENSION		
SCOTTSDALE, AZ 85260-6916	SUPPORT	ARIZONA	501(C)(3)	LINE 12B, II	FOUNDATION		Х

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

Schedule R (Form 990) 2018

	11 mm m (D1) 10 1 m T 11 D1 11	0 - - - - - - - -	IIX/II F 000	D - + N / P 0 4	to a contract the first of the contract of the
David III	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.				

(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j	(k)
Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		amount in bo		mana partn	Percentage ownership
	country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No
RENTAL	AZ	N/A	UNRELATED	74,174.	729,460.		x	N/A		84.06%
	Primary activity	Primary activity Legal domicile (state or foreign country)	Primary activity Legal domicile (state or foreign country) Direct controlling entity	Primary activity Legal domicile (state or foreign country) Direct controlling entity entity Predominant income (related, unrelated, excluded from tax under sections 512-514)	Primary activity Legal domicile (state or foreign country) Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income (related, unrelated, excluded from tax under sections 512-514)	Primary activity Legal domicile (state or foreign country) Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income end-of-year assets	Primary activity Legal domicile (state or foreign country) Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income end-of-year assets Disprop	Primary activity Legal domicile (state or foreign country) Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income end-of-year assets Tiesproportionate allocations? Yes No	Primary activity Legal domicile (state or foreign country) Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income end-of-year assets Yes No Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Primary activity Legal domicile (state or foreign country) Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income end-of-year assets Share of end-of-year assets Yes No Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?	
		country)		,				Yes	No
-	-								
-									
	-								

<u>(4)</u>

(5)

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No			
1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed i	n Parts II-IV?						
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity									
	b Gift, grant, or capital contribution to related organization(s)									
С	Gift, grant, or capital contribution from related organization(s)				1c	Х				
	Loans or loan guarantees to or for related organization(s)				1d		Х			
	Loans or loan guarantees by related organization(s)				1e		Х			
f	Dividends from related organization(s)				1f		Х			
g	Sale of assets to related organization(s)				1g		Х			
	Purchase of assets from related organization(s)				1h		Х			
i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s)							Х			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х				
k	k Lease of facilities, equipment, or other assets from related organization(s)									
-1	Performance of services or membership or fundraising solicitations for related organization(s)									
m	m Performance of services or membership or fundraising solicitations by related organization(s)									
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
o Sharing of paid employees with related organization(s)										
р	Reimbursement paid to related organization(s) for expenses				1р		Х			
	Reimbursement paid by related organization(s) for expenses				1q		Х			
r	Other transfer of cash or property to related organization(s)				1r		Х			
	Other transfer of cash or property from related organization(s)				1s		Х			
2	If the answer to any of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the seco	ho must complete th	is line, including covered r	elationships and transaction thresholds.						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	(d)					
1) (CRYONICS PROPERTY LLC	К	114,324.	FMV						
2)										
2)										

Schedule R (Form 990) 2018 832163 10-02-18

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Al or Percentage ging ownership
									+
									000) 0040