(Rev. January 2020) Department of the Treasury Internal Revenue Service EXTENDED TO NOVEMBER 16, 2020

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.

Open to Public Inspection

OMB No. 1545-0047

ΑI	For the	2019 calendar year, or tax year beginning	and	ending									
	Check if applicable	C Name of organization			D Emplo	oyer identific	eation number						
	Addres	ALCOR CARE TRUST SUPPORTING ORGAN	IZATION										
F	Name change	Doing business as			32	2-6428275							
F	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone number								
	Final return/	7895 EAST ACOMA DR STE 110	ivorou to otroot addrood;	riooni, ouito	480-905-1906								
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross re	G Gross receipts \$ 4,526,213							
	Amend return		SCOTISDALE, AZ 65200										
	Applica tion	F Name and address of principal officer: ANDEL	W AYMELOGLU		1 ' '	H(a) Is this a group return for subordinates? Yes X No							
	pendin	7895 E ACOMA DR, #110, SCOTTSDALE,			H(b) Are al	II subordinates ind	cluded? Yes No						
$\overline{\Gamma}$	Tax-exe	mpt status: X 501(c)(3) 501(c) ()		or 527	7 If "N	lo," attach a	list. (see instructions)						
J١	Website	www.ALCOR.ORG			H(c) Gro	up exemptior	n number 🕨						
			sociation Other >	L Year	of formation	: 2017 M	State of legal domicile: VA						
Pa	_	Summary											
Φ	1 1	Briefly describe the organization's mission or most	significant activities: SUPPOR	T ALCOR	LIFE EXT	ENSION							
ů.	I	OUNDATION.											
Governance	2 (ntinued its operations or dispos			1 1	ets.						
Š	3 1	Number of voting members of the governing body (Part VI, line 1a)											
		Number of independent voting members of the gov					5						
Activities &	5	otal number of individuals employed in calendar y											
Ęi	6 7	otal number of volunteers (estimate if necessary)					0.						
Ac	/a	otal unrelated business revenue from Part VIII, co					0.						
_	101	Net unrelated business taxable income from Form	990-1, IIIIe 39		Prior \		Current Year						
	8 (Contributions and grants (Part VIII, line 1h)				,707,651.	502,378.						
ĭľe	9 1					0.	0.						
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4,	and 7d)			399,028.	873,078.						
æ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			0.	0.							
		otal revenue - add lines 8 through 11 (must equal	13	,106,679.	1,375,456.								
		Grants and similar amounts paid (Part IX, column (0.	0.						
	1	Benefits paid to or for members (Part IX, column (A					0.						
G	45 6	Salaries, other compensation, employee benefits (F				0.	0.						
Expenses	16a F	Professional fundraising fees (Part IX, column (A), li			0.		0.						
<u>e</u>	. b ⁻	otal fundraising expenses (Part IX, column (D), line		^									
û	17 (Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)			0.	0.						
	18	otal expenses. Add lines 13-17 (must equal Part I	K, column (A), line 25)			0.	0.						
	19 F	Revenue less expenses. Subtract line 18 from line	12		13	,106,679.	1,375,456.						
Net Assets or	9			В	eginning of C		End of Year						
ssets	20	otal assets (Part X, line 16)			12	,103,086.	15,106,722.						
et As	21	otal liabilities (Part X, line 26)				0.	0.						
		Net assets or fund balances. Subtract line 21 from Signature Block	line 20		12	,103,086.	15,106,722.						
	art II		ta ata di ata a a a a a a a a a a a a a a a a a			the beet of our	Local dada and ball of the						
		ties of perjury, I declare that I have examined this return,				-	knowledge and belief, it is						
true	, correct	, and complete. Declaration of preparer (other than office	r) is based on all illiorniation of wi	licii preparei	Thas any kno	wieage.							
Ci~	_	Signature of officer				ate							
Sig	1	ANDREW AYMELOGLU, TRUSTEE			_								
Her	e	Type or print name and title											
		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN						
Paid	, ,	MY A. O'LOUGHLIN	i roparor o orginalure		1/12/20	if self-employe							
	F	Firm's name CBIZ MHM, LLC				Firm's EIN ▶ 34-1884125							
	Only	Firm's address 4722 N 24TH ST, STE 300											
	,	PHOENIX, AZ 85016				hone no.602-	-264-6835						
May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No													

1	Check if Schedule O contains a response or note Briefly describe the organization's mission:	e to any line in this Part III		
	SUPPORT ALCOR LIFE EXTENSION FOUNDATION.			
2	Did the organization undertake any significant program	services during the year which	n were not listed on the	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.			Yes X No
3	Did the organization cease conducting, or make signific	cant changes in how it conduc	ts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplis Section 501(c)(3) and 501(c)(4) organizations are require revenue, if any, for each program service reported.			
4a	· · · · · · · · · · · · · · · · · · ·	including grants of \$) (Revenue \$)
	RETAIN AND DIRECT PROFESSIONAL INVESTMENT INVESTMENT STRATEGIES ESTABLISHED BY THE			
	DISBURSE CARE TRUST ASSETS TO THE SUPPORT		л	
	-			
41.	To a Management of the second		\ /-	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	Other program services (Describe on Schedule O.)			
	(Expenses \$ including grants or	of \$) (Revenue \$)
<u>4e</u>	Total program service expenses			Form 990 (2012)
4e	• •			Form 990 (201

32-6428275

Form 990 (2019) 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			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
•	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	<u> </u>		
•	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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	_ <u> </u>		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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,			
u	Part VI	11a		x
h	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
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
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,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

932003 01-20-20

Form	990 (2019) ALCOR CARE TRUST SUPPORTING ORGANIZATION 32-6428	1275	Р	age 4
Pai	rt IV Checklist of Required Schedules (continued)			
			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		x
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
L	Schedule K. If "No," go to line 25a	24b		
		240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	. 26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			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			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	. 33		
٠.	Part V, line 1	34	х	
35.2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	. 000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	. 000		
30		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	. 30		
31		27		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_ A
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	. 38	Λ	
ı aı				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
	5. "	٥	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	0		
	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			

932004 01-20-20

Form **990** (2019)

(gambling) winnings to prize winners?

Form 990		32-6428275	Page 5
Part V	Statements Regarding Other IRS Filings and Tax Compliance (continued)		

			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х			
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		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		<u> </u>			
6a	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?	6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			l			
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	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?	7a		Х			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		—			
h							
8	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.	0-					
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		 			
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12						
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1					
11	Section 501(c)(12) organizations. Enter:	1					
··	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1					
-	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?	12a					
	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.			1			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	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						
С	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
b							
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		Х			
	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		Х			
	If "Yes," complete Form 4720, Schedule O.						
		Form	990	(2010)			

32-6428275

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year						
	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 on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent 1b						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х			
6	Did the organization have members or stockholders?	6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a	Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	Х				
b	Each committee with authority to act on behalf of the governing body?	8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a		Х			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	77				
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х				
	2a Did the organization have a written conflict of interest policy? If "No," go to line 13						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		х				
40	in Schedule O how this was done	12c		x			
13	Did the organization have a written whistleblower policy?	13		X			
14	Did the organization have a written document retention and destruction policy?	14					
15	Did the process for determining compensation of the following persons include a review and approval by independent						
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150		х			
	The organization's CEO, Executive Director, or top management official	15a		X			
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b					
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
10a		16a		х			
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104					
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure	100		<u> </u>			
17	List the states with which a copy of this Form 990 is required to be filed NONE						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble			
.5	for public inspection. Indicate how you made these available. Check all that apply.	- Jiliy)	arund	2.0			
	Own website X Another's website X Upon request Other (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial				
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
	LYNN SMITH - 480-905-1906						
	7895 E ACOMA DR STE 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.

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) BRIAN WOWK	2.00										
TRUSTEE/TREASURER	10.00	Х						0.	0.	0	
(2) MICHAEL RISKIN	2.00										
TRUSTEE	10.00	Х				_		0.	0.	0	
(3) STEPHEN W BRIDGE	2.00								_	_	
TRUSTEE/ CHAIR	0.00	Х						0.	0.	0	
(4) MICHAEL KORNS TRUSTEE	2.00	х						0.	0.	_	
(5) ANDREW AYMELOGLU	2.00	X						0.	0.	C	
TRUSTEE/SECRETARY	12.00	Х						0.	0.	(

Form 990 (2019) ALCOR CARE TRUST SUPPORTING ORGANIZATION 32-6428275 Page 8												
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week (list any hours for related organizations	box	not c , unle:	ss per	ition more son is irecto	Highest compensated than complex sports with the sports of	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatior from related organizations (W-2/1099-MISo	,	Estima amour other compensus from organizand rel	ated nt of er sation the ation
	below line)	Individua	Institutio	Officer	Key employee	Highest of employer	Former				organiza	ıtions
		•										
1b Subtotal							<u> </u>	0.		0.		0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c) Total number of individuals (including but r							<u> </u>	0. 0. eceived more than \$100,	000 of reportable	0.		0.
compensation from the organization											Ye	0 s No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s	uch individual										3	Х
 4 For any individual listed on line 1a, is the standard related organizations greater than \$15 5 Did any person listed on line 1a receive or a 	0,000? If "Yes,	" co	mple	ete S	Sche	dule	Jf	or such individual			4	Х
rendered to the organization? If "Yes," con											5	х
Section B. Independent Contractors 1 Complete this table for your five highest co										ensat	ion from	
the organization. Report compensation for (A) Name and business		NO		ng w	ith c	or wi	thin	the organization's tax y (B) Description of s		С	(C) ompensat	ion
Total number of independent contractors (i \$100,000 of compensation from the organi	ŭ	ot lin	nited	d to 1		se lis	ted	above) who received mo	ore than			
											Form 990	(2019)

932008 01-20-20

32-6428275

Form 990 (2019) ALCOR CARE
Part VIII Statement of Revenue

			Check if Schedule O contains a	response (or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
S S	1 :	<u> </u>	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	' '			1b					
يَّ ق			Membership dues	1c					
fts, Ar	,		Fundraising events	1d	502,378.				
ig ig	•		Related organizations		302,370.				
ns, Sim			Government grants (contributions)	1e					
e ë	1	Ť	All other contributions, gifts, grants, and						
들됨			similar amounts not included above	1f					
ont od (!	_	Noncash contributions included in lines 1a-1f	1g \$		500 350			
O B		h	Total. Add lines 1a-1f			502,378.			
					Business Code				
ce	2 :	а							
ē Ķ	- 1	b							
Sch	(С							
ev ev		d							
Program Service Revenue	•	е							
<u>4</u>	1	f	All other program service revenue						
		g	Total. Add lines 2a-2f)				
	3		Investment income (including divide	nds, intere	st, and				
			other similar amounts)		>	196,488.			196,488.
	4		Income from investment of tax-exem						
	5		Royalties	-					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
			` '	ecurities	(ii) Other				
	•	u	(/	327,347.	()				
		h	Less: cost or other basis						
a	'			150,757.					
ž		_		76,590.					
eve		ر ا	()			676,590.			676,590.
her Revenue			Net gain or (loss)			0,0,030.			0,0,330.
	8	а	Gross income from fundraising events (r	_					
ō			including \$	- 1					
			contributions reported on line 1c). S						
			Part IV, line 18	I					
			Less: direct expenses						
			Net income or (loss) from fundraising		D				
	9 :	а	Gross income from gaming activities						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming ac		<u> </u>				
	10	а	Gross sales of inventory, less returns						
			and allowances						
	- 1	b	Less: cost of goods sold	10b					
		С	Net income or (loss) from sales of in	ventory	<u></u>				
ú					Business Code				
ñ a	11 :	а							
ane	ı	b							
Miscellaneous Revenue	(С							
Aisc B		d	All other revenue						
2			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			1,375,456.	0.	0.	873,078.

932009 01-20-20

32-6428275

Secti	ion 501(c)(3) and 501(c)(4) organizations must complete				
	Check if Schedule O contains a respons	(A)	(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				
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				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
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				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a b					
c d					
e e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	0.	0.	0.	0.
<u>25</u> 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 (2019) Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in th	iis Part X			
			(A) Beginning of yea			(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		86.	2	7,764,390.
	3	Pledges and grants receivable, net		;	3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former officer, di				
		trustee, key employee, creator or founder, substantial contributor	r, or 35%			
		controlled entity or family member of any of these persons		į	5	
	6	Loans and other receivables from other disqualified persons (as o				
		under section 4958(f)(1)), and persons described in section 4958((c)(3)(B)		6	
ιχ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a				
	b	Less: accumulated depreciation 10b		10	0с	
	11	Investments - publicly traded securities		0. 1	11	7,342,332.
	12	Investments - other securities. See Part IV, line 11		1	12	
	13	Investments - program-related. See Part IV, line 11		1	13	
	14	Intangible assets		1	14	
	15	Other assets. See Part IV, line 11		1	15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		86. 1	16	15,106,722.
	17	Accounts payable and accrued expenses		1	17	
	18	Grants payable	I	1	18	
	19	Deferred revenue		1	19	
	20	Tax-exempt bond liabilities		2	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedu		2	21	
ဟ္	22	Loans and other payables to any current or former officer, director	or,			
Liabilities		trustee, key employee, creator or founder, substantial contributor	r, or 35%			
abil		controlled entity or family member of any of these persons		2	22	
=	23	Secured mortgages and notes payable to unrelated third parties		2	23	
	24	Unsecured notes and loans payable to unrelated third parties		2	24	
	25	Other liabilities (including federal income tax, payables to related	third			
		parties, and other liabilities not included on lines 17-24). Complet	e Part X			
		of Schedule D		2	25	
	26	Total liabilities. Add lines 17 through 25		0. 2	26	0.
		Organizations that follow FASB ASC 958, check here 🕨 🗓				
ces		and complete lines 27, 28, 32, and 33.				
<u>a</u>	27	Net assets without donor restrictions	12,103,0	86. 2	27	15,106,722.
Fund Balances	28	Net assets with donor restrictions		2	28	
pur		Organizations that do not follow FASB ASC 958, check here	▶ □			
		and complete lines 29 through 33.				
Net Assets or	29	Capital stock or trust principal, or current funds		2	29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		3	30	
t As	31	Retained earnings, endowment, accumulated income, or other fu			31	
Š	32	Total net assets or fund balances			32	15,106,722.
	33	Total liabilities and net assets/fund balances	12,103,0	86. 3	33	15,106,722.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,375,	456.
2	Total expenses (must equal Part IX, column (A), line 25)	2			0.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,375,	456.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12	,103,	086.
5	Net unrealized gains (losses) on investments	5	1	,628,	180.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	15	,106,	722.
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 X 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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule 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 Audit			
	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			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2019)

932012 01-20-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **Employer identification number** ALCOR CARE TRUST SUPPORTING ORGANIZATION 32-6428275 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). 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). X 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. J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) ALCOR LIFE EXTENSION FOUNDATION 23-7154039 7 Х 0 0.

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
3	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)						
_	**						
	Public support. Subtract line 5 from line 4.						<u> </u>
	•	(-) 0045	(1-) 0040	(-) 0047	(4) 0040	(-) 0010	(6) T-1-1
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
_	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectior	n 501(c)(3)	
	organization, check this box and sto	here					
Sec	ction C. Computation of Publ	c Support Per	centage				
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	<u>%</u>
	Public support percentage from 2018					15	<u>%</u>
16a	33 1/3% support test - 2019. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶□
b	33 1/3% support test - 2018. If the	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a ¡	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test	_			-		
	more, and if the organization meets the	_					
	organization meets the "facts-and-circ						▶ □
18	Private foundation. If the organization			•			s >
			,,	, , ,, 11 ~		dule A (Form 990	

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	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
•	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						L
	ction B. Total Support	Г	1		T	T	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
ŀ	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						
40	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<i>.</i>		L	504()(0)	<u>.</u>
14	First five years. If the Form 990 is for	-			-		
20	check this box and stop here ction C. Computation of Publi						P
	Public support percentage for 2019 (I			oolumn (f))		15	30
	Public support percentage from 2018					16	<u>%</u>
<u>16</u> Se	ction D. Computation of Inves				•••••	1 10 1	70
_	Investment income percentage for 20			ne 13 column (f)		17	%
18	Investment income percentage from					18	
	a 33 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box ar						. —
	33 1/3% support tests - 2018. If the						
•	line 18 is not more than 33 1/3%, che	· ·				•	
20	Private foundation. If the organization						

932023 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

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	Х	
2		Х
3a		Х
3b		
3с		
4a		X
4b		
4c		
5a		Х
5b		
5с		
6		Х
7		Х
8		Х
9a		Х
9b		Х
9с		Х
10a		Х
10b		

Pa	rt IV 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		Х
b	A family member of a person described in (a) above?	11b		Х
с	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		Х
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	Х	
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)) <u>.</u>		
а	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> .			
С	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.	,	Yes	No
а	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		L
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b				
	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) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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-functional	ly integrat	ted Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

	1 1 Type in North and tionally integrated 505	ailoi cabbaiting orga	(continuea)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified 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	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		T	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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 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

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

2019

	ALC	OR CARE TRUST SUPPORTING ORGANIZATION	32-6428275
Organiza	ntion type (check or	ne):	
Filers of:		Section:	
Form 990	or 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	
Note: On General I	lly a section 501(c)(Rule For an organization	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule filling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	\$5,000 or more (in money or
Special F	,		
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, contributions of the greater of (1) \$5,000; or (2) 2% of the amount line 1. Complete Parts I and II.	or 16b, and that received from
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a ions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educate to children or animals. Complete Parts I, II, and III.	
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled more the total contributions that were received during the year for an exclusively religious uplete any of the parts unless the General Rule applies to this organization because it roughly, contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box i, charitable, etc., eceived <i>nonexclusively</i>
but it mu	st answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo be filing 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 CARE TRUST SUPPORTING ORGANIZATION

32-6428275

· uiti	(see instructions). Ose duplicate copies of Fart I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALCOR LIFE EXTENSION FOUNDATION 7895 E ACOMA DR, STE 110 SCOTTSDALE, AZ 85260	\$\$	Person X 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 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 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.)

Name of organization

Employer identification number

ALCOR CARE TRUST SUPPORTING ORGANIZATION

32-6428275

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	RE TRUST SUPPORTING ORGANIZATION Exclusively religious, charitable, etc., contribut	ions to organizations described in se	32-6428275 ection 501(c)(7), (8), or (10) that total more than \$1,000 for the y
	from any one contributor. Complete columns (a) through (e) and the following line ent	trv. For organizations
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.)
No.	Ose duplicate copies of Fart III if additional	space is needed.	-
No. om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
rt I			
—			
		(e) Transfer of gift	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
			1
No. om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
rt I	(b) i di pode di giit	(0) 000 01 9.11	(a) Becomption of now girt to held
L			
		(e) Transfer of gif	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
No. om			
rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	<u> </u>
		(0, 111111111111111111111111111111111111	
	-	nd 7 ID + 4	=
	Transferee's name, address, a		Relationship of transferor to transferee
	Transferee's name, address, a		Relationship of transferor to transferee
-	Iransferee's name, address, a		Relationship of transferor to transferee
_	Iransteree's name, address, a	IIU ZIF + 4	Relationship of transferor to transferee
-	Iransferee's name, address, a		Relationship of transferor to transferee
No.	Iransferee's name, address, a		Relationship of transferor to transferee
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No. om ort I			
No. om ort I			
No. om art I			
No. om art I			
No. om art I		(c) Use of gift	(d) Description of how gift is held
No. om art I			(d) Description of how gift is held
No. om art I	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
No. om irt I		(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
No. om irt I	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
No. om rt I	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held

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 CARE TRUST SUPPORTING ORGANIZATION

Employer identification number

32-6428275

Par	t I Organizations Maintaining Donor Advised	d Funds or Othe	r Si	milar Funds	or Ac	coun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor ad	vised	l funds	(b) Fun	ds and other accounts
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						
5	Did the organization inform all donors and donor advisors in v	-					
	are the organization's property, subject to the organization's e						Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that	t gra	nt funds can be i	used o	nly	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or fo	r any	other purpose of	conferr	ing	
Da	impermissible private benefit?						
Par				" on Form 990, F	Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization		ly).				
	Preservation of land for public use (for example, recreat	tion or education)				-	important land area
	Protection of natural habitat			Preservation of	a certi	fied his	storic structure
	Preservation of open space				_		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation con	tribu	tion in the form o	of a co	nserva	
	day of the tax year.						Held at the End of the Tax Year
a	Total number of conservation easements					2a	
b	•					2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				re		
•	listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or te	rminated by the	organi	zation	during the tax
4	year ▶ Number of states where property subject to conservation eas	oment is leasted					
5	Does the organization have a written policy regarding the peri		—	on handling of			
3	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I			d enforcing cons			
Ū	b	narialing of violations	, and	a critorollig cons	oi vatio	ii casc	mente daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	l enf	orcing conservat	ion eas	sement	ts during the year
-	▶ \$			oromig comes rul			is daming and your
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirem	ents	of section 170(า)(4)(B)	(i)	
	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation						d
	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	J					
Par	t III Organizations Maintaining Collections of	Art, Historical 1	rea	sures, or Ot	her S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its	reve	nue statement a	nd bala	ance sh	neet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, educat	ion,	or research in fu	rtheran	ice of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	icial statements that	desc	ribes these item	S.		
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its reve	enue	statement and b	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or	research in furth	erance	of pub	olic 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 treat	asures, or other simila	ar as	sets for financial	gain, p	orovide	•
	the following amounts required to be reported under FASB AS	SC 958 relating to the	ese i	tems:			
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

Schedule D (Form 990) 2019

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

											_
	dale B (1 0111 330) 2013	TRUST SUPPORTI				· Othor 0		32-642			age 2
									(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	ds, check	any of the	following that	make signi	ficant us	e of its			
	collection items (check all that apply):		. —		_						
а	Public exhibition				change progra						
b	Scholarly research		e	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							in Part	XIII.		
5	During the year, did the organization solicit o								7		,
D	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrange		lete if the	organization	on answered "	'Yes" on Fo	rm 990, I	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi		•						7		٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able:					_		
									Amount		
	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		7		1
	Did the organization include an amount on Fo					•		L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Fai	Transfer Tra										
		(a) Current year	(b) ⊦	rior year	(c) Two year	rs dack (d)	Three yea	ars dack	(e) Four	years	раск
	Beginning of year balance										
	Contributions		+								
	3,3,		+								
	Grants or scholarships		+								
е	Other expenditures for facilities										
	and programs				1						
	Administrative expenses										
					<u> </u>						
2	Provide the estimated percentage of the curr	ent year end baland		j, column (a	i)) held as:						
	Board designated or quasi-endowment		%								
	Permanent endowment	%									
С		%									
_	The percentages on lines 2a, 2b, and 2c shows	•									
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	t are held a	nd administer	ed for the o	organizati	on	Г	., 1	
	by:									Yes	<u>No</u>
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Dar	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		owment f	unds.							
rai			0 Dest "	/ Iima 44 - 1) F 000	Dark V. II	- 10				
	Complete if the organization answered							1	(-N.D. :		
	Description of property	(a) Cost or basis (invest			t or other		umulated ciation		(d) Book	value	е
_		`	ment)	Dasis	(other)	uepre	CIALIUII				
	Land										
b	Buildings										

Schedule D (Form 990) 2019

e Other

c Leasehold improvements d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Complete if the organization answered "Yes"			
a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
G)			
H)			
I. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
1)			
2)			
(3)	1		
4)			
(5)			
(6)			
(7)			
(8)			
(9)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
	on Form 000 Port IV line	alld Soc Form 000 Dort V line 15	
Complete if the organization answered "Yes" (a)	Description	FITO. See FOITH 990, Fart A, line 15.	(b) Book value
			(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			1
(9)			
al. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities.	15.)		>
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(4)			
(5)			
(5) (6)			
(5) (6) (7)			
(5) (6) (7) (8)			
(5)	25.)		

Schedule D (Form 990) 2019

Part	Reconciliation of Revenue per Audited Financial	Statements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	S	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		
С	Recoveries of prior year grants	2c		
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	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, lin	e 12.)	5	
Part	TXII Reconciliation of Expenses per Audited Financia	•	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part			
1	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		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
	Other (Describe in Part XIII.)			
	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.)	4b		
	Add lines 4a and 4b			
5 Dord	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I t XIII Supplemental Information.	ine 18.)	5	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		t V, line 4; Part X, line 2; Part X	d,
lines 2	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	de any additional information.		
РАВТ	X, LINE 2:			
	<u> </u>			
THE A	ALCOR CARE TRUST SUPPORTING ORGANIZATION QUALIFIES AS	A TAX-EXEMPT		
ORGAN	NIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVE	NUE CODE (THE		
		•		
"CODE	E") AND, ACCORDINGLY, THERE IS NO PROVISION FOR INCOM	E TAXES. ALCOR		
	· · · · · · · · · · · · · · · · · · ·			
CARE	TRUST SUPPORTING ORGANIZATION IS ALSO EXEMPT FROM ST	ATE INCOME TAX.		
IN AI	DDITION, ALCOR CARE TRUST SUPPORTING ORGANIZATION QUA	LIFIES FOR THE		
	·			
CHARI	ITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170 OF TH	E CODE AND HAS		
BEEN	CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE	FOUNDATION.		
INCON	ME DETERMINED TO BE UNRELATED BUSINESS TAXABLE INCOME	("UBTI") WOULD		
BE TA	AXABLE.			
			<u> </u>	

ALCOR CARE TRUST SUPPORTING ORGANIZATION EVALUATES ITS UNCERTAIN TAX

Schedule D (Form 990) 2019

SCHEDULE 0

Internal Revenue Service

(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

Name of the organization

ALCOR CARE TRUST SUPPORTING ORGANIZATION

Employer identification number 32-6428275

FORM 990, PART VI, SECTION A, LINE 7A:
THE SUPPORTING ORGANIZATION SHALL BE A TYPE II SUPPORTING ORGANIZATION, AND
SHALL BE UNDER THE CONTROL AND MANAGEMENT FOR THE SUPPORTED ORGANIZATION
BECAUSE, AMONG OTHER REASONS, THE MAJORITY OF ITS TRUSTEES SHALL ALSO BE
SERVING CONCURRENTLY AS BOARD MEMBERS OF THE SUPPORTED ORGANIZATION.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND REVIEWED BY THE
BOARD OF TRUSTEES PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION B, LINE 12C:
AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND
AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE
GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT
OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE
MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.
IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN
INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND
BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS
AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING
THE PROPOSED TRANSACTIONS OR ARRANGEMENTS.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE
ORGANIZATION'S WEBSITE OR UPON REQUEST.

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

Schedule O (Form 990 or 990-EZ) (2019)

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

ALCOR CARE TRUST SUPPORTING ORGANIZATION

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

32-6428275

(a)	(b)	(c)	(d)	(6	e)		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	I	l l		sets Direct controlling entity		9
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organizat	ion answered "Yes" on Form 990), Part IV, line 34, I	oecause it had on	e or more re	elated tax-exer	npt	
(a)	(b)	(c)	(d)	(e)		(f)	(9	g) 512(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	II	controlling entity	conti	512(b)(13) rolled tity?
				501(c)(3))			Yes	No
ALCOR LIFE EXTENSION FOUNDATION - 23-7154039 7895 EAST ACOMA DRIVE, #110	-							
SCOTTSDALE, AZ 85260-6916	RESEARCH	ARIZONA	501(C)(3)	LINE 7	N/A			Х
ALCOR ENDOWMENT TRUST SUPPORTING					ALCOR L	IFE		
ORGANIZATION, 7895 EAST ACOMA DRIVE, #110,					EXTENSI	ON		
SCOTTSDALE, AZ 85260-6916	SUPPORT	ARIZONA	501(C)(3)	LINE 12B, II	FOUNDAT:	ION		Х
SCOTTSDALE, AZ 85260-6916	SUPPORT	ARIZONA	501(C)(3)	LINE 12B, II				

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

Schedule R (Form 990) 2019

Part 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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Diegrapartianata		Code V-UBI	General c	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
	1										
	1										
	1										
	1										
	1			1					1		

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec.	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		(i) ction (b)(13) rolled tity?
		Couriery)						Yes	No
								Ь	<u> </u>
								↓	<u> </u>

Schedule R (Form 990) 2019

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

Not	te: 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 with or	one or more rela	ated organizations listed in	Parts II-IV?						
а	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Receipt of (i) interest, (ii) annutites, (iii) royalties, or (iv) rent from a controlled entity Gift, grant, or capital contribution to related organization(s) Gift, grant, or capital contribution from related organization(s) Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) Dividends from related organization(s) Sale of assets to related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, making lists, or other assets with related organization(s) Sharing of paid employees with related organization(s) Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses Other transfer of cash or property to related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.				1a		Х			
b	Gift, grant, or capital contribution to related organization(s)				1b		Х			
					1c	Х				
					1d		Х			
					1e		Х			
f	Dividends from related organization(s)				1f		Х			
g	Sale of assets to related organization(s)				1g		Х			
					1h		Х			
i					1i		Х			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х			
					11	Х				
m Performance of services or membership or fundraising solicitations by related organization(s)							Х			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х				
					10	Х				
р	Reimbursement paid to related organization(s) for expenses				1p		Х			
					1q		Х			
_	•									
r	Other transfer of cash or property to related organization(s)				1r		Х			
s					1s		Х			
2	If the answer to any of the above is "Yes," see the instructions for information on who must	st complete this	s line, including covered re	lationships and transaction thresholds.						
	<u> </u>									
1)										
2)										

(4)

<u>(5)</u>

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) Percentage ownership
	_								000) 0040

932165 09-10-19 Schedule R (Form 990) 2019