EXTENDED TO NOVEMBER 15, 2019

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

▶ 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.

A I	For the	2018 calendar year, or tax year beginning	and	ending						
	Check if applicable:	C Name of organization ALCOR ENDOWMENT TRUST SUPPORTING			D Employ	ver identifica	ation number			
	Address	ORGANIZATION								
F	Name change	Doing business as				32-631	L3396			
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	F Telepho	E Telephone number				
F	Final	7895 EAST ACOMA DRIVE, #110	ivorou to stroot uduross;	Troom, suite	, L releptie	480-905	-1906			
	☐return/ termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross reco	<b>G</b> Gross receipts \$ 109,705				
	Amende		en or foreign postar code			a group ret				
F	Applica tion	,	W AYMELOGLU		7	bordinates?				
	pending	7895 E ACOMA DR, #110, SCOTTSDALE,					luded? Yes No			
$\overline{}$	Гах-ехе		<b>◄</b> (insert no.)	or 52			st. (see instructions)			
		www.alcor.org	10 17 (4)(1)	01 02	_	exemption				
			sociation Other	L Year	of formation:		State of legal domicile: VA			
		Summary		1	01 101111411011	,	otato or rogar dominono.			
	1 E	Briefly describe the organization's mission or most	significant activities: SUPPOR	T ALCOR	LIFE EXTE	NSION				
Governance	F	OUNDATION.								
nar	2	Check this box  if the organization discor	ntinued its operations or dispos	sed of more	e than 25% o	f its net asse	ets.			
Ş.	3 1	Number of voting members of the governing body	Part VI, line 1a)			з	5			
		Number of independent voting members of the gov					5			
တို	5 7	otal number of individuals employed in calendar y					0			
/itie	6 1	otal number of volunteers (estimate if necessary)					5			
Activities &	7a ⊺	otal unrelated business revenue from Part VIII, col					0.			
_	۱d	Net unrelated business taxable income from Form					0.			
					Prior Ye	ear	Current Year			
o o	8 (	Contributions and grants (Part VIII, line 1h)				0.	0.			
Revenue	9 F	Program service revenue (Part VIII, line 2g)				0.	0.			
ě	10 li	nvestment income (Part VIII, column (A), lines 3, 4,	and 7d)		=	100,498.	109,705.			
<u>~</u>	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)			0.	0.			
	<b>12</b> T	otal revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		-	100,498.	109,705.			
	13 (	Grants and similar amounts paid (Part IX, column (A	A), lines 1-3)			L80,472.	107,063.			
	14 E	Benefits paid to or for members (Part IX, column (A	), line 4)			0.	0.			
S	15 5	Salaries, other compensation, employee benefits (F	Part IX, column (A), lines 5-10)			0.	0.			
Expenses	<b>16a</b> F	Professional fundraising fees (Part IX, column (A), li	ne 11e)			0.	0.			
xbe	. b⊺	otal fundraising expenses (Part IX, column (D), line	, · · ·							
Ш	" \	Other expenses (Part IX, column (A), lines 11a-11d,				0.	0.			
		otal expenses. Add lines 13-17 (must equal Part I)				L80,472.	107,063.			
	19 F	Revenue less expenses. Subtract line 18 from line	12		-	79,974.	2,642.			
Net Assets or				В	eginning of Cu		End of Year			
Sset	20 ⊺	otal assets (Part X, line 16)			5,8	307,670.	5,414,870.			
at A	21 1	otal liabilities (Part X, line 26)				0.	0.			
		Net assets or fund balances. Subtract line 21 from Signature Block	line 20		5,8	307,670.	5,414,870.			
	art II		ta alia Para a sa sa sa sa sa sa ta sa sa la salada.				and the Bart State			
		ties of perjury, I declare that I have examined this return,				-	knowledge and belief, it is			
uue	, correct	, and complete. Declaration of preparer (other than office	1) is based on all illiornation of wi	iicii prepare	i iias aliy kiiuw	ieuge.				
C:~	_	Signature of officer			I Da	te				
Sig		ANDREW AYMELOGLU, TRUSTEE								
Her	e	Type or print name and title								
_		Print/Type preparer's name	Preparer's signature	Τ	Date	Check	PTIN			
Paid		RISTEN BASS	i roparor o orginature	1	L1/12/19	if self-employed				
	`  -									
		Firm's address 4722 N 24TH ST, STE 300	Firm's EIN > 34-1884125							
	J,	PHOENIX, AZ 85016			Ph	one no.602-	264-6835			
May	the IR:	S discuss this return with the preparer shown about	ve? (see instructions)				X Yes No			

### ORGANIZATION   32-6313396   Page   Page			ALCOR ENDO	WMENT TRUST SUPPORTING		
Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:  SIPPORT ALOGA LIPE EXTENSION POUNDATION.  Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.  3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?	orm	990 (2	2018) ORGANIZATI	ON	32-63	13396 Page <b>2</b>
Briting describe the organization indertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27	Pa	t III	Statement of Program Ser	rvice Accomplishments		
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?		,	Check if Schedule O contains a re	sponse or note to any line in this Part III .		
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?  If "Yes," describe these new services on Schedule O.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O.  Bescribe the organization so program service accomplishments for each of its three largest program services, as measured by expenses.  Section SO1(c)(3) and SO1(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  (Sove:) (Senerose	1	Briefly	y describe the organization's mission	on:		
prior Form 980 or 990-E27  If "Yes," describe these new services on Schedule O.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?		SUPP	ORT ALCOR LIFE EXTENSION F	OUNDATION.		
prior Form 980 or 990-E27  If "Yes," describe these new services on Schedule O.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?						
prior Form 990 or 990-EZ?						
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3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?		prior	Form 990 or 990-EZ?			. Yes X No
If "Yes," describe these changes on Schedule O.  4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  4 (code: ) (expenses) 107, 653. Including grants of S 107, 053.) (Revenue S RETAIN AND DIRECT PROFESSIONAL INVESTMENT MANAGERS TO INCLEMENT INVESTMENT STRATEGIES ESTABLISHED BY THE SUPPORTED ORGANIZATION.  SOLICIT THE SUPPORTED ORGANIZATION'S MEMBERS AND OTHERS FOR CONTRIBUTIONS TO THE ENDOWMENT FUND AND PERFORMING OTHER FUNDRAISING PUNCTIONS.  DISBURSE ENDOWMENT FUND ASSETS TO THE SUPPORTED ORGANIZATION.  46 (Code: ) (Expenses S including grants of S ) (Revenue S )  including grants of S ) (Revenue S ) (Revenue S )						
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  40 (Code:	3	Did th	ne organization cease conducting, o	or make significant changes in how it cond	lucts, any program services?	Yes X No
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  40 (Code:) (Expenses \$ 107,053. including grants of \$ 107,053.) (Revenue \$ RETAIN AND DIRECT PROFESSIONAL INVESTMENT MARAGERS TO IMPLEMENT INVESTMENT STRATEGIES ESTABLISHED BY THE SUPPORTING ORGANIZATION.  SOLICIT THE SUPPORTED ORGANIZATION'S MEMBERS AND OTHERS FOR CONTRIBUTIONS TO THE ENDOWMENT FUND AND PERFORMING OTHER FUNDRAISING FUNCTIONS.  DISBURGE ENDOWMENT FUND ASSETS TO THE SUPPORTED ORGANIZATION.  40 (Code:) (Expenses \$						
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	40	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	
	4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	,
4d Other program services (Describe in Schedule O.)		(	, /(=		, (************************************	
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	4d	Other	program services (Describe in Sch	iedule O.)		

107,063.

Form **990** (2018)

**4e** Total program service expenses ▶

#### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, 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? If "Yes," complete			v
_	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		Х
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Λ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			х
<b>L</b>	Part VI	11a		Λ
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		- 21
C		11c		х
ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
u		11d		х
е	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	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	

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Form **990** (2018)

## Form 990 (2018) ORGANIZATION Part 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		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	, , ,	24c		
4	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
		24u		_
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			٠,,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes." <i>complete</i>	<u> </u>		
02		32		x
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- OZ		
33		22		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<del></del>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	х	
05 -	Part V, line 1	34	Λ	x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	C=:		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	L
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10		

Eart W Statements Regarding Other IRS Filings and Tax Compliance (continued)  2a Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements,	Form	990 (2018) ORGANIZATION 32-631339	96	Р	age <b>5</b>
tale facilitate the number of employees reported on Form W3, Transmittation Wage and Tax Statements, 2a 0 b 1 stat least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 1 state least one is reported on line 2a, did the organization file all required federal employment tax returns? 3b 1 state state of the control of the contro	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
bit of all seat on the calendary year ending with or within the year covered by this return  Note. If the sum of lines 1s and 2s is greater than 250, you may be required to _p-lie (see instructions)  3a Did the organization have unrelated business gross incorrue of \$1,000 or more during the year?  3b If "Yes," has if their of miss 1s and 2s is greater than 250, you may be required to _p-lie (see instructions)  3c Did the organization have unrelated business gross incorrue of \$1,000 or more during the year?  3c Did the organization have unrelated business gross incorrue of \$1,000 or more during the year?  3c Did If "Yes," and it the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (year) as a shark account, securities account, or other financial account?  4c Did If "Yes," enter the name of the toreign country. }  5c Did and yeas be organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c Did and yeas be party notify the organization file Form 88817  5d Did and yeas be party notify the organization file Form 88817  5d Did and yeas be party notify the organization file Form 88817  5d Did with the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  8b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  8c Did the organization receive any primet in excess of \$25 main early as a contribution on apersonal breaft contract?  7 organizations that may receive deductible contributions under section 170(c).  8c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal breaft contract?  7 Did the organization earlies and payment in excess of				Yes	No
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Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return			
3a   X   X   If Yes,* in at Itela of Form 9900 Tro this year?   Yes* to fine 3b, provide an explanation in Schedule O   3b   X   X   X   X   X   X   X   X   X	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
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		ii 103, complete i uliii 4720, conedule o.	Form	990	(2018)

ORGANTZATTON Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 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 Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 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? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed > 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) available for public inspection. Indicate how you made these available. Check all that apply X Upon request X Another's website Own website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records BONNIE MAGEE - 480-905-1906 7895 EAST ACOMA DRIVE, #110, SCOTTSDALE, AZ 85260-6916

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

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

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

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

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

X Check this box if neither the organization ne	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	itior more	<b>)</b> than (	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week	_			10010	174443	(00)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or (	stee			ısatec		(W-2/1099-MISC)	(** 27 1033 141100)	organization
	organizations	truste	al tru		yee	n be		(** =* ** = * ** ** ** ** ** ** ** ** **		and related
	below	Individual trustee or director	In stit utio nal tru stee	je.	Key employee	Highest compensated employee	Jer			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) SAUL KENT	2.00									
TRUSTEE		Х						0.	0.	0.
(2) RALPH MERKLE	2.00									
TRUSTEE	10.00	Х						0.	0.	0.
(3) ANDREW AYMELOGLU	2.00	1								
TRUSTEE	12.00	Х						0.	0.	0.
(4) MICHAEL O'NEAL	2.00	1								
TRUSTEE	10.00	Х						0.	0.	0.
(5) KENNETH WEISS	2.00	1								
TRUSTEE		Х						0.	0.	0.
		1								
		4								
		_								
	<u> </u>	1	1			I	1	I.		

Form 990 (2018)

Form 990 (2	2018) ORGANIZATION									32-631	3396	5	Page 8
Part VII	Section A. Officers, Directors, Trus	tees, Key Emp	loye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours for	box, offic	not ch unles cer an	ss per	ition more rson i irecto	than o s both r/trust	an	( <b>D)</b> Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		Estimated amount of other compensation from the	
		related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			organiz	ated
c Total	total from continuation sheets to Part VI	I, Section A						<u> </u>	0.		0.		0. 0.
2 Total	number of individuals (including but notensation from the organization							o re		000 of reportable	۰۰۱	Tax	0
	ne organization list any <b>former</b> officer, a? If "Yes," complete Schedule J for s	•			,	•	•			. ,	[	Ye 3	s No X
and r	ny individual listed on line 1a, is the su elated organizations greater than \$150 ny person listed on line 1a receive or a	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4	Х
rende	ered to the organization? If "Yes." com											5	Х
1 Com	. Independent Contractors  Detection of the contractors of the contrac										nsati	ion from	
trie o	rganization. Report compensation for t (A) Name and business		NOI		ig w	itri C	or wii	.mm	(B)  Description of s		Co	(C) ompensat	ion
	number of independent contractors (in ,000 of compensation from the organiz		ot lin	nited	l to t		se lis	ted	above) who received mo	ore than			

Form **990** (2018)

Pa	rt V	Ш	_						
			Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
			Fundraising events						
ar /			Related organizations						
s, G		е	Government grants (contribut	ions) <b>1e</b>					
ion S		f	All other contributions, gifts, gran	ts, and					
but			similar amounts not included abo	ve <b>1f</b>					
d It		g	Noncash contributions included in lines	1a-1f: \$					
a C		h	Total. Add lines 1a-1f		<b></b>				
					Business Code				
Ö	2	а							
ervi Ie		b							
ı Se		С							
lran 3ev		d							
Program Service Revenue		е							
Δ.			All other program service reve						
		g	Total. Add lines 2a-2f						
	3		Investment income (including	,	· '	109,705.			109,705.
	4		other similar amounts)			105,705.			105,703.
	5		Royalties		·				
	3		noyanies	(i) Real	(ii) Personal				
	6	а	Gross rents	(i) Fical	(ii) i crooriai				
			Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)						
			Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory						
		b	Less: cost or other basis						
			and sales expenses						
		С	Gain or (loss)						
			Net gain or (loss)		<b></b>				
Other Revenue	8	а	Gross income from fundraising including \$						
eve			contributions reported on line						
Ä			Part IV, line 18	а					
the		b	Less: direct expenses	b					
0		С	Net income or (loss) from fund	draising events	<b>&gt;</b>				
	9	а	Gross income from gaming ac						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gam	-	·····				
	10	а	Gross sales of inventory, less						
			and allowances						
			Less: cost of goods sold						
		C	Net income or (loss) from sale  Miscellaneous Revenu		Business Code				
	11	a			Dualifeas Code				
		a b							
		C							
			All other revenue						
			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			109,705.	0.	0.	109,705.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 107,063. 107,063 and domestic governments. See Part IV, line 21 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 ....... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (non-employees): Management а Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 13 Office expenses Information technology 14 Royalties 15 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 20 Payments to affiliates \_\_\_\_\_ 21 22 Depreciation, depletion, and amortization ..... 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) d All other expenses 0. 107,063 107,063 0 Total functional expenses. Add lines 1 through 24e 25 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)

ORGANIZATION

Page **11** 

Part	X	Balance Sheet				
		Check if Schedule O contains a response or note	to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		5,807,670.	2	5,414,870
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and for				
		trustees, key employees, and highest compensat	ted employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualifi				
		section 4958(f)(1)), persons described in section	· ` ` `			
		employers and sponsoring organizations of section				
ام		employees' beneficiary organizations (see instr).	·		6	
Assets	7	Notes and loans receivable, net			7	
AS	8	Inventories for sale or use			8	
	9	Donata in a superior and all of control of a language			9	
.		Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
-	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line 1			13	
	14	Intangible assets		14		
	 15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa		5,807,670.	16	5,414,87
	17	Accounts payable and accrued expenses		, ,	17	, ,
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
١,	22	Loans and other payables to current and former				
<u> </u>		key employees, highest compensated employees				
		Complete Part II of Schedule L			22	
֡֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	23	Secured mortgages and notes payable to unrelate			23	
2	24	Unsecured notes and loans payable to unrelated			24	
2	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines				
		Schedule D			25	
2	26	Total liabilities. Add lines 17 through 25		0.	26	ı
		Organizations that follow SFAS 117 (ASC 958)	, check here ▶ 🏻 and			
ž		complete lines 27 through 29, and lines 33 and	134.			
ğ   2	27	Unrestricted net assets		5,807,670.	27	5,414,87
2   2	28	Temporarily restricted net assets			28	
2 2	29	Permanently restricted net assets			29	
5		Organizations that do not follow SFAS 117 (AS	6C 958), check here ▶ 📖			
5		and complete lines 30 through 34.				
2   3	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equ			31	
Net Assets of Fund balances	32	Retained earnings, endowment, accumulated inc			32	
Z   3	33	Total net assets or fund balances		5,807,670.	33	5,414,870
3	34	Total liabilities and net assets/fund balances		5,807,670.	34	5,414,870

Form **990** (2018)

ORGANIZATION

Form **990** (2018)

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		109,	705.				
2	Total expenses (must equal Part IX, column (A), line 25)	2		107,	063.				
3	Revenue less expenses. Subtract line 2 from line 1	3		2,	642.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5 ,	,807,	670.				
5	Net unrealized gains (losses) on investments	5		-395,	442.				
6	6 Donated services and use of facilities 6								
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10	5 ,	,414,	870.				
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	Ο.							
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								
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b		Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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	e audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c						
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle 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 requ								
	an analita, annalain mhu in Cabadula O and describe ann atama talum ta madanna anab andita		0.5		1				

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Nam	ne of t	J	ENDOWMENT TRUST	SUPPORTING					identification number
Do	rt I		ZATION	A.II					32-6313396
		Reason for Public					e instructions	S	
	organ	ization is not a private found	,	•	•	•			
1	Щ	A church, convention of ch	•				l)(A)(i).		
2	$\square$	A school described in <b>sect</b>		•					
3	$\square$	A hospital or a cooperative					•	= .	
4		A medical research organiz city, and state:	ation operated in cor	njunction with a hospital	described	in <b>sectio</b>	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
5		An organization operated for section 170(b)(1)(A)(iv).		lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
6		A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	•	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in
		section 170(b)(1)(A)(vi). (C	•	(4VAV::) (Commiste Day					
8	H	A community trust describe			•			land discount	II
9	Ш	An agricultural research org				-		-	-
		or university or a non-land-quiversity:	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
10		An organization that norma	•					•	•
		activities related to its exer	•	· · · · · · · · · · · · · · · · · · ·					-
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acquii	red by the org	janization a	ifter June 30, 1975.
		See section 509(a)(2). (Co	•						
11		An organization organized	=	•	•				_
12	X	An organization organized	•	•	•		•	•	•
		more publicly supported or	-						neck the box in
		lines 12a through 12d that	* *					-	
а	L	J Type I. A supporting orga	•	•		•			•
		the supported organization			majority o	or trie direc	iors or truste	es of the st	ipporting
<b>L</b>	Х	organization. You must o	-		ion with it		d organizatio	n/a\ bu bau	vin a
b		Type II. A supporting org control or management or	•				-		-
		organization(s). <b>You mus</b>			arrie persor	iis iiiai coi	illoi oi illalla	ge trie supp	Jorted
С		Type III functionally inte			in connect	tion with a	and functional	ly intograto	od with
·		its supported organizatio						ly integrate	a with,
d		Type III non-functionally		·				ted organiz	zation(s)
u		that is not functionally int					• •	•	* *
		requirement (see instruct	-	•	•		-	an attorniv	7011000
_		Check this box if the orga	•	=				II Tyne III	
Ū		functionally integrated, o					1,7001,1700	, . , po	
f	Fnte	er the number of supported of		iany integrated eapperin	.9 0.94=				1
		vide the following information	•	d organization(s).					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	fmonetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
ALC	OR LI	FE EXTENSION		,					
OUI	NDAT]	ION	23-7154039	7	x			107,063.	

Schedule A (Form 990 or 990-EZ) 2018 ORGANIZATION

### 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) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(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									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3									
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
_	Public support. Subtract line 5 from line 4.									
	ction B. Total Support	T	Т	T	1	Γ				
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(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.)									
	<b>Total support.</b> Add lines 7 through 10		`			40				
12	'	· ·				12				
13	First five years. If the Form 990 is for				•		▶□			
Sec	organization, check this box and storetion C. Computation of Publi	c Support Per	centage							
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%			
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	%			
16a	33 1/3% support test - 2018. If the	organization did no	ot check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	x and			
	<b>stop here.</b> The organization qualifies		-							
b	33 1/3% support test - 2017. If the o	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is box			
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□			
17a	10% -facts-and-circumstances test	- <b>2018.</b> If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,			
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	<b>nere.</b> Explain in Pa	rt VI how the orgar	nization			
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
b	10% -facts-and-circumstances test	- <b>2017.</b> If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or			
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the				
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported organ	nization	▶∐			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b						
					Sche	edule A (Form 990	or 990-EZ) 2018			

#### 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(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						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		T			_	
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	· ·			•	. , . ,	
0	check this box and stop here						<b>.</b>
	ction C. Computation of Publi			. (5)		T .= T	
	Public support percentage for 2018 (li	, (,,	,	(,,		15	<u>%</u>
	Public support percentage from 2017 ction D. Computation of Inves					16	%
	<del>-</del>			20 13 column (f)		17	0/
	Investment income percentage for 20 Investment income percentage from 2					18	<u>%</u>
198	33 1/3% support tests - 2018. If the						<b>.</b> .
L	more than 33 1/3%, check this box an 33 1/3% support tests - 2017. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

832023 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
4	Х	
1	Λ	
2		Х
3a		Х
3b		
3c		
10		Х
4a		A
4b		
4c		
5a		Х
5b		
5c		
6		Х
7		х
8		Х
9a		Х
9b		Х
9c		Х
10a		Х
10b		
מטו		

Ра	rt IV   Supporting Organizations <sub>(continued)</sub>			
			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			1
	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			1
	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	, <u> </u>		
	, ., ., ., ., ., ., ., ., ., ., ., ., .,	-	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 <b>Part VI</b> 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	_		
Ū	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 <b>Part VI</b> the role the organization's			1
	supported organizations played in this regard.	3		
Sec	supported organizations played in this regard.  Ition E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	_		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	)	
2	Activities Test. Answer (a) and (b) below.	ractions,	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
-	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			1
	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		
h	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 <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
		2b		
3	activities but for the organization's involvement.  Parent of Supported Organizations. Answer (a) and (b) below.	2.0		
a				
a	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
b		Ju		
J	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	organization in ros, describe in the role played by the organization in this regard.	<u> </u>		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	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	T		
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrat	ed Type III supporting orga	inization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Cabadula A	/Farm 000	or 990-F7) 2018	ORGANITZATION
Schedule A	(Form 990)	or 990-E/12018	OKGANIZATION

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

Schedule A (Form 990 or 990-EZ) 2018

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

ALCOR ENDOWMENT TRUST SUPPORTING

2018

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2018)

ORGANIZATION							32-6313396
Part I General Information on Grants a	and Assistance					<u>.</u>	
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	on
criteria used to award the grants or assi	stance?						Yes X No
2 Describe in Part IV the organization's pr	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to	Domestic Organiz	ations and Domestic	c Governments. C	complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if addit	ional space is need	ed.			
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALCOR LIFE EXTENSION FOUNDATION							
7895 E. ACOMA DRIVE, #110							
SCOTTSDALE, AZ 85260-6916	23-7154039	501(C)(3)	107,063.	0.			SUPPORT
2 Enter total number of section 501(c)(3) a	I and government org	I ganizations listed in th	le line 1 table	<u> </u>	l	I	<b>1</b> .
3 Enter total number of other organization	-						

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

Schedule I (Form 990) (2018)

ORGANIZATION

32-6313396

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
art IV Supplemental Information. Provide the informati	on required in Part I, lin	e 2; Part III, columi		Iditional information.	
T I, LINE 2:			•		
NTS ARE MADE TO ALCOR LIFE EXTENSION FOUNDA	TION, INC. TO BE	USED FOR THE			
PORT OF THE FOUNDATION AND ARE MONITORED BY	THE FOUNDATION S	TAFF.			

#### SCHEDULE O

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

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

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

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

OMB No. 1545-0047

Inspection

Internal Revenue Service ALCOR ENDOWMENT TRUST SUPPORTING Name of the organization

ORGANIZATION

**Employer identification number** 32-6313396

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 AMONG OTHER REASONS. THE MAJORITY OF ITS TRUSTEES SHALL ALSO BE BECAUSE 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, 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, 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) (2018)

#### **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.

Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

ALCOR ENDOWMENT TRUST SUPPORTING Name of the organization **Employer identification number** ORGANIZATION 32-6313396

(a) Name, address, and EIN (if applicable)	<b>(b)</b> Primary activity	(c) Legal domicile (state or	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controllin
of disregarded entity		foreign country)			entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr enti	rolled
				501(c)(3))		Yes	No
●●f:s—ALCOR LIFE EXTENSION FOUNDATION - 23-7	154039						1
7895 EAST ACOMA DRIVE, #110							i
SCOTTSDALE, AZ 85260-6916	RESEARCH	ARIZONA	501(C)(3)	LINE 7	N/A		Х
ALCOR CARE TRUST SUPPORTING ORGANIZATION -					ALCOR LIFE		
●●f:s—32-6428275, 7895 EAST ACOMA DRIVE, #11	10,				EXTENSION		i
SCOTTSDALE, AZ 85260-6916	SUPPORT	ARIZONA	501(C)(3)	LINE 12B, II	FOUNDATION		Х
							<u> </u>

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

Schedule R (Form 990) 2018

		0 11 20 1	"\' " F 000	D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 34, be	ecause it had one or	more related
	organizations treated as a partnership during the tax year.	•				
	organizations insules as a partitioner by daring the task year.					

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	ortionate	(i)  Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr	al or Perc ging er?	(k) rcentage vnership
		country)		000000000000000000000000000000000000000			res	NO	111111111111111111111111111111111111111	163	10	

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

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Page 3

Х

Yes No

1a

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

b	Gift, grant, or capital contribution to related organization(s)				1b	X		
С	c Gift, grant, or capital contribution from related organization(s)							
d	d Loans or loan guarantees to or for related organization(s)							
е	e Loans or loan guarantees by related organization(s)							
f	f Dividends from related organization(s)							
g	Sale of assets to related organization(s)				1g		Х	
h	Purchase of assets from related organization(s)				1h		Х	
i	i Exchange of assets with related organization(s)							
j	j Lease of facilities, equipment, or other assets to related organization(s)							
							Х	
	k Lease of facilities, equipment, or other assets from related organization(s)							
	Performance of services or membership or fundraising solicitations for related organization(s)							
	m Performance of services or membership or fundraising solicitations by related organization(s)							
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	Х		
0	Sharing of paid employees with related organization(s)				10	Х		
							х	
р	p Reimbursement paid to related organization(s) for expenses							
q	q Reimbursement paid by related organization(s) for expenses							
							v	
	Other transfer of cash or property to related organization(s)				1r	-	X	
	Other transfer of cash or property from related organization(s)				1s		_ ^	
_2_	If the answer to any of the above is "Yes," see the instructions for information on w		is line, including covered relation					
	(a) (b) (c) (d)  Name of related organization Transaction Amount involved Method of determining amount in							
		type (a-s)						
<u>(1)</u>								
<u>(2)</u>								
(0)								
(3)								
(4)								
<u>(4)</u>								
(5)								
<u>,~,</u>								
(6)								
	10-02-18	•		Schedule	R (Fori	n 990	2018	

ORGANIZATION

32-6313396

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner?  Yes No	(k) r Percentage ownership
	-									

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