| Form | 990 |
|------|-----|
| ⊦orm | 330 |

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY ** 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.



| <u>A I</u> | For the | e 2020 calendar year, or tax year beginning and | ending | | | | | | | | | | |
|-------------------------|--------------------------|---|-----------------|---|---------------------------------|--|--|--|--|--|--|--|--|
| B | Check if applicabl | e: C Name of organization | | D Employer identific | ation number | | | | | | | | |
| | Addre | ss ALCOR LIFE EXTENSION FOUNDATION | | | | | | | | | | | |
| | Name chang | e Doing business as | | 23-7154039 | | | | | | | | | |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone number | | | | | | | | | |
| | Final return | , 7895 EAST ACOMA DRIVE, #110 | | 480-905-1906 | | | | | | | | | |
| | termir ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 15,594,605. | | | | | | | | |
| | Amen | H(a) Is this a group re | | | | | | | | | | | |
| | Applic tion pendii | F Name and address of principal officer: FATRICK HARKES | | for subordinates | | | | | | | | | |
| | - | | | H(b) Are all subordinates in | | | | | | | | | |
| | | empt status: $X = 501(c)(3)$ $501(c)()$ $() \blacktriangleleft$ (insert no.) $4947(a)(1) \circ$ | or 527 | , | list. See instructions | | | | | | | | |
| | | | | H(c) Group exemption | | | | | | | | | |
| | orm of art I | organization: X Corporation Trust Association Other ► | L Year (| of formation: 1972 | State of legal domicile: CA | | | | | | | | |
| Г | | | | | | | | | | | | | |
| e | 1 | Briefly describe the organization's mission or most significant activities: <u>THE PRI</u> LIVES, TO BE SOUGHT THROUGH MAINTAINING BIOSTASIS, EVENTUALL | | N OF INDIVIDUAL | | | | | | | | | |
| ane | 2 | Check this box \blacktriangleright if the organization discontinued its operations or dispos | | than 25% of its not ass | ata | | | | | | | | |
| /err | 3 | - | | 1.1 | eis. 7 | | | | | | | | |
| ĝ | 4 | | | | | | | | | | | | |
| ~ ~ | 5 | Total number of individuals employed in calendar year 2020 (Part V, line 12) | | ····· | 0 | | | | | | | | |
| ities | 6 | Total number of volunteers (estimate if necessary) | | | 10 | | | | | | | | |
| Activities & Governance | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. | | | | | | | | |
| Ă | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 0. | | | | | | | | |
| | | | | Prior Year | Current Year | | | | | | | | |
| Ð | 8 | Contributions and grants (Part VIII, line 1h) | | 2,022,707. | 14,344,987. | | | | | | | | |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | 1,207,241. | 1,021,929. | | | | | | | | |
| eve | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 51,954. | 88,101. | | | | | | | | |
| Œ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 65,229. | 105,813. | | | | | | | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 3,347,131. | 15,560,830. | | | | | | | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 502,378. | 200,000. | | | | | | | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. | | | | | | | | |
| es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 1,072,944. | 1,169,315. | | | | | | | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | | | | | | | |
| ă | b | Total fundraising expenses (Part IX, column (D), line 25) | | 2 260 762 | 2 017 642 | | | | | | | | |
| | 1 " | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 3,360,762. 4,936,084. | <u>3,017,643.</u> 4,386,958. | | | | | | | | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | , , | , , | | | | | | | | |
| Or or | | Revenue less expenses. Subtract line 18 from line 12 | | -1,588,953. | 11,173,872. | | | | | | | | |
| its o | 20 | Total assets (Part X, line 16) | | ginning of Current Year 26 , 480 , 039 . | End of Year 24,514,498. | | | | | | | | |
| Net Assets | 20 | | | 23,184,020. | 15,090,871. | | | | | | | | |
| Vet / | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 3,296,019. | 9,423,627. | | | | | | | | |
| | | Signature Block | | , ,> • | ,,,- | | | | | | | | |

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

| Sign | | Signature of officer | | Date | | | | | |
|------------|-------|--|----------------------|-----------------------|------------------|----------|----|--|--|
| Here | | R MICHAEL PERRY, SECRETARY/TREASU | | | | | | | |
| | | Type or print name and title | | | | | | | |
| | Prin | t/Type preparer's name | Preparer's signature | Date | Check | PTIN | | | |
| Paid | АМУ | A. O'LOUGHLIN | | 11/15/21 | self-employed | 00869687 | | | |
| Preparer | Firm | 's name 🍃 CBIZ MHM, LLC | | | Firm's EIN 🕨 34- | -1884125 | | | |
| Use Only | Firm | 's address 🕨 4722 N 24TH ST, STE 300 | | | · | | | | |
| | | PHOENIX, AZ 85016 | | Phone no.602-264-6835 | | | | | |
| May the II | RS di | scuss this return with the preparer shown abov | ve? See instructions | | [| X Yes | No | | |
| | | | | | | - 00 | | | |

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| Form | 990 (2020) ALCOR LIFE EXTENSION FOUNDATION | 23-7154039 | Page 2 |
|--------|--|-------------------------|-------------------|
| Pa | t III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | Х |
| 1 | Briefly describe the organization's mission: | | |
| | THE PRESERVATION OF INDIVIDUAL LIVES, TO BE SOUGHT THROUGH THE | | |
| | FOLLOWING PRIORITIZED LIST OF FUNDAMENTALS: MAINTAIN THE CURRENT | | |
| | PATIENTS IN BIOSTASIS, PLACE CURRENT AND FUTURE MEMBERS INTO BIOSTASIS | | |
| | (WHEN AND IF NEEDED), EVENTUALLY RESTORE HEALTH TO ALL PATIENTS IN | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | |
| | prior Form 990 or 990-EZ? | Yes | s X No |
| | If "Yes," describe these new services on Schedule O. | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Yes | s 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 m | | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, | , the total expenses, a | and |
| | revenue, if any, for each program service reported. | | |
| 4a | (Code:) (Expenses \$559,713. including grants of \$200,000.) (Revenue | \$ |) |
| | TO PROMOTE, FOSTER AND CONDUCT BASIC AND APPLIED RESEARCH IN ALL AREAS | | |
| | OF THE LIFE EXTENSION SCIENCES INCLUDING, BUT NOT LIMITED TO, CRYONICS, | | |
| | CRYOBIOLOGY, GERONTOLOGY, MOLECULAR ENGINEERING AND CELL REPAIR | | |
| | TECHNOLOGY. | | |
| | | | |
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| | | | |
| 4b | | 9595 | 50,326.) |
| | TO ENGAGE IN THE APPLICATION OF WHOLE-BODY CRYONIC SUSPENSION, | | |
| | NEUROPRESERVATION AND OTHER POSTMORTEM AND BIOPRESERVATION TECHNIQUES | | |
| | AND TO PROVIDE THESE SERVICES TO THE GENERAL PUBLIC. | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| 4c | (Code:) (Expenses \$99, 340. including grants of \$) (Revenue | \$7 | 72,000.) |
| | TO EDUCATE THE GENERAL PUBLIC ABOUT THE SCIENCE AND PRACTICE OF HUMAN | | |
| | CRYOPRESERVATION AND RELATED TOPICS, INCLUDING REJUVENATION | | |
| | BIOTECHNOLOGIES, MOLECULAR NANOTECHNOLOGY, LIFE EXTENSION, PREVENTATIVE | | |
| | HEALTH, AND RELATED RESEARCH. | | |
| | | | |
| | | | |
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| | | | |
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| | | | |
| | | | |
| | | | |
| 4d | Other program services (Describe on Schedule O.) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses 1,656,924. | / | |
| | | Form | 990 (2020) |
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| | 3 | | |

 Form 990 (2020)
 ALCOR
 LIFE
 EXTENSION
 FOUNDATION

 Part IV
 Checklist of Required Schedules

| | | | Yes | No |
|----------|---|------|------------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | 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 | | X |
| 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 | | x |
| 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 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | 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 | | | 1 |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | _ | Ŧ | 1 |
| | 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 | | | v |
| | 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, 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 | |
| | Part VI | 11a | Δ | <u> </u> |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | 446 | | x |
| ~ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | 11c | | x |
| Ь | 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 | |
| <u>م</u> | Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> | 11e | | x |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 110 | | <u> </u> |
| • | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> | 11f | | x |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | x |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| - | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | x |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | x |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | x |
| 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 | | | 1 |
| | 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 | | x |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | _ |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | x |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | 1 |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | x |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | 1 |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | x |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | 1 |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | <u> </u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | 1 |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | X 000 | <u> </u> |
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| | | | 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 | | x |
| 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 | |
| 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 |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 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 | | X |
| 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 | | X |
| 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 | | X |
| 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 | | X |
| 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 | <u>28a</u> | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| с | 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 | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 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? 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 | | х | |
| 05- | Part V, line 1 | 34 | X | |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | А | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 25h | | x |
| 26 | 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? | 26 | | x |
| 27 | 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 | 36 | | |
| 37 | | 37 | | x |
| 20 | and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 31 | | |
| 38 | Nate: All Form 000 filese are required to complete Cohedule O | 38 | х | |
| Pa | | 00 | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 12 | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 30 | | | |
| b | | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| 5 | (gambling) winnings to prize winners? | 1c | х | |
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| | 4 | | |) |

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| | 990 (2020) ALCOR LIFE EXTENSION FOUNDATION | 23-715403 | 9 | P | age 5 |
|--------|--|-----------------------------|-----------|-----|--------------|
| Par | t 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 | 2a 0 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | s? | 2b | Х | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | 3a | | Х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C |) | Зb | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other at | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial ac | | 4a | | x |
| 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 Ac | counts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact | | 5b | | x |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | | |
| | any contributions that were not tax deductible as charitable contributions? | - | 6a | | x |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributio | | | | |
| ~ | were not tax deductible? | • | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv | ices provided to the pavor? | 7a | | x |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | 10 | | |
| C | to file Form 8282? | • | 7c | | x |
| Ь | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | 10 | | |
| | | | 7e | | x |
| e f | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con | | 7e 7f | | x |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra- | | | | |
| g L | If the organization received a contribution of qualified intellectual property, did the organization file For | | 7g 7b | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizati | | <u>7h</u> | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | - | • | | |
| • | | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | - | | |
| a | | | 9a | | |
| b | | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | |
| а | Gross income from members or shareholders | <u>11a</u> | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | |
| | amounts due or received from them.) | 11b | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| 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 | 1 | | | |
| | organization is licensed to issue qualified health plans | 13b | | | |
| С | Enter the amount of reserves on hand | 13c | | | |
| 14a | | | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule | 0 | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration | | | | |
| | excess parachute payment(s) during the year? | | 15 | | x |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | income? | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | | |
| | | | | 000 | |

Form **990** (2020)

032005 12-23-20

| 1a E If b E 2 C 3 C 3 C 4 C | Inter the number of voting members of the governing body at the end of the tax year 1a there are material differences in voting rights among members of the governing body, or if the governing 1a ody delegated broad authority to an executive committee or similar committee, explain on Schedule 0. 1b inter the number of voting members included on line 1a, above, who are independent 1b id any officer, director, trustee, or key employee have a family relationship or a business relationship with any other fficer, director, trustee, or key employee? 1b id the organization delegate control over management duties customarily performed by or under the direct supervision | 7 | Yes | No |
|---|--|--------------|--------|----------|
| lf b 2 3 0 4 | there are material differences in voting rights among members of the governing body, or if the governing ody delegated broad authority to an executive committee or similar committee, explain on Schedule O. Inter the number of voting members included on line 1a, above, who are independent | | Yes | No |
| lf b 2 3 0 4 | there are material differences in voting rights among members of the governing body, or if the governing ody delegated broad authority to an executive committee or similar committee, explain on Schedule O. Inter the number of voting members included on line 1a, above, who are independent | | | |
| b b 2 3 4 | ody delegated broad authority to an executive committee or similar committee, explain on Schedule 0. 1b Inter the number of voting members included on line 1a, above, who are independent 1b bid any officer, director, trustee, or key employee have a family relationship or a business relationship with any other fficer, director, trustee, or key employee? | | | |
| b E 2 C 3 C 4 C | nter the number of voting members included on line 1a, above, who are independent 1b iid any officer, director, trustee, or key employee have a family relationship or a business relationship with any other fficer, director, trustee, or key employee? | | | 1 |
| 2 D 0 3 D 0 4 D | id any officer, director, trustee, or key employee have a family relationship or a business relationship with any other fficer, director, trustee, or key employee? | | | |
| 0 3 C 0 4 C | fficer, director, trustee, or key employee? | 2 | | |
| 3 C o 4 C | | 2 | | |
| o 4 D | bid the organization delegate control over management duties customarily performed by or under the direct supervision | ···· | | X |
| 4 D | | | | |
| | f officers, directors, trustees, or key employees to a management company or other person? | | | X |
| 5 D | bid the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | X |
| | hid the organization become aware during the year of a significant diversion of the organization's assets? | | | X |
| | hid the organization have members or stockholders? | 6 | | X |
| | id the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | nore members of the governing body? | <u>7a</u> | | X |
| | re any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| • | ersons other than the governing body? | 7b | | X |
| 8 D | id the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| | he governing body? | | Х | <u> </u> |
| bΕ | ach committee with authority to act on behalf of the governing body? | 8b | Х | <u> </u> |
| | there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| 0 | rganization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | X |
| Section | on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | 1 | |
| | | | Yes | No |
| | hid the organization have local chapters, branches, or affiliates? | <u>10a</u> | | X |
| | "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | nd branches to ensure their operations are consistent with the organization's exempt purposes? | | | <u> </u> |
| | las the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form | ? 11a | X | |
| | escribe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a D | Nid the organization have a written conflict of interest policy? If "No," go to line 13 | <u>12a</u> | Х | |
| | /ere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | <u> </u> |
| c D | bid the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | a Schedule O how this was done | 12c | Х | <u> </u> |
| 13 D | oid the organization have a written whistleblower policy? | 13 | | X |
| | Vid the organization have a written document retention and destruction policy? | 14 | | X |
| 15 D | id the process for determining compensation of the following persons include a review and approval by independent | | | |
| - | ersons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| аT | he organization's CEO, Executive Director, or top management official | <u>15a</u> | | X |
| b C | ther officers or key employees of the organization | 15b | | x |
| lf | "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a D | id the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| ta | axable entity during the year? | 16a | | x |
| b If | "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| ir | i joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| е | xempt status with respect to such arrangements? | 16b | | |
| Section | on C. Disclosure | | | |
| 17 L | ist the states with which a copy of this Form 990 is required to be filed CA | | | |
| 18 S | ection 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 |
| fo | or public inspection. Indicate how you made these available. Check all that apply. | | | |
| [| X Own website X Upon request Other (explain on Schedule O) | | | |
| 19 D | escribe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy | , and finan | cial | |
| S | tatements available to the public during the tax year. | | | |
| 20 S | tate the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| | YNN SMITH - 480-905-1906 | | | |
| 7 | 895 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.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) | (B) | | | (| C) | | | (D) | (E) | (F) |
|-------------------------|--|--------------------------------|-----------------------|---------|----------------|---------------------------------|--------|--|--|--|
| Name and title | Average hours per week | box | not c , unle: | ss pei | more rson i | than o s both r/trus | an | Reportable compensation from | Reportable compensation from related | 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) PATRICK HARRIS | 40.00 | - | | | | | | | | |
| PRESIDENT/CEO | | | | Х | | | | | 0. | |
| (2) MAX MORE | 40.00 | | | | | | | | | |
| PRESIDENT/CEO | | | | X | | | | | 0. | |
| (3) BONNIE MAGEE | 40.00 | | | | | | | | | |
| VP OF FINANCE | | | | X | | | | | 0. | |
| (4) MARJI KLIMA | 40.00 | | | | | | | | | |
| SECRETARY | | | | Х | | | | | 0. | |
| (5) R. MICHAEL PERRY | 40.00 | | | | | | | | | |
| SECRETARY/TREASURER/CFO | | | | х | | | | | 0. | |
| (6) RALPH MERKLE | 10.00 | | | | | | | | | |
| DIRECTOR | 2.00 | х | | | | | | 0. | 0. | 0. |
| (7) MICHAEL RISKIN | 10.00 | | | | | | | | | |
| DIRECTOR | 2.00 | х | | | | | | 0. | 0. | 0. |
| (8) BRIAN WOWK | 10.00 | | | | | | | | | |
| DIRECTOR | 2.00 | х | | | | | | 0. | 0. | 0. |
| (9) MICHAEL SEIDL | 10.00 | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. |
| (10) ANDREW AYMELOGLU | 10.00 | | | | | | | | | |
| DIRECTOR | 4.00 | х | | | | | | 0. | 0. | 0. |
| (11) MICHAEL O'NEAL | 10.00 | | | | | | | | | |
| DIRECTOR | 2.00 | х | | | | | | 0. | 0. | 0. |
| (12) MICHAEL ANZIS | 10.00 | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | - | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 032007 12-23-20 | | | | | | | | | | Form 990 (2020) |

| Form | 990 (2020) ALCOR LIFE EX | KTENSION FO | UND. | ATI | ON | | | | | 23-71 | 54039 | 9 | P | age 8 |
|------|---|--|--------------------------------|-----------------------|-------------------------------|-------------------------------|---------------------------------|-----------|---|---|-------|-----------------|--|---------------------------|
| Par | t VII Section A. Officers, Directors, Trus | tees, Key Emp | oloy | ees, | and | d Hig | ghes | t C | ompensated Employee | s (continued) | | | | |
| | (A) Name and title | (B) Average hours per week | (do box | not ci | (C Pos heck i ss per | C) itior more rson i | | one an | (D) Reportable compensation from | (E) Reportable compensation from related | I | | (F) stimate nount other | of |
| | | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key em ployee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MIS | s | fr org an | pensa om th anizat d relat anizati | ation e tion ted |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | -+ | | | |
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| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Subtotal | | | | | | | | 468,305. 0. | | 0. | | 44, | 070. 0. |
| | Total from continuation sheets to Part VI Total (add lines 1b and 1c) | | | | | | | | 468,305. | | 0. | | 44, | 070. |
| 2 | Total number of individuals (including but n compensation from the organization | ot limited to th | ose | liste | d ab | ove |) wh | o re | eceived more than \$100, | 000 of reportable | | | | 2 |
| | | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer, | | | | • | | | Ŭ | | | | | | |
| | line 1a? If "Yes," complete Schedule J for s | | | | | | | | | | | 3 | | X |
| 4 | For any individual listed on line 1a, is the su and related organizations greater than \$150 | | | | | | | | | | | 4 | х | |
| 5 | Did any person listed on line 1a receive or a | | | | | | | | | | ···· | - | | |
| - | rendered to the organization? If "Yes," com | | | | | | | | | | [| 5 | | x |
| Sec | tion B. Independent Contractors | | | | | | | | | | | | | |
| 1 | Complete this table for your five highest con the organization. Report compensation for t | | | | | | | | | | ensat | ion fro | om | |
| | (A) | | | | <u> </u> | | | | (B) | | | (0 | | |
| | | | | | | | | _ | Description of s | ervices | | ompe | nsatio | n |
| | IN EMANUEL URQUHART & SULLIVAN, LI S FIGUEROA ST, 10TH FLOOR, LOS | цΡ, | | | | | | | LEGAL SERVICES | | | | 898 | 223. |
| | DLING YOCCA CARLSON & RAUTH, 660 | | | | | | | - | | | | | | 225. |
| | ORT CENTER DR, STE 1600, NEWPORT | | | | | | | | LEGAL SERVICES | | | | 567, | 711. |
| | WOOD HERBERT PLLC, 15721 N GREEN | WAY | | | | | | | | | | | | |
| HAYI | DEN LOOP, STE 101, SCOTTSDALE, AZ | 85260 | | | | | | | LEGAL SERVICES | | | | 298, | 846. |
| SONC | RAN CREST DEVELOPMENT, LLC | | | | | | | | | | | | | |
| 1401 | N 24TH ST, PHOENIX, AZ 85008 | | | | | | | | CONSTRUCTION | | | | 277, | 062. |
| | RNATIONAL CRYOMEDICINE EXPERTS | 85215 | | | | | | | CRYOMEDICINE | | | | 116 | 935. |
| 2 | Total number of independent contractors (in | | ot lin | nitec | d to | thos | se lis | | | ore than | | | , | |
| | \$100,000 of compensation from the organized | zation 🕨 | | | | ļ | 5 | | | | | | | |

032008 12-23-20

Form **990** (2020)

| | t VII | (2020) ALCC Statement of Re | ven | ue | | | | | | 9 Paç |
|----------------------------|--------|-----------------------------------|--------------|----------------------|----------|---------------------|-----------------------------|--|--------------------------------------|---|
| | | Check if Schedule O | <u>conta</u> | <u>ains a r</u> espo | nse o | or note to any line | in this Part VIII | <u></u> | | <u></u> [|
| | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue exclu from tax und |
| | | | | | | | | | | sections 512 - |
| ţ | 1 a | Federated campaigns | | 1a | | | | | | |
| uno | b | Membership dues | | 1b | | 624,909. | | | | |
| , ŭ | с | Fundraising events | | 1c | | | | | | |
| ar | d | Related organizations | | 1d | | 12,319,971. | | | | |
| Ш. | е | Government grants (conti | ributi | ons) 1e | | 173,087. | | | | |
| and Other Similar Amounts | f | All other contributions, gifts, | grant | s, and | | | | | | |
| the | | similar amounts not included | l abov | /e 1f | | 1,227,020. | | | | |
| 0 P | g | Noncash contributions included in | lines 1 | a-1f 1g \$ | | 11,250. | | | | |
| ano | h | Total. Add lines 1a-1f | | | | 🕨 | 14,344,987. | | | |
| | | | | | | Business Code | | | | |
| | 2 a | CRYOPRESERVATION | | | | 541700 | 791,365. | 791,365. | | |
| Program Service Revenue | b | COMPREHENSIVE STAND | BY | | | 541700 | 230,564. | 230,564. | | |
| nu | с | | | | | | | | | |
| eve | d | | | | | | | | | |
| ,œ | е | | | | | | | | | |
| | f | All other program service | reve | nue | | | | | | |
| | | Total. Add lines 2a-2f | | | | ► | 1,021,929. | | | |
| | 3 | Investment income (inclue | | | | | | | | |
| | | other similar amounts) | - | | | ▶ | 119,972. | | | 119,9 |
| | 4 | Income from investment | | | | | | | | |
| | 5 | Royalties | | · | | 🕨 🛛 | | | | |
| | | , | | (i) Real | | (ii) Personal | | | | |
| | 6 a | Gross rents | 6a | 69,4 | 81. | | | | | |
| | b | Less: rental expenses | | | 0. | | | | | |
| | | Rental income or (loss) | 6c | 69,4 | 81. | | | | | |
| | | Net rental income or (loss | | | | | 69,481. | | | 69,4 |
| | | Gross amount from sales of | , <u> </u> | (i) Securit | | (ii) Other | · · · | | | |
| | | assets other than inventory | 7a | 1,9 | 04. | | | | | |
| | b | Less: cost or other basis | | | | | | | | |
| e | | and sales expenses | 7b | | Ο. | 33,775. | | | | |
| enne | с | Gain or (loss) | 7c | 1,9 | 04. | -33,775. | | | | |
| | | Net gain or (loss) | | , | | | -31,871. | | | -31,8 |
| e | | Gross income from fundraisi | | | <u> </u> | | , | | | |
| 5 | • | including \$ | - | - | | | | | | |
| | | contributions reported on | | | | | | | | |
| | | Part IV, line 18 | | , | 8a | | | | | |
| | b | Less: direct expenses | | | 8b | | | | | |
| | | Net income or (loss) from | | | | | | | | |
| | | Gross income from gamir | | | | | | | | |
| | | Part IV, line 19 | | | 9a | | | | | |
| | b | Less: direct expenses | | | 9b | | | | | |
| | | Net income or (loss) from | | | | | | | | |
| | | Gross sales of inventory, | | | | | | | | |
| | | and allowances | | | 10a | 397. | | | | |
| | b | Less: cost of goods sold | | | 10b | | | | | |
| | | Net income or (loss) from | | | · | • • • • • | 397. | 397. | | |
| + | | | Janua | | , | Business Code | | | | |
| | 11 🤉 | OTHER INCOME | | | | 900099 | 35,935. | | | 35,9 |
| Revenue | b | | | | | | , | | | ,* |
| ver | | | | | | + | | | | |
| Be | с с | | | | | + | | | | |
| | | All other revenue | | | | | 35,935. | | | |
| | | Total. Add lines 11a-11d | | | | | 15,560,830. | 1,022,326. | 0. | 193,5 |
| | 12 | Total revenue. See instruction | UIIS | | | 💌 📘 | ±3,300,030. | 1 \pm , 222 , 320 . | · · | ر, _{دو ۲} |

9

ALCOR LIFE EXTENSION FOUNDATION

23-7154039 Page 10

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 (B) (C) (D) (A) Do not include amounts reported on lines 6b, Total expenses Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 200,000 200,000 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 Benefits paid to or for members 4 Compensation of current officers, directors, 5 trustees, and key employees 505,574 99,133. 357,454 48,987. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 570,516. 323,712. Other salaries and wages 240,131. 6,673. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 4,773 2,773. 1,979 21. 6,920 2,893 4,027 9 Other employee benefits 81,532. 33,051. 45,664 2,817. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 1,505,046 8,195. 1,496,851. b Legal 91,853 8,641. 83,212 С Accounting 36,000 12,000. 24,000 Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 392,718 372,439 20,279 column (A) amount, list line 11g expenses on Sch O.) 2,946 2,946 12 Advertising and promotion 115,561. 7,558. 108,003 13 Office expenses _____ Information technology 14 Royalties 15 119,816. 92,341. 27,475 16 Occupancy 19,023, 11,113, 7,910 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 203,019 180,376, 22,643 22 Depreciation, depletion, and amortization 75,169 30,320. 44,849 23 Insurance Other expenses. Itemize expenses not covered 24 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.) EQUIPMENT & SUPPLIES 138,457, 137,766, 691 а PUBLICATIONS 83,294 83,294 b BAD DEBT EXPENSES 80,283. 80,283 С 20,750. 43,688 UTILITIES 64,438, d 90,020 59,451 30,569 All other expenses е 4,386,958 1,656,924 2,671,536 58,498. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

032010 12-23-20

Form 990 (2020)

15471115 143399 177586

Check here

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

15471115 143399 177586

29

30

31

32

33

and complete lines 29 through 33.

6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 119,159. 146,859. Inventories for sale or use 8 34,982. Prepaid expenses and deferred charges Ο. 9 3,008,841, basis. Complete Part VI of Schedule D _____ 10a 1,489,104. 1,310,494. 1,519,737. 10c 47,251. 4,554,476. Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 1,003,372. 1,102,581. 12 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 8,679,378. 11,048,474. Other assets. See Part IV, line 11 15 26,480,039. 24,514,498. **Total assets.** Add lines 1 through 15 (must equal line 33) 16 372,523. 193,472. Accounts payable and accrued expenses 17 18 Grants payable 16,537,926. 7,467,221. 19 Deferred revenue Tax-exempt bond liabilities 20 7,430,178. 6,273,571. Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other 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 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 23,184,020. 15,090,871. 26 Total liabilities. Add lines 17 through 25

ALCOR LIFE EXTENSION FOUNDATION Part X | Balance Sheet

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

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

Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined b Less: accumulated depreciation 10b

6 7 Assets 8 9 **10a** Land, buildings, and equipment: cost or other 11 12 13 14 15 16 17 18 19 20 21 22 Liabilities 23 24 25 26 Organizations that follow FASB ASC 958, check here 🕨 🗵 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. -5,681,048. 4,900,753. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 8,977,067. 4,522,874. 28 28 Organizations that do not follow FASB ASC 958, check here

Total net assets or fund balances Total liabilities and net assets/fund balances

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

24,514,498. Form 990 (2020)

9,423,627.

29

30

31

32

33

3,296,019.

26,480,039.

(B)

End of year

1,688,316.

6,455,053.

277,338.

55,778.

(A)

Beginning of year

1,934,641.

10,645,211.

26,941.

344,496.

1

2

3

4

1

2

3

4

| Form | 1990 (2020) ALCOR LIFE EXTENSION FOUNDATION | 23-715403 | 9 | Pa | _{ge} 12 | | |
|------|--|-----------|---------|------|------------------|--|--|
| | rt XI Reconciliation of Net Assets | | | | <u>.</u> | | |
| | 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 | 15, | 560, | 830. | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4, | 386, | 958. | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 11, | 173, | 872. | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 3, | 296, | 019. | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | 52, | 970. | | |
| 6 | Donated services and use of facilities | 6 | | | | | |
| 7 | Investment expenses | 7 | | | | | |
| 8 | Prior period adjustments | 8 | -5, | 099, | 234. | | |
| 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)) | | | | | | |
| Pa | rt XII Financial Statements and Reporting | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u></u> | | | | |
| | | ſ | | 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 C |). | | | | | |
| 2a | | | 2a | | X | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of | on a | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | X | | |
| | 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 | | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | l l | 2c | | | | |
| • | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing | le Audit | ~ | | x | | |
| | Act and OMB Circular A-133? | ····· | 3a | | <u> </u> | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require | | 0 | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | 000 | (0000) | | |

Form **990** (2020)

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| SCHED | ULI | ΕA |
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(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.

| OMB No. 1545-0047 | |
|-------------------|--|
| 2020 | |

| Department of the Treasury nternal Revenue Service | | | | | Attach to Form 990 or F //Form990 for instruction | | | nformation. | | Open to Public Inspection |
|---|-------------------------|--|--|-------------------------|--|-------------------------------------|-----------------|-----------------|---------------|------------------------------|
| Nam | ame of the organization | | | 0 | | | | | Employer | identification number |
| | | - | ALCOR | LIFE EXTENSION | FOUNDATION | | | | | 23-7154039 |
| Pa | rt I | Reason | for Public (| Charity Status. | All organizations must c | omplete th | nis part.) S | ee instructior | IS. | |
| The | oraa | | | | For lines 1 through 12, c | | | | | |
| 1 | - <u>J</u> | 7 | • | | u , | | , | I)(A)(i). | | |
| 2 | | 7 | irch, convention of churches, or association of churches described in section 170(b)(1)(A)(i). Iool described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) | | | | | | | |
| 3 | | 7 | | | | | | ii). | | |
| 4 | | | pital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). dical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, | | | | | | | |
| | | _ city, and stat | e: | | | | | | | |
| 5 | | An organizati | ion operated fo | or the benefit of a col | lege or university owned | l or operate | ed by a go | overnmental u | nit describe | ed in |
| | | section 170 | (b)(1)(A)(iv). (0 | Complete Part II.) | | | | | | |
| 6 | | A federal, sta | te, or local go | vernment or governm | nental unit described in | section 17 | ′0(b)(1)(A) | (v). | | |
| 7 | X | 🚽 An organizati | ion that norma | Illy receives a substa | ntial part of its support fi | rom a gove | ernmental | unit or from tl | ne general p | oublic described in |
| | | section 170(| b)(1)(A)(vi). (C | omplete Part II.) | | | | | | |
| 8 | | A community | rtrust describe | ed in section 170(b) | 1)(A)(vi). (Complete Par | t II.) | | | | |
| 9 | | An agricultur | al research org | ganization described | in section 170(b)(1)(A)(| ix) operate | ed in conju | inction with a | land-grant | college |
| | | or university | or a non-land-ç | grant college of agric | ulture (see instructions). | Enter the r | name, city | , and state of | the college | or |
| | | _ university: _ | | | | | | | | |
| 10 | | An organizati | ion that norma | Illy receives (1) more | than 33 1/3% of its supp | ort from co | ontributior | ns, membersh | iip fees, and | d gross receipts from |
| | | activities rela | ted to its exen | npt functions, subjec | t to certain exceptions; a | and (2) no i | more than | 33 1/3% of it | s support f | rom gross investment |
| | | income and ι | unrelated busir | ness taxable income | (less section 511 tax) fro | om busines | ses acqui | red by the org | ganization a | fter June 30, 1975. |
| | | See section | 509(a)(2). (Co | mplete Part III.) | | | | | | |
| 11 | | An organizati | ion organized a | and operated exclusi | vely to test for public sa | fety.See | section 50 | 09(a)(4). | | |
| 12 | | An organizati | ion organized a | and operated exclusi | vely for the benefit of, to | perform th | ne functio | ns of, or to ca | rry 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. | | | | | | | | |
| а | | Type I. A s | upporting orga | anization operated, s | upervised, or controlled | by its supp | ported org | anization(s), t | ypically 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. | | | | | | | | |
| 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. | | | | | | | | |
| с | | 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. | | | | | | | | |
| d | | Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) | | | | | | | | |
| | | that is not | functionally int | egrated. The organiz | ation generally must sat | isfy a distri | ibution rec | quirement and | an attentiv | /eness |
| | | requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. | | | | | | | | |
| е | | 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 | r Type III non-functio | nally integrated supporting | ng organiza | ation. | | | |
| f | En | nter the number | of supported of | organizations | | | | | | |
| g | Pr | | | n about the supporte | | | | | | |
| | | (i) Name of supp | | (ii) EIN | (iii) Type of organization (described on lines 1-10 | (iv) Is the orga in your governi | nization listed | (v) Amount o | | (vi) Amount of other |
| | | organizatior | 1 | | above (see instructions)) | Yes | No | support (see i | nstructions) | support (see instructions) |
| | | | | | | | | | | |
| | | | | | | | | | | |
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Schedule A (Form 990 or 990-EZ) 2020 ALCOR LIFE EXTENSION FOUNDATION

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.)

| See | ction A. Public Support | | | | | | |
|-------------|--|----------------------|---------------------|---------------------|--------------------|--------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 672,680. | 1,045,371. | 6,211,759. | 2,022,707. | 14,344,987. | 24,297,504. |
| 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 | 672,680. | 1,045,371. | 6,211,759. | 2,022,707. | 14,344,987. | 24,297,504. |
| 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) | | | | | | 12,811,697. |
| | Public support. Subtract line 5 from line 4. | | | | | | 11,485,807. |
| See | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 7 | Amounts from line 4 | 672,680. | 1,045,371. | 6,211,759. | 2,022,707. | 14,344,987. | 24,297,504. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources \dots | 204,846. | 245,045. | 188,548. | 113,337. | 189,453. | 941,229. |
| 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.) | 1,919. | 7,220. | 4,714. | 2,441. | 35,935. | 52,229. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 25,290,962. |
| 12 | Gross receipts from related activities, | etc. (see instructio | ns) | | | 12 | 4,523,671. |
| 13 | 3 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) | | | | | | |
| _ | organization, check this box and stop | | | | | | |
| | ction C. Computation of Publi | | | | | | |
| | Public support percentage for 2020 (I | | | | | 14 | 45.41 % |
| | Public support percentage from 2019 | | | | | 15 | 78.16 % |
| 16 a | 33 1/3% support test - 2020. If the c | | | line 13, and line 1 | 4 is 33 1/3% or m | ore, check this bo | |
| | stop here. The organization qualifies | | Ũ | | | | |
| b | 33 1/3% support test - 2019. If the c | | | | line 15 is 33 1/3% | or more, check thi | s box |
| | and stop here. The organization qual | | • | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the fact | | | | • | VI how the organiz | ation |
| | meets the facts-and-circumstances te | - | | • • • • | - | | |
| b | 10% -facts-and-circumstances test | - | | | | | 10% or |
| | more, and if the organization meets th | | | | • | | . — |
| | organization meets the facts-and-circu | | • | | • | | |
| 18 | Private foundation. If the organizatio | n did not check a b | box on line 13, 16a | i, 16b, 17a, or 17b | | | |
| | | | | | Sche | edule A (Form 990 | or 990-EZ) 2020 |

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Schedule A (Form 990 or 990-EZ) 2020 ALCOR LIFE EXTENSION FOUNDATION

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

(Complete only if you checked the box on line 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 | ction A. Public Support | | - | | _ | | |
|-------|--|----------------------|---------------------|----------------------|---------------------|----------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (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 | | | | | | |
| | 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 | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| | Amounts from line 6 | | | | | | |
| | 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.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section 5 | 01(c)(3) organizatio | on, |
| _ | check this box and stop here | | | | | | |
| Sec | ction C. Computation of Publi | ic Support Per | centage | | | 1 1 | |
| | Public support percentage for 2020 (I | | • | column (f)) | | 15 | % |
| - | Public support percentage from 2019 | | | | | 16 | % |
| | ction D. Computation of Inves | | | | | 1 1 | |
| | Investment income percentage for 20 | | | | | 17 | % |
| | Investment income percentage from | | | | | 18 | % |
| 19a | 33 1/3% support tests - 2020. If the | | | | | | 7 is not |
| | more than 33 1/3%, check this box ar | | | | | | ▶∟ |
| b | 33 1/3% support tests - 2019. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| | Private foundation. If the organization | on did not check a | box on line 14, 19 | a, or 19b, check t | | | |
| 03202 | 23 01-25-21 | | 15 | | Sch | edule A (Form 990 | or 990-EZ) 2020 |

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1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 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.)

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Schedule A (Form 990 or 990-EZ) 2020

23-7154039 Page **5**

Yes

1

2

No

No

Yes No

| | | Yes | No |
|--|-----|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | | |
| a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and | | | |
| 11c below, the governing body of a supported organization? | 11a | | |
| b A family member of a person described in line 11a above? | 11b | | |
| c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| detail in Part VI. | 11c | | |

| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | |
|---|--|---|
| | 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 officers, directors, or trustees were allocated among the | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | L |
| 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,

| supervis | isea, or controllea the supporting orga | anization. |
|------------|---|------------|
| Section C. | . Type II Supporting Organiz | ations |

 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

| | Section D | . All Typ | e III Sup | porting | 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 line 2, above, 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 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method t | hat the organization used to satisf | v the Integral Part Test durin | a the year (see instructions). |
|---|------------------------------------|--------------------------------------|-------------------------------------|--------------------------------|
| • | | nal line organization used to satisi | , וווכ ווווכקומו ז מונ ז ככו טעוווי | |

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

| С | The organization supported a governmental entity. | Describe in Part VI how you supported a governmental entity (see instructions). | |
|---|---|---|--|
| | | | |

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a 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? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

| Schedule A (Form 990 or 990-EZ) 2020 ALCOR LIFE EXTENSION FOUNDATION | | | | | Page 6 |
|--|---|----------------|----------------------------|-------------------------|----------|
| | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting | ng Orgai | nizations | | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyi | ng trust on | Nov. 20, 1970 (explain ir | Part VI). See instr | uctions. |
| | All other Type III non-functionally integrated supporting organizations must | | | | |
| Sect | ion A - Adjusted Net Income | (A) Prior Year | (B) Current (optiona | | |
| 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 (optiona | |
| 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 0.015 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 0.035. | 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 Y | ear | |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | | |
| 2 | Enter 0.85 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-functiona | ally integrat | ed Type III supporting org | anization (see | |

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

instructions).

| Schedule A (Form 990 or 990-EZ) 2020 | ALCOR | LIFE | EXTENSION | FOUNDATION |
|--------------------------------------|-------|--------------|-----------|------------|
| Schedule A (Form 990 or 990-EZ) 2020 | ALCON | DTL D | EVIENDION | FOUNDATION |

| Par | t V Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | nizations (continu | ied) | |
|-------|---|-------------------------------|---------------------------------------|------|---|
| Secti | on D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exer | | 1 | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | | |
| | organizations, in excess of income from activity | | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 8 | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2020 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributior Pre-2020 | ıs | (iii) Distributable Amount for 2020 |
| _1 | Distributable amount for 2020 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2020 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2020 | | | | |
| a | From 2015 | | | | |
| b | From 2016 | | | | |
| C | From 2017 | | | | |
| d | From 2018 | | | | |
| e | From 2019 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2020 distributable amount | | | | |
| i | Carryover from 2015 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2020 from Section D, | | | | |
| | line 7: \$ | | | | |
| a | Applied to underdistributions of prior years | | | | |
| b | Applied to 2020 distributable amount | | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j | | | | |
| | and 4c. | | | | |
| | Breakdown of line 7: | | | | |
| a | Excess from 2016 | | | | |
| b | Excess from 2017 | | | | |
| | Excess from 2018 | | | | |
| | Excess from 2019 | | | | |
| е | Excess from 2020 | | | | |

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

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 A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

| 032028 01-25-21 71115 143399 177586 | Schedule A (Form 990 or 990-EZ) 2020 20 2020.05000 ALCOR LIFE EXTENSION FOUN 17758 |
|--|--|
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| | |
| | |
| | |
| | |
| 2020 AMOUNT: \$ 35,935. | |
| 2019 AMOUNT: \$ 2,441. | |
| 2017 AMOUNT: \$ 7,220. 2018 AMOUNT: \$ 4,714. | |
| 2016 AMOUNT: \$ 1,919. | |
| | |

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

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

2020

Employer identification number

| ALCOR | LIFE | EXTENSION | FOUNDATION |
|-------|------|-----------|------------|

23-7154039

| 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 |

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set is the set in the set is the set in the set is the set is the set is the set in the set is t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

-

ALCOR LIFE EXTENSION FOUNDATION

23-7154039

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$1,117,861. | 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 |
| 2 | | \$11,202,110. | 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 |
| 3 | | \$315,958. | 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 On 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.) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

15471115 143399 177586

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

23-7154039

ALCOR LIFE EXTENSION FOUNDATION

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 |
| | | _ | |

23

15471115 143399 177586

Page 4

| ame of organ | Employer identification number | | | | | |
|--------------------------|--|---|--|------------------------------------|--|--|
| LCOR LIFE | EXTENSION FOUNDATION | | | 23-7154039 | | |
| fr | xclusively religious, charitable, etc., contributi om any one contributor. Complete columns (a) ompleting Part III, enter the total of exclusively religious, se duplicate copies of Part III if additional |) through (e) and the following line en charitable, etc., contributions of \$1,000 or | try For organizations | | | |
| a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Desc | cription of how gift is held | | |
| | | | | | | |
| | | (e) Transfer of gif | t | | | |
| - | Transferee's name, address, ar | nd ZIP + 4 | Relationship of tra | nsferor to transferee | | |
| a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Desc | cription of how gift is held | | |
| | | | | | | |
| | (e) Transfer of gift | | | | | |
| - | Transferee's name, address, and ZIP + 4 | | Relationship of tra | nsferor to transferee | | |
|) No. | | | | | | |
| rom Part I | (b) Purpose of gift | (c) Use of gift | (d) Desc | cription of how gift is held | | |
| | | | | | | |
| | Transferee's name, address, ar | (e) Transfer of gif | Relationship of transferor to transferee | | | |
| | | | | | | |
|) No. rom Part I | (b) Purpose of gift | (c) Use of gift | (d) Desc | cription of how gift is held | | |
| | | | | | | |
| | (e) Transfer of gift | | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of tra | nsferor to transferee | | |
| | | | | | | |
| 454 11-25-20 | | 24 | Schedule | B (Form 990, 990-EZ, or 990-PF) (2 | | |

15471115 143399 177586

| SCHEDULE C | Political Campaign and Lobbying Activitie | S | OMB No. 15 | 45-0047 | |
|--|---|----------------------|-----------------|------------------------|--|
| (Form 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-E | | | | 2020 Open to Public | |
| Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. | | | | tion | |
| If the organization ans | wered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Car | npaign Activ | ties), then | | |
| Section 501(c)(3) or | ganizations: Complete Parts I-A and B. Do not complete Part I-C. | | | | |
| Section 501(c) (other | er than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete F | art I-B. | | | |
| Section 527 organiz | ations: Complete Part I-A only. | | | | |
| If the organization ans | wered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying A | ctivities), the | n | | |
| Section 501(c)(3) or | ganizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. De | o not complet | e Part II-B. | | |
| Section 501(c)(3) or | ganizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II | B. Do not co | mplete Part II | -A. | |
| If the organization ans | wered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Fo | r m 990-EZ, P | art V, line 35 | 5c (Proxy | |
| Tax) (See separate ins | | | | | |
| |), or (6) organizations: Complete Part III. | | | | |
| Name of organization | | | identificatio | | |
| | ALCOR LIFE EXTENSION FOUNDATION | | 23-7154039 | | |
| Part I-A Comp | ete if the organization is exempt under section 501(c) or is a section | 527 organ | zation. | | |
| | | | | | |
| | on of the organization's direct and indirect political campaign activities in Part IV. | | | | |
| 1 0 | activity expenditures | 🕨 💲 | | | |
| 3 Volunteer hours fo | r political campaign activities | <u> </u> | | | |
| Part I-B Comp | ete if the organization is exempt under section 501(c)(3). | | | | |
| 1 Enter the amount of | of any excise tax incurred by the organization under section 4955 | ► \$ | | | |
| 2 Enter the amount of | of any excise tax incurred by organization managers under section 4955 | ► \$ | | | |
| 3 If the organization | incurred a section 4955 tax, did it file Form 4720 for this year? | | Yes | No No | |
| 4a Was a correction r | nade? | | Yes | No No | |
| b If "Yes," describe i | n Part IV. | | | | |
| Part I-C Comp | ete if the organization is exempt under section 501(c), except sectior | 1501(c)(3). | | | |
| 1 Enter the amount of | directly expended by the filing organization for section 527 exempt function activities | ► \$ | | | |
| 2 Enter the amount of | of the filing organization's funds contributed to other organizations for section 527 | | | | |
| exempt function a | ctivities | ▶\$ | | | |
| 3 Total exempt funct | ion expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, | | | | |
| line 17b | | ►\$ | | | |
| 4 Did the filing organ | ization file Form 1120-POL for this year? | | Yes | No No | |
| 5 Enter the names, a | ddresses and employer identification number (EIN) of all section 527 political organizations | to which the | filing organiza | ation | |

made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
|-----------------|-------------|---------|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA Schedule C (Form 990 or 990-EZ) 2020

032041 12-02-20

| Schedule C (| (Form 990 | or 990-F7) | 2020 | ALCOR | LIFE | EXTENSION | FOUNDATION |
|--------------|-----------|------------|------|--------|------|---------------|------------|
| Ochicaule O | 0000 | | 2020 | 11DCOK | | DWI DIAD TOIM | TOOLDITTON |

| section 501(h)). | ganization is exem | npt under section | 501(c)(3) and file | a Form 5768 (ele | ction under |
|--|--|---|---------------------------|---|------------------------------------|
| | ation belongs to an affil | | Part IV each affiliated g | group member's name | e, address, EIN, |
| expenses, and sha | are of excess lobbying e | xpenditures). | | | |
| B Check 🕨 🛄 if the filing organiz | ation checked box A an | d "limited control" pro | visions apply. | | |
| | nits on Lobbying Exper nditures" means amou | | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to inf | luence public opinion (g | rassroots lobbying) | | | |
| b Total lobbying expenditures to inf | luence a legislative bod | y (direct lobbying) | | 36,000. | |
| c Total lobbying expenditures (add | lines 1a and 1b) | | | 36,000. | |
| d Other exempt purpose expenditu | | | | 4,350,959. | |
| e Total exempt purpose expenditur | | | | 4,386,959. | |
| f Lobbying nontaxable amount. En | , | | F | 369,348. | |
| If the amount on line 1e, column (a) | | bying nontaxable amo | | | |
| Not over \$500,000 | 20% of t | he amount on line 1e. | | | |
| Over \$500,000 but not over \$1,00 | 00,000 \$100,00 | 0 plus 15% of the exce | ess over \$500,000. | | |
| Over \$1,000,000 but not over \$1, | | 0 plus 10% of the exce | ess over \$1,000,000. | | |
| Over \$1,500,000 but not over \$17 | 7,000,000 \$225,00 | 0 plus 5% of the exces | s over \$1,500,000. | | |
| Over \$17,000,000 | \$1,000,0 | 000. | | | |
| g Grassroots nontaxable amount (e | nter 25% of line 1f) | | | 92,337. | |
| h Subtract line 1g from line 1a. If ze | ero or less, enter -0- | | [| 0. | |
| i Subtract line 1f from line 1c. If zer | | | | 0. | |
| j If there is an amount other than z | | | | | |
| reporting section 4911 tax for this | s year? | | | | Yes No |
| | | raging Period Under | - () | | |
| (Some organizations | that made a section 50 See the separa |)1(h) election do not h ate instructions for lin | • | f the five columns be | low. |
| | Lobbying Exper | ditures During 4-Yea | r Averaging Period | | |
| Calendar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) Total |
| 2a Lobbying nontaxable amount | 234,056. | 934,405. | 396,804. | 369,348. | 1,934,613 |

33,000.

233,601.

36,000.

99,201.

33,000.

58,514.

Schedule C (Form 990 or 990-EZ) 2020

36,000.

92,337.

2,901,920.

138,000.

483,653.

725,480.

032042 12-02-20

b Lobbying ceiling amount

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

c Total lobbying expenditures

d Grassroots nontaxable amounte Grassroots ceiling amount

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

f Grassroots lobbying expenditures

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

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description | | (a) | | (b) | |
|---|--|----------------|----------|------------|-------|
| | e lobbying activity. | Yes | No | Amo | ount |
| 1 a | During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? | | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | |
| d | Mailings to members, legislators, or the public? | | | | |
| | Publications, or published or broadcast statements? | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | |
| g | | | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | |
| | Other activities? | | | | |
| | Total. Add lines 1c through 1i | | | | |
| | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | |
| | If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| Pal | t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). | 501(0)(5), | or sec | | |
| | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | 2 | | |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the p | | 3 | | |
| Pa | t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4) | | | | 0 :- |
| | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N answered "Yes." | | | II-A, IIIe | 3, 15 |
| 1 | Dues, assessments and similar amounts from members | | 1 | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political | | | | |
| | expenses for which the section 527(f) tax was paid). | | | | |
| а | Current year | | 2a | | |
| b | Carryover from last year | | 2b | | |
| с | Total | | 2c | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 3 | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess | | | | |
| | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polit | ical | | | |
| | expenditure next year? | | 4 | | |
| 5 | Taxable amount of lobbying and political expenditures (See instructions) | | 5 | | |
| | t IV Supplemental Information | | | | |
| | de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group lis | t); Part II-A, | ines 1 a | nd 2 (See | |
| | uctions); and Part II-B, line 1. Also, complete this part for any additional information. | | | | |
| PAR. | II-A LOBBYING ACTIVITIES: | | | | |
| THE | ORGANIZATION ENGAGED THE SERVICES OF THE AARONS COMPANY TO WATCH FOR | | | | |
| ANY | LEGISLATIVE ACTIVITY THAT MAY AFFECT ALCOR AND TO MEET WITH | | | | |
| LEG | SLATORS TO EDUCATE THEM ABOUT ALCOR'S SCIENTIFIC AND EDUCATIONAL | | | | |
| MISS | JION. | | | | |

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| SCH | EDULE | D |
|-----|-------|---|
| | | |

| (Form | 990) |
|-------|------|
|-------|------|

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.



| Department of the Treasury Internal Revenue Service | Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. | | Inspection |
|--|--|----------|-----------------------|
| Name of the organization | 1 | Employer | identification number |
| | ALCOR LIFE EXTENSION FOUNDATION | | 23-7154039 |

| De | ALCOR LIFE EXTENSION FOUNDAT | | 23-7154039 |
|------------|---|--|--|
| Pa | | | or Accounts. Complete if the |
| | organization answered "Yes" on Form 990, Part IV, line | | |
| | _ | (a) Donor advised funds | (b) Funds 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 w | riting that the assets held in donor advis | ed funds |
| | are the organization's property, subject to the organization's ex | xclusive legal control? | Yes 🗌 No |
| 6 | Did the organization inform all grantees, donors, and donor ad | visors in writing that grant funds can be | used only |
| | for charitable purposes and not for the benefit of the donor or | donor advisor, or for any other purpose o | conferring |
| | impermissible private benefit? | | |
| Pa | | | |
| 1 | Purpose(s) of conservation easements held by the organization | | |
| | Preservation of land for public use (for example, recreation | | a historically important land area |
| | Protection of natural habitat | | a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifie | ed conservation contribution in the form | of a conservation easement on the last |
| _ | day of the tax year. | | Held at the End of the Tax Year |
| а | | | |
| b | | | |
| | Number of conservation easements on a certified historic struct | | |
| с С | Number of conservation easements included in (c) acquired aff | | |
| u | | , | |
| 2 | listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, relea | ased, extinguished, or terminated by the | organization during the tax |
| | year ► | ward in the stand | |
| 4 | Number of states where property subject to conservation ease | | |
| 5 | Does the organization have a written policy regarding the period | | |
| | violations, and enforcement of the conservation easements it h | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | andling of violations, and enforcing cons | ervation easements during the year |
| | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handlin | ng of violations, and enforcing conservation | tion easements during the year |
| | ►\$ | | |
| 8 | Does each conservation easement reported on line 2(d) above | , , , , , , , , , , , , , , , , , , , | |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | n easements in its revenue and expense | statement and |
| | balance sheet, and include, if applicable, the text of the footno | te to the organization's financial stateme | ents that describes the |
| D - | organization's accounting for conservation easements. | | |
| Pa | t III Organizations Maintaining Collections of A | | ner Similar Assets. |
| | Complete if the organization answered "Yes" on Form 9 | 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under FASB ASC 958 | , not to report in its revenue statement a | nd balance sheet works |
| | of art, historical treasures, or other similar assets held for publi | c exhibition, education, or research in fu | rtherance of public |
| | service, provide in Part XIII the text of the footnote to its finance | ial statements that describes these item | S. |
| b | If the organization elected, as permitted under FASB ASC 958 | , to report in its revenue statement and t | palance sheet works of |
| | art, historical treasures, or other similar assets held for public e | exhibition, education, or research in furth | erance of public service, |
| | provide the following amounts relating to these items: | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | • \$ |
| | | | N A |
| 2 | If the organization received or held works of art, historical treas | | |
| | the following amounts required to be reported under FASB AS | | |
| а | Revenue included on Form 990, Part VIII, line 1 | - | ▶ \$ |
| | Assets included in Form 990, Part X | | |
| | For Paperwork Reduction Act Notice, see the Instructions | | Schedule D (Form 990) 2020 |

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| Sche | nedule D (Form 990) 2020 ALCOR LIFE EXTENSION FOUNDATION | | | | | | | | age 2 | | |
|------------|--|-------------------------|-------------------|---------------------|-----------------------|------------|------------------------|-------------|-----------------|--------------|---------|
| Par | t III Organizations Maintaining C | ollections of Art | t, Histo | rical Tre | easures, or | Other | Similar | Assets | (contin | ued) | |
| 3 | Using the organization's acquisition, accessi | on, and other records | s, check a | any of the f | following that | make sig | nificant us | se of its | | , | |
| | collection items (check all that apply): | | | | Ū | | | | | | |
| а | Public exhibition | d | | oan or exc | hange progra | m | | | | | |
| b | Scholarly research | е | | | 51 5 | | | | | | |
| c | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | During the year, did the organization solicit o | | | • | - | | | | | | |
| • | to be sold to raise funds rather than to be ma | | | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arran | | | | | | | Part IV | | | |
| | reported an amount on Form 990, Pa | | | ngu nzutio | | | 0111 000, | r arc iv, i | 110 0, 01 | | |
| 10 | Is the organization an agent, trustee, custodi | | any for co | ntribution | s or other ass | ote not in | cluded | | | | |
| Ia | on Form 990, Part X? | | | | | | | | Yes | X | No |
| h | If "Yes," explain the arrangement in Part XIII | | | | | | | ∟ | _ 165 | | |
| a | in res, explain the arrangement in Part XIII | and complete the lol | lowing tai | Jie. | | | | | A | | |
| | De sinsis e la la se | | | | | | | | Amount | | |
| | Beginning balance | | | | | | 1c | | | | |
| | Additions during the year | | | | | | 1d | | | | |
| е | Distributions during the year | | | | | | 1e | | | | |
| | Ending balance | | | | | | _ 1f _ | 77 | 1 | | 1 |
| | Did the organization include an amount on Fe | | | | | | /? | X | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | <u></u> | | | X | |
| Par | t V Endowment Funds. Complete i | | | | | | | | | | |
| | | (a) Current year | (b) Pri | or year | (c) Two years | s back 🛛 🌔 | d) Three ye | ars back | (e) Four | years | back |
| 1 a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | rent year end balance | e (line 1g, | column (a |)) held as: | | | | | | |
| а | Board designated or quasi-endowment | | % | | | | | | | | |
| b | Permanent endowment | % | _ | | | | | | | | |
| | | % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | uld equal 100%. | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | • | tion that a | are held ar | nd administere | ed for the | organizat | ion | | | |
| | by: | 5 | | | | | 5 | | Г | Yes | No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | | 3a(ii) | | |
| h | If "Yes" on line 3a(ii), are the related organiza | tions listed as require | ed on Sch | nedule R? | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | | | |
| Par | t VI Land, Buildings, and Equipm | | | 105. | | | | | | | |
| | Complete if the organization answere | | Part IV | line 11a S | See Form 990 | Part X lii | ne 10 | | | | |
| | | (a) Cost or of | | | | | | 4 | | volue | <u></u> |
| | Description of property | basis (investr | | ., | t or other (other) | • • | cumulated reciation | | (d) Book | value | |
| | Land | ` | iony | 54315 | | uepi | Colation | | | | |
| | Land | | | | | | | | | | |
| | Buildings | | | | 100 014 | | 270 2 | | | 000 | 621 |
| | Leasehold improvements | | | | ,189,014. | | 379,3 | | | 809,0 710 | |
| | Equipment | | | 1 | ,819,827. | | 1,109,7 | 41. | | 710, | 100. |
| | Other | | | | | | | | | - 1 0 | |
| Total | . Add lines 1a through 1e. (Column (d) must e | qual Form 990, Part 2 | X <u>, column</u> | (<u>B), line 1</u> | 0c.) | | | | | 519, | |
| | | | | | | | S | Schedule | D (Form | 990) | 2020 |

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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨 | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Other Assets. Part IX

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|---|
| (1) INSURANCE POLICIES | 7,430,178. |
| (2) BENEFICIAL INTEREST IN PERPETUAL TRUST | 1,242,608. |
| (3) UNDEPOSITED FUNDS | 6,592. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) | |
| Part X Other Liabilities. | |
| Complete if the organization answered "Yes" on Form 990, Part IV | , line 11e or 11f. See Form 990, Part X, line 25. |
| 1. (a) Description of liability | (b) Book value |
| (1) Federal income taxes | |
| (2) | |
| (3) | |

| (3) | |
|--|--|
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990 Part X col. (B) line 25.) | |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2020

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| Sche | dule D (Form 990) 2020 ALCOR LIFE EXTENSION FOUNDATION | | 23-7154039 | Page 4 |
|------|--|-----------------|-----------------|---------------|
| Pa | t XI Reconciliation of Revenue per Audited Financial Stateme | nts With Revenu | e 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 | | | |
| 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 | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | | | |
| 3 | Subtract line 2e from line 1 | | | |
| 4 | 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 | | |
| С | Add lines 4a and 4b | | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | |
| Pa | t XII Reconciliation of Expenses per Audited Financial Stateme | • | ses per Return. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | |
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| а | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| С | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | | | |
| 3 | Subtract line 2e from line 1 | | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | . 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| С | Add lines 4a and 4b | | | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | |
| Pa | t XIII Supplemental Information. | | | |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

THE ORGANIZATION RECORDS THE ALCOR MEMBERS' PREPAYMENT FOR

CRYOPRESERVATION IN AN ESCROW ACCOUNT. THE ACCOUNT IS THEN USED AT TIME OF

DEATH FOR CRYOPRESERVATION SERVICES AND RECORDED AS PROGRAM REVENUE.

032054 12-01-20

| a Subtotal | 0 | 0 | | | | | | 0. | |
|---|----------------|------------------|--------------------|-------|------|-----------|-----------|-------------|---|
| b Total from continuation sheets to Part I | 0 | 0 | | | | | | 0. | |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | | | | 0. | |
| A For Paperwork Reduction | on Act Notice, | see the Instruct | ions for Form 990. | | | Schedul | e F (Form | n 990) 2020 | |
| | | | | | | | | | |
| 071 12-03-20 | | | 32 | | | | | | |
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| CHINA, JAPAN, NEW | | | | |
|---------------------|---|---|---------|----------|
| ZEALAND, THAILAND | 0 | 0 | PROGRAM | SERVICES |
| | | | | |
| SOUTH AMERICA - | | | | |
| ARGENTINA, BOLIVIA, | | | | |
| BRAZIL, CHILE | 0 | 0 | PROGRAM | SERVICES |
| | | | | |
| NORTH AMERICA - | | | | |

0

0

| For grantmakers. Desc United States. | ribe in Part V the | organization's p | procedures for monitoring the use of its | grants and other assistance outs | ide the |
|---|--|--------------------|--|---|------------------------------------|
| Activities per Region. (Th | ne following Part | I, line 3 table ca | n be duplicated if additional space is n | eeded.) | |
| (a) Region | (b) Number of offices in the region | employees, | (d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) expe fo inve in th |

PROGRAM SERVICES

PROGRAM SERVICES

0

0

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

| EF | Statement of Activities Outside the United States |
|----|--|
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. |

Attach to Form 990.

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

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

OMB No. 1545-0047 **Open to Public** Inspection

23-7154039

.....L

MEMBER SERVICES

MEMBERSHIP DUES

MEMBERSHIP DUES

MEMBERSHIP DUES

Employer identification number

Yes

No

(f) Total expenditures

for and

investments

in the region

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Ο.

Ο.

LHA For Pape

3 a Subtotal

SCHEDUL (Form 990)

Department of the Treasury

ALCOR LIFE EXTENSION FOUNDATION

Form 990, Part IV, line 14b.

Internal Revenue Service Name of the organization

Part I

2

3

EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,

AUSTRIA, BELGIUM

EAST ASIA AND THE PACIFIC - AUSTRALIA,

CANADA AND MEXICO.

BUT

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Schedule F (Form 990) 2020

ALCOR LIFE EXTENSION FOUNDATION

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

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

23-7154039

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

Schedule F (Form 990) 2020

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

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020 ALCOR LIFE EXTENSION FOUNDATION

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3:

SOME MEMBERS OF THE ORGANIZATION ARE LOCATED OUTSIDE THE UNITED STATES.

LIKE ALL MEMBERS, THEY PAY DUES TO BE ENROLLED IN OUR CRYOPRESERVATION

PROGRAM. AT LEGAL PRONOUNCEMENT OF DEATH, ONE OF OUR TEAMS WILL BE

DISPATCHED TO WHEREVER A MEMBER IS WORLDWIDE TO BEGIN THE PROCESS OF

CRYOPRESERVATION INCLUDING STABILIZING THE BODY FOR TRANSPORT TO OUR

FACILITIES IN ARIZONA. IN 2020, THE ORGANIZATION DID NOT INCUR ANY

SUBSTANTIAL COSTS RELATED TO OUR FOREIGN ACTIVITIES. WE DID, HOWEVER,

RECEIVE \$69,806 IN MEMBERSHIP DUES FROM FOREIGN MEMBERS.

| SCHEDULE I (Form 990) | Go | irants and Oth vernments, an ete if the organizatio | nd Individual | s in the Uni on Form 990, Par | ted States | | OMB No. 1545-0047 |
|--|--------------------------|---|---|--|---|---------------------------------------|--|
| Department of the Treasury Internal Revenue Service | | ► Go to www.ir | Attach to For s.gov/Form990 for | | nation. | | Open to Public Inspection |
| Name of the organization ALCOR LIFE | EXTENSION FOUNDA | TION | | | | | Employer identification number 23-7154039 |
| Part I General Information on Grants | s and Assistance | | | | | | |
| 1 Does the organization maintain record criteria used to award the grants or as | sistance? | | | | | | |
| 2 Describe in Part IV the organization's | | | | | | | |
| Part II Grants and Other Assistance | | | | | anization answered "Y | ′es" on Form 990, Part | IV, line 21, for any |
| recipient that received more that 1 (a) Name and address of organization or government | | be duplicated if additi (c) IRC section (if applicable) | onal space is need (d) Amount of cash grant | ed. (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 CARE TRUST SUPPORTING ORGANIZATION - 7895 EAST ACOMA D | R 32-6428275 | | | 0. | | | SUPPORT |
| STE 110 - SCOTTSDALE, AZ 85260 | 52 0420275 | 5012(5) | 200,000. | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 Enter total number of section 501(c)(3 3 Enter total number of other organization | ons listed in the line 1 | I table | | | | I | 1. |

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

Schedule I (Form 990) 2020 ALC

ALCOR LIFE EXTENSION FOUNDATION

23-7154039

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (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 |
|---------------------------------|--------------------------|--------------------------|---------------------------------------|---|---------------------------------------|
| | | | | | |
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Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

A RESEARCH & DEVELOPMENT COMMITTEE IS USED TO EVALUATE ANY GRANTS BEING

AWARDED FOR RESEARCH PROJECTS. WRITTEN PROPOSALS ARE PROVIDED FOR EACH

GRANT, AND WRITTEN REPORTS OF THE FINDINGS GO TO THE COMMITTEE.

| SCI | HEDULE J | Compens | ation Information | I | OMB No. | 1545-004 | 47 | | | |
|-----|---|---|--|--------------|--------------|------------|--------|--|--|--|
| | rm 990) | - | rs, Trustees, Key Employees, and Highest | | 00 | 00 | | | | |
| • | • | Comp | ensated Employees | | 20 | ZU | J | | | |
| _ | | | nswered "Yes" on Form 990, Part IV, line 23. ach to Form 990. | | Open to | Publ | ic | | | |
| | tment of the Treasury al Revenue Service | |) for instructions and the latest information. | | | Inspection | | | | |
| Nam | e of the organizatio | <u>- </u> | | Employer ide | entificatio | on nui | mber | | | |
| | | ALCOR LIFE EXTENSION FOUNDA | TION | 23-71 | 54039 | | | | | |
| Pa | rt I Question | s Regarding Compensation | | | | | | | | |
| | | | | | | Yes | No | | | |
| 1a | Check the appropri | ate box(es) if the organization provided any o | of the following to or for a person listed on Form | 990, | | | | | | |
| | Part VII, Section A, | line 1a. Complete Part III to provide any relev | vant information regarding these items. | | | | | | | |
| | First-class or c | harter travel | Housing allowance or residence for perso | nal use | | | | | | |
| | Travel for com | | Payments for business use of personal re | | | | | | | |
| | Tax indemnific | ation and gross-up payments | Health or social club dues or initiation fee | S | | | | | | |
| | Discretionary | spending account | Personal services (such as maid, chauffer | ır, chef) | | | | | | |
| _ | | | | | | | | | | |
| b | • | on line 1a are checked, did the organization | | | | | | | | |
| | | | ove? If "No," complete Part III to explain | | . 1 b | | | | | |
| 2 | | | or allowing expenses incurred by all directors, | | | | | | | |
| | trustees, and office | rs, including the CEO/Executive Director, reg | arding the items checked on line 1a? | | . 2 | | | | | |
| • | la dia da coloita la 16 a. | | | | | | | | | |
| 3 | • | | establish the compensation of the organization's | | | | | | | |
| | | | boxes for methods used by a related organization | on to | | | | | | |
| | · | ation of the CEO/Executive Director, but expl | | | | | | | | |
| | Compensation | | Written employment contract | | | | | | | |
| | | ompensation consultant | Compensation survey or study | ammittaa | | | | | | |
| | | ther organizations | X Approval by the board or compensation c | ommillee | | | | | | |
| 4 | During the year, did | any person listed on Form 990, Part VII, Sea | ction A, line 1a, with respect to the filing | | | | | | | |
| | organization or a re | | | | | | | | | |
| а | Receive a severand | e payment or change-of-control payment? | | | 4a | Х | | | | |
| b | Participate in or rec | eive payment from a supplemental nonquali | ied retirement plan? | | . 4b | | X | | | |
| с | Participate in or rec | eive payment from an equity-based compension | sation arrangement? | | . 4c | | x | | | |
| | If "Yes" to any of lir | es 4a-c, list the persons and provide the app | licable amounts for each item in Part III. | | | | | | | |
| | | | | | | | | | | |
| | |)(3), 501(c)(4), and 501(c)(29) organizations | | | | | | | | |
| 5 | | | the organization pay or accrue any compensation | n | | | | | | |
| | contingent on the r | | | | | | 77 | | | |
| а | The organization? | | | | <u>5a</u> | | X | | | |
| b | | | | | 5b | | X | | | |
| | | r 5b, describe in Part III. | | | | | | | | |
| 6 | | | the organization pay or accrue any compensation | n | | | | | | |
| - | contingent on the r | 0 | | | 6a | | x | | | |
| | a The organization?b Any related organization? | | | | | | X | | | |
| D | | | | | 6b | | | | | |
| 7 | | r 6b, describe in Part III. | the organization provide any ponfixed neuments | | | | | | | |
| ' | | | the organization provide any nonfixed payments | | 7 | х | | | | |
| 8 | | | led pursuant to a contract that was subject to th | | | | | | | |
| 0 | - | ption described in Regulations section 53.49 | $(-1)^{-1}$ | | 8 | | x | | | |
| 9 | | d the organization also follow the rebuttable | | | | | | | | |
| 5 | Regulations section | | | | 9 | | | | | |
| LHA | | eduction Act Notice, see the Instructions f | or Form 990. | | le J (Forr | n 990) |) 2020 | | | |

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Schedule J (Form 990) 2020

23-7154039

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

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

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

| | | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation | | |
|--------------------|-------------|--------------------------|---|---|--------------------------------|----------------|----------------------|--|--|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | in column (B) reported as deferred on prior Form 990 | | |
| (1) PATRICK HARRIS | (i) | | | 0. | | | | 0. | | |
| PRESIDENT/CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | ٥. | | |
| | (i) | | | | | | | | | |
| | (ii) | | | | | | | | | |
| | (i) | | | | | | | | | |
| | (ii) | | | | | | | | | |
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| | (ii) | | | | | | | | | |
| | (i) | | | | | | | | | |
| | (ii) | | | | | | | | | |
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| | (ii) | | | | | | | | | |
| | (i) | | | | | | | | | |
| | (ii) | | | | | | | | | |
| | (i) (ii) | | | | | | | | | |
| | (i) | | | | | | | | | |
| | (ii) | | | | | | | | | |
| | (i) | | | | | | | | | |
| | (ii) | | | | | | | | | |
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| | (ii) | | | | | | | | | |
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| | (ii) | | | | | | | | | |
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| | (ii) | | | | | | | | | |
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| | (ii) | | | | | | | | | |
| | (i) | | | | | | | | | |
| | (ii) | | | | | | | | | |
| | (i) | | | | | | | | | |
| | (ii) | | | | | | | | | |

Schedule J (Form 990) 2020

Part III Supplemental Information

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

PART I, LINE 4A:

FORMER VP OF FINANCE RECEIVE A SEVERANCE PAYMENT OF \$17,500

PART I, LINE 7:

BONUS PAYMENTS ARE MADE BASED ON MEETING ORGANIZATIONAL GOALS AND ARE AT

THE DISCRETION OF THE BOARD OF DIRECTORS.

Schedule J (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.



Employer identification number 23-7154039

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE PRESERVATION OF INDIVIDUAL LIVES. TO BE SOUGHT THROUGH MAINTAINING

ALCOR LIFE EXTENSION FOUNDATION

BIOSTASIS, EVENTUALLY TO RESTORE HEALTH TO PATIENTS IN ALCOR'S CARE AND

FUND RESEARCH AND PUBLIC EDUCATION FOR BIOSTASIS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE PRESERVATION OF INDIVIDUAL LIVES, TO BE SOUGHT THROUGH THE

FOLLOWING PRIORITIZED LIST OF FUNDAMENTALS: MAINTAIN THE CURRENT

PATIENTS IN BIOSTASIS, PLACE CURRENT AND FUTURE MEMBERS INTO BIOSTASIS

(WHEN AND IF NEEDED), EVENTUALLY RESTORE HEALTH TO ALL PATIENTS IN

ALCOR'S CARE, FUND RESEARCH INTO DEVELOPING MORE COST EFFECTIVE AND

RELIABLE MEANS FOR THE ABOVE AND PROVIDE PUBLIC EDUCATION AS A MEANS OF

FOSTERING GROWTH TO SUPPORT THE GOALS OF THE ABOVE.

FORM 990, PART V, LINE 2A:

ALCOR LIFE EXTENSION FOUNDATION HAS NO EMPLOYEES. THE ORGANIZATION

LEASES EMPLOYEES FROM EMPLOYERS RESOURCE ON A DIRECT REIMBURSEMENT

BASIS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND REVIEWED BY THE

BOARD OF DIRECTORS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH BOARD

DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON

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

Schedule O (Form 990 or 990-EZ) 2020

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| Schedule O (Form 990 or 990-EZ) 2020 | Page 2 |
|--|--|
| Name of the organization ALCOR LIFE EXTENSION FOUNDATION | Employer identification number 23-7154039 |
| HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, HAS READ AND | |
| UNDERSTANDS THE POLICY AND HAS AGREED TO COMPLY WITH THE POLICY. IF A | |
| CONFLICT EXISTS THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER ALCOR CAN | |
| OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR | |
| ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT | |
| OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT | |
| REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF | |
| INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE | |
| DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN | |
| ALCOR'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND | |
| REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION IT SHALL MAKE ITS | |
| DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 15: | |
| THE BOARD OF DIRECTORS OF THE ORGANIZATION REVIEWED AND APPROVED THE | |
| COMPENSATION OF THE CHIEF EXECUTIVE OFFICER. LAST REVIEWED DECEMBER 12TH, | |
| 2020. | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE | |
| ORGANIZATION'S WEBSITE OR UPON REQUEST. | |
| | |
| FORM 990, PART VI, SECTION A, LINE 6: | |
| THE ORGANIZATION HAS NO MEMBERS AS DEFINED BY THE INTERNAL REVENUE | |
| CODE. THE ORANIZATION OFFERS SERVICES THROUGH CLASSES OF NONVOTING | |
| MEMBERS AS FOLLOWS: | |
| SUSPENSION MEMBERSHIP, ALSO KNOWN AS CRYOPRESERVATION MEMBERSHIP, WHICH | |

SHALL REQUIRE THAT AN INDIVIDUAL MAKE ALL NECESSARY LEGAL AND FINANCIAL

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Schedule O (Form 990 or 990-EZ) 2020

| Schedule O (Form 990 or 990-EZ) 2020 | Page 2 |
|---|---|
| Name of the organization ALCOR LIFE EXTENSION FOUNDATION | Employer identification number 23-7154039 |
| PROVISIONS REQUIRED BY THE CORPORATION AND BY LAW TO PREPARE FOR | |
| POSTMORTEM PRESERVATION BY CRYONIC SUSPENSION, NEUROPRESERVATION OR | |
| OTHER TECHNIQUES (HEREINAFTER REFERRED TO AS "SUSPENSION"), TO BE | |
| CARRIED OUT BY THE CORPORATION AT THE TIME OF THE SUSPENSION MEMBER'S | |
| LEGAL DEATH. | |
| ASSOCIATE MEMBERSHIP SHALL REQUIRE PAYMENT OF AN ANNUAL SERVICE FEE AND | |
| WILL ENTITLE THE INDIVIDUAL TO RECEIVE PERIODICALS, PUBLICATIONS, | |
| SCIENTIFIC REPORTS AND OTHER LITERATURE OFFERED BY THE CORPORATION TO | |
| THE GENERAL PUBLIC. ASSOCIATE MEMBERSHIP SHALL ALSO ALLOW THE MEMBER | |
| THE RIGHT TO ATTEND CORPORATION MEMBERSHIP MEETINGS AND SELECTED SOCIAL | |
| FUNCTIONS. | |
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Schedule R (Form 990) 2020

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| (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 | | g) 512(b)(13 rolled tity? |
|---|--------------------------------|--|-------------------------------|---|--|-----|---|
| | | | | 501(c)(3)) | | Yes | No |
| ALCOR ENDOWMENT TRUST SUPPORTING | | | | | ALCOR LIFE | | |
| ORGANIZATION - 32-6313396, 7895 EAST ACOMA | | | | | EXTENSION | | |
| DRIVE, #110, SCOTTSDALE, AZ 85260-6916 | SUPPORT | ARIZONA | 501(C)(3) | LINE 12B, II | FOUNDATION | | х |
| ALCOR CARE TRUST SUPPORTING ORGANIZATION - | | | | | ALCOR LIFE | | |
| 32-6428275, 7895 EAST ACOMA DRIVE, #110, | | | | | EXTENSION | | |
| SCOTTSDALE, AZ 85260-6916 | SUPPORT | ARIZONA | 501(C)(3) | LINE 12B, II | FOUNDATION | | х |
| | _ | | | | | | |
| | - | | | | | | |
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F

| Name, address, and EIN (if applicable) of disregarded entity | Primary activity | Legal domicile (state or foreign country) | Total income | End-of-year assets | Direct controlling entity |
|---|------------------|--|--------------|--------------------|------------------------------|
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(b)

ALCOR LIFE EXTENSION FOUNDATION

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

Attach to Form 990.

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

(c)

Department of the Treasury Internal Revenue Service

Name of the organization

(a)

OMB No. 1545-0047

2020 Open to Public Inspection

Employer identification number

(f)

23-7154039

(e)

(d)

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) | () | h) | (i) | (j) | (k) |
|--|------------------|---|---|-------------------|---------|---------------------------------|--------|----|-----------------|-------|--------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | entity (related, unrelated, income end-of-year allocations? amoun | | | amount in box 20 of Schedule | partne | | | | |
| | | country) | | sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes N | o |
| CRYONICS PROPERTY - | | | | | | | | | | | |
| 86-0740606, 7895 E. ACOMA | | | | | | | | | | | |
| DRIVE, #110, SCOTTSDALE, AZ | | | | | | | | | | | |
| 85260-6916 | RENTAL | AZ | N/A | UNRELATED | 57,682. | 1,061,054. | | x | N/A | x | 95.65% |
| | | | | | | | | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (C) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | Sec 512(t contr ent | i) :tion b)(13) rolled tity? | | |
|---|--------------------------------|---|--|--|--|---|---------------------------------------|------------------------------|--|--|--|
| | | country) | | | | | | Yes | No | | |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| Not | e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Yes | No |
|-----|---|----|-----|----|
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | x | |
| | Gift, grant, or capital contribution to related organization(s) | 1b | x | |
| | Gift, grant, or capital contribution from related organization(s) | 1c | x | |
| | Loans or loan guarantees to or for related organization(s) | 1d | | х |
| | Loans or loan guarantees by related organization(s) | 1e | | Х |
| | | | | |
| f | Dividends from related organization(s) | 1f | | Х |
| | Sale of assets to related organization(s) | 1g | | Х |
| h | Purchase of assets from related organization(s) | 1h | | Х |
| i | Exchange of assets with related organization(s) | 1i | | Х |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j | x | |
| | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | x | |
| | Performance of services or membership or fundraising solicitations for related organization(s) | 11 | x | |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | x | |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | x | |
| 0 | Sharing of paid employees with related organization(s) | 10 | X | |
| | | | | |
| р | Reimbursement paid to related organization(s) for expenses | 1p | | Х |
| | Reimbursement paid by related organization(s) for expenses | 1q | | Х |
| | | | | |
| r | Other transfer of cash or property to related organization(s) | 1r | | Х |
| s | Other transfer of cash or property from related organization(s) | 1s | | X |

2 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.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--|---|-------------------------------|--|
| (1) CRYONICS PROPERTY LLC | ĸ | 119,816. | FMV |
| <u>(2)</u> | | | |
| <u>(3)</u> | | | |
| <u>(</u> 4) | | | |
| <u>(5)</u> | | | |
| <u>(6)</u> | | | |

Schedule R (Form 990) 2020 ALCOR LIFE EXTENSION FOUNDATION

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 partne 501(org | (f) Share of total income | (g) Share of end-of-year assets | (r Dispr tior allocat Yes | opor- late tions? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) Genera manag partne Yes N | or Percentage ownership |
|--|--------------------------------|-----|---|------------------------------|---|---|---------------------------------------|-------------------------|---|---|-------------------------------|
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Schedule R (Form 990) 2020

| | Supplemental Information Provide additional information for res | ponses to questions on Schedule R. See instruction | IS. |
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