* *	PUBLIC	DISCLOSURE	COPY	* :
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Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

990

Form

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

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



ΑF	or th	e 2013 calendar year, or tax year beginning OCT 14, 2013 and e	ending Di	EC 31, 2013					
B c a	heck if pplicab	e: ALCOR ENDOWMENT TRUST SUPPORTING		D Employer identifi	ication number				
	Addre								
	Name Chang			32-631	.3396				
x	Initial								
	  		rio onn, o unto		5-1906				
	Amen	ded out the second s		G Gross receipts \$	4,799,760.				
	Appli	<sup>ca-</sup> SCOTTSDALE, AZ 85260-6916		H(a) Is this a group r					
	pendi	<sup>ng</sup> F Name and address of principal officer: JAMES CLEMENT			s? <b>Yes</b> X No				
		7895 EAST ACOMA DRIVE, #110, SCOTTSDALE, AZ		H(b) Are all subordinates i					
ΙT	ax-ex	empt status: 🗶 501(c)(3) 🛄 501(c) ( )◀ (insert no.) 🛄 4947(a)(1) c	or 📃 527	If "No," attach a	list. (see instructions)				
J۷	Vebsi	te: WWW.ALCOR.ORG		H(c) Group exemption	on number 🕨				
κF	orm o	f organization: Corporation X Trust Association Other ►	L Year	of formation: 2013	V State of legal domicile: VA				
Pa	nrt I	Summary							
ė	1	Briefly describe the organization's mission or most significant activities:	r Alcor I	IFE EXTENSION					
Activities & Governance		FOUNDATION.							
ern	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos			ssets.				
Š	3	Number of voting members of the governing body (Part VI, line 1a)		5					
ن مە	4	Number of independent voting members of the governing body (Part VI, line 1b) $\ _{.}$			5				
ies	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)			0				
ivit	6	Total number of volunteers (estimate if necessary)		5					
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
	b	Net unrelated business taxable income from Form 990-T, line 34	·····	7b	0.				
				Prior Year	Current Year				
ne	8	Contributions and grants (Part VIII, line 1h)			4,122,007.				
eni	9	Program service revenue (Part VIII, line 2g)			0.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			174,580.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .			4,296,587.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.				
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.				
ens		Professional fundraising fees (Part IX, column (A), line 11e)			0.				
Ř		Total fundraising expenses (Part IX, column (D), line 25)	0.						
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			0.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			0.				
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12		sinning of Oursent Vees	4,296,587.				
Net Assets or Fund Balances				ginning of Current Year	End of Year				
Asse Bala		Total assets (Part X, line 16)			4,368,556.				
let ⊿ ind		Total liabilities (Part X, line 26)			0.				
-		Net assets or fund balances. Subtract line 21 from line 20			4,368,556.				
		alties of perjury, I declare that I have examined this return, including accompanying schedules	e and etatom	ante and to the best of m	w knowledge and belief it is				
onu	ei helli	מונפס טו עפוןערא, דעפטמרפ נוומג דוומעפ פאמווווופט נוווס רפגערוו, וווטועעוווע מטטטווועמווע אווע טווע	s anu siaitiii	כוונס, מווע נט נווכ טכלו 10 וו	iy knowledge and bellet, 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	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN			
Paid	AMY A. O'LOUGHLIN			if self-employed P00869687			
Preparer	Firm's name 🕞 CBIZ MHM, LLC			Firm's EIN 34-1884125			
Use Only	Firm's address 🔊 3101 N. CENTRAL AVE., ST	E. 300					
	PHOENIX, AZ 85012	Phone no.602-264-6835					
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No			
				- 000			

Form	990 (2013) ORGANIZATION		32-	6313396	Pa
Par	t III Statement of Program Service Accomplis	hments			
	Check if Schedule O contains a response or note to any	/ line in this Part III			
1	Briefly describe the organization's mission:				
	SUPPORT ALCOR LIFE EXTENSION FOUNDATION.				
2	Did the organization undertake any significant program servic	es during the year which w	ere not listed on		
	the prior Form 990 or 990-EZ?			Yes	X
	If "Yes," describe these new services on Schedule O.				
	Did the organization cease conducting, or make significant ch	anges in how it conducts	any program sonvicos?	Yes	x
		anges in now it conducts,	any program services?		
	If "Yes," describe these changes on Schedule O.	- fault and the discussion			_
	Describe the organization's program service accomplishments				
	Section 501(c)(3) and 501(c)(4) organizations are required to r	eport the amount of grants	and allocations to others, th	e total expenses,	and
	revenue, if any, for each program service reported.				
		uding grants of \$	) (Revenue \$		
	RETAIN AND DIRECT PROFESSIONAL INVESTMENT MANA	GERS TO IMPLEMENT			
	INVESTMENT STRATEGIES ESTABLISHED BY THE SUPPO	RTING ORGANIZATION.			
	SOLICIT THE SUPPORTED ORGANIZATION'S MEMBERS A	ND OTHERS FOR			
	CONTRIBUTIONS TO THE ENDOWMENT FUND AND PERFOR	MING OTHER FUNDRAIS	NG		
	FUNCTIONS.				
	DISBURSE ENDOWMENT FUND ASSETS TO THE SUPPORTE	D ORGANTZATTON			
4b	(Code: ) (Expenses \$ inclu	uding grants of \$	) (Revenue \$		
4c	(Code: ) (Expenses \$ inclu	uding grants of \$	) (Revenue \$		
10			) (nevenue •		
4d	Other program services (Describe in Schedule O.)			,	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$	)	(Revenue \$	)	
		)	(Revenue \$	)	
	(Expenses \$ including grants of \$ Total program service expenses >	)	(Revenue \$	) Form <b>9</b>	990

ALCOR ENDOWMENT TRUST SUPPORTING

Form	990 (2013) ORGANIZATION 32-6313396		P	age <b>3</b>
	t IV Checklist of Required Schedules			ugo e
			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	X	
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		x
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? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	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			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	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	10		
-	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a		х
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
5	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	115		
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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?		Ţ	
	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 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	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	10		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		<u>x</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2013)

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	ALCOR ENDOWMENT TRUST SUPPORTING			
		13396	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)		-	1
•		<b>—</b>	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>			x
22	government on Part IX, column (A), line 1? If 'res,' complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX			А
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III			x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	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		х
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?			
	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	<u>25a</u>		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	054		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		А
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer.			
~~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			X X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
0.	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		х
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		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		-	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization		1	x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization		-	^^
31	and that is the standard and the standard in the factor of the second standard of the standard	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			<u> </u>
	Note. All Form 990 filers are required to complete Schedule O		x	
			000	

Form **990** (2013)

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	ALCOR ENDOWMENT TRUST SUPPORTING			
Form	990 (2013) ORGANIZATION 32-631339	6	F	Page 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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 returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O			
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			x
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	? <b>7</b> a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
•	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	-		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	-		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C'			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
-	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			
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:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
~	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	154		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
u				
-	organization is licensed to issue qualified health plans     13b       Enter the amount of reserves on hand     13c	-		
		14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		<u> </u>
a	ה דבי, המשור חופע מ דטרוה ובט נט ופוטרו נוופש payments ( הי זיט, גייט, גייט מו פגעומו מנוטר ווו שנוופט וויישט י			(2013)
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332005 10-29-13

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ALCOR ENDOWMENT TRUST SUPPORTING

	1990 (2013) ORGANIZATION 32-63133	-		age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	ora "No" i	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b>	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
2		2		x
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3		3		x
	of officers, directors, or trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		
	more members of the governing body?	<b>7a</b>	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	<b>7b</b>		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	? <b>11a</b>		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
		12b		Х
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?			х
14	Did the organization have a written document retention and destruction policy?			x
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		x
				x
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
100	taxable entity during the year?	16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	10a		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
800	exempt status with respect to such arrangements?			
17 19	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ AZ Section 6104 requires an examination to make its Forms 1022 (or 1004 if explicitly) 000, and 000 T (Section 501(a)/2) or			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or	ny) avallal	JIE	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy	, and fina	ncial	
<b>.</b> -	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organ	nization:	▶	
	BONNIE MAGEE - 480-905-1906			
	7895 EAST ACOMA DRIVE, #110, SCOTTSDALE, AZ 85260-6916		000	(00)
332006	6 10-29-13	Forn	n <b>990</b>	(2013)
	6			

2013.05000 ALCOR ENDOWMENT TRUST SUPPO 5679-601

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			( Pos	C)			(D)	(E)	(F)
Name and Title	Average hours per week	box	(do not check more than box, unless person is bo officer and a director/trus				h 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 em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JAMES CLEMENT	1.00									
TRUSTEE	10.00	X						0.	0.	0.
(2) SAUL KENT	1.00	l								
TRUSTEE	20.00	X						0.	0.	0.
(3) RALPH MERKLE TRUSTEE	1.00	x						0.	0.	0.
(4) GEOFFREY SHMIGELSKY	1.00							· · ·	•.	0.
TRUSTEE		x						0.	0.	0.
(5) KENNETH WEISS	1.00									
TRUSTEE		x						0.	0.	0.
		-								
		-								
		ŀ								
332007 10-29-13	1				I	I		1		Form <b>990</b> (2013)

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ALCOR	ENDOWMENT	TRUST	SUPPORTING

	990 (2013) ORGANIZATION									32-63133	396		Pa	age <b>8</b>
Pai	t VII Section A. Officers, Directors, Trus		ploy	ees,			ghes	st C						
	hours		Average Position Reportable (do not check more than one box, unless person is both an officer and a director/(trustee) compensation						<b>(E)</b> Reportable compensation from related		am	(F) timate ount o other		
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	C)	comp fro orga and	oensa om the anizati I relate nizatio	e ion ed
											_			
	Sub-total Total from continuation sheets to Part VI	I, Section A					 		0. 0.		0. 0.			0. 0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but n								0. eceived more than \$100	0.000 of reportable	0.			0.
	compensation from the organization									,			Yes	0 <b>No</b>
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s				•	•			highest compensated e		[	3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4		X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com	-				-			-			5		X
1	tion B. Independent Contractors Complete this table for your five highest co	mpensated ind	depe	ende	nt c	ontr	acto	ors t	that received more than	\$100.000 of com	bens	ation fr	rom	
	the organization. Report compensation for													
	(A) Name and business	address	NO	NE					<b>(B)</b> Description of s	ervices	С	(C omper		n
								_						
2	Total number of independent contractors (i \$100,000 of compensation from the organiz	•	ot li	mite	d to		se lis 0	stec	d above) who received n	nore than				
												Form		2012)

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ALCOR ENDOWMENT TRU	JST SUPPORTING
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			2013) ORGANIZ					32-6313396	Page <b>9</b>
Pa	rt V	/111	Statement of Rever	nue					
			Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
						<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ts s	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
Å,G			Fundraising events						
Ξ.			Related organizations		4,122,007.				
اتا ی			Government grants (contribut		. ,				
Sig			All other contributions, gifts, gran						
Per la		•	similar amounts not included abov						
ġð		~	Noncash contributions included in lines						
N P		-				4,122,007.			
<u> </u>			Total. Add lines 1a-1f	<u></u>	Business Code	-,,,-			
	2	_			Busiliess Code				
Program Service Revenue	2								
Ser		b							
E P		C							
Ba		d							
Pro		e							
-			All other program service reve						
_			Total. Add lines 2a-2f						
	3		Investment income (including			16,220.			16,220.
			other similar amounts)			10,220.			10,220.
	4		Income from investment of tax		· · ·				
	5		Royalties						
			<b>.</b> .	(i) Real	(ii) Personal				
	6		Gross rents						
			Less: rental expenses		<u> </u>				
			Rental income or (loss)						
			Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	661,533.					
		b	Less: cost or other basis	500 450					
			and sales expenses	503,173.					
		С	Gain or (loss)	158,360.		450.000			450.000
			Net gain or (loss)		▶	158,360.			158,360.
Other Revenue	8	а	Gross income from fundraising including \$						
Rev			contributions reported on line	-					
e			Part IV, line 18						
Ē			Less: direct expenses						
		С	Net income or (loss) from func	draising events	►				
	9	а	Gross income from gaming ac						
			Part IV, line 19	а					
		b	Less: direct expenses	b					
		С	Net income or (loss) from gam	ing activities	►				
	10	а	Gross sales of inventory, less						
			and allowances	а					
		b	Less: cost of goods sold	b					
		с	Net income or (loss) from sale	s of inventory	►				
			Miscellaneous Revenu	е	Business Code				
	11	а							
		b							
		с							
		d	All other revenue						
			Total. Add lines 11a-11d						
	12		Total revenue. See instructions.			4,296,587.	0.	0.	174,580.
33200 10-29-	9 •13								Form <b>990</b> (2013)

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2013.05000 ALCOR ENDOWMENT TRUST SUPPO 5679-601

ALCOR	ENDOWMENT	TRUST	SUPPORTING

ORGANIZATION

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations

Secti	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
с	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Insurance				
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а					
b					
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	0.	0.	0.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form **990** (2013)

32-6313396

ALCOR ENDOWMENT TRUST SUPPORTING

Form 990 (2013)

ORGANIZATION

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Page **11** 

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing		1	
2	Savings and temporary cash investments	0.	2	4,368,55
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10;	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
	b Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	0.	16	4,368,55
17	Accounts payable and accrued expenses		17	, ,
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	Loans and other payables to current and former officers, directors, trustees,		21	
22	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
23	Unsecured notes and loans payable to unrelated third parties		23	
24			24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of			
			25	
26	Schedule D Total liabilities. Add lines 17 through 25	0.	26	
20	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	••	20	
07	complete lines 27 through 29, and lines 33 and 34.		07	4,368,55
27	Unrestricted net assets		27	4,500,5
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
27 28 29 30 31 32	Organizations that do not follow SFAS 117 (ASC 958), check here			
	and complete lines 30 through 34.		00	
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	-	32	
33	Total net assets or fund balances	0.	33	4,368,5
34	Total liabilities and net assets/fund balances	0.	34	4 , 368 , 55 Form <b>990</b> (20

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	ALCOR ENDOWMENT TRUST SUPPORTING				
Form	990 (2013) ORGANIZATION	32-6313396	;	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	,296,	,587.
2	Total expenses (must equal Part IX, column (A), line 25)	2			0.
3	Revenue less expenses. Subtract line 2 from line 1	3	4	,296,	,587.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			٥.
5	Net unrealized gains (losses) on investments	5		71,	,969.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4	,368,	,556.
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>		
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		]	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2013)

SCHEDULE A
------------

(Form 990 or 990-EZ)

Department of the Treasury

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

**Open to Public** 

OMB No. 1545-0047

Internal Reve	nue Service	Information about the second secon	out Schedule A (Form 990	or 990-EZ)	and its inst	tructions is	at www.irs	s.aov/form	990.	Inspe	ection	
Name of	the organizati		MMENT TRUST SUPPOR							identificat	ion nu	mber
		ORGANIZATI	ON						3:	2-6313396		
Part I	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	te this part	.) See inst	ructions.				
The organ			because it is: (For lines <sup>-</sup>									
1 🗂	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in <b>se</b>	ection 170	(b)(1)(A)(i)					
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🗌	A hospital or	a cooperative hospi	tal service organization	described	in section	170(b)(1)	(A)(iii).					
4	A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(ii	<b>i).</b> Enter	the hospita	l's nam	ıe,
	city, and stat	e:										
5	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni <sup>,</sup>	t descrik	oed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🔛	A federal, sta	te, or local governm	ent or governmental uni	t described	d in <b>sectio</b>	n 170(b)(1	I)(A)(v).					
7 📖	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	general	public desc	cribed i	n
	section 170(	<b>b)(1)(A)(vi).</b> (Comple	te Part II.)									
8 🖂	A community	trust described in <b>s</b>	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 📖	An organizati	on that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, m	nembershij	o fees, a	and gross re	ceipts	from
	activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (	2) no more	than 33 1	/3% of its	suppor	t from gross	s invest	ment
			axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	nization	after June 3	30, 197	<i>`</i> 5.
		509(a)(2). (Complete										
10	•	•	perated exclusively to te	•								
11 X	•	•	perated exclusively for th						•	· ·		or
			ations described in section		-		2). See <b>sec</b>	tion 509(a	a)(3). Ch	eck the box	(that	
			organization and compl		•			· — -		<i>.</i>		
	a X Type I	-	•	ype III - Fui		U U				on-functional	, ,	
e 📖			t the organization is not						•	•		n
4			han one or more publicly ten determination from t						a)(1) or	Section 50	9(a)(2).	
f	0	rganization, check th			,		, ,,					
a		•	nis box organization accepted ar									
g	•		irectly controls, either al			-		•••		,	Yes	No
											103	x
	-		n described in (i) above?									x
			person described in (i) o									x
h			about the supported or								<u></u>	
		g		5	(-)-							
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	( <b>v)</b> Did you	u notify the	(vi) Is	the	(vii) Amoun	t of mor	netarv
.,	anization	(1) 211	(described on lines 1-9	in col. (i) lis	sted in your	organizat	ion in col.	organizátic (i) organiz	ed in the	· ·	port	lotal y
0			above or IRC section	governing	document?	(i) of your	support?	U.S.	?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
ALCOR L	IFE											

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

7

Schedule A (Form 990 or 990-EZ) 2013

Ο.

Ο.

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Total

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1

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2013.05000 ALCOR ENDOWMENT TRUST SUPPO 5679-601

Х

Х

	AL	COR ENDOWMENT	TRUST SUPPORT	FING			
Sch	edule A (Form 990 or 990-EZ) 2013 OR	GANIZATION				32-631339	
Pa	rt II Support Schedule for						
	(Complete only if you checked				on failed to qualify	under Part III. If the	e organization
	fails to qualify under the tests	listed below, plea	ase complete Part	III.)			
Se	ction A. Public Support		-	-		_	
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support				1	-	
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
-	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10					40	
	Gross receipts from related activities,	·	,				
13	First five years. If the Form 990 is for						
Se	organization, check this box and stop ction C. Computation of Publi						PL
	Public support percentage for 2013 (li			column (fl)		14	
15	Public support percentage from 2012						
	<b>33 1/3% support test - 2013.</b> If the o						and
108	stop here. The organization qualifies						
F	33 1/3% support test - 2012. If the o						
L.	and stop here. The organization quali						Г
17=	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
				, , , , , , , , , , , , , , , , , , , ,	J		

b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2013

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% %

#### Schedule A (Form 990 or 990-EZ) 2013 ORGANIZATION

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
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						
<b>5</b> The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	(,	(0) = 0 + 0		(0, 2012	(0) = 0 + 0	(.,
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> 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 IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organi	ization,
check this box and <b>stop here</b>		· · · · · ·	· · ·			· .
Section C. Computation of Publi						
15 Public support percentage for 2013 (li			column (f))		15	ç
16 Public support percentage from 2012					16	ç
Section D. Computation of Inves						
17 Investment income percentage for 20	13 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	
18 Investment income percentage from 2					18	(
19a 33 1/3% support tests - 2013. If the					33 1/3%, and line	17 is not
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2012. If the						
line 18 is not more than 33 1/3%, che	ck this box and <b>s</b>	top here. The org	anization qualifies	as a publicly sup	ported organizatior	n ►
20 Private foundation. If the organization	<u>ı did not check a</u>	box on line 14, 19	a, or 19b, check	this box and see ir	nstructions	<b>)</b>
332023 09-25-13			15	Sc	hedule A (Form 99	90 or 990-EZ) 20

17531117 134713 5679-60

2013.05000 ALCOR ENDOWMENT TRUST SUPPO 5679-601

32-6313396

Schedule A	(Form 990 or 990-EZ) 2013 ORGANIZATION	32-6313396 P	age <b>4</b>
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, lin	ne 17a or 17b; and Part III, line 12.	
	Also complete this part for any additional information. (See instructions).		
000001 05 55		Cabadula A (Farma 000 ar 000 FT	1 00 10
332024 09-25-	<sup>13</sup> 16	Schedule A (Form 990 or 990-EZ	<i>j</i> 2013
531117	134713 5679-60 2013.05000 ALCOR ENDOWMENT	TRUST SUPPO 5679-	601

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* *	PUBLIC	DISCLOSURE	COPY	**
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## Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

Employer identification number

OMB No. 1545-0047

#### Name of the organization

Schedule B

(Form 990, 990-EZ.

Department of the Treasury

Internal Revenue Service

or 990-PF)

A	LCOR	ENDOWMENT	TRUST	SUPPORTING	
0	RGANI	ZATION			

32-6313396

Organization	type (check one):
--------------	-------------------

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

#### **Special Rules**

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., purpose, charitable, etc., contributions of \$5,000 or more during the year

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)	Page <b>2</b>
Name of organization	Employer identification number
ALCOR ENDOWMENT TRUST SUPPORTING	
ORGANIZATION	32-6313396

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
323452 10-24-13		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013)

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Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)				
Name of organization	Employer identification number			
ALCOR ENDOWMENT TRUST SUPPORTING				
ORGANIZATION	32-6313396			

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

—   —		 \$	
(a) No. irom	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I	,	(see instructions)	
		\$	
(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
3453 10-24-13		\$Schedule B (Form	990, 990-EZ, or 990-PF) (

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2013.05000 ALCOR ENDOWMENT TRUST SUPPO 5679-601

	(Form 990, 990-EZ, or 990-PF) (2013)		Page <b>4</b>		
Name of orga	anization		Employer identification number		
ALCOR END	OOWMENT TRUST SUPPORTING				
ORGANIZAT Part III		tc., contributions of <b>\$1,000 or less</b> for	32-6313396 (7), (8), or (10) organizations that total more than \$1,000 for the ons completing Part III, enter r the year. (Enter this information once.) \$		
(a) No.	Ose duplicate copies of Part III if addition				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	Transferee's name, address, a	(e) Transfer of gif	gift Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif	[		
	Transferee's name, address, a 	Ind ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee		
323454 10-24-	13	] 20	Schedule B (Form 990, 990-EZ, or 990-PF) (2013)		

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SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Attach to Form 990 or 990-EZ.		Open to Public Inspection
Name of the organizatio	► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/ ALCOR ENDOWMENT TRUST SUPPORTING ORGANIZATION		identification number
FORM 990, PART VI,	SECTION A, LINE 7A:		
THE SUPPORTING ORG	ANIZATION SHALL BE A TYPE II SUPPORTING		
ORGANIZATION, AND	SHALL BE UNDER THE CONTROL AND MANAGEMENT FOR THE		
SUPPORTED ORGANIZA	TION BECAUSE, AMONG OTHER REASONS, THE MAJORITY OF ITS		
TRUSTEES SHALL ALS	O BE SERVING CONCURRENTLY AS BOARD MEMBERS OF THE		
SUPPORTED ORGANIZA	TION.		
FORM 990, PART VI,	SECTION B, LINE 11:		
THE FORM 990 IS PR	EPARED BY AN OUTSIDE ACCOUNTING FIRM AND		
REVIEWED BY THE BO	ARD OF TRUSTEES PRIOR TO FILING WITH THE INTERNAL REVENUE		
SERVICE.			
FORM 990, PART VI,	SECTION B, LINE 12C:		
AFTER DISCLOSURE O	F THE FINANCIAL INTEREST AND ALL MATERIAL		
FACTS, AND AFTER A	NY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL		
LEAVE THE GOVERNIN	G BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A		
CONFLICT OF INTERE	ST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR		
COMMITTEE MEMBERS	SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.		
IN CONNECTION WITH	ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN		
INTERESTED PERSON	MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND		
BE GIVEN THE OPPOR	TUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS		
AND MEMBERS OF COM	MITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING		
THE PROPOSED TRANS	ACTIONS OR ARRANGEMENTS.		
FORM 990, PART VI,	SECTION C, LINE 19:		
GOVERNING DOCUMENT	S AND FINANCIAL STATEMENTS ARE AVAILABLE ON		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013) 332211 09-04-13 21 2013.05000 ALCOR ENDOWMENT TRUST SUPPO 5679-601

Schedule O (Form 990 or 990-EZ) (2013) Name of the organization ALCOR ENDOWMENT TRUST SU ORGANIZATION	PPORTING			Er	nployer identi 32-631339	
THE ORGANIZATION'S WEBSITE OR UPON REQUEST.						
32212 9-04-13		22		Schedule	O (Form 990 o	or 990-EZ) (2
31117 134713 5679-60 203	13.05000		ENDOWMENT	TRUST	SUPPO	5679-6

SCHEDULE R (Form 990)       Related Organizations and Unrelated Partnerships         Department of the Treasury Internal Revenue Service       Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.         Department of the Treasury Internal Revenue Service       See separate instructions.							201 201	<b>3</b> ublic	
Name of the organization					19.90	-	loyer identil 2-6313396	ication n	umber
Part I Identification	of Disregarded Entities Complete	e if the organization answered "Yes'	on Form 990, Part IV, line 33	3.					
	(a) ss, and EIN (if applicable) sregarded entity	(b) Primary activity	(c) Legal domicile (state c foreign country)	(d) Dr Total incor	(e) me End-of-year			<b>(f)</b> controlling ntity	]
		-							
	of Related Tax-Exempt Organization during the tax year.	ations Complete if the organization	answered "Yes" on Form 990	), Part IV, line 34 be	ecause it had one o	or more rel	lated tax-exe	mpt	
,	(a) address, and EIN ated organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		<b>(f)</b> controlling entity	cont	<b>g)</b> 512(b)(13) rolled ity? <b>No</b>
7895 EAST ACOMA DRI	DN FOUNDATION - 23-7154039 IVE, #110 260-6916	RESEARCH	ARIZONA	501(C)(3)		N/A		105	x
		-							
		-							

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

Schedule R (Form 990) 2013 ORGANIZATION

#### 32-6313396

Page 2

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
Fartin	organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate tions?	L 20 of Schedule	Genera managi partne	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	YesN	0
	-										
	4										
	4										

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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	Sec 512(l conti ent	( <b>i)</b> ction b)(13) rolled tity?
		country)						Yes	No
									<u> </u>
									<u> </u>
									├──
									──

ALCOR ENDOWMENT TRUST SUPPORTING

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

Schedule R (Form 990) 2013 ORGANIZATION

Part V

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 transaction:	s with one or more re	elated organizations listed	in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		X
	<b>b</b> Gift, grant, or capital contribution to related organization(s)						Х
	Gift, grant, or capital contribution from related organization(s)				1c	Х	
d	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		Х
g	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		Х
1	Performance of services or membership or fundraising solicitations for related orga	nization(s)			11	Х	
m	Performance of services or membership or fundraising solicitations by related orga	nization(s)			1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organizati				1n	Х	
0	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				1p		X
q					1q		X
r	Other transfer of cash or property to related organization(s)				1r		X
S	Other transfer of cash or property from related organization(s)				1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete t	his line, including covered	relationships and transaction thresholds.			
	<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount inv	olved		
<u>(1)</u>							
(2)							
(3)							
(4)							
(5)							
<u> </u>							
(6)							

Page 3

Schedule R (Form 990) 2013 ORGANIZATION

#### 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)	(b)	(c)	(d)	Are Are partne 501(i org	e) all	(f)	(g)	(h)	(i)	(		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under section 512-514)	partne	'S SEC.	Share of	Share of	Dispropor	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	al or Per	rcentage /nership
of entity		(state or foreign	excluded from tax	501( org	c)(3) s.?	total	end-of-year	allocations	2 of Schedule K-1	part	ner? OW	vnership
		country)	under section 512-514)	Yes	No	income	assets	Yes No	(Form 1065)	Yes		
								+ +		+		
										-		
										1		
								+		-		
										1		
										1		
			1					1 1	1	1	1	

Schedule R (Form 990) 2013

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	ALCOR ENDOWMENT TRUST SUPPORTING
Schedule R (Form 990) 2013	ORGANIZATION
Part VII Supplemental In	formation
Provide additional info	ormation for responses to questions on Schedule R (see instruct

332165 09-12-13