** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047 Inspection

<u>A</u> F	or the	2017 calendar year, or tax year beginning	and	ending								
	heck if pplicable	C Name of organization			D Employer	identific	ation number					
Г	Addres	ALCOR LIFE EXTENSION FOUNDATION										
	Name change					23-71	54039					
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone	number						
	 □Final □return/	7895 EAST ACOMA DRIVE, #110	,			480-905	5-1906					
	termin ated	City or town, state or province, country, and	G Gross receipt	s \$	7,214,656.							
	Ameno	3CO113DADE, AZ 03200-0910	H(a) Is this a	group ref	turn							
	Applic tion	F Name and address of principal officer: MAX I	MORE		for subc	ordinates?	Yes X No					
	pendir	SAME AS C ABOVE			H(b) Are all sub	ordinates inc	luded? Yes No					
<u> 1 1</u>	ax-exe	empt status: X 501(c)(3) 501(c) ()		or 527	If "No,"	attach a l	ist. (see instructions)					
		e: WWW.ALCOR.ORG			H(c) Group e	xemption	number >					
			sociation Other >	L Year	of formation: 19	972 M	State of legal domicile; CA					
Pa	art I	Summary										
Ф		Briefly describe the organization's mission or most			ON OF INDIV	IDUAL						
Governance		LIVES, TO BE SOUGHT THROUGH MAINTAININ	•									
ern	l	Check this box Fig. if the organization discontinued its operations or disposed of more than 25% of its net assets.										
Š	I	Number of voting members of the governing body					7					
જ		Number of independent voting members of the gov					0					
Activities		Total number of individuals employed in calendar y				··· 	12					
Ęï		Total number of volunteers (estimate if necessary)				··· —	0.					
Ac	l	Total unrelated business revenue from Part VIII, collinet unrelated business taxable income from Form				··· —	0.					
	<u> </u>	Net differated business taxable income from Form	990-1, line 34		Prior Year		Current Year					
	8	Contributions and grants (Part VIII, line 1h)				2,680.	1,045,371.					
Revenue						3,408.	632,638.					
Ver	I	Investment income (Part VIII, column (A), lines 3, 4,				4,318.	2,016,492.					
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			2,898.	82,718.						
	l	Total revenue - add lines 8 through 11 (must equal			1,54	3,304.	3,777,219.					
		Grants and similar amounts paid (Part IX, column (13	4,975.	17,300.							
	l	Benefits paid to or for members (Part IX, column (A				0.	0.					
s	15	Salaries, other compensation, employee benefits (F		57	7,659.	700,716.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), li				0.	0					
be	b	Total fundraising expenses (Part IX, column (D), line	e 25) \rightarrow 16,	340.								
Û	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)			9,183.	963,107.					
	18	Total expenses. Add lines 13-17 (must equal Part I)	K, column (A), line 25)			1,817.	1,681,123.					
	19	Revenue less expenses. Subtract line 18 from line	12		-22	8,513.	2,096,096.					
Net Assets or				Ве	ginning of Curre		End of Year					
Sset	20					5,768.	34,453,777.					
etA	21	Total liabilities (Part X, line 26)			18,31		20,132,967.					
	rt II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		9,98	9,191.	14,320,810.					
		Ities of perjury, I declare that I have examined this return,	including accompanying achadula	a and atatam	anta and to the h	ant of my	knowledge and helief it is					
		t, and complete. Declaration of preparer (other than office					Kilowieuge allu bellel, it is					
uuu	COLLEC	t, and complete. Declaration of preparer (other than office	1) is based on an information of wi	non preparei	Tias ally knowled	iye.						
Sig	•	Signature of officer			Date							
Her		R MICHAEL PERRY SECRETARY/TREASU	RER/CFO									
1101	C	Type or print name and title										
		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN					
Paid	l	KRISTEN BASS		1	1/15/18	if self-employe	□ d					
	arer	Firm's name CBIZ MHM, LLC		Firm's EIN ▶ 34-1884125								
	Only	Firm's address 4722 N 24TH ST, STE 300										
	-	PHOENIX, AZ 85016			Phon	e no.602-	264-6835					
May	the IF	RS discuss this return with the preparer shown about	ve? (see instructions)				. X Yes No					

23-7154039

Pa	Statement of Program Service Accomplishments	[v]
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	X
	SEE SCHEDULE O.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	. I les II live
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	y expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	expenses, and
_	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$964,045. including grants of \$17,300.) (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.	
	(Code:) (Expenses \$	509,880.)
4b	(Code:) (Expenses \$) (Revenue \$) (Revenue \$) TO ENGAGE IN THE APPLICATION OF WHOLE-BODY CRYONIC SUSPENSION,	303,000.
	NEUROPRESERVATION AND OTHER POSTMORTEM AND BIOPRESERVATION TECHNIQUES	
	AND TO PROVIDE THESE SERVICES TO THE GENERAL PUBLIC.	
4c	(Code:) (Expenses \$ 50 , 726 including grants of \$) (Revenue \$	124,646.)
40	TO EDUCATE THE GENERAL PUBLIC ABOUT THE SCIENCE AND PRACTICE OF HUMAN	
	CRYOPRESERVATION AND RELATED TOPICS, INCLUDING REJUVENATION	
	BIOTECHNOLOGIES, MOLECULAR NANOTECHNOLOGY, LIFE EXTENSION, PREVENTATIVE	
	HEALTH, AND RELATED RESEARCH.	
4d	Other program services (Describe in Schedule O.)	
T u	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 1,213,006.	•
		Form 990 (2017)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ü	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,			
′		7		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	ا ا		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	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	Ha		
b	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			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
ŭ	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 separate of consolidated limit clarification the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ızd		12a		х
h	Schedule D, Parts XI and XII Was the experienting included in concelled to independent audited financial statements for the tay year?	IZa		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			Х
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
		148		- 21
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	4.41-	х	
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Λ	
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	4-		v
40	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			
4-	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,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		Х

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	· · ·	23	х	
04-	Schedule J	23		
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			x
	Schedule K. If "No", go to line 25a	24a		
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		
	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30		30		x
31	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		х
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	,	00		x
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		x
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			.,
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule O contains a response or note to any line in this Part v					<u> </u>
			ı		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	24	_		
b		1b		긱		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re					
_	(gambling) winnings to prize winners?	 I	 I	1c	X	
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	I	_	х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	↑ ^	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions			20		x
				3a 3b		+*-
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty over a	30		+-
40	financial account in a foreign country (such as a bank account, securities account, or other financial a		•	4a		l x
h	If "Yes," enter the name of the foreign country:	ccoui	ity:	70		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FRAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c	- i	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	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 contributi					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		\perp
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs requ	uired			
	to file Form 8282?		 I	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		t?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7 <u>g</u>		+-
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	е			
_	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		+-
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:			9b		
	Initiation fees and capital contributions included on Part VIII, line 12	10a	I			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		
11	Section 501(c)(12) organizations. Enter:		ı	1		
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	128	1	
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?			138	1	
	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				
	Enter the amount of reserves on hand	13c				
				148		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	<u> 0</u>		14k		<u> </u>
				ro7	m 99 0	(2017)

732005 11-28-17

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
			1			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		7			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?			. 🚅	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?			L ;	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		[;	5		Х
6	Did the organization have members or stockholders?				6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?	•		7	'a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?			7	'b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?	-	-	Я	a	х	
b	Each committee with authority to act on behalf of the governing body?				b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			· -	-		
_	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			, ا	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re						
	(This decision b reguests information about policies not required by the internal ne	venue	<u> </u>			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10	0a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
			,	10	0b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			—	1a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,	3				
12a				12	2a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				2b	х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy?						
_	in Schedule O how this was done	, -		1:	2c	х	
13	Did the organization have a written whistleblower policy?				3		X
14	Did the organization have a written document retention and destruction policy?				4		X
15	Did the process for determining compensation of the following persons include a review and approva						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		aoponaoni				
а	The organization's CEO, Executive Director, or top management official			19	5а		Х
	Other officers or key employees of the organization				5b		
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			· '			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a				
100	taxable entity during the year?			16	6a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			· F.			
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	-					
	exempt status with respect to such arrangements?			16	6b		
Sec	tion C. Disclosure				,		
17	List the states with which a copy of this Form 990 is required to be filed ▶AZ, CA						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Secti	on 501(c)(3)s only) availa	able		
	for public inspection. Indicate how you made these available. Check all that apply.	•	()() · · · · · ·				
	X Own website Another's website X Upon request Other (explain	n in Scl	hedule (1)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor			nd fina	ancia	al	
	statements available to the public during the tax year.					-	
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d records:				
	BONNIE MAGEE - 480-905-1906						
	7895 EAST ACOMA DRIVE, #110, SCOTTSDALE, AZ 85260-6916						
	•						

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

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

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

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

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

(A) Check this box if neither the organization nor any relate					C)	ipoi	iour	(D)	(E)	(F)
Name and Title	Average		Position					Reportable	Reportable	Estimated
Name and Title	hours per		(do not check r box, unless per					compensation	compensation	amount of
	week		cer ar					from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dire	au.			rted		organization	(W-2/1099-MISC)	from the
	related	stee	truste		eo	beusa		(W-2/1099-MISC)		organization
	organizations	ual tru	ional		ploye	t com				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer			organizations
(1) RAVIN JAIN	10.00	=	-	0	~	工业	Œ			
DIRECTOR	10.00	x						0.	0.	0.
(2) RALPH MERKLE	10.00									
DIRECTOR	2.00	х						0.	0.	0.
(3) MICHAEL RISKIN	10.00	1								
DIRECTOR/CHAIR	2.00	х		х				0.	0.	0.
(4) BRIAN WOWK	10.00									
DIRECTOR	2.00	х						0.	0.	0.
(5) CATHERINE BALDWIN	10.00									
DIRECTOR		Х						0.	0.	0.
(6) MICHAEL SEIDL	10.00									
DIRECTOR		Х						0.	0.	0.
(7) ANDREW AYMELOGLU	10.00									
DIRECTOR	4.00	Х						0.	0.	0.
(8) MICHAEL O'NEAL	10.00									
DIRECTOR	2.00	Х						0.	0.	0.
(9) MICHAEL ANZIS	10.00	1								
DIRECTOR		Х						0.	0.	0.
(10) MAX MORE	40.00	1								
PRESIDENT/CEO				Х				139,983.	0.	16,633.
(11) MICHAEL PERRY	40.00									
SECRETARY/TREASURER/CFO				Х				31,343.	0.	2,591.
(12) BONNIE MAGEE	40.00	1								
VP OF FINANCE				Х				84,187.	0.	12,115.
		1								
		1								
		<u> </u>	-			_				
		4								
		<u> </u>			_					
		1								
		<u> </u>	-		_	_	_			
		1								
			<u> </u>							

Form 990 (2017) ALCOR LIFE EX									23-71	5403	9	Pa	age 8
Part VII Section A. Officers, Directors, Trus		oloye	ees,			ghes	t C		, ,				
(A) Name and title	(B) Average hours per week	box,	not c	Posi heck r ss pers id a di	tion nore t son is	than c s both	an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	Est am	(F) imate ount o 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)	organization: (W-2/1099-MIS		orga and	ensatem the nizati relate nizatio	e ion ed
1b Sub-total c Total from continuation sheets to Part VI	, Section A					ا		255,513.		0.			339.
d Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization							o re	255,513. eceived more than \$100,	000 of reportable	0.		31,	339 <u>.</u> 1
3 Did the organization list any former officer,	director, or tru	ıstee	e, ke	y em	nploy	yee,	or h	highest compensated er	nployee on			Yes	No
line 1a? If "Yes," complete Schedule J for start For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from t	he organization		3		Х
 and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com 	ccrue compen	satio	on fr	om a	any I	unre	late	ed organization or individ	dual for services		5	X	x
Section B. Independent Contractors	piete ochedare	<i>,</i> 0 /C	<i>)</i> 30	<i>icii</i> ç	70730	<i>JII</i> .						'	
Complete this table for your five highest count the organization. Report compensation for the organization.	•	•						the organization's tax y	•	ensat			
Name and business	address	NOI	NE					(B) Description of s	ervices	С	(C) ompen		<u>1</u>
2 Total number of independent contractors (in	acluding but a	ot lin	nitor	1 to t	hos	o lice	tod	ahova) who received m	ore than				
\$100,000 of compensation from the organiz	ŭ	J. 1111			0		.ou	above, who received life	SIO HIMII		Form 9	90 (c	2017)

Form 990 (2017) ALCOR LIFE
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
				S	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns	1a					012 011
ant	. u	Membership dues		547,571.				
Ģ e	~	Fundraising events		, -				
ifts,	d	Related organizations		180,472.				
nila	-	Government grants (contribution		,				
Sir	f	All other contributions, gifts, grant						
uti her	·	similar amounts not included abov		317,328.				
g ţ		Noncash contributions included in lines 1	· · · · · · · · · · · · · · · · · · ·	,				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			1,045,371.			
<u> </u>				Business Code				
ø	2 a	CRYOPRESERVATION		541700	591,227.	591,227.		
ķ	b			541700	41,411.	41,411.		
Ser	c	·						
an eve	d	 I						
Program Service Revenue	е	•						
Pro	f	All other program service rever	nue					
		Total. Add lines 2a-2f			632,638.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		>	171,435.			171,435.
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents	73,610	•				
	b	Less: rental expenses	0	•				
	c	Rental income or (loss)	73,610					
	d	Net rental income or (loss)			73,610.			73,610.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	5,282,494	•				
	b	Less: cost or other basis						
		and sales expenses	3,437,437					
	C	Gain or (loss)	1,845,057	•				
		Net gain or (loss)			1,845,057.			1,845,057.
<u>e</u>	8 a	Gross income from fundraising	events (not					
Other Revenu		including \$						
3ev		contributions reported on line	,					
er		Part IV, line 18						
₹		Less: direct expenses		·				
		Net income or (loss) from fund	-	>				
	9 a	Gross income from gaming ac						
	l-	Part IV, line 19						
		Net income or (loss) from gami		·				
		Gross sales of inventory, less r						
	10 a	and allowances		1,888.				
	h	Less: cost of goods sold		0.				
		Net income or (loss) from sales		,	1,888.	1,888.		
		Miscellaneous Revenue		Business Code	,			
	11 2	OTHER INCOME	•	900099	7,220.			7,220.
	b				,			, ,
	c							
		All other revenue						
		e Total. Add lines 11a-11d			7,220.			
	12	Total revenue. See instructions.			3,777,219.	634,526.	0.	2,097,322.

732009 11-28-17

23-7154039

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 17,300 17,300 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 54,238 3,132. trustees, and key employees 286,852 229,482. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 317,577. 254,062. 63,515. 7 Pension plan accruals and contributions (include 3,089 section 401(k) and 403(b) employer contributions) 15,443 12,354. 33,613, 26,891 6.722 9 Other employee benefits 47,231 37,785 9,446 10 Payroll taxes Fees for services (non-employees): Management а 46,016. 46,016 Legal 43,400, 43,400 Accounting 33,000 33,000 Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 230 184 23 23. Advertising and promotion 12 137,007. 75,677. 61,330 13 Office expenses Information technology 14 Royalties 15 183,462. 143,259. 40,203 16 Occupancy 13,185 13,185. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 109,065 87,252 21,813 22 Depreciation, depletion, and amortization 43,365 3,899 39,466 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) READINESS EXPENSES 108,688, 108,688. CRYOPRESERVATION 89,547 89,547. REPAIRS & MAINTENANCE 72,466. 57,973. 14,493. С PUBLIC EDUCATION 63,407. 50,726. 12,681 20,269 17,927 2,342 е All other expenses 1,213,006 451,777 16,340. Total functional expenses. Add lines 1 through 24e 1,681,123 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2017) Part X Balance Sheet

an		Charles One and a constant and a con		to a to alate De 1.9			
		Check if Schedule O contains a response or not	e to any	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			508,785.	1	498,941
	2	Savings and temporary cash investments			5,657,278.	2	7,189,832
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			276,265.	4	50,31
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation					
		Part II of Schedule L		1		5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	•	,			
		employers and sponsoring organizations of sect					
ا م		employees' beneficiary organizations (see instr).	·		6		
Assels	7	Notes and loans receivable, net		7			
¥	8	Inventories for sale or use		165,885.	8	123,43	
	9	B			1,685.	9	·
		Land, buildings, and equipment: cost or other			·		
		basis. Complete Part VI of Schedule D	10a	2,432,228.			
	b	Less: accumulated depreciation		1,185,838.	828,739.	10c	1,246,39
	11	Investments - publicly traded securities		, ,	11,214,362.	11	15,029,29
	12	Investments - other securities. See Part IV, line			581,420.	12	655,28
	13	Investments - program-related. See Part IV, line	,	13	•		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		9,071,349.	15	9,660,28	
	16	Total assets. Add lines 1 through 15 (must equ			28,305,768.	16	34,453,77
	17	Accounts payable and accrued expenses			92,726.	17	125,06
	18	Grants payable	,	18	•		
	19	Deferred revenue		14,341,149.	19	14,705,30	
	20	Tax-exempt bond liabilities			, ,	20	
	21	Escrow or custodial account liability. Complete			3,882,702.	21	5,302,59
	22	Loans and other payables to current and former			, , , -		
		key employees, highest compensated employee					
LIGOIILLES		Complete Part II of Schedule L	-			22	
<u> </u>	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated		·		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	-				
		Only a duty D	•	·		25	
	26	Tabal Balanda Adal Bara 47 Harrist Of			18,316,577.	26	20,132,96
\top		Organizations that follow SFAS 117 (ASC 958					<u>, , , , , , , , , , , , , , , , , , , </u>
.		complete lines 27 through 29, and lines 33 an					
ő	27	Unrestricted net assets			5,999,135.	27	9,787,99
≅ I	28	Temporarily restricted net assets			, , , -	28	, ,
š	29	D			3,990,056.	29	4,532,82
₹	25	Organizations that do not follow SFAS 117 (A		check here		2.5	
[and complete lines 30 through 34.		CHECK HEIC P			
3	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or ed				31	
?						32	
อี	32 33	Retained earnings, endowment, accumulated in Total net assets or fund balances			9,989,191.	33	14,320,81
ZI							

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI				X				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,	777,	219.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	681,	123.				
3	Revenue less expenses. Subtract line 2 from line 1	3	2,	096,	096.				
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								
5	Net unrealized gains (losses) on investments	5	1,	772,	750.				
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8		-79,	989.				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		542,	762.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10	14,	320,	810.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>				
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		. 2b		Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c		<u> </u>				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit							
	Act and OMB Circular A-133?		3a		Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b						
			Form	990	(2017)				

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Name of the organization

ALCOR LIFE EXTENSION FOUNDATION 23-7154039

Pa	rt I	Reason for Public C	Charity Status (All organizations must co	omplete th	is part.) Se	e instructions.	
he	organ	ization is not a private found						
1		A church, convention of chu)(A)(i).	
2		A school described in secti					, , , ,	
3	一	A hospital or a cooperative		•			i).	
4	H	A medical research organiza						the hospital's name.
•		city, and state:	a operated ee.	,janonon aoopa.		000110		ine neophane manne,
5		An organization operated for	or the benefit of a col	lege or university owner	d or operate	ed by a go	vernmental unit describe	ad in
3	ш	section 170(b)(1)(A)(iv). (C		lege of university owner	or operati	ca by a go	verninental unit describe	5 4 III
6				antal unit described in	coetion 17	70/6\/4\/4\/	()	
6	X	A federal, state, or local gov	-				•	aublia dagaribad in
′		An organization that normal	•	ntial part of its support i	rom a gove	mmentar	unit or from the general p	oublic described in
_		section 170(b)(1)(A)(vi). (C	•	(4)(4)(4)(4)				
8	Н	A community trust describe						
9		An agricultural research org				-	-	-
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or
		university:						
10		An organization that normal						
		activities related to its exem	-	•				-
		income and unrelated busin		(less section 511 tax) fro	om busines	ses acquii	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	-					
11	Ш	An organization organized a	•	•	•			
12		An organization organized a	•	-	-		· · · · · · · · · · · · · · · · · · ·	
		more publicly supported org	-					Check the box in
		lines 12a through 12d that o	* *					
а				•	•	-		
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	upporting
		organization. You must c	complete Part IV, Se	ections A and B.				
b		■ Type II. A supporting organization	anization supervised	or controlled in connec	tion with its	s supporte	d organization(s), by have	ving
		control or management of	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manage the supp	oorted
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)	. You must complete	Part IV, Se	ctions A,	D, and E.	
d		☐ Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	rith its supported organiz	zation(s)
		that is not functionally into	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an attentiv	/eness
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	s A and D,	and Part	V.	
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.		
f	Ente	er the number of supported o	organizations					
g		vide the following information			(iv) Is the orga	unization lieted		T (84) (44)
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi		(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
	_							
Ot:	. .						i	1

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.)

Section A. Public Sup	oport						
Calendar year (or fiscal year b	eginning in) ► 🔃	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contribut	ions, and						
membership fees rece	ived. (Do not						
include any "unusual g	grants.")	774,701.	1,018,966.	1,040,854.	672,680.	1,045,371.	4,552,572.
2 Tax revenues levied fo	r the organ-						
ization's benefit and ei	ther paid to						
or expended on its bel	nalf						
3 The value of services of	or facilities						
furnished by a governr	mental unit to						
the organization witho	ut charge						
4 Total. Add lines 1 thro	ugh 3	774,701.	1,018,966.	1,040,854.	672,680.	1,045,371.	4,552,572.
5 The portion of total co	ntributions						
by each person (other	than a						
governmental unit or p	ublicly						
supported organization	n) included						
on line 1 that exceeds	2% of the						
amount shown on line	11,						
column (f)							717,456.
6 Public support. Subtract	et line 5 from line 4.						3,835,116.
Section B. Total Supp	port						
Calendar year (or fiscal year b	eginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4		774,701.	1,018,966.	1,040,854.	672,680.	1,045,371.	4,552,572.
8 Gross income from int	erest,						
dividends, payments re	eceived on						
securities loans, rents,	royalties,						
and income from similar	ar sources	192,857.	168,502.	220,211.	204,846.	245,045.	1,031,461.
9 Net income from unrel	ated business						
activities, whether or n	ot the						
business is regularly ca	arried on	24,209.	49,277.	18,891.			92,377.
10 Other income. Do not							
or loss from the sale of	f capital						
assets (Explain in Part	VI.)	13,755.	10,858.	1,149.	1,919.	7,220.	34,901.
11 Total support. Add line	es 7 through 10						5,711,311.
12 Gross receipts from re	lated activities, etc.	(see instructio	ns)			12	2,896,332.
13 First five years. If the	Form 990 is for the	organization's	first, second, third	, fourth, or fifth tax	k year as a section	501(c)(3)	
organization, check th							>
Section C. Computat	ion of Public S	upport Per	centage				
14 Public support percen	tage for 2017 (line 6	6, column (f) div	rided by line 11, co	lumn (f))		14	67.15 %
15 Public support percent	tage from 2016 Sch	nedule A, Part I	I, line 14			15	64.02 %
16a 33 1/3% support test	- 2017. If the orga	nization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and
stop here. The organiz	zation qualifies as a	publicly suppo	orted organization				X
b 33 1/3% support test	- 2016. If the orga	nization did no	check a box on lir	ne 13 or 16a, and I	line 15 is 33 1/3%	or more, check this	box
and stop here. The or	ganization qualifies	as a publicly s	upported organizat	tion			▶□
17a 10% -facts-and-circu	mstances test - 20)17. If the orga	anization did not ch				
and if the organization	meets the "facts-ar	nd-circumstanc	es" test, check this	s box and stop he	ere. Explain in Par	t VI how the organi	zation
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18 Private foundation If	the organization di	d not check a b	oox on line 13, 16a	. 16b. 17a. or 17b.	check this box ar	nd see instructions	ightharpoonup

Schedule A (Form 990 or 990-EZ) 2017

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.)

16 Public support percentage from 2016 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 18 9	Sec	ction A. Public Support						
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more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	l-							
b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	ū							
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	20							

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
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10a		
10b		

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

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting orga	anization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2017

Par	LV	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exer	npt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	t purposes of supported		
	organi	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which th	e organization is responsive		
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2017 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distrib	outable amount for 2017 from Section C, line 6			
2	Under	rdistributions, if any, for years prior to 2017 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2017			
а					
b	From	2013			
С	From	2014			
d	From	2015			
е	From	2016			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2017 distributable amount			
i	Carry	over from 2012 not applied (see instructions)			
i	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2017 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2017 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2017, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
	than z	ero, explain in Part VI. See instructions.			
6	Rema	ining underdistributions for 2017. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
	Part V	/I. See instructions.			
7	Exces	ss distributions carryover to 2018. Add lines 3j			
	and 4	с.			
8	Break	down of line 7:			
а	Exces	s from 2013			
b	Exces	s from 2014			
С	Exces	s from 2015			
d	Exces	s from 2016			
е	Exces	s from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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:
OTHER INCOME
2013 AMOUNT: \$ 13,755.
2014 AMOUNT: \$ 10,858.
2015 AMOUNT: \$ 1,149.
2016 AMOUNT: \$ 1,919.
2017 AMOUNT: \$ 7,220.

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

Department of the Treasury Internal Revenue Service

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

2017

Name of the organization **Employer identification number** ALCOR LIFE EXTENSION FOUNDATION 23-7154039 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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, 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 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).

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) (2017)

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		\$\$	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	Name, address, and Zir + +	\$\$65,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 3	Name, address, and ZIP + 4	\$ 180,472.	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
4	Name, address, and ZIP + 4	\$\$ 29,000.	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
5	Training additions and it is	\$\$	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
	Training words oddy data bit 1 1	\$	Person Payroll Noncash Complete Part II for noncash contributions.

Name of organization

Employer identification number

ALCOR LIFE EXTENSION FOUNDATION

23-7154039

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

Ш	EXTENSION FOUNDATION Fxclusively religious, charitable, etc., cont	ributions to organizations described in s	23-7154039 ection 501(c)(7), (8), or (10) that total more than \$1,000					
	the year from any one contributor. Complete	columns (a) through (e) and the followin	O line entry. For organizations					
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional	s, charitable, etc., contributions of \$1,000 or less al space is needed.	for the year. (Enter this into. once.)					
). 			405 41					
<u> </u>	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
_			_					
- -			_					
-		(e) Transfer of gift						
		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
-								
		<u> </u>	1					
). 	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
1_								
. _			_					
-		-	_ -					
	(e) Transfer of gift							
	, ,							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
-								
). 	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
). I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
). - -	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
). - - -	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
). 	(b) Purpose of gift		(d) Description of how gift is held					
). 	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held					
- - -	(b) Purpose of gift Transferee's name, address, a	(e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee					
		(e) Transfer of gift						
		(e) Transfer of gift						
		(e) Transfer of gift						
-		(e) Transfer of gift						
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee					
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee					
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee					
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee					
-	Transferee's name, address, a	(e) Transfer of gift (c) Use of gift (e) Transfer of gift	Relationship of transferor to transferee					
-	Transferee's name, address, and the state of	(e) Transfer of gift (c) Use of gift (e) Transfer of gift	Relationship of transferor to transferee (d) Description of how gift is held					

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

Tax) (see se	parate instructions), then	Form 990, Part IV, line 5 (Prox	y Tax) (see separate ii	nstructions) or Form 990-	EZ, Part V, line 35c (Proxy
Name of org	ALCOR LIFE	EXTENSION FOUNDATION			loyer identification number 23-7154039
2 Politica	a description of the organiz	anization is exempt und ation's direct and indirect politic ures	al campaign activities in	n Part IV▶ \$	<u>-</u>
Part I-B	Complete if the org	anization is exempt und	er section 501(c)(3	3).	
2 Enter the or 4a Was a comb if "Yes, Part I-C" 1 Enter the exempt 3 Total eximate property in the contribution of the contri	re amount of any excise tax aganization incurred a section correction made? "describe in Part IV. Complete if the orgone amount directly expended as amount of the filing organ function activities are the complete in the	nployer identification number (Ell tion listed, enter the amount paid omptly and directly delivered to a	ers under section 4955 for this year? er section 501(c), ction 527 exempt function for section for section for section for section for form 1120-POL, and on Form 1120-POL, ction form the filing organizations for section form the filing organizations as exparate political organization for the filing organizat	except section 501(continuous section 527) section 527 section 527 section 527 section 527	Yes No No No Yes No N
рониса	(a) Name	additional space is needed, prov	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

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Ochedule O (1 01111 330 01 330 EZ) 2011				25 /.	rage z
Part II-A Complete if the org section 501(h)).	anization is exer	npt under sectior	1 501(c)(3) and file	d Form 5768 (ele	ction under
A Check if the filing organiza	ntion belongs to an affi re of excess lobbying		Part IV each affiliated	group member's name	e, address, EIN,
B Check ▶ ☐ if the filing organiza	ition checked box A ai	nd "limited control" pro	visions apply.		
Limi	ts on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influ				33,000.	
c Total lobbying expenditures (add li	33,000.				
d Other exempt purpose expenditure				1,648,123.	
e Total exempt purpose expenditure				1,681,123.	
f _Lobbying nontaxable amount. Ento				234,056.	
If the amount on line 1e, column (a) o		bying nontaxable am			
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,000		00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17.		00 plus 5% of the exces			
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (er	ter 25% of line 1f)			58,514.	
h Subtract line 1g from line 1a. If zer	o or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zero	o or less, enter -0			0.	
j If there is an amount other than ze	ro on either line 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this	year?			<u></u>	Yes No
(Some organizations t	hat made a section 5	eraging Period Under 01(h) election do not l ate instructions for lir	nave to complete all o	of the five columns be	elow.
	Lobbying Expe	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	235,564.	242,543.	238,591.	234,056.	950,754.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,426,131.
c Total lobbying expenditures	30,000.	30,000.	30,000.	33,000.	123,000.
d Grassroots nontaxable amount	58,891.	60,636.	59,648.	58,514.	237,689.
e Grassroots ceiling amount (150% of line 2d, column (e))					356,534.
• Graceroote labbuing expanditures					

Schedule C (Form 990 or 990-EZ) 2017

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)).

——	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		b)		
	e lobbying activity.	Yes No		Am	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or					
•	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	- 504(-)(5)				
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section	1 5U1(C)(5)	, or s	ection		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		_		<u> </u>	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				<u> </u>	
9 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section		Or S	·		
ı aı	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "				e 3. is	
	answered "Yes."	,	., . u		o o, .o	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	al				
	expenses for which the section 527(f) tax was paid).					
а	Current year		2	а		
b	Carryover from last year		2	o		
С	Total			c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		<u> 3</u>	1		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	litical				
	expenditure next year?		. 4	ļ		
5	Taxable amount of lobbying and political expenditures (see instructions)		. 5	j		
	t IV Supplemental Information					
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	lines 1	and 2 (see		
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.					
PAR	TII-A LOBBYING ACTIVITIES:					
mur	ORGANIZATION ENGAGED THE SERVICES OF THE AARONS COMPANY TO WATCH FOR					
1115	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				_	
мта	Z TON					
MISS	SION.					

Schedule C (Form 990 or 990-EZ) 2017

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ALCOR LIFE EXTENSION FOUNDATION

Employer identification number

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

Schedule D (Form 990) 2017

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

Pai	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Othei	' Simila	ar Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing that	are a si	gnificant	use of its o	ollection	items	3
	(check all that apply):										
а	a Public exhibition d Loan or exchange programs										
b	b Scholarly research e Other										
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	n how the	ey further th	ne organizatio	n's exen	npt purp	ose in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, his	torical treas	sures, or othe	r similar	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered '	'Yes" on	Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia		•					_	_	_	_
	on Form 990, Part X?							L	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing ta	able:							
									Amoun	t	
	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance								٦		٦
	Did the organization include an amount on Fo						•		Yes	X	_ No
	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete it										
ı uı	Endownient i dias. Complete ii							waara baak	(=) Fau	r	haalı
4.	Designing of year balance	(a) Current year	(D) P	rior year	(c) Two year	S Dack	(a) Tillee	years back	(e) Foul	years	Dack
_	Beginning of year balance										
b	Contributions					+					
C	Net investment earnings, gains, and losses					+					
d	Grants or scholarships					+					
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses End of year balance										
g 2	Provide the estimated percentage of the curre	ont year and halance) (lipo 1a	column (a)) hold as:						
a	Board designated or quasi-endowment		% (IIIIe 19	, coluitiii (a)	ij Heiu as.						
b	Permanent endowment	%	_′0								
	Temporarily restricted endowment										
·	The percentages on lines 2a, 2b, and 2c shou										
3a	Are there endowment funds not in the possess	•	tion that	are held ar	nd administer	ed for th	e organi:	zation			
-	by:	oolon or the organiza	icioii ciide	aro mora ar	ia aariii iiotoi	04 101 41	o organi.	Lation		Yes	No
	(i) unrelated organizations								3a(i)		110
	/**								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	, Part IV,	, line 11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		` '	or other (other)		ccumula preciatio		(d) Boo	k valu	е
1a	Land										
b	Buildings										
С	Leasehold improvements				882,890.		236	,019.		646,	871.
d	Equipment			1	,549,338.		949	,819.		599,	519.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, colum	n (B), line 1	0c.)			. ▶	1,	,246,	390.

Schedule D (Form 990) 2017

(4) (5) (6) (7) (8) (9)	Part VII Investments - Other Securities.			1 age 0
(1) Financial derivatives (2) Closelyheld equity interests (3) Other (3) Other (3) Other (4) (6) (6) (7) (7) (8) (9) (9) (1) (
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(1) Financial derivatives			
A	(2) Closely-held equity interests			
B	(3) Other			
CD CD CD CD CD CD CD CD	(A)			
(B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(B)			
(E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(C)			
International Content of 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 (f) (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g)	(D)			
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Column (b) Investments - Program Related.	(F)			
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732053 10-09-17

Schedule D (Form 990) 2017

Pai	rt XI	Reconciliation of Revenue per Audited Financial Stat	tements With Revenu	ie per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments			
b	Donat	ted services and use of facilities			
С	Recov	veries of prior year grants	2c		
d	Other	(Describe in Part XIII.)	2d		
е	Add li	nes 2a through 2d		2e	
3		act line 2e from line 1		3	
4	Amou	ints included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С		nes 4a and 4b			
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	5	
Ра	rt XII	Reconciliation of Expenses per Audited Financial Sta	-	ses per Heturn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, lin			
1		expenses and losses per audited financial statements		1	
2		ints included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а		ted services and use of facilities			
b	Prior y	year adjustments			
С	Other	losses			
d		(Describe in Part XIII.)			
е		nes 2a through 2d			
3		act line 2e from line 1		3	
4		ints included on Form 990, Part IX, line 25, but not on line 1:	1.1		
a		tment expenses not included on Form 990, Part VIII, line 7b			
b		(Describe in Part XIII.)			
_		nes 4a and 4b			
5 Pa	rt XIII	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st Supplemental Information.	8.)	5	
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	1: Dort IV lines 1h and 2h: F	Port V. line 4: Bort V. line 2: Bort V	
		l 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar		fait V, lille 4, Part A, lille 2, Part A	ΛI,
111103	Zu and	145, and 1 art An, inless 2d and 45. Also complete this part to provide a	ry additional information.		
PARI	'IV.	LINE 2B:			
THE	ORGAN	IIZATION RECORDS THE ALCOR MEMBERS' PREPAYMENT FOR			
CRYC	PRESE	RVATION IN AN ESCROW ACCOUNT. THE ACCOUNT IS THEN US	SED AT TIME OF		
DEAT	H FOR	CRYOPRESERVATION SERVICES AND RECORDED AS PROGRAM F	REVENUE.		

Schedule D (Form 990) 2017

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

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

2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

· · · · · · · · · · · · · · · · · · ·						
ALCOR LIFE EXTENSION F					23-7154039	
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "Y	es" on
Form 990, Part I	V, line 14b.					
•	ŭ		ds to substantiate the amount of its gra		. —	
the grantees' eligibility t	for the grants or a	assistance, and t	the selection criteria used to award the	grants or assis	stance?	Yes No
	=					
•	cribe in Part V the	e organization's i	procedures for monitoring the use of its	grants and ot	her assistance outsi	de the
United States.	The following Dort	l line 2 table of	on he dunlicated if additional anges is n	andad \		
3 Activities per Region. (1 (a) Region	(b) Number of		an be duplicated if additional space is n (d) Activities conducted in the region		vity listed in (d)	(f) Total
(a) Hegion	offices	èmployees.	(by type) (such as, fundraising, pro-		gram service,	expenditures
	in the region	agents, and independent	gram services, investments, grants to		specific type	for and investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
EUROPE (INCLUDING		III tilo rogion				
ICELAND & GREENLAND)						
- ALBANIA, ANDORRA,						
AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	MEMBER SERV	7ICES	0.
EAST ASIA AND THE						
PACIFIC - AUSTRALIA,						
CHINA, JAPAN, NEW						
ZEALAND, THAILAND	0	0	PROGRAM SERVICES	MEMBERSHIP	DUES	0.
SOUTH AMERICA -						
ARGENTINA, BOLIVIA,						
BRAZIL, CHILE	0	0	PROGRAM SERVICES	MEMBERSHIP	DUES	0.
NODELL AMEDICA						
NORTH AMERICA -						
CANADA AND MEXICO, BUT	0	0	PROGRAM SERVICES	MEMBERSHIP	DITEC	0.
	· · · · ·	•	I ROGRAM BERVICES	MEMBERSHII	DOED	· ·
	_					
3 a Sub-total	0	0				0.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a		1				I

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

Schedule F (Form 990) 2017

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)
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter								
	3 Enter total number of other organizations or entities							

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

Schedule F (Form 990) 2017	ALCOR LIFE EXTENSION	ON FOUNDATION			23-7154039		Page :
Part III Grants and Other Assist	ance to Individuals Outsid	le the United Sta	ates. Complete i	if the organization answered "Yes	" on Form 990, Part	IV, line 16.	
Part III can be duplicated	if additional space is neede	ed.					_
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Page 4

Schedule F (Form 990) 2017 Part IV Foreign Forms

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

Schedule F (Form 990) 2017

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 2017, THE ORGANIZATION DID NOT INCUR ANY
SUBSTANTIAL COSTS RELATED TO OUR FOREIGN ACTIVITIES. WE DID, HOWEVER,
RECEIVE \$71,436 IN MEMBERSHIP DUES FROM FOREIGN MEMBERS.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

► Attach to Form 990.

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

2017
Open to Public Inspection

Name of the organization							Employer identification number
ALCOR LIFE EX		ATION					23-7154039
Part I General Information on Grants a							
1 Does the organization maintain records t							
criteria used to award the grants or assis	stance?						Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to	-				anization answered "Y	'es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$			1		(f) Method of	T	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADVANCED NEURAL BIOSCIENCES, INC 937 NW GLISAN STREET #1034							
PORTLAND, OR 97209	26-4438381	NT / 7	17,300.	0.			RESEARCH
FORTHAND, OR 37203	20-4430301	N/A	17,300.	0.			RESEARCH
2 Enter total number of section 501(c)(3) a	nd government orç	ganizations listed in the	e line 1 table				>
3 Enter total number of other organizations	s listed in the line	1 table					1.
LHA For Paperwork Reduction Act Notice,	, see the Instructi	ons for Form 990.					Schedule I (Form 990) (2017)

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

SCHEDULE J (Form 990)

Compensation Information

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

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

Internal Revenue Service Name of the organization

Department of the Treasury

ALCOR LIFE EXTENSION FOUNDATION

Employer identification number 23-7154039

OMB No. 1545-0047

Open to Public

Inspection

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	0-		v
	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		х
	not described on lines 5 and 6? If "Yes," describe in Part III	7		A
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	a		
	Benulauous seculou 5.3 4958-biCl7	_ u		4

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

Schedule J (Form 990) 2017

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) MAX MORE	(i)	138,079.	1,904.	0.	7,153.	9,480.	156,616.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							(5

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

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open To Public Inspection

Name of th	ne organization										Em	ployer	ident	ificati	on nu	mber	
Dord				TENSION FOUN								3-715	4039				
Part I	Excess Bene																
	Complete if the o	organization I						25a or 25b	o, or F	orm 990-EZ, P	art V, I	ine 40	b.	1	_		
1 (a) Na	me of disqualified p	erson	(b) ⊢	Relationship bety person and or			lified	(c	c) Des	cription of trar	nsactio	n				cted?	
	· ·			person and or	gariiza	211011		· ·		·				<u> </u>	es	No	
														+	-+		
														+	-		
														+	_		
														+	_		
														+			
	the amount of tax in	ncurred by	the or	rganization man	agers (or disc	qualified p	ersons duri	ing th	e year under		-		•			
												▶ \$ ▶ \$					
3 Enter	the amount of tax,	ir any, on iir	1e 2, a	above, reimburs	ea by	tne orç	ganization	1				> \$					
Part II	Loans to and	l/or From	Inte	erested Pers	ons.												
	Complete if the o	organization	answ	vered "Yes" on F	orm 9	90-F7	. Part V. I	ine 38a or F	orm 9	90. Part IV. lir	ne 26: i	or if th	e orga	nizatio	n		
	reported an amou	· ·					, , .			,	,		o o gu				
(a) Name of (b) Relat				(c) Purpose	(d) Lo	an to or	(e) (Original	(f)	Balance due	(g) In	(h) Ap	proved	rd or I (1) William		
inter	rested person	with organiz	zation	of loan		n the zation?	principa	al amount	``		defa	ault?	comm	nittee?	agreemen		
					То	From					Yes	No	Yes	No	Yes	No	
																-	
							-										
							-									-	
Total								▶ \$						l		1	
Part III	Grants or As	sistance	Ben	efiting Inter	estec	l Per	sons.	ν Ψ									
	Complete if the c	organization	answ	vered "Yes" on F	orm 9	90, Pa	art IV, line	27.									
(a) N	lame of interested p	person		(b) Relationship	betwe	en	(c)	Amount of		(d) Type	of		(e) Purp	ose o	f	
				interested pers the organiza		d	as	sistance		assistar	ice			assista	ance		
				-			 					-+					
												\dashv					
												$\neg \uparrow$					

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

Schedule L (Form 990 or 990-EZ) 2017

	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
SEE PART V	SEE PART V	14,704.	RESEARCH		Х	
_						
Part V Supplemental Information			1	1		
	responses to questions on Schedule L (see in	nstructions).				
PART IV						
CATHERINE BALDWIN, A DIRECTOR WITH A	ALCOR IS AN OFFICER WITH SUSPENDE	D				
ANTWANTON THE A VENDOR OF MILE ORG	ANT GARTON					
ANIMATION, INC, A VENDOR OF THE ORGA	ANIZATION.					

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Inspection

Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. Name of the organization **Employer identification number** ALCOR LIFE EXTENSION FOUNDATION 23-7154039 PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE PRESERVATION OF INDIVIDUAL LIVES. TO BE SOUGHT THROUGH MAINTAINING BIOSTASIS, EVENTUALLY TO RESTORE HEALTH TO PATIENTS IN ALCOR'S CARE AND FUND RESEARCH AND PUBLIC EDUCATION FOR BIOSTASIS, FORM 990, PART III, LINE 1: THE PRESERVATION OF INDIVIDUAL LIVES, TO BE SOUGHT THROUGH THE FOLLOWING PRIORITIZED LIST OF FUNDAMENTALS: MAINTAIN THE CURRENT PATIENTS IN BIOSTASIS, PLACE CURRENT AND FUTURE MEMBERS INTO BIOSTASIS (WHEN AND IF NEEDED), EVENTUALLY RESTORE HEALTH TO ALL PATIENTS IN... THE PRESERVATION OF INDIVIDUAL LIVES. TO BE SOUGHT THROUGH THE FOLLOWING PRIORITIZED LIST OF FUNDAMENTALS: MAINTAIN THE CURRENT PATIENTS IN BIOSTASIS. PLACE CURRENT AND FUTURE MEMBERS INTO BIOSTASIS (WHEN AND IF NEEDED). EVENTUALLY RESTORE HEALTH TO ALL PATIENTS IN ALCOR'S CARE, FUND RESEARCH INTO DEVELOPING MORE COST EFFECTIVE AND RELIABLE MEANS FOR THE ABOVE AND PROVIDE PUBLIC EDUCATION AS A MEANS OF FOSTERING GROWTH TO SUPPORT THE GOALS OF THE ABOVE FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS NO MEMBERS AS DEFINED BY THE INTERNAL REVENUE THE ORANIZATION OFFERS SERVICES THROUGH CLASSES OF NONVOTING MEMBERS AS FOLLOWS: SUSPENSION MEMBERSHIP, ALSO KNOWN AS CRYOPRESERVATION MEMBERSHIP, SHALL REQUIRE THAT AN INDIVIDUAL MAKE ALL NECESSARY LEGAL AND FINANCIAL PROVISIONS REQUIRED BY THE CORPORATION AND BY LAW TO PREPARE FOR

732211 09-07-17

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

Schedule O (Form 990 or 990-EZ) (2017)

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

Name of the organization ALCOR LIFE EXTENSION FOUNDATION	Employer identification number 23-7154039
OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR	
ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT	
OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT	
REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF	
INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE	
DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN	
ALCOR'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND	
REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION IT SHALL MAKE ITS	
DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD OF DIRECTORS OF THE ORGANIZATION REVIEWED AND APPROVED THE	
COMPENSATION OF THE CHIEF EXECUTIVE OFFICER. LAST REVIEWED SEPTEMBER 2017.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE	
ORGANIZATION'S WEBSITE OR UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST 542,762.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

23-7154039

Part I Identification of Disregarded Entities. Comple	ete if the organization answered "	Yes" on Form 990, Part IV, line 3	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-yea	r assets Direct of	(f) controlling ntity	g
Identification of Related Tax-Exempt Organiz	ations. Complete if the organizat	ion answered "Yes" on Form 990). Part IV. line 34. l	pecause it had one	or more related tax-exe	mpt	
organizations during the tax year.	autonor complete ii tile ergamzat		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Todado it riad orio	To more related tax exe	pt	
(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 ORGANIZATION - 32-6313396, 7895 EAST ACOMA	_				ALCOR LIFE EXTENSION		
DRIVE, #110, SCOTTSDALE, AZ 85260-6916	SUPPORT	ARIZONA	501(C)(3)	LINE 12B, II	FOUNDATION		х
ALCOR CARE TRUST SUPPORTING ORGANIZATION -					ALCOR LIFE		
32-6428275, 7895 EAST ACOMA DRIVE, #110,					EXTENSION		
SCOTTSDALE, AZ 85260-6916	SUPPORT	ARIZONA	501(C)(3)	LINE 12B, II	FOUNDATION		Х
	_						

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

ALCOR LIFE EXTENSION FOUNDATION

Schedule R (Form 990) 2017

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	k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disproportionate		Code V-UBI	Gener	or Percer	ntage
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	allocations?		amount in box 20 of Schedule	partr	owner	ership
		foreign country)		(related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes		
CRYONICS PROPERTY -												
86-0740606, 7895 E. ACOMA												
DRIVE, #110, SCOTTSDALE, AZ												
85260-6916	RENTAL	AZ	N/A	UNRELATED	73,866.	655,286.		x	N/A		84	4.06%
]											
]											
]											
]											
]											
]											
	1											
	1											
	1											
	1											

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

(a) 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		Citity:	
		country)		,				Yes	No	
-										
-	-									
-										
	-									

(4)

(5)

art 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	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity							
	Gift, grant, or capital contribution to related organization(s)				1b		Х		
	Gift, grant, or capital contribution from related organization(s)								
d	Loans or loan guarantees to or for related organization(s)				1d		Х		
	Loans or loan guarantees by related organization(s)								
f	Dividends from related organization(s)				1f		Х		
g	Sale of assets to related organization(s)				1g		Х		
	Purchase of assets from related organization(s)				1h		Х		
i	Exchange of assets with related organization(s)				1i		Х		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х			
	Performance of services or membership or fundraising solicitations for related organization(s)								
m	m Performance of services or membership or fundraising solicitations by related organization(s)								
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
	o Sharing of paid employees with related organization(s)								
р	Reimbursement paid to related organization(s) for expenses				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		
	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 who re								
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved				
1) (CRYONICS PROPERTY LLC	K	111,744.	FMV					
-									
2)									

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partne	(k) Percentage ownership
									000) 004

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

						Enter filer's identifying number				
Type or print	Name of exempt organization or other filer, see instru	Employer	Employer identification number (EIN) or							
	ALCOR LIFE EXTENSION FOUNDATION		23-7154039							
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, so 7895 EAST ACOMA DRIVE, #110	Social se	Social security number (SSN)							
instructions.	City, town or post office, state, and ZIP code. For a for SCOTTSDALE, AZ 85260-6916	oreign addı	ress, see instructions.							
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			0 1				
Application			Application		Return					
Is For		Code	Is For		Code					
Form 990 or Form 990-EZ			Form 990-T (corporation)		07					
Form 990)-BL	02	Form 1041-A		08					
Form 472	20 (individual)	03	Form 4720 (other than individu		09					
Form 990)-PF	04	Form 5227		10					
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11					
Form 990	0-T (trust other than above)	06	Form 8870		12					
Teleph If the	ooks are in the care of ▶ 7895 EAST ACOMA DRIVE none No. ▶ 480-905-1906 organization does not have an office or place of business is for a Group Return, enter the organization's four digit of the group, check this box ▶	in the Uni Group Exe	Fax No. ► 480-922-9027 ted States, check this box mption Number (GEN)		r the whole group,					
1 I re	15 0040									
>	the organization named above. The extension is for the organization named above. The extension is for the organization of the call call that is called a superior to the call call that is for less than 12 months, call call call call that is for less than 12 months, call call call call call that is for less than 12 months, call call call call call call call cal	, an	d ending	Final return	 n					
3a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, 6	enter the tentative tax, less any							
nor	nrefundable credits. See instructions.			3a	\$	0.				
b If the	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and							
<u>est</u>	imated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.				
с Ва	lance due. Subtract line 3b from line 3a. Include your pa	yment with	n this form, if required,							
by	using EFTPS (Electronic Federal Tax Payment System).	See instruc	ctions.	3с	\$	0.				
Caution:	If you are going to make an electronic funds withdrawal	(direct deb	oit) with this Form 8868, see For	m 8453-EO and	d Form 8879-EO fo	r payment				

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY

INTERNAL REVENUE SERVICE CENTER

OGDEN, UT 84201-0045

instructions.