Form	990
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** PUBLIC DISCLOSURE COPY **

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

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

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



Department of the Treasury Internal Revenue Service

Α	For the	2021 calendar year, or tax year beginning	and	ending	_		
В	Check if applicabl	c Name of organization			D Employer	identifi	cation number
Г	Addre	ALCOR LIFE EXTENSION FOUNDATION					
Г	Name chang				23-71	54039	
	Initial	Number and street (or P.0. box if mail is not de	livered to street address)	Room/suite	E Telephone	numbe	r
Γ	Final return/	7895 EAST ACOMA DRIVE, #110			480-905		
	termin ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts	\$	4,141,152.
	Ameno		0		H(a) Is this a	group re	eturn
	Applic tion	F Name and address of principal officer.	I KLIMA		for subor	rdinates	? Yes X No
	pendir	^g SAME AS C ABOVE			H(b) Are all subo	rdinates ir	ncluded? Yes No
Ι	Tax-exe	empt status: X 501(c)(3) 501(c) ()	◄ (insert no.) 4947(a)(1)	or 📃 527] If "No," a	attach a	list. See instructions
J	Websit	e: > WWW.ALCOR.ORG			H(c) Group ex	kemptio	n number 🕨
			ssociation 🔄 Other 🕨	L Year	of formation: 19	72	A State of legal domicile: CA
Ρ	-	Summary					
a	1	Briefly describe the organization's mission or most	significant activities: THE PR	ESERVATIO	ON OF INDIVI	DUAL	
č		LIVES, TO BE SOUGHT THROUGH MAINTAINI	NG BIOSTASIS, EVENTUALL	у то			
Governance	2	Check this box 🕨 🛄 if the organization disco	ntinued its operations or dispos	sed of more	than 25% of its	net ass	
200	3	Number of voting members of the governing body					8
		Number of independent voting members of the gov					8
Activities &	5	Total number of individuals employed in calendar y					0
iti i	6	Total number of volunteers (estimate if necessary)					16
Δct	7a	Total unrelated business revenue from Part VIII, co					0.
	b	Net unrelated business taxable income from Form	990-T, Part I, line 11	<u></u>			0.
					Prior Year		Current Year
e	8	Contributions and grants (Part VIII, line 1h)			14,344	,929.	2,687,148. 852,456.
Revenue	9		a.a.d. 7.d.\			, <u>101.</u>	73,088.
Be	10	Investment income (Part VIII, column (A), lines 3, 4				,813.	331,302.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c			15,560		3,943,994.
		<u>Total revenue - add lines 8 through 11 (must equal</u> Grants and similar amounts paid (Part IX, column (,000.	1,654,000.
		Benefits paid to or for members (Part IX, column (A				0.	0.
	45	Salaries, other compensation, employee benefits (F			1,169		1,297,221.
Exnenses	16a	Professional fundraising fees (Part IX, column (A), I			_/_ /	0.	0.
Den	b	Total fundraising expenses (Part IX, column (D), lin		603.			
Ň	17	Other expenses (Part IX, column (A), lines 11a-11d			3,017	,643.	2,010,945.
		Total expenses. Add lines 13-17 (must equal Part l			4,386	,958.	4,962,166.
		Revenue less expenses. Subtract line 18 from line			11,173	,872.	-1,018,172.
or	£	· · · · · · · · · · · · · · · · · · ·		Be	ginning of Currer	nt Year	End of Year
sets	20	Total assets (Part X, line 16)			24,514	,498.	25,965,160.
t Assets or	21	Total liabilities (Part X, line 26)			15,090	,871.	17,564,629.
Net	22	Net assets or fund balances. Subtract line 21 from	line 20		9,423	,627.	8,400,531.
	art II	Signature Block					
		lties of perjury, I declare that I have examined this return,				-	/ knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of w	nich preparer	has any knowled	ge.	
		Disastering of officer			Data		
Sig	In	Signature of officer			Date		
He	re	R MICHAEL PERRY, TREASURER Type or print name and title					
					Date	Ohaali E	PTIN
D - 1		Print/Type preparer's name	Preparer's signature			Check L	
Pai		AMY A. O'LOUGHLIN		Ł	2/06/22	self-employ	
	parer	Firm's name CBIZ MHM, LLC			Firm's		34-1884125
USE	Only	Firm's address A722 N 24TH ST, STE 300 PHOENIX, AZ 85016			Dharr	no 600	-264-6835
Ma	v tha l	RS discuss this return with the preparer shown abo	ve? See instructions		Phone	10.002	X Yes No
ivid	y u 10 11	to algouss this retail with the preparer showin abo					

May the IRS discuss this return with the preparer shown above? See instructions

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2021) ALCOR LIFE EXTENSION FOUNDATION	23-7154039	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE PRESERVATION OF INDIVIDUAL LIVES, TO BE SOUGHT THROUGH THE		
	FOLLOWING PRIORITIZED LIST OF FUNDAMENTALS: MAINTAIN THE CURRENT		
	PATIENTS IN BIOSTASIS, PLACE CURRENT AND FUTURE MEMBERS INTO BIOSTASIS		
	(WHEN AND IF NEEDED), EVENTUALLY RESTORE HEALTH TO ALL PATIENTS IN		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	, the total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1,885,713. including grants of \$1,654,000.) (Revenue	\$)
	TO PROMOTE, FOSTER AND CONDUCT BASIC AND APPLIED RESEARCH IN ALL AREAS		
	OF THE LIFE EXTENSION SCIENCES INCLUDING, BUT NOT LIMITED TO, CRYONICS,		
	CRYOBIOLOGY, GERONTOLOGY, MOLECULAR ENGINEERING AND CELL REPAIR		
	TECHNOLOGY.		
4b		\$)
	TO ENGAGE IN THE APPLICATION OF WHOLE-BODY CRYONIC SUSPENSION,		
	NEUROPRESERVATION AND OTHER POSTMORTEM AND BIOPRESERVATION TECHNIQUES		
	AND TO PROVIDE THESE SERVICES TO THE GENERAL PUBLIC.		
4c		\$)
	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 on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 3,615,337.		00
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 Form 990 (2021)
 ALCOR
 LIFE
 EXTENSION
 FOUNDATION

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
ŭ	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
D.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			<u> </u>
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
А	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			<u> </u>
u		11d	х	
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	x	<u> </u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Tie		├──
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4 4 4	x	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
	Schedule D, Parts XI and XII	12a		
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	<u>_</u>		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>x</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		┝──
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	X	
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	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?	1		
	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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 26			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return		77	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	<u> </u>
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	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 contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a	1		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			1
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			1
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	8		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b		8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a		_		v
	more members of the governing body?	7a		Х
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			x
~	persons other than the governing body?	7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?	0.0	х	
a h	Each committee with authority to act on behalf of the governing body?	8a 8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
3	organization's mailing address? If "Yes, " provide the names and addresses on Schedule O	9		x
Sec	stion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1 3		
	(This Section & requests information about policies not required by the internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b				
12a		12a	х	
b		12b	Х	
с				
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		Х
а	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			X
b		16a		
b 16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	<u>16a</u>		
b 16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<u>16a</u>		
b 16a b	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16a 16b		
b 16a b	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
b 16a b Sec	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
b 16a b Sec	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure	16b	availal	ble
b 16a b	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ition C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ <u>CA</u>	16b	availal	ble
b 16a b Sec 17	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Extin C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))	16b	availal	ble
b 16a b <u>Sec</u> 17 18	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.	16b Is only)		ble
b 16a b Sec 17	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year.	16b Is only)		ble
b 16a b <u>Sec</u> 17 18	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? etion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶	16b Is only)		ble
b 16a b <u>Sec</u> 17 18 19	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website You pon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶ LYNN SMITH - 480-905-1906	16b Is only)		ble
b 16a b <u>Sec</u> 17 18 19	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? etion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶	16b Is only)		

Form 990 (2021)	ALCOR LIFE EXTENSION FOUNDATION	23-7154039 Page	e 7
Part VII Compe	nsation of Officers, Directors, Trustees, Key Employees	s, Highest Compensated	
Employ	ees, and Independent Contractors		
Check if S	Schedule O contains a response or note to any line in this Part VII		
Section A. Officers,	, Directors, Trustees, Key Employees, and Highest Compensated Em	ployees	
1a Complete this tabl	le for all persons required to be listed. Report compensation for the caler	dar year ending with or within the organization's tax ye	ear.
 List all of the org 	ganization's current officers, directors, trustees (whether individuals or o	rganizations), regardless of amount of compensation.	

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

• List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	itior more		200	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	id a d	lirecto	r/trus T	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		vold	t con		1099-INEC)		organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) PATRICK HARRIS	40.00	_	-		-					
PRESIDENT/CEO				х				188,050.	0.	16,396.
(2) BLAKE HONIOTES	40.00									
MEDICAL RESPONSE DIR.						x		100,231.	0.	6,618.
(3) MARJI KLIMA	40.00									
SECRETARY				Х				87,322.	٥.	7,862.
(4) R. MICHAEL PERRY	40.00									
TREASURER				х				38,962.	0.	2,554.
(5) RALPH MERKLE	10.00									
DIRECTOR	2.00	X						٥.	0.	0.
(6) MICHAEL RISKIN	10.00									
DIRECTOR	2.00	Х						0.	0.	0.
(7) BRIAN WOWK	10.00									
DIRECTOR	2.00	Х						٥.	0.	0.
(8) MICHAEL SEIDL	10.00									
DIRECTOR		Х						٥.	0.	0.
(9) ANDREW AYMELOGLU	10.00									
DIRECTOR	4.00	Х						0.	0.	0.
(10) MICHAEL O'NEAL	10.00									
DIRECTOR	2.00	Х						0.	0.	0.
(11) MICHAEL ANZIS	10.00									
DIRECTOR		Х						0.	0.	0.
(12) JASON HARROW	10.00									
DIRECTOR		Х						0.	0.	0.
132007 12-09-21										Form 990 (2021)

132007 12-09-21

Form 990 (2021)

14131206 143399 177586

	990 (2021) ALCOR LIFE E	XTENSION FO	UND	ATI	ON					23-715	403	9	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)	Τ		(F)	
	Name and title	Average			Pos	ition			Reportable	Reportable		Fs	timate	ed.
		hours per					than o s both		compensation	compensation	,		nount	
		week					or/trust		from	from related	'		other	01
		(list any	tor						the	organizations			pensa	tion
		hours for	direc				P		organization	(W-2/1099-MIS			om th	
		related	e or	stee			nsate		(W-2/1099-MISC/	1099-NEC)			anizat	
		organizations	truste	al tru		yee	mper		1099-NEC)	,		•	d relat	
		below	dual t	ltion	_	i plo	st co oyee	ц.					anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				0		
				_	0	×								
			1											
											$ \rightarrow $			
			1											
			i											
			1											
											-+			
											$ \rightarrow $			
1b	Subtotal								414,565.		٥.		33,	430.
	Total from continuation sheets to Part VI								0.		٥.			0.
	Total (add lines 1b and 1c)								414,565.		٥.		33,	430.
2	Total number of individuals (including but n							o re	eceived more than \$100.0	000 of reportable				
	compensation from the organization						,		,					2
													Yes	No
3	Did the organization list any former officer	director truct			mol	~~~~	0 0r	hia	hast componented ampl	0,000 00	ſ			
3	Did the organization list any former officer,	-		-	•	-		Ŭ				•		х
_	line 1a? If "Yes," complete Schedule J for s											3		
4	For any individual listed on line 1a, is the su	-		-						-				
	and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	Jf	for such individual			4	X	
5	Did any person listed on line 1a receive or a	accrue compen	isati	on fr	om	any	unre	elate	ed organization or individ	lual for services				
	rendered to the organization? If "Yes," corr	plete Schedule	e J fo	or sı	ich i	oers	on .					5		Х
Sec	tion B. Independent Contractors	-												
1	Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of compe	ensat	ion fro	m	
	the organization. Report compensation for	the calendar ve	ear e	endir	ng w	ith c	or wit	thin	the organization's tax ye	ear.				
	(A)				0				(B)			(0	;)	
	Name and business	address							Description of s	ervices	С		nsatio	n
ARRC	WOOD HERBERT PLLC, 15721 N GREEN	WAY										-		
	DEN LOOP, STE 101, SCOTTSDALE, AZ								LEGAL SERVICES				195,	132
	RNATIONAL CRYOMEDICINE EXPERTS	05200						-					199,	152.
		05015											1	654
	E EAGLE DR NO. 21990, MESA, AZ	85215						_	CRYOMEDICINE				173,	654.
ADVA	NCED NEURAL BIOSCIENCES													
91 C	LAY ST, UNIT #3A, BROOKLYN, NY 1	1222							RESEARCH & CASE OU	TCOMES			109,	250.
_														
2	Total number of independent contractors (i		nt lin	nitor	1 + 0 +	thor		ted	above) who recoived me	ore than				
~			Je III	met	0		3	cu	above, who received the					
	\$100,000 of compensation from the organi						-					E a	000 /	0001
												⊢orm	330 (į	2021)

		Check if Schedule O	JUIIT	anis a respol	196		(A)	(B)	(C)	<u> </u>
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue exclu from tax und sections 512 -
Ś	1 a	Federated campaigns		1a						
nut		Membership dues				748,681.				
e e		Fundraising events								
ĽА		Related organizations				117,861.				
nile		Government grants (contr								
Sir		All other contributions, gifts,								
her	•	similar amounts not included				1,820,606.				
and Other Similar Amounts	a	Noncash contributions included in								
and	-	Total. Add lines 1a-1f					2,687,148.			
						Business Code				
	2 a	CRYOPRESERVATION				541700	571,208.	571,208.		
Revenue		COMPREHENSIVE STAND	BY			541700	281,248.	281,248.		
une	с									
eve	d				_					
,ĕ	е				_					
		All other program service	reve	nue						
		Total. Add lines 2a-2f					852,456.			
	3	Investment income (includ								
		other similar amounts)					25,484.			25,4
	4	Income from investment of								
	5	Royalties		-	-					
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss)	•						
	7 a	Gross amount from sales of		(i) Securiti		(ii) Other				
		assets other than inventory	7a	2	20.	244,542.				
	b	Less: cost or other basis								
ē		and sales expenses	7b		Ο.	197,158.				
Hevenue	с	Gain or (loss)	7c		20.	47,384.				
ev Fev		Net gain or (loss)					47,604.			47,6
		Gross income from fundraisi								
Other		including \$								
		contributions reported on								
		Part IV, line 18			8a					
	b	Less: direct expenses			8b					
		Net income or (loss) from			ts	►				
		Gross income from gamin		•						
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from			·	>				
		Gross sales of inventory, I	-	-						
		and allowances			10a					
	b	Less: cost of goods sold			10b					
		Net income or (loss) from				>				
		, , ,				Business Code				
	11 a	OTHER INCOME					331,302.			331,3
DUE	b						-			
eve	c				_					
Revenue		All other revenue								
		Total. Add lines 11a-11d					331,302.			
							, · · · ·			

ALCOR LIFE EXTENSION FOUNDATION

Form 990 (2021)

23-7154039

Page **9**

ALCOR LIFE EXTENSION FOUNDATION

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Doi	Check if Schedule O contains a respons	(A)	(B)	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	1,654,000.	1,654,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	424,990.	87,470.	293,121.	44,399
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	747,935.	518,008.	215,350.	14,577
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	20.000	00.005	46.000	
9	Other employee benefits	39,233.	20,825.	16,375.	2,033
10	Payroll taxes	85,063.	47,508.	33,457.	4,098
11	Fees for services (nonemployees):				
а	Management	36,000.	21,820.	14,180.	
b	Legal	433,427.	115,538.	317,889.	
С	Accounting	66,853.	9,553.	57,300.	
d	, , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	504 000	504 000		
	column (A), amount, list line 11g expenses on Sch 0.)	724,289.	724,289.	1 002	
12	Advertising and promotion	1,093.	50 404	1,093.	400
13	Office expenses	94,777.	52,494.	41,787.	496
14	Information technology				
15	Royalties	122,614.	114 007	7 707	
16		,	114,907.	7,707.	
17		16,219.	14,515.	1,704.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19 22	Conferences, conventions, and meetings				
20					
21	Payments to affiliates	152,902.	118,839.	34,063.	
22	Depreciation, depletion, and amortization	76,424.	37,966.	38,458.	
23	Insurance	/0,424.	57,500.	50,450.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.)	87,733.		87,733.	
a ⊾	UTILITIES	67,262.	19,253.	48,009.	
b	PUBLICATIONS	43,562.	43,562.	40,009.	
ر م	BANK CHARGES	43,382.	45,502.	40,442.	
d		40,442.	14,790.	32,558.	
e	All other expenses	4,962,166.	3,615,337.	1,281,226.	65,603
2 <u>5</u>	Total functional expenses. Add lines 1 through 24e	4,502,100.	3,013,33/.	1,201,220.	05,003
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				

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Form 990 (2021)

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

ALCOR LIFE EXTENSION FOUNDATION

		Cash - Horfinterest-bearing			-,,•		,
	2	Savings and temporary cash investments			6,455,053.	2	7,812,699.
	3	Pledges and grants receivable, net			277,338.	3	186,954.
	4	Accounts receivable, net			55,778.	4	494,807.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	ntributor, or 35%				
		controlled entity or family member of any of thes	IS		5		
	6	Loans and other receivables from other disqualif	ons (as defined				
		under section 4958(f)(1)), and persons described	on 4958(c)(3)(B)		6		
s	7	Notes and loans receivable, net			0.	7	126,634.
Assets	8	Inventories for sale or use			146,859.	8	112,349.
¥	9				34,982.	9	191,856.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,763,077.			
	b	Less: accumulated depreciation	10b	1,475,757.	1,519,737.	10c	1,287,320.
	11	Investments - publicly traded securities			4,554,476.	11	5,253,713.
	12	Investments - other securities. See Part IV, line 1			1,102,581.	12	1,078,427.
	13	Investments - program-related. See Part IV, line 1	11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		8,679,378.	15	8,656,081.	
	16	Total assets. Add lines 1 through 15 (must equa			24,514,498.	16	25,965,160.
	17	Accounts payable and accrued expenses		193,472.	17	1,350,558.	
	18	Grants payable			18		
	19	Deferred revenue		7,467,221.	19	7,728,191.	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F		7,430,178.	21	7,638,634.	
Liabilities	22	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subst					
iab		controlled entity or family member of any of thes	is		22		
-	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, page					
		parties, and other liabilities not included on lines	Complete Part X				
		of Schedule D			0.	25	847,246.
	26				15,090,871.	26	17,564,629.
s		Organizations that follow FASB ASC 958, che	ck here				
ances		and complete lines 27, 28, 32, and 33.			4 000 752		F (00, 000
	27				4,900,753.	27	5,602,223.
B	28	Net assets with donor restrictions			4,522,874.	28	2,798,308.
nn		Organizations that do not follow FASB ASC 9	58, che	k here 🕨 🛄			
οr F		and complete lines 29 through 33.					
ts e	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Ba	30	Paid-in or capital surplus, or land, building, or eq				30	
¢t A	31	Retained earnings, endowment, accumulated inc			9 122 627	31	9 400 531
ž	32	Total net assets or fund balances			9,423,627.	32	8,400,531.
	33	Total liabilities and net assets/fund balances			24,514,498.	33	25,965,160. Form 990 (2021)

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(B) End of year

764,320.

(A) Beginning of year

1,688,316.

1

Form 990 (2021)

1

Cash - non-interest-bearing

Form	990 (2021) ALCOR LIFE EXTENSION FOUNDATION	23-715403	9	Pa	_{ge} 12
	rt XI Reconciliation of Net Assets				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,	943,	994.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,	962,	166.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,	018,	172.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,	423,	627.
5	Net unrealized gains (losses) on investments	5		-9,	049.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		4,	125.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	8,	400,	531.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
		ſ		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a			2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	l l	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?	l l	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	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 require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

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	
2021	

Open to Public

	Inspection
wor	identification number

Nan	ne of t	he organization						Employer	identification number
			LIFE EXTENSION						23-7154039
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	S.	
The	organi	zation is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only (one box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)				
3	\square	A hospital or a cooperative				(b)(1)(A)(ii	i).		
4	\square	A medical research organize					•	(iiii). Enter	the hospital's name.
•		city, and state:	Ī	,				(/-	ļ,
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental ur	nit describe	ed in
Ŭ		section 170(b)(1)(A)(iv). (C			e operat	, u ge			
6		A federal, state, or local gov		pental unit described in	section 17	70(h)(1)(A)	(v)		
7	x		-					o gonoral i	aublic described in
'		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)							
0		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)							
8	H	-				d in coniu	nation with a	land grant	
9		An agricultural research org				-		-	•
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of t	ine college	e or
40		university:		No. 00 1/00/ of the second					d anna a stada faran
10		An organization that norma							
		activities related to its exem		-					-
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor							
11		An organization organized a							_
12		An organization organized a	-	-				•	
		more publicly supported or	-						Check the box on
		lines 12a through 12d that	• •					-	
а		Type I. A supporting orga	-	-	• • • •	-			
		the supported organization			majority o	f the direc	tors or trustee	es of the su	upporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organizatior	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manag	e the supp	ported
		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 functionall	y 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 co	nnection w	ith its support	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness
		requirement (see instructi							
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.			
f	Ente	r the number of supported o	organizations						
g		ride the following information			(iv) is the error	nization listed			
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	inization listed ng document?	(v) Amount of		(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Tota	1Í								

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,045,371.	6,211,759.	2,022,707.	14,344,987.	2,687,148.	26,311,972.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	1,045,371.	6,211,759.	2,022,707.	14,344,987.	2,687,148.	26,311,972.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						13,418,043.
	Public support. Subtract line 5 from line 4.						12,893,929.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1,045,371.	6,211,759.	2,022,707.	14,344,987.	2,687,148.	26,311,972.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	245,045.	188,548.	113,337.	189,453.	25,484.	761,867.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	7,220.	4,714.	2,441.	35,935.	331,302.	381,612.
11	Total support. Add lines 7 through 10						27,455,451.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	4,699,756.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
See	ction C. Computation of Publi	c Support Per	centage			r	
14	Public support percentage for 2021 (I		•			14	46.96 %
15						15	45.41 %
16 a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this boy	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2020. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pul	blicly supported or	ganization		▶□]
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is ⁻	10% or
	more, and if the organization meets the	ne facts-and-circum	istances test, chec	k this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	▶□
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	i, 16b, 17a, or 17b	, check this box a	nd see instructions	
						Schedule A	(Form 990) 2021

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		-	-	-		
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organ	ization,
Section C. Computation of Publi						
15 Public support percentage for 2021 (I		-	column (f))		15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20			ine 13, column (f))			%
18 Investment income percentage from a					18	%
19a 33 1/3% support tests - 2021. If the	-					ne 17 is not
more than 33 1/3%, check this box ar						▶∟
b 33 1/3% support tests - 2020. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in		
132023 01-04-22		15			Sched	lule A (Form 990) 2021
		13				

1

2

3a

3b

3c

4a

4b

4c

5a

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

6

7

8

9a

9b

9c

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

16

132024 01-04-21

10a 10b Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

ALCOR LIFE EXTENSION FOUNDATION

Yes

1

2

No

No

Yes No

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

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
-		
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	a. or controlled the supporting organization.	
Section C. T	ype II Supporting Organizations	

 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

 1
 Use the supported organization (s)

 1
 Use the support of t

Section 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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

c 🗌] The organization supported a governmental entity	Describe in Part VI how you supported a governmental entity (see instructions).	
-----	--	---	--

17

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

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

2a

2b

3a

Part IV Supporting Organizations (continued)

Part VI). See instruction (B) Current Year (optional)
(B) Current Year
(B) Current Year (optional)
Current Year
1
1

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

132026 01-04-22

Schedule A	(Form 9	90) 2021
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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	: From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

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			
2017 AMOUNT: \$	7,220.		
2018 AMOUNT: \$	4,714.		
2019 AMOUNT: \$	2,441.		
2020 AMOUNT: \$	35,935.		
2021 AMOUNT: \$	331,302.		
132028 01-04-22			 Schedule A (Form 990) 2021
		20	

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

23-7154039

Name of the organization					
	ALCOR LIFE	EXTENSION	FOUNDATION		
Organization type (che	ck one):				
Filers of:	Section				

Form 990 or 990-EZ	X	501(c)(³) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990-PF		501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2021)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,000,000.	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
2		\$123,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$117,861.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$117,861.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4 		\$110,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5			Person X Payroll

		\$107,765.	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$100,000.	Person X Payroll Noncash (Complete Part II for

noncash contributions.) Schedule B (Form 990) (2021)

Name of organization

Part I

Employer identification number

23-7154039

ALCOR LIFE EXTENSION FOUNDATION

14131206 143399 177586

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

ALCOR LIFE EXTENSION FOUNDATION

23-7154039

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$66,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

14131206 143399 177586

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
		\$	

Schedule B (Form 990) (2021)

14131206 143399 177586

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Page 3
Employer identification number

Name of organization

ame of or	ganization			Employer identification number
LCOR LIE	FE EXTENSION FOUNDATION			23-7154039
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	a) through (e) and the following line en charitable, etc., contributions of \$1,000 or	try. For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desci	ription of how gift is held
		(e) Transfer of gif	 t	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tran	sferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desci	iption of how gift is held
		(e) Transfer of gif	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tran	sferor to transferee
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Doso	iption of how gift is held
Part I	(b) Fulpose of girt		(d) Desci	
		(e) Transfer of gif		
	Transferee's name, address, a		Relationship of tran	sferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desci	iption of how gift is held
F		(e) Transfer of gif	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tran	sferor to transferee
3454 11-11-3	21	I		Schedule B (Form 990) (20

14131206 143399 177586

SCHEDULE C	Po	olitical Campaign a	nd Lobbying	g Activities		OMB No. 1545-0047
(Form 990)	For Organizations Exempt From Income Tax Under section 501(c) and section 527			2021		
	-	if the organization is described				
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form990 for in			0 LL.	Open to Public Inspection
-		Form 990, Part IV, line 3, or For		e 46 (Political Campai	ign Activi	ities), then
		plete Parts I-A and B. Do not com				
 Section 501(c) (other Section 527 organization)1(c)(3)) organizations: Complete P	arts I-A and C below. L	Jo not complete Part I	-В.	
•	•	I Form 990, Part IV, line 4, or For	m 990-F7 Part VI lin	e 47 (Lobbying Activi	ties) the	n
-		nave filed Form 5768 (election und			••	
		nave NOT filed Form 5768 (election		•		
If the organization answ	vered "Yes," on	Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	structions) or Form 9	90-EZ, P	art V, line 35c (Proxy
Tax) (See separate inst	ructions), then					
	, or (6) organizat	ions: Complete Part III.				
Name of organization				E		identification number
Dort I A Compl		EXTENSION FOUNDATION anization is exempt under	- acation 501(a) a	r in a postion 597		23-7154039
Part I-A Comple	ete il the org	anization is exempt under	section 501(c) 0		organi	
1 Dravida a dagavintir	an of the organiz	ation's direct and indirect political	compaign activities in			
2 Political campaign		ation's direct and indirect political ures			▶\$	
3 Volunteer hours for	, ,				Ψ	
	pontiour ouripu					
Part I-B Comple	ete if the org	anization is exempt under	section 501(c)(3).		
1 Enter the amount o	f any excise tax	incurred by the organization under	section 4955		▶\$	
2 Enter the amount o	f any excise tax	incurred by organization managers	under section 4955		▶\$	
		n 4955 tax, did it file Form 4720 fo				
						Yes No
b If "Yes," describe in		anization is exempt under	section 501(c)	except section 50	1(2)(3)	
-	-	•		•		
		by the filing organization for secti ization's funds contributed to othe			φ	
exempt function ac					▶\$	
		. Add lines 1 and 2. Enter here and			· ·	
-	-				▶\$	
						Yes No
		nployer identification number (EIN)				
		tion listed, enter the amount paid f				
	•	omptly and directly delivered to a s additional space is needed, provid	· · · ·	, ,	arate seg	regated fund or a
			1			-) A
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid fro	om (0 's Icon	e) Amount of political tributions received and
				funds. If none, enter	-0 F	promptly and directly
						elivered to a separate political organization.
					r r	If none, enter -0

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

Schedule C (Form 990) 2021

132041 11-03-21

	ALCOR LIFE EXTENS				154039 Page 2
Part II-A Complete if the org section 501(h)).	anization is exem	pt under section	501(c)(3) and file	d Form 5768 (ele	ction under
	tion belongs to an affili	ated aroun (and list in	Part IV each affiliated of	aroun member's name	address FIN
· 8 8	re of excess lobbying e	•	T art IV each anniated g	group member s name	, address, Lini,
	tion checked box A an	, ,	visions apply		
	ts on Lobbying Expen			(a) Filing	(b) Affiliated group
	ditures" means amou			organization's totals	totals
1a Total lobbying expenditures to influ	uence public opinion (g	rassroots lobbying)			
b Total lobbying expenditures to influ	uence a legislative body	y (direct lobbying)		36,000.	
c Total lobbying expenditures (add li	nes 1a and 1b)			36,000.	
d Other exempt purpose expenditure	es			4,926,166.	
e Total exempt purpose expenditure	s (add lines 1c and 1d)			4,962,166.	
f_Lobbying nontaxable amount. Ente	er the amount from the	following table in both	n columns.	398,108.	
If the amount on line 1e, column (a) o	r (b) is: The lobl	oying nontaxable amo	ount is:		
Not over \$500,000	20% of t	he amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100,00	0 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.			s over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000.			
g Grassroots nontaxable amount (en	ter 25% of line 1f)			99,527.	
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 li	ne 1i, did the organiza	tion file Form 4720		
reporting section 4911 tax for this	year?				Yes No
	4-Year Ave	raging Period Under	Section 501(h)		
(Some organizations the second s		1(h) election do not h te instructions for lin		f the five columns be	low.
	Lobbying Expen	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	934,405.	396,804.	369,348.	398,108.	2,098,665.
b Lobbying ceiling amount					
(150% of line 2a, column(e))					3,147,998.
c Total lobbying expenditures	33,000.	36,000.	36,000.	36,000.	141,000.
	,	/ -	, .	1 -	
d Grassroots nontaxable amount	233,601.	99,201.	92,337.	99,527.	524,666.
e Grassroots ceiling amount	,	,	, ,	, .	, , , , , , , , , , , , , , , , , , , ,
(150% of line 2d, column (e))					786,999.
					,
f Grassroots lobbying expenditures					
				Calasda	ulo C (Earm 000) 2021

Schedule C (Form 990) 2021

132042 11-03-21

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)).

	(a))	(b)
of the lobbying activity.	Yes	No	Amo	unt
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:				
a Volunteers?				
f b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e 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				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(C)(5), or sec	tion	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				3, is
1 Dues, assessments and similar amounts from members		. 1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
expenses for which the section 527(f) tax was paid).				
a Current year		. 2a		
b Carryover from last year		. 2 b		
c Total		. <u>2c</u>		
		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
expenditure next year?		. 4		
5 Taxable amount of lobbying and political expenditures. See instructions				
	lict): Dort II A	linos 1 a	ad 2 (Soo	
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information.	1151), Fart 11-P		10 2 (388	
PART II-A LOBBYING ACTIVITIES:				
THE ORGANIZATION ENGAGED THE SERVICES OF THE AARONS COMPANY TO WATCH FOR				
ANY LEGISLATIVE ACTIVITY THAT MAY AFFECT ALCOR AND TO MEET WITH				
LEGISLATORS TO EDUCATE THEM ABOUT ALCOR'S SCIENTIFIC AND EDUCATIONAL				
MISSION.				

Schedule C (Form 990) 2021

132043 11-03-21

	CHEDULE D Form 990) Form 990) Bart IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.					OMB No. 1545-0047
	ment of the Treasury I Revenue Service	►Go to www.irs.gov/Form9	Attach to Form 990. 90 for instructions and	the latest information		Open to Public Inspection
	e of the organizati					bloyer identification number
_		ALCOR LIFE EXTENSION FOUNDA				23-7154039
Pa		ations Maintaining Donor Advise		Similar Funds or A	ccoun	ts. Complete if the
	organizatio	on answered "Yes" on Form 990, Part IV, lin		a al fi va al a	(1-) [de and attenue as a sub-
	T		(a) Donor advis	sea tunas	(D) Fun	ds and other accounts
1		nd of year				
2 3		of grants from (during year)				
4		at end of year				
5		on inform all donors and donor advisors in v		neld in donor advised fur	lds	
	-	on's property, subject to the organization's	-			Yes No
6		on inform all grantees, donors, and donor a				
	for charitable purp	poses and not for the benefit of the donor o	r donor advisor, or for a	ny other purpose confer	ring	
De	impermissible priv					Yes No
Pa		vation Easements. Complete if the org			/, line 7.	
1		servation easements held by the organization	· · · · ·	_	orio allu	important land area
		n of land for public use (for example, recrea of natural habitat	tion or education)	Preservation of a hist Preservation of a cer	-	•
		n of open space			uneu ma	
2		through 2d if the organization held a qualif	fied conservation contri	bution in the form of a co	onservat	tion easement on the last
	day of the tax yea					Held at the End of the Tax Year
а	Total number of c	onservation easements			2a	
b	Total acreage rest	tricted by conservation easements			2b	
С		rvation easements on a certified historic stru			2c	
d		rvation easements included in (c) acquired a				
•		nal Register			2d	
3	vear	rvation easements modified, transferred, rel	eased, extinguished, or	terminated by the organ	lization	during the tax
4		where property subject to conservation eas	sement is located			
5		ation have a written policy regarding the per		ction, handling of		
	violations, and en	forcement of the conservation easements it	holds?			Yes No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, a	and enforcing conservati	on ease	ments during the year
	▶					
7		ses incurred in monitoring, inspecting, hanc	lling of violations, and e	nforcing conservation ea	asement	s during the year
-	►\$					
8		rvation easement reported on line 2(d) abov				Yes No
9)(4)(B)(ii)? be how the organization reports conservation				
5		d include, if applicable, the text of the footr				
	organization's acc	counting for conservation easements.				
Pa	rt III Organiz	ations Maintaining Collections of	Art, Historical Tro	easures, or Other S	Simila	r Assets.
	Complete i	if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	•	elected, as permitted under FASB ASC 95	•			
		easures, or other similar assets held for put			ince of p	public
	· •	Part XIII the text of the footnote to its finar				and the set
b	-	elected, as permitted under FASB ASC 95				
		sures, or other similar assets held for public	exhibition, education, o	or research in furtherand	e ot put	DIC SERVICE,
	-	ing amounts relating to these items: uded on Form 990, Part VIII, line 1				\$
					•	¥ \$
2	.,	received or held works of art, historical tre				·
		unts required to be reported under FASB A				
а	Revenue included	l on Form 990, Part VIII, line 1	-		. 🕨	\$
b	Assets included in	Form 990, Part X				\$

i	a	Revenue included on Form 990, Part VIII, line 1
	b	Assets included in Form 990, Part X

D	Assets included	in Form 990, Par
1.4	F D	

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

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▶ \$

Schedule D (Form 990) 2021

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets gentineed. a Using the organization's accession, and other records, check any of the following that make significant use of the following that make significant use of the following the similar assets is continued. a — Pable orbitotion d Lean or exchange program e b — Droke adsorption of the organization solections and explain how they further the organization's olderoform Yes No. c — Reservation for future generations e — Other Yes No. Part III Escrow and Custodial Arrangements. Complete if the organization acleutor? Yes No. Part IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Sche		EXTENSION FOUND						23-715		Pa	age 2
collection terms (check all that apply): a — Poble exhibition b	Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, or	[·] Other	r Similaı	r Assets	(contir	nued)	
collection terms (check all that apply): a — Poble exhibition b	3	Using the organization's acquisition, accessi	on, and other record	s, check	k any of the	following that	make si	gnificant u	use of its			
a Public exhibition during the set of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 4 Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, dd the organization sociel or receive donations of art, historical treasures, or other similar assets to be sold or raise funds, rather than to be maintained as part of the organization's collection? 4 Provide a description of the organization of exercise donations of art, historical treasures, or other similar assets to be sold or raise funds, rather than to be maintained as part of the organization's collection? 4 Torow and Custodial Arrangements. Complete the organization answered Yes' on Form 990, Part X, line 8. 5 Beginning balance 4 Additions counting the year 5 Beginning balance 4 Additions counting the year 5 Beginning balance 4 Additions counting the year 5 Beginning balance 5 Beginni			,		,	0		0				
b Scholarly research c Preservation for future generations Provide a description of the organization scollections and explain how they further the organization scenept purpose in Part XIII. Dispite year, did the organization scollections and explain how they further the organization scenept purpose in Part XIII. Dispite year, did the organization scollection? Part V Escrow and Custodial Arrangements. Complete if the organization scelection? Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance c Beginning balance c Beginning balance c Beginning charactor schedule an amount on Form 990, Part X, line 21, the escrow or custodial account line line (1) and the organization schedule account line c Beginning balance c Beginning balance c Beginning characton include an amount on Form 990, Part X, line 21, the escrow or custodial account line c Beginning of year balance c I d c Complete The UndS. Complete If the explanation has been provided on Part XII c Endowment Funds. Complete If the explanation has been provided on Part XII c Beginning of year balance c I d c Complete If the explanation include an amount on Form 990, Part X, line 21, the escrow or custodial account line c No b If "Yes," explain the arrangement in Part XIII. Check here If the explanation has been provided on Part XII c Endowment Funds. Complete If the explanation has been provided on Part XII c Endowment Funds. Complete If the explanation has been provided on Part XII c Endowment Funds. Complete If the explanation include account in the provide the estimated part of the line schedule (line 1), line 10. C Complete If the explanation include account is provide the estimated percentage of the current year end balance (line 1), column (a) held as: a Board designated or qualications b (f) Petiated organizations instead as required on Schedule R? c I how basis for the IIIIs and Complete III (line 1), line 10. C Description of property is and C description is endowment the complexitations c I how the	а		c	1 I	I oan or exc	change progra	ım					
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization is collections and explain how they further the organization's exempt Purpose in Part XIII. 6 Interview Constraints and anount on Form 1990, Part X, line 21. 7 Is the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 1990, Part X, line 21. 7 Is the organization answered in the state, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 7 Is the organization answered intermediary for contributions or other assets not included on Form 990, Part X, line 21. 7 Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liabity? 2 No 9 If Yes, 'explain the arrangement in Part XIII. Check here if the organization has been provided on Part XIII. 9 If Yes organization answered Yes' on Form 990, Part X, line 21. 9 If Yes organization answered Yes' on Form 990, Part X, line 21. 9 If Yes organization answered Yes' on Form 990, Part X, line 10. 9 <td></td> <td></td> <td>_</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>			_									
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Schedule D (Form 990) 2021

132052 10-28-21

		on Form 990, Part IV, line		d of your market yelve
	1 of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
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	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d of year market value
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(9) Total. (Col. (b) r Part IX C C C (1) BENEF (2) UNDEP	Other Assets. complete if the organization answered "Yes" (a) VICIAL INTEREST IN PERPETUAL TRUS	Description	11d. See Form 990, Part X, line 15.	847,246 170,301
(9) Total. (Col. (b) r Part IX C C C (1) BENEF (2) UNDEP (3) INSUR	Other Assets. omplete if the organization answered "Yes" (a) ICIAL INTEREST IN PERPETUAL TRUS OSITED FUNDS	Description	11d. See Form 990, Part X, line 15.	847,246 170,301
(9) Total. (Col. (b) r Part IX C C C (1) BENEF (2) UNDEP (3) INSUR (4)	Other Assets. omplete if the organization answered "Yes" (a) ICIAL INTEREST IN PERPETUAL TRUS OSITED FUNDS	Description	11d. See Form 990, Part X, line 15.	847,246 170,301
(9) otal. (Col. (b) r Part IX C C C (1) BENEF (2) UNDEP (3) INSUR (4) (5)	Other Assets. omplete if the organization answered "Yes" (a) ICIAL INTEREST IN PERPETUAL TRUS OSITED FUNDS	Description	11d. See Form 990, Part X, line 15.	847,246 170,301
(9) Total. (Col. (b) r Part IX C C C C (1) BENEF (2) UNDEP (3) INSUR (4)	Other Assets. omplete if the organization answered "Yes" (a) ICIAL INTEREST IN PERPETUAL TRUS OSITED FUNDS	Description	11d. See Form 990, Part X, line 15.	(b) Book value 847,246 170,301 7,638,534
(9) otal. (Col. (b) r Part IX C C C C (1) BENEF (2) UNDEP (3) INSUR (4) (5) (6)	Other Assets. omplete if the organization answered "Yes" (a) ICIAL INTEREST IN PERPETUAL TRUS OSITED FUNDS	Description	11d. See Form 990, Part X, line 15.	847,246 170,301
(9) Total. (Col. (b) r Part IX C C C C (1) BENEF (2) UNDEP (3) INSUR (4) (5) (6) (7)	Other Assets. omplete if the organization answered "Yes" (a) ICIAL INTEREST IN PERPETUAL TRUS OSITED FUNDS	Description	11d. See Form 990, Part X, line 15.	847,246 170,301
(9) otal. (Col. (b) r Part IX C C C C (1) BENEF (2) UNDEP (3) INSUR (4) (5) (6) (7) (8) (9) otal. (Column Part X C	Other Assets. complete if the organization answered "Yes" (a) ICIAL INTEREST IN PERPETUAL TRUS OSITED FUNDS ANCE POLICIES (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description		847,246 170,301 7,638,534
(9) Total. (Col. (b) r C C C C C C C C C C C C C	Other Assets. complete if the organization answered "Yes" (a) ICIAL INTEREST IN PERPETUAL TRUS OSITED FUNDS ANCE POLICIES (b) must equal Form 990, Part X, col. (B) line Other Liabilities. omplete if the organization answered "Yes"	Description		847,246 170,301 7,638,534 8,656,081 5.
(9) otal. (Col. (b) r Part IX C C C (1) BENEF (2) UNDEP (3) INSUR (4) (5) (6) (7) (8) (9) Cotal. (Column Part X C C	Other Assets. omplete if the organization answered "Yes" (a) ICIAL INTEREST IN PERPETUAL TRUS OSITED FUNDS ANCE POLICIES (b) must equal Form 990, Part X, col. (B) line Other Liabilities. omplete if the organization answered "Yes" (a) Description of liability	Description		847,246 170,301 7,638,534
(9) Total. (Col. (b) r Part IX C C C (1) BENEF (2) UNDEP (3) INSUR (4) (5) (6) (7) (8) (9) Total. (Column Part X C C (1) Federa	Other Assets. omplete if the organization answered "Yes" (a) ICIAL INTEREST IN PERPETUAL TRUS OSITED FUNDS ANCE POLICIES (b) must equal Form 990, Part X, col. (B) line Other Liabilities. omplete if the organization answered "Yes" (a) Description of liability al income taxes	Description		847,246 170,301 7,638,534 8,656,081 6. (b) Book value
(9) Total. (Col. (b) r Part IX C C C C (1) BENEF (2) UNDEP (3) INSUR (4) (5) (6) (7) (6) (7) (8) (9) Total. (Column Part X C C C C C C C C C C C C C C	Other Assets. omplete if the organization answered "Yes" (a) ICIAL INTEREST IN PERPETUAL TRUS OSITED FUNDS ANCE POLICIES (b) must equal Form 990, Part X, col. (B) line Other Liabilities. omplete if the organization answered "Yes" (a) Description of liability	Description		847,246 170,301 7,638,534 8,656,081 6. (b) Book value
(9) otal. (Col. (b) r Part IX C C (1) BENEF (2) UNDEP (3) INSUR (4) (5) (6) (7) (8) (9) otal. (Column Part X C C (1) Federa (2) SPLIT (3)	Other Assets. omplete if the organization answered "Yes" (a) ICIAL INTEREST IN PERPETUAL TRUS OSITED FUNDS ANCE POLICIES (b) must equal Form 990, Part X, col. (B) line Other Liabilities. omplete if the organization answered "Yes" (a) Description of liability al income taxes	Description		847,246 170,301 7,638,534 8,656,081 6. (b) Book value
(9) otal. (Col. (b) r Part IX C C C (1) BENEF (2) UNDEP (3) INSUR (4) (5) (6) (7) (8) (9) Cotal. (Column Part X C C (1) Federa (2) SPLIT (3) (4)	Other Assets. omplete if the organization answered "Yes" (a) ICIAL INTEREST IN PERPETUAL TRUS OSITED FUNDS ANCE POLICIES (b) must equal Form 990, Part X, col. (B) line Other Liabilities. omplete if the organization answered "Yes" (a) Description of liability al income taxes	Description		847,246 170,301 7,638,534 8,656,081 6. (b) Book value
(9) otal. (Col. (b) r Part IX C C C (1) BENEF (2) UNDEP (3) INSUR (4) (5) (6) (7) (6) (7) (8) (9) Total. (Column Part X C C C (1) Federa (2) SPLIT (3) (4) (5)	Other Assets. omplete if the organization answered "Yes" (a) ICIAL INTEREST IN PERPETUAL TRUS OSITED FUNDS ANCE POLICIES (b) must equal Form 990, Part X, col. (B) line Other Liabilities. omplete if the organization answered "Yes" (a) Description of liability al income taxes	Description		847,246 170,301 7,638,534 8,656,081 6. (b) Book value
(9) otal. (Col. (b) r Part IX C C (1) BENEF (2) UNDEP (3) INSUR (4) (5) (6) (7) (8) (9) otal. (Columr, Part X C C C (1) Federa (2) SPLIT (3) (4) (5) (6)	Other Assets. omplete if the organization answered "Yes" (a) ICIAL INTEREST IN PERPETUAL TRUS OSITED FUNDS ANCE POLICIES (b) must equal Form 990, Part X, col. (B) line Other Liabilities. omplete if the organization answered "Yes" (a) Description of liability al income taxes	Description		847,246 170,301 7,638,534 8,656,081 6. (b) Book value
(9) otal. (Col. (b) r Part IX C C (1) BENEF (2) UNDEP (3) INSUR (4) (5) (6) (7) (8) (9) Cotal. (Column Part X C C C (1) Federa (2) SPLIT (3) (4) (5) (6) (7) C C C C C C C C C C C C C	Other Assets. omplete if the organization answered "Yes" (a) ICIAL INTEREST IN PERPETUAL TRUS OSITED FUNDS ANCE POLICIES (b) must equal Form 990, Part X, col. (B) line Other Liabilities. omplete if the organization answered "Yes" (a) Description of liability al income taxes	Description		847,246 170,301 7,638,534 8,656,081 6. (b) Book value
(9) otal. (Col. (b) r Part IX C C C (1) BENEF (2) UNDEP (3) INSUR (4) (5) (6) (7) (8) (9) Total. (Columr, Part X C C C C (1) Federa (2) SPLIT (3) (4) (5) (6)	Other Assets. omplete if the organization answered "Yes" (a) ICIAL INTEREST IN PERPETUAL TRUS OSITED FUNDS ANCE POLICIES (b) must equal Form 990, Part X, col. (B) line Other Liabilities. omplete if the organization answered "Yes" (a) Description of liability al income taxes	Description		847,246 170,301 7,638,534 8,656,081

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

Schedule D (Form 990) 2021

132053 10-28-21

Sche	edule D (Form 990) 2021 ALCOR LIFE EXTENSION FOUNDATION		23-7154039 Page 4
	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments		
с	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18		
Pa	rt XIII Supplemental Information.	*	
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b:	Part V, line 4; Part X, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an		
		,	
PART	TIV, LINE 2B:		
THE	ORGANIZATION RECORDS THE ALCOR MEMBERS' PREPAYMENT FOR		
CRYC	PRESERVATION IN AN ESCROW ACCOUNT. THE ACCOUNT IS THEN US	ED AT TIME OF	
DEAT	TH FOR CRYOPRESERVATION SERVICES AND RECORDED AS PROGRAM R	EVENUE.	

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PART X, LINE 2:

LCOR LIFE EXTENSION FOUNDATION, ALCOR ENDOWMENT TRUST SUPPORTING

ORGANIZATION, THE ALCOR PATIENT CARE TRUST, AND THE ALCOR CARE TRUST

SUPPORTING ORGANIZATION QUALIFY AS TAX-EXEMPT ORGANIZATIONS UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE") AND, ACCORDINGLY,

THERE IS NO PROVISION FOR INCOME TAXES. ALCOR LIFE EXTENSION FOUNDATION,

ALCOR ENDOWMENT TRUST SUPPORTING ORGANIZATION AND THE ALCOR PATIENT CARE

132054 10-28-21

Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued) TRUST ARE ALSO EXEMPT FROM STATE INCOME TAX. IN ADDITION, ALCOR LIFE EXTENSION FOUNDATION, ALCOR ENDOWMENT TRUST SUPPORTING ORGANIZATION, ALCOR

CARE TRUST SUPPORTING ORGANIZATION AND THE ALCOR PATIENT CARE TRUST

QUALIFY FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170 OF THE

CODE AND HAVE BEEN CLASSIFIED AS ORGANIZATIONS THAT ARE NOT PRIVATE

FOUNDATIONS. INCOME DETERMINED TO BE UNRELATED BUSINESS TAXABLE INCOME

("UBTI") WOULD BE TAXABLE.

CRYONICS PROPERTY, LLC FILES ITS INCOME TAX RETURN ON THE CASH BASIS AS A

PARTNERSHIP FOR FEDERAL AND STATE INCOME TAX PURPOSES. AS SUCH, CRYONICS

PROPERTY, LLC WILL NOT PAY INCOME TAXES, AS ANY INCOME OR LOSS WILL BE

INCLUDED IN THE TAX RETURNS OF THE MEMBERS.

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE I (Form 990)	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.							
Department of the Treasury Internal Revenue Service		Go to www.ir	Attach to Fori s.gov/Form990 for		nation.		Open to Public Inspection	
Name of the organization ALCOR LIFE EX	TENSION FOUNDA	TION					Employer identification number 23-7154039	
Part I General Information on Grants a	nd Assistance							
 Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro Part II Grants and Other Assistance to I recipient that received more than \$ 	tance? cedures for monito Domestic Organiz	oring the use of grant ations and Domestic	funds in the United	States. complete if the orga	anization answered "Y		X Yes No	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
ALCOR CARE TRUST SUPPORTING ORGANIZATION - 7895 EAST ACOMA DR STE 110 - SCOTTSDALE, AZ 85260	32-6428275	501C(3)	454,000.	0.			SUPPORT	
ORGAN PRESERVATION ALLIANCE 950 GILMAN STREET STE 200 BERKELEY , CA 94710	81-0715003	501C(3)	1,200,000.	0.			ACADEMIC RESEARCH	
 2 Enter total number of section 501(c)(3) at 3 Enter total number of other organizations 						1	<u>2.</u>	

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

Schedule I (Form 990) 2021
Part III Grants and Othe

ALCOR LIFE EXTENSION FOUNDATION

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

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

AWARDED FOR RESEARCH PROJECTS. WRITTEN PROPOSALS ARE PROVIDED FOR EACH

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

SCI	HEDULE J	Compens	ation Information	I	OMB No. 1	1545-004	47	
	rm 990)	_	rs, Trustees, Key Employees, and Highest		00	1		
•	Compensated Employees			20	ΖΙ			
_	► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.					Open to Public		
	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							
Nam	e of the organizatio			Employer id	entificatio	on nui	mber	
		ALCOR LIFE EXTENSION FOUNDA	ATION	23-71	54039			
Pa	rt I Question	s Regarding Compensation						
						Yes	No	
1a	Check the appropri	ate box(es) if the organization provided any o	of the following to or for a person listed on Form	990,				
	Part VII, Section A,	line 1a. Complete Part III to provide any relev	vant information regarding these items.					
	First-class or d	harter travel	Housing allowance or residence for perso	nal use				
	Travel for com	panions	Payments for business use of personal re-	sidence				
	Tax indemnific	ation and gross-up payments	Health or social club dues or initiation fee	S				
	Discretionary	pending account	Personal services (such as maid, chauffer	ır, chef)				
b	If any of the boxes	on line 1a are checked, did the organization	follow a written policy regarding payment or					
	reimbursement or p	rovision of all of the expenses described abo	ove? If "No," complete Part III to explain		1b			
2	Did the organizatio	n require substantiation prior to reimbursing	or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, reg	arding the items checked on line 1a?		. 2			
3	Indicate which, if a	y, of the following the organization used to e	establish the compensation of the organization's					
	CEO/Executive Dire	ctor. Check all that apply. Do not check any	boxes for methods used by a related organization	on to				
	establish compensation	ation of the CEO/Executive Director, but expl	lain in Part III.					
	Compensation committee Written employment contract							
	Independent of	ompensation consultant	Compensation survey or study					
	Form 990 of o	ther organizations	X Approval by the board or compensation c	ommittee				
4	During the year, did	any person listed on Form 990, Part VII, See	ction A, line 1a, with respect to the filing					
	organization or a re	ated organization:						
а	Receive a severance	e payment or change-of-control payment?			. 4a		X	
b	Participate in or rec	eive payment from a supplemental nonquali	fied retirement plan?		. 4 b		X	
с	Participate in or rec	eive payment from an equity-based compen-	sation arrangement?		. 4c		X	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
)(3), 501(c)(4), and 501(c)(29) organizations	-					
5			the organization pay or accrue any compensatio	n				
	contingent on the r							
а	The organization?				<u>5a</u>		X	
b					5b		X	
		r 5b, describe in Part III.						
6			the organization pay or accrue any compensatio	n				
	contingent on the r	0						
							X	
b					6b		X	
_		r 6b, describe in Part III.						
7			the organization provide any nonfixed payments					
					. 7	X		
8	-		ued pursuant to a contract that was subject to th	ie				
		ption described in Regulations section 53.49			8		X	
9	, 5							
	Regulations section				9		<u> </u>	
LHA	For Paperwork R	eduction Act Notice, see the Instructions f	for Form 990.	Schedu	le J (Forn	n 990)	2021	

132111 11-02-21

Schedule J (Form 990) 2021

23-7154039

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PATRICK HARRIS	(i)	143,215.	28,300.	16,535.	12,040.	4,356.	204,446.	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)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Page 3

Part III Supplemental Information

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

PART I, LINE 7:

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

THE DISCRETION OF THE BOARD OF DIRECTORS.

Schedule J (Form 990) 2021

SCHE	DUI	LE	0
(Form §	990)	

Department of the Treasury

Name of the organization

Internal Revenue Service

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



Employer identification number 23-7154039

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

THE PRESERVATION OF INDIVIDUAL LIVES, TO BE SOUGHT THROUGH MAINTAINING

ALCOR LIFE EXTENSION FOUNDATION

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

FUND RESEARCH AND PUBLIC EDUCATION FOR BIOSTASIS.

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

THE PRESERVATION OF INDIVIDUAL LIVES, TO BE SOUGHT THROUGH THE

FOLLOWING PRIORITIZED LIST OF FUNDAMENTALS: MAINTAIN THE CURRENT

PATIENTS IN BIOSTASIS, PLACE CURRENT AND FUTURE MEMBERS INTO BIOSTASIS

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

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

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

FOSTERING GROWTH TO SUPPORT THE GOALS OF THE ABOVE.

FORM 990, PART V, LINE 2A:

ALCOR LIFE EXTENSION FOUNDATION HAS NO EMPLOYEES. THE ORGANIZATION

LEASES EMPLOYEES FROM EMPLOYERS RESOURCE ON A DIRECT REIMBURSEMENT

BASIS.

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

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

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

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

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

DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON

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

Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021 Name of the organization	Employer identification number
ALCOR LIFE EXTENSION FOUNDATION	23-7154039
HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, HAS READ AND	
UNDERSTANDS THE POLICY AND HAS AGREED TO COMPLY WITH THE POLICY. IF A	
CONFLICT EXISTS THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER ALCOR CAN	
OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR	
ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT	
OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT	
REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF	
INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE	
DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN	
ALCOR'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND	
REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION IT SHALL MAKE ITS	
DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD OF DIRECTORS OF THE ORGANIZATION REVIEWED AND APPROVED THE	
COMPENSATION OF THE CHIEF EXECUTIVE OFFICER. LAST REVIEWED DECEMBER 12TH,	
2021.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE	
ORGANIZATION'S WEBSITE OR UPON REQUEST.	
FORM 990, PART VI, SECTION A, LINE 6:	
THE ORGANIZATION HAS NO MEMBERS AS DEFINED BY THE INTERNAL REVENUE	
CODE. THE ORANIZATION OFFERS SERVICES THROUGH CLASSES OF NONVOTING	
MEMBERS AS FOLLOWS:	
SUSPENSION MEMBERSHIP, ALSO KNOWN AS CRYOPRESERVATION MEMBERSHIP, WHICH	
SHALL REQUIRE THAT AN INDIVIDUAL MAKE ALL NECESSARY LEGAL AND FINANCIAL	

132212 11-11-21

Schedule O (Form 990) 2021

	Page Employer identification number
NDATION	23-7154039
LAW TO PREPARE FOR	
, NEUROPRESERVATION OR	
"SUSPENSION"), TO BE	
THE SUSPENSION MEMBER'S	
AN ANNUAL SERVICE FEE AND	
ICALS, PUBLICATIONS,	
ED BY THE CORPORATION TO	
L ALSO ALLOW THE MEMBER	
ETINGS AND SELECTED SOCIAL	
195,814.	
0.	
0.	
195,814.	
45,607.	
0.	
0.	
45,607.	
482,868.	
	LAW TO PREPARE FOR , NEUROPRESERVATION OR "SUSPENSION"), TO BE THE SUSPENSION MEMBER'S AN ANNUAL SERVICE FEE AND ICALS, PUBLICATIONS, ED BY THE CORPORATION TO L ALSO ALLOW THE MEMBER RETINGS AND SELECTED SOCIAL 195,814. 0. 195,814. 45,607. 0. 45,607.

Schedule O (Form 990) 2021		Page 2
Name of the organization ALCOR LIFE EXTENSION FOUNDATION		Employer identification number 23-7154039
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	482,868.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	724,289.	
132212 11-11-21 42		Schedule O (Form 990) 2021

For Paperwork	Deduction	Act Nation	acc the	Instructions	for Earm 00	20
гог Рарегиотк	Reduction	ACT NOTICE,	see me	mstructions	IOI FOITH 93	<i>9</i> 0.

Part II

32-6428275.

Name, address, and EIN

of related organization

ORGANIZATION - 32-6313396, 7895 EAST ACOMA

DRIVE, #110, SCOTTSDALE, AZ 85260-6916

ALCOR CARE TRUST SUPPORTING ORGANIZATION

7895 EAST ACOMA DRIVE, #110

ALCOR ENDOWMENT TRUST SUPPORTING

SCOTTSDALE, AZ 85260-6916

132161 11-17-21 LHA

43

ARIZONA

ARIZONA

(a)	(b)	(c)	(d)	(e)	(f)		_
Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization ar	nswered "Yes" on Form 990,	Part IV, line 34, be	ecause it had one	or more related tax	k-exemp	ot
	-						
	-						

Primary activity

SUPPORT

SUPPORT

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

Legal domicile (state or

foreign country)

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I

ALCOR LIFE EXTENSION FOUNDATION

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

2021 **Open to Public**

Employer identification number

23-7154039

Direct controlling

entity

ALCOR LIFE

EXTENSION

FOUNDATION

ALCOR LIFE

EXTENSION

FOUNDATION

Public charity

status (if section

501(c)(3))

LINE 12B, II

LINE 12B, II

Exempt Code

section

501(C)(3)

501(C)(3)

Inspection

(g) Section 512(b)(13)

controlled

entity?

No

Х

Х

Yes

Schedule R (Form 990) 2021

;	SCHEDULE R
	(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	amount in box 20 of Schedule	manag partne	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	0
CRYONICS PROPERTY -											
86-0740606, 7895 E. ACOMA											
DRIVE, #110, SCOTTSDALE, AZ											
85260-6916	RENTAL	AZ	N/A	UNRELATED	-23,366.	1,037,688.		x	N/A	x	95.65%
	7										
	1										
	1										
	1										
	1										
	1										
	1										
	4										
	-										

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

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

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

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CRYONICS PROPERTY LLC	ĸ	122,614.	FMV
(2)			
<u>(3)</u>			
(4)			
<u>(5)</u>			
(6)			

Schedule R (Form 990) 2021 ALCOR LIFE EXTENSION FOUNDATION

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(org Yes	(f) Share of total income	(g) Share of end-of-year assets	(r Dispr tior allocat Yes	opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	or Percentage ownership

Schedule R (Form 990) 2021

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