EXTENDED TO NOVEMBER 16, 2020

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Return of Organization Exempt From Income Tax

Form JJU			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenu	ie Code (exc	cept private foundations)	ZU 19			
		uary 2020)	Do not enter social security numbers on this form	n as it may b	pe made public.	Open to Public			
Depai ntern	rtment o al Reve	of the Treasury nue Service	▶ Go to www.irs.gov/Form990 for instructions ar	nd the latest	information.	Inspection			
A F	or the	2019 calend		dending		-			
B c	heck if oplicabl	e: C Name of	forganization		D Employer identification	on number			
X	Addre chang		M OF CARING FOUNDATION, INC						
	Name chang	e Doing bu	usiness as		46-3371348				
	Initial return Final return		and street (or P.O. box if mail is not delivered to street address) OX 15224	Room/suite	E Telephone number 719-347-54	00			
	termin ated Ameno return	City or to	own, state or province, country, and ZIP or foreign postal code RADO SPRINGS, CO 80935		G Gross receipts \$	1,418,013.			
			·		H(a) Is this a group return				
	Application pendir	20	nd address of principal officer:HEATHER JACKSON		for subordinates? Yes X No				
	portan	SAME	AS C ABOVE		H(b) Are all subordinates include	d? Yes No			
		empt status: L		or 527	If "No," attach a list.	(see instructions)			
J۷	Vebsi	te: 🕨 REAL	MOFCARING.ORG		H(c) Group exemption nu	mber >			
K F	orm of	organization:	X Corporation	L Year	of formation: 2013 M Sta				
	rt I	Summary			•				
_	1		be the organization's mission or most significant activities: ${f REAL}$	M OF C	ARING IMPROVE	S QUALITY			
nce		OF LIFE	THROUGH RESEARCH, EDUCATIONAL SE	RVICES	, AND COMMUNI	ΓΥ			
na	2	Check this bo	x if the organization discontinued its operations or disposit	osed of more	than 25% of its net assets				
Governance			ting members of the governing body (Part VI, line 1a)		3	8			
			dependent voting members of the governing body (Part VI, line 1b)		·····	7			
oX I	•		ispaniating realing members of the governing body (i dit vi, line ib)		T				

∞ ।				
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	26
viti	6	Total number of volunteers (estimate if necessary)		40
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.
٩		Net unrelated business taxable income from Form 990-T, line 39		0.
			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,324,800.	1,340,850.
	9	Program service revenue (Part VIII, line 2g)	11,229.	23,682.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14.	10.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-25,223.	-76,947.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,310,820.	1,287,595.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	76,131.	61,650.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	687,618.	856,495.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 45,325.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	462,651.	493,326.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,226,400.	1,411,471.
	19	Revenue less expenses. Subtract line 18 from line 12	84,420.	-123,876.
Assets or Balances			Beginning of Current Year	
sets alan	20	Total assets (Part X, line 16)	377,217.	350,766.
t As	21	Total liabilities (Part X, line 26)	29,801.	
Fun	22	Net assets or fund balances. Subtract line 21 from line 20	347,416.	223,540.
Pa	rt II	Signature Block		

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

	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	
Sign Here	Signature of officer MICHELLE BENNETT-FUNNE	LL, TREASURER	Date
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	JIM MARTY	JIM MARTY	11/13/20 if P00381885
Preparer	Firm's name BRIDGE WEST, LLC		Firm's EIN ▶ 46-3108229
Use Only	Firm's address 1714 DUCHESS DRI	VE	
	LONGMONT, CO 805		Phone no. 303-651-0304
May the If	RS discuss this return with the preparer shown ab	ove? (see instructions)	X Yes No

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Breity describe the organization's mission: WHY: BECAUSE QUALITY OF LIFE MATTERS MISSION: REALM OF CARING IMPROVES QUALITY OF LIFE THROUGH RESEARCH, EDUCATIONAL SERVICES, AND COMMUNITY CONNECTIONS. Dot the organization undestate any significant program services during the year which were not listed on the prior Form 990 or 990-E2? I'ves. 'describe these new services on Schodule O. It'ves.' describe these changes on Schodule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reports are services and program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service conditions are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service spaces 1, 255, 547, total program services 1, 255, 547, total program ser	Pai	Statement of Program Service Accomplishments	
WHY: BECAUSE QUALITY OF LIFE MATTERS MISSION: REALM OF CARING IMPROVES QUALITY OF LIFE THROUGH RESEARCH, EDUCATIONAL SERVICES, AND COMMUNITY CONNECTIONS. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990 cf.? □ Vers. (Secretary organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. 4 Describe these changes on Schedule O. 4 Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. 8 Section 601(9)3 and 501(9)4 granizations are required to report the amount of grants and allocations to others, the total expenses. 8 Section 601(9)3 and 501(9)4 granizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4 (cook [Newtons 5]]) (feasons 5] 8 2 1,555,547. 8 1,255,547. including grants of 5 8 1,450,000 1,450,000 9 1,450,000 1,450,000 1 1,450,000 1,450,000 1 1,450,000 <th>_</th> <th>Check if Schedule O contains a response or note to any line in this Part III</th> <th><u></u></th>	_	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
EDUCATIONAL SERVICES, AND COMMUNITY CONNECTIONS. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form \$90 or \$90 E27	1	WHY: BECAUSE QUALITY OF LIFE MATTERS	
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 E2? If "Yes," describe these new services on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? □ Yes ☒ No If "Yes," describe these changes on Schedule 0. 10 Describe the organizations program service accomplishments for each of its three largest program services, as measured by expenses. Section 5016(3) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 12 (cote:) (suppress 1, 2,55,547. "including grants of \$			RCH,
prior Form 980 or 980 E27		EDUCATIONAL SERVICES, AND COMMUNITY CONNECTIONS.	
prior Form 980 or 980 E27			
If "Yes," clearable these new services on Schedule 0. Did the organization cases conducting, or make significant changes in how it conducts, any program services?	2	Did the organization undertake any significant program services during the year which were not listed on the	
3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?		prior Form 990 or 990-EZ?	Yes X No
## 11 **Yes," describe these changes on Schedule O. ## 2			
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:	3	If "Yes," describe these changes on Schedule O.	
Towerous, if any, for each program service reported 1,255,547. Including grants of \$ 1,650 (Reserved	4		
4a (Code:) (Expenses \$ 1,255,547. including grants of \$ 61,650.) [Process \$			penses, and
REALM OF CARING HAD ANOTHER YEAR OF GROWTH AND ACCOMPLISHMENTS. WE SERVED OVER 57,848 CLIENTS WITH A PHENOMENAL 97.4% TOTAL CLIENT SATISFACTION RATING. WE ENDED THE YEAR WITH 1,445 MEDICAL PROFESSIONAL EDUCATION ACCOUNTS AND WERE A TOP REFERRAL SOURCE TO OUR EDUCATION CENTER. REALM OF CARING HAD OVER 3,466 PARTICIPANTS IN OUR RESEARCH REGISTRY, MAKING IT THE LARGEST IN THE UNITED STATES. THANK YOU TO EVERYONE WHO BELIEVED IN OUR MISSION OF IMPROVING LIVES THROUGH RESEARCH AND EDUCATION WHILE BUILDING COMMUNITY. 4b (code:)(Expenses S			
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4e Total program service expenses ► 1,255,547.	4d	Other program services (Describe on Schedule O.)	
		1 055 545)
	<u>4e</u>	Total program service expenses ▶ 1, ∠33, 34 / •	Form 990 (2019)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	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			x
_	Schedule D, Part III	8		
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?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	10		-22
11				
2	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
	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			
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
18	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	-22	
19	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Part IV | Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1.00	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
0.4	Schedule J	23		X
24 a	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		
	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	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	051		X
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		- 1
20	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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			X
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	200		- 22
Ŭ	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
00	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		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
٠.	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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	<u> </u>	Щ.
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			177
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
00		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	,		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 22	-		
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Х	
	(gambling) winnings to prize winners?	1c	Γ	

932004 01-20-20

Form **990** (2019)

Form 990 (2019) REALM OF CARING FOUNDATION, INC Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Inter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, Ed. 2				Yes	No
b If a least one is reported on line 2a, dut the organization file air required federal employment tax returner? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	2a				
Note: If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 mere during the year? 3a Did the organization have unrelated business gross income of \$1,000 mere during the year? 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)? 4a X 5b If "Yes," enter the name of the foreign country \(\) be seen instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b IV "Yes" to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b IX X 5c If "Yes" to line Sa or 5b, did the organization file Form 8888-17 6a Does the organization and party or annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions are tax deductible? 7b Organizations that may receive deductible contributions? 8c If "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c IV ("Yes," did the organization notify the donor of the value of the goods or services provided? 7c IV ("Yes," did the organization order) as party as a contribution and party for goods and services provided to the payor? 7c IV ("Yes," did the organization excelve a payment in excess of \$15 mate party as a contribution and party for goods and services provided to the payor? 7c IV ("Yes," did the organization excelved any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c IV ("Yes," organization r		filed for the calendar year ending with or within the year covered by this return 2a 26			
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b If Yes, "has it flied a Form 990-T for this year? # "No" to line 3b, provide an explanation on Schedule O 43 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 [second as a bank account, securities account, or other financial account? B 5 If Yes," enter the name of the foreign country \$\infty\$ 5 See instructions for filling requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 See instructions for filling requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization in party to a prohibited tax shelter transaction? 5 So X So If Yes' to line Sa or 55, did the organization file Form 8886-17 6 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? 6 B 7 Organizations that may receive deductible contributions under section 170(c). 6 B 8 If Yes," did the organization netwice a payment in excess of \$\infty\$ make party is a contribution and party for goods and services provided to the payor? 7 The section of the organization service a payment in excess of \$\infty\$ make party as a contribution of quality of the organization netwice a payment in excess of \$\infty\$ make party as a contribution of party for which it was required to the Form 8282? 7 The Section 501 (at the organization receive a payment in excess of \$\infty\$ make great as a contribution of payment in excess of \$\infty\$ make great as a contribution of payment in excess of \$\infty\$ make great as a contribution of payment in excess of \$\infty\$ make great as a contribution of payment in excess of \$\infty\$ make great as a contribution of payment in excess of \$\infty\$ make great as a contribution of payment in excess of \$\inf		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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If "Yes," complete Form 4720, Schedule O.					v
	16		16		A
		If "Yes," complete Form 4720, Schedule O.	Form	000	(2010)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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				
		1 1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	3		
	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	Enter the number of voting members included on line 1a, above, who are independent	1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other			
	officer, director, trustee, or key employee?		2	X	
3	Did the organization delegate control over management duties customarily performed by or under the				
	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		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as		5		X
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				
	more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	persons other than the governing body?	,	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea		1		
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi				
	tion in the section is required to the section and the section and the section and the section in the section is the section and the s			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 or		100		
	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 boo		11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ay before ming the form:	114		
12a	and the second s		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")		120		
C			12c	Х	
12	in Schedule O how this was done		13		X
13	Did the organization have a written whistleblower policy?		14		X
14 15	Did the organization have a written document retention and destruction policy?		14		- 21
15	Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
•			150	Х	
	The organization's CEO, Executive Director, or top management official		15a		X
Ŋ	Other officers or key employees of the organization		15b		22
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	mont with -			
юа			40-		Х
,	taxable entity during the year?		16a		Λ
р	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation to evaluation to evaluation follows a written policy or procedure requiring the organization to evaluation to evaluat				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga		401		
800	exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed CO	and 000 T (Cootion 504/-)/	2\0.551	\ a\:=!!	ab!-
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	1110 990-1 (Section 501(c)(ajs only	, avail	auie
	for public inspection. Indicate how you made these available. Check all that apply.	on Cohodida O'			
46		on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict of interest policy, a	nd finai	ncial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records			
	MICHELLE BENNETT-FUNNELL - 719-460-5738	\7			
	3515 N CHESTNUT STREET, COLORADO SPRINGS, CO 8090) /			

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

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

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

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

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

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

(A)	(B)	l	ai ii∠c		C)	пре	iisai	(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	_	cer an	a a a	irecto	or/trus	itee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			satec		(W-2/1099-MISC)	(***2/1099****130)	organization
	organizations	truste	al trus		yee	mper		(** = / ********************************		and related
	below	/idual	Institutional trustee	ъ	Key employee	est co loyee	Jer.			organizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former			
(1) MATTHEW LINDSEY	1.00									
MEMBER	1 00	Х						0.	0.	0.
(2) NICOLE SMITH	1.00			l						•
VICE PRESIDENT	1 00	Х		Х				0.	0.	0.
(3) CATE BAZE	1.00									•
MEMBER	1 00	Х						0.	0.	0.
(4) MARK FRYDENBERG	1.00	,,							0	0
SECRETARY	20.00	Х						0.	0.	0.
(5) HEATHER JACKSON	30.00	7.		ν,					EE 002	0
PRESIDENT	30.00	Х	_	Х	_		_	0.	55,903.	0.
(6) MICHELLE BENNETT-FUNNELL	30.00	X		x				0	27 671	0
TREASURER (7) MATT COOK	1.00	Δ.		Δ				0.	37,671.	0.
(/) MATT COOK MEMBER	1.00	х						0.	0.	0.
(8) JONATHAN HOGGARD	40.00	Δ	\vdash	\vdash	\vdash			0.	0.	<u> </u>
CEO/MEMBER	40.00	X		х				0.	46,175.	0.
CEO/ MEMBER		22			\vdash			0.	40,175.	<u></u>
		1								
			\vdash				\vdash			
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		1								
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		1								
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		L	L		L					
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Form **990** (2019)

Part VII Section A. Officers, Directors, Trus		ploy I	ees			ighe	st C					(E)	
(A)	(B) Average			Pos	C) ition	1		(D) Reportable	(E)		Го	(F) timate	
Name and title	hours per	box	not c	heck ss pe	more rson	than is bot	h an	compensation	Reportable compensation			nount (
	week	\vdash	cer ar	nd a d	lirecto	or/trus	tee)	from	from related	- 1		other	
	(list any hours for	lirecto				L		the organization	organization (W-2/1099-MIS			pensa om the	
	related	ee or c	stee			nsatec		(W-2/1099-MISC)	(***27 1099-14113) (anizati	
	organizations	l trust	nal tru		oyee	ompe						d relate	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer				orga	anizatio	วทร
	,	드	드	5	호	王占	프			-+			
		1											
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		-											
1b Subtotal		<u> </u>						0.	139,7	49.			0.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								0.	139,7	49.			0.
2 Total number of individuals (including but r	not limited to th	nose	liste	ed al	bove	e) wl	ho r	eceived more than \$100	,000 of reportab	le			_
compensation from the organization												Yes	0 N o
3 Did the organization list any former officer,	director trust	ee l	KeV 6	-mn	love	26 O	r hic	nhest compensated emr	olovee on	Г		163	140
line 1a? If "Yes," complete Schedule J for s		,	,		,	,	_	, , ,	,		3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$15											4		X
5 Did any person listed on line 1a receive or a	•				-			•		;	_		Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	ipiete Scheaui	e J ī	or s	ucn	pers	son .					5		
Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of con	npens:	ation f	rom	
the organization. Report compensation for										<u> </u>			
(A)			~~~	_				(B)		0	(C		_
Name and business	address	N	INC	<u> </u>			\dashv	Description of s	ervices		ompe	nsatio	<u> </u>
							\dashv						
							\dashv						
							\dashv						
2 Total number of independent contractors (including but n	ot li	mite	d to	tho	se li	stec	d above) who received n	nore than				
\$100,000 of compensation from the organi	zation >				(0						200	
										1	Form	990 (2	2019)

			2019) REALM OF CAR	ING FOUND	ATION, INC		46-3371	348 Page 9
Ра	rt V	Ш						
			Check if Schedule O contains a respons	e or note to any lin	ne in this Part VIII			
					(A) Total revenue	Related or exempt	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts its	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
s, G			Fundraising events 1c	398,123.				
ar /			Related organizations 1d					
s, (Government grants (contributions) 1e					
ion Si			All other contributions, gifts, grants, and					
but			similar amounts not included above 1f	942,727.				
je Odri		а	Noncash contributions included in lines 1a-1f	16,489.				
Col		_	Total. Add lines 1a-1f		1,340,850.			
				Business Code	, ,			
ø	2	а	CHILDCARE	624410	23,682.	23,682.		
Program Service Revenue		b			,	,		
		c						
		d						
		e						
Prc			All other program service revenue					
			Total. Add lines 2a-2f		23,682.			
	3	9	Investment income (including dividends, into					
	Ū		other similar amounts)	· ·	10.			10.
	4		Income from investment of tax-exempt bond					
	5		Royalties	' '				
	3		(i) Real	(ii) Personal				
	6 a Gross ren		(7	.,				
			, , , , , , , , , , , , , , , , , , , ,).				
			Rental income or (loss) 6c 51,40	-				
			, ,		51,409.	51,409.		
			Net rental income or (loss) Gross amount from sales of (i) Securities		31,403.	31,40).		
	'	а		(ii) Other				
		L	· · · · · · · · · · · · · · · · · · ·					
ø		D	Less: cost or other basis					
Revenue		_	and sales expenses					
eve			Gain or (loss) 7c					
_			Net gain or (loss)					
Other	8	а	Gross income from fundraising events (not					
0			including \$ 398,123. of					
			contributions reported on line 1c). See	a 0.				
			Part IV, line 18 Less: direct expenses	-				
					-129,106.			-129,106.
			Net income or (loss) from fundraising events	_	-123,106.			-123,106.
	9	a	Gross income from gaming activities. See					
				a				
			Less: direct expenses					
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns	2 062				
				2,062.				
				1,312.	7.50	750		
		С	Net income or (loss) from sales of inventory		750.	750.		
sn				Business Code				
ne ue	11			.				
Miscellaneous Revenue		b		.				
Sce		С		.				
Ž			All other revenue					
		е	Total. Add lines 11a-11d		4 005 505	== 0.1	-	400.00
	12		Total revenue. See instructions		1,287,595.	75,841.	0.	-129,096.

12 932009 01-20-20 -129,096. Form **990** (2019)

Total revenue. See instructions

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

36011	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			, , ,	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	800.	800.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	60,850.	60,850.		
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	139,749.	130,438.	4,061.	5,250
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	400 454			
7	Other salaries and wages	623,476.	581,937.	18,112.	23,427
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	20 610	0.6.04.0		4 0 4 0
9	Other employee benefits	28,643.	26,818.	783.	1,042 2,428
10	Payroll taxes	64,627.	60,321.	1,878.	2,428
11	Fees for services (nonemployees):				
а	Management	6 005	0 164	2 000	4.2
b	Legal	6,085.	2,164.	3,878.	43
С	Accounting	23,074.	8,206.	14,703.	165
d	, o F				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	16 020	F 704	10 220	115
	column (A) amount, list line 11g expenses on Sch O.)	16,039.	5,704. 45,361.	10,220.	115 5,668
12	Advertising and promotion	55,668.	45,301.	4,039.	3,000
13	Office expenses	47,453.	44,721.	2,639.	93
14	Information technology	47,433.	44,721.	4,039.	33
15	Royalties	90,904.	84,643.	2,683.	3,578
16	Occupancy	38,544.	24,166.	14,378.	3,370
17	Travel	30,344.	24,100.	14,570.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	2,670.	3,418.	-748.	
19	Conferences, conventions, and meetings	4,070•	3,410.	/ 40 •	
20	Interest Payments to affiliates				
21 22	Payments to affiliates	6,461.		6,461.	
23		7,775.	5,822.	1,819.	134
23 24	Other expenses. Itemize expenses not covered	777734	370221	2/0230	
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	RESEARCH EXPENSES	76,041.	76,041.		
a b	SUPPLIES	29,125.	23,334.	5,791.	
c	EVENT EXPENSES	21,166.	16,844.	4,322.	
d	REPAIRS & MAINTENANCE	18,769.	15,403.	2,102.	1,264
	All other expenses	53,552.	38,556.	12,878.	2,118
25	Total functional expenses. Add lines 1 through 24e	1,411,471.	1,255,547.	110,599.	45,325
26	Joint costs. Complete this line only if the organization	-,,	_,,	===,,===	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0.01-20-20		l	L	Form 990 (2019

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Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			319,661.	1	276,956
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			10,834.	4	28,000
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		controlled entity or family member of any of t	hese pers	sons		5	
	6	Loans and other receivables from other disqu	ualified pe	ersons (as defined			
		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			4,067.	7	0
Assets	8	Inventories for sale or use				8	
A	9	Prepaid expenses and deferred charges			27,391.	9	37,007
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	47,741.			
	b	Less: accumulated depreciation	10b	38,938.	15,264.	10c	8,803
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lir		12			
	13	Investments - program-related. See Part IV, li	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e	qual line	33)	377,217.	16	350,766
	17	Accounts payable and accrued expenses			25,100.	17	127,226
	18	Grants payable				18	
	19	Deferred revenue			3,901.	19	0
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or f	ormer offi	cer, director,			
=		trustee, key employee, creator or founder, su	ıbstantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of t	hese pers	sons		22	
_	23	Secured mortgages and notes payable to un		F		23	
	24	Unsecured notes and loans payable to unrela	ated third	parties		24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on li	nes 17-24). Complete Part X	000		•
		of Schedule D			800.		0
	26	Total liabilities. Add lines 17 through 25			29,801.	26	127,226
S		Organizations that follow FASB ASC 958,	check he	re 🕨 🗓			
nce		and complete lines 27, 28, 32, and 33.			245 416		000 540
alaı	27	Net assets without donor restrictions			347,416.	27	223,540
d B	28	Net assets with donor restrictions				28	
n		Organizations that do not follow FASB AS	C 958, ch	eck here 🕨 📖			
or F		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fur				29	
SSE	30	Paid-in or capital surplus, or land, building, or		Г		30	
χ	31	Retained earnings, endowment, accumulated		F	247 446	31	002 540
ž	32	Total net assets or fund balances			347,416.	32	223,540
	33	Total liabilities and net assets/fund balances			377,217.	33	350,766

Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2019)

X

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization REALM OF CARING FOUNDATION, INC 46-3371348 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check 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 section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	734,527.	963,409.	1,089,441.	1,324,800.	1,340,850.	5,453,027.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	734,527.	963,409.	1,089,441.	1,324,800.	1,340,850.	5,453,027.	
	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)						2,977,753.	
6	Public support. Subtract line 5 from line 4.						2,475,274.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
7	Amounts from line 4	734,527.	(b) 2016 963, 409.	1,089,441.	1,324,800.	1,340,850.	5,453,027.	
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	11.	4,597.	8,074.	44,072.	51,419.	108,173.	
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.)							
11	Total support. Add lines 7 through 10						5,561,200.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	50,265.	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)		
	organization, check this box and stop	here					>	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
14	Public support percentage for 2019 (ine 6, column (f) di	vided by line 11, c	olumn (f))		14	44.51 %	
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	48.22 %	
16a	33 1/3% support test - 2019. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or n	nore, check this bo		
	stop here. The organization qualifies							
b	33 1/3% support test - 2018. If the o							
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□	
17a	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,	
	and if the organization meets the "fac			-	•	-		
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a _l	publicly supported	l organization		▶□	
b	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or	
	more, and if the organization meets the		•					
	organization meets the "facts-and-circ							
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2019

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.)

qualify under the tests listed by Section A. Public Support	elow, please com	iplete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(a) 2017	(4) 2019	(e) 2019	(f) Total
1 Gifts, grants, contributions, and	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received					1	
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization	's first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) orga	nization,
check this box and stop here						>
Section C. Computation of Publi	c Support Pe	ercentage				
15 Public support percentage for 2019 (li	ne 8, column (f),	divided by line 13,	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20						%
18 Investment income percentage from 2						%
19a 33 1/3% support tests - 2019. If the						e 17 is not
more than 33 1/3%, check this box ar	nd stop here. The	e organization quali	fies as a publicly s	supported organiz	ation	▶□
b 33 1/3 % support tests - 2018. If the	organization did	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	, and
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	structions	>

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	4		
	1		
	2		
	3a		
	Sa		
	3b		
	3c		
	00		
	4a		
	4b		
	4c		
	40		
	5a		
	ou		
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	5c		
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	•		
	8		
	9a		
	9b		
Ì	JU		
	9с		
	10a		
	iJu		
	10b		

Pa	t IV Supporting Organizations (continued)			
	(continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
-	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	110		
000	tion b. Type I supporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
٠.	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	_		
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions))_		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins.	tructions	3).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
D	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			
		Oh.		
2	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_		
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Pai	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D -	Distributions		,	Current Year
1	Amou				
2	Amou				
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	nts paid to acquire exempt-use assets			
5		ied set-aside amounts (prior IRS approval required)			
6		distributions (describe in Part VI). See instructions.			
7		annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which the	ne organization is responsive		
		de details in Part VI). See instructions.	3		
9		outable amount for 2019 from Section C, line 6			
10		amount divided by line 9 amount			
		,	(i)	(ii)	(iii)
Secti	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	rdistributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2019 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2019 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2019, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in Part VI. See instructions.			
6	Rema	ining underdistributions for 2019. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
	Part V	/I. See instructions.			
7	Exces	ss distributions carryover to 2020. Add lines 3j			
	and 4	С.			
8	Break	down of line 7:			
а	Exces	s from 2015			
b	Exces	ss from 2016			
С	Exces	ss from 2017			
		ss from 2018			
		on from 2010			

Schedule A (Form 990 or 990-EZ) 2019

(See instructions.)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	(see separate instructions), then						
	Section 501(c)(4), (5), or (6) organiza e of organization	tions: Complete Part III.		Ti	Employ	er identification	number
Ivaiii	•	F CARING FOUNDATI	ON TNC			46-33713	
Pa		ganization is exempt unde		or is a section 5			10
		gameanon io oxompi anao			9		
4	Provide a description of the organiz	zation's direct and indirect political	campaign activities in	Dort IV			
	Political campaign activity expendit				• •		
	Volunteer hours for political campai						
3	volunteer flours for political campai	ign activities			-		
Pa	rt I-B Complete if the org	ganization is exempt unde	r section 501(c)(3).			
1	Enter the amount of any excise tax	incurred by the organization unde	r section 4955		▶\$		
2	Enter the amount of any excise tax	incurred by organization manager	s under section 4955		▶\$		
	If the organization incurred a section					Yes	No No
4a	Was a correction made?					Yes	No No
b	If "Yes," describe in Part IV.						
Pa	rt I-C Complete if the org	ganization is exempt unde	r section 501(c),	except section !	501(c)	(3).	
1	Enter the amount directly expended	d by the filing organization for sect	ion 527 exempt functi	on activities	▶\$_		
2	Enter the amount of the filing organ	ization's funds contributed to othe	er organizations for se	ction 527			
	exempt function activities				▶\$_		
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here an	d on Form 1120-POL,				
	line 17b				▶\$_		
4	Did the filing organization file Form	1120-POL for this year?				Yes	☐ No
5	Enter the names, addresses and er	mployer identification number (EIN	of all section 527 pol	itical organizations to	which t	he filing organiza	ation
	made payments. For each organization	tion listed, enter the amount paid	from the filing organiza	ation's funds. Also en	nter the a	amount of politic	al
	contributions received that were pr			•	eparate	segregated fund	or a
	political action committee (PAC). If	additional space is needed, provic	le information in Part I	V.			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fr		(e) Amount of p	
				filing organization		ontributions rece promptly and d	
				funds. If none, ente	er -U	delivered to a se	•
						political organiz	
						If none, enter	r -0

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

Schedule C (Form 990 or 990-EZ) 2019

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2019 REALM OF CARING FOUNDATION, INC 46-337134 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(k)
of th	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
	Media advertisements?	_ A	X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?		X		
	Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?		X		
	Total. Add lines 1c through 1i				0.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
-	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ection	
				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				
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(2) and if a literature (a) POTU Part III A literature (a) 100 (c)(4), section 501(c)(4), section 501(c)(6), section				- 0 :-
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"NO" OF	(b) Part	III-A, IIN	e 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				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
С	Total		l -		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and μ	oolitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part I	I-A, lines 1	and 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information. RT II-B, LINE 1, LOBBYING ACTIVITIES:				
TH	E REALM OF CARING FOUNDATION REGULARLY LISTS ACTION	S FOR	ITS C	LIENTS	5
то	PARTICIPATE IN TO EMAIL BOTH STATE AND FEDERAL REP	RESEN'	TATIVE	S TO	
PRO	OMOTE CHANGES IN LEGISLATION THAT WOULD BENEFIT THE	М.			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

REALM OF CARING FOUNDATION, INC

Employer identification number 46-3371348

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised for	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose conf	ferring
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		2c
a	Number of conservation easements included in (c) acquired		
•	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	anization during the tax
4	Number of states where property subject to conservation as	coment is leasted	
4 5	Number of states where property subject to conservation ea Does the organization have a written policy regarding the pe		
3	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	b	Thandling of violations, and emoroting conscive	ation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
•	▶ \$	and on the analysis of the second of the sec	caceee aag and year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4))(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footi	•	
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and b	palance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in furthe	rance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and balar	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherar	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial gain	n, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2019

932051 10-02-19

Pai	rt III Organizations Maintaining Co	ollections of A	rt, Historica	al Treasures, o	or Other	Similar Ass	sets(continu	ued)
3	Using the organization's acquisition, accession	n, and other record	ls, check any c	of the following tha	t make sig	nificant use of	its	_
	collection items (check all that apply):							
а	Public exhibition	d	Loan c	r exchange progra	am			
b	Scholarly research	е	Other_					
С	Preservation for future generations		_					
4	Provide a description of the organization's col	lections and explai	n how they fur	ther the organizati	on's exem	pt purpose in P	art XIII.	
5	During the year, did the organization solicit or	receive donations	of art, historica	l treasures, or oth	er similar a	ssets		
	to be sold to raise funds rather than to be mail	intained as part of t	he organizatio	n's collection?			Yes	No_
Pai	rt IV Escrow and Custodial Arrang	jements. Comple	ete if the organ	ization answered	"Yes" on F	orm 990, Part I	V, line 9, or	
	reported an amount on Form 990, Part	X, line 21.						
1a	Is the organization an agent, trustee, custodia	n or other intermed	diary for contrib	outions or other as	sets not in	cluded		
	on Form 990, Part X?					L	Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fo	llowing table:					
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for escrow	or custodial acco	ount liability	/?L	Yes	∟ No
	If "Yes," explain the arrangement in Part XIII.							
Pai	rt V Endowment Funds. Complete if	the organization an	swered "Yes"					
		(a) Current year	(b) Prior ye	ar (c) Two year	rs back (d) Three years bac	ck (e) Four	years back
1a	Beginning of year balance							
b	Contributions							
	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curre	ent year end baland	e (line 1g, colu	mn (a)) held as:				
а	Board designated or quasi-endowment		_%					
	Permanent endowment	%						
С	Term endowment	=						
	The percentages on lines 2a, 2b, and 2c should							
3a	Are there endowment funds not in the posses	sion of the organiz	ation that are h	eld and administe	ered for the	organization	Г	
	by:							Yes No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations							
b	If "Yes" on line 3a(ii), are the related organizat			le R?			3b	
Do:	Describe in Part XIII the intended uses of the		wment funds.					
Pai	rt VI Land, Buildings, and Equipme		Death IV Beer	M - 0 F 000	. D+ V . E	10		
	Complete if the organization answered	i					(N D)	
	Description of property	(a) Cost or o basis (investr		Cost or other pasis (other)		umulated eciation	(d) Book	value
1a	Land							
	Buildings							
С	Leasehold improvements			2,947.		1,781.		,166.
d	Equipment			44,794.		37,157.	7	7,637.
	Other						_	
Tota	I. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part	X, column (B),	line 10c.)			8	8,803.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 REALM OF CA	RING FOUNDAT:	TON THE 46	-3371348 _{Page}
Part VII Investments - Other Securities.	KING TOONDATE	1011, 1110 40	3371340 Page
Complete if the organization answered "Yes"	on Form 990 Part IV line	e 11h See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(1) Financial derivatives			,
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
	E 000 B 1 1 1 / 1 '	11 0 5 000 5 1 7 5 10	
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line (b) Book value	e 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end	d of year market value
	(b) book value	(c) Method of Valuation. Cost of end	1-01-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	(1) 5
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2019

(6) (7) (8)

4,986.

1,411,471

2e

4c

Part XI	Recon	ciliation of Re	venue per	Audited	Financial	Statements	With F	Revenue p	er R	eturn

	· · · · · · · · · · · · · · · · · · ·				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,292,581.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	_			
а	Net unrealized gains (losses) on investments	2a	4,986.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	4,986.
3	Subtract line 2e from line 1	3	1,287,595.		
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	0.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,287,595.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents \	With Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	1,416,457.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	4,986.		

2b

4a

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)
Part XIII Supplemental Information.

b Prior year adjustments

c Other losses
d Other (Describe in Part XIII.)

3 Subtract line 2e from line 1
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:
a Investment expenses not included on Form 990, Part VIII, line 7b

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

PART X, LINE 2:

e Add lines 2a through 2d

b Other (Describe in Part XIII.)c Add lines 4a and 4b

THE ORGANIZATION HAS BEEN CLASSIFIED AS AN OTHER-THAN-PRIVATE FOUNDATION

AND IS TAX-EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND

THE COMPARABLE SECTION OF THE COLORADO INCOME TAX STATUTES. THE

ORGANIZATION IS SUBJECT TO A TAX ON INCOME FROM ANY UNRELATED BUSINESS.

DURING THE YEAR ENDED DECEMBER 31, 2019, THE ORGANIZATION HAD NO UNRELATED BUSINESS INCOME.

MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT

THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE

ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISION OF

THIS GUIDANCE. INTEREST AND PENALTIES ARE CLASSIFIED AS EXPENSE AS

932054 10-02-19

Schedule D (Form 990) 2019

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

REALM OF CARING FOUNDATION, INC

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

Mail solicitations Solicitation of non-government grants h Internet and email solicitations Solicitation of government grants ☐ Phone solicitations ☐ Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2019

	rt l	Fundraising Events. Complete if the of fundraising event contributions and gr	e organization answered	d "Yes" on Form 990, Par	t IV, line 18, or reported	
		or landratoring event contributions and gr	(a) Event #1 GOLF TOURNAMENT	(b) Event #2 OVERCOMING OBSTACLES	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
en			(event type)	(event type)	(total number)	551. (5)/
Revenue	1	Gross receipts	374,849.	23,274.		398,123.
	2	Less: Contributions	374,849.	23,274.		398,123.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	43,368.	3,000.		46,368.
Direct E	7	Food and beverages				
	8 9 10	Entertainment Other direct expenses Direct expense summary. Add lines 4 through	76,067.	6,670.		82,737. 129,105.
Da	11	Net income summary. Subtract line 10 from li				-129,105.
Pa	ırt ı	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forr	n 990, Part IV, line 19, or	reported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
а	ls t	ter the state(s) in which the organization conduted the organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:	evoked, suspended, or t	erminated during the tax	year?	Yes No

Schedule G (Form 990 or 990-EZ) 2019

Sch	nedule G (Form 990 or 990 EZ) 2019 REALM OF CARING FOUNDATION, INC 46-	3371348	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	i (Form 990 or 990-EZ) Supplemental Info	REALM OF	CARING	FOUNDATION,	INC	46-3371348 Page 4
Part IV	Supplemental Info	rmation (continu	ied)			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

OMB No. 1545-0047	Open to Public Inspection
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► Go to www.irs.gov/Form990 for the latest information.

Name (Name of the organization REALM OF (CARING FC	FOUNDATION, I	INC				Employer identification number 46-3371348
Part I	General Information on Grants	and Assistance						
- -	Does the organization maintain records to substantiate the amount criteria used to award the grants or assistance?	to substantiate th stance?	e amount of the grants	s or assistance, the	e grantees' eligibilit	y for the grants or as:	of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion X Yes No
2	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for moni	itoring the use of grant	funds in the Unite	d States.			
Part II		Domestic Organ	izations and Domesti	ic Governments.	Somplete if the orga	anization answered "\	Yes" on Form 990, Part	IV, line 21, for any
	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II car	n be duplicated if addit	tional space is need	ded.		-	
-	1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2	Enter total number of section 501(c)(3) and government organization	and government or	rganizations listed in th	s listed in the line 1 table				A
8	Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					A
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2019

Page 2

46-3371348

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.

Part III

(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other)				ıformation.		VES THE				
	O.FMV			additional ir		APPROVES				
(d) Amount of non- cash assistance	0			(b); and any other		MINES AND	ALS.			
(c) Amount of cash grant	60,850.			in Part I, line 2; Part III, column (b); and any other additional information.		NCIL DETERMINES	INDIVIDUALS.			
(b) Number of recipients	79			uired in Part I, line		THE COUNCIL	ED OF THE			
(a) Type of grant or assistance	FINANCIAL ASSISTANCE TO PATIENTS WITH LIFE DEBILITATING DIAGNOSES. THIS IS DONE THROUGH THE REALM CARES GRANT PROGRAM, THE LITTLE GLIMMER GRANT PROGRAM AND GENERAL GRANTS.			Part IV Supplemental Information. Provide the information required	PART I, LINE 2:	FAMILIES FILL OUT AN APPLICATION.	GRANTS AWARDED BASED OFF OF THE NEED			

Schedule I (Form 990) (2019)

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

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

Name of the organization

REALM OF CARING FOUNDATION, INC **Employer identification number** 46-3371348

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CONNECTIONS. FORM 990, PART VI, SECTION A, LINE 2: MEMBER, MATTHEW LINDSEY; AND PRESIDENT, HEATHER JACKSON ARE SHAREHOLDERS IN ANOTHER COMPANY. FORM 990, PART VI, SECTION B, LINE 11B: THE PRESIDENT AND OR TREASURER REVIEWS AND APPROVES FORM 990 PRIOR TO SIGNING FOR FILING. FORM 990, PART VI, SECTION B, LINE 12C: THIS IS REGULARLY MONITORED IN BOARD MEETINGS. FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD REVIEWS THE CEO'S PERFORMANCE AND GOALS AND MAKES COMPENSATION DECISIONS. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST AND ARE PROVIDED IN PAPER OR ELECTRONIC FORM. FORM 990, PART XII. LINKW 2C: THERE HAVE NOT BEEN ANY CHANGES IN THE OVERSIGHT PROCESS.

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

Schedule O (Form 990 or 990-EZ) (2019)