Form	990
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Department of the Treasury Internal Revenue Service

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EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. 2023 Open to Public Inspection

AF	or th	e 2023 calendar year, or tax year beginning and	ending		
B c a	heck if pplicab	le: C Name of organization		D Employer identific	cation number
	Addre				
	Name			**-***134	48
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final returr	PO BOX 15224		719-347-	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,043,721.
	Amer	COLORADO SERINGS, CO 00933		H(a) Is this a group re	eturn
	Appli tion pend	F Name and address of principal officer. IIBATITER OACROON		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
<u> </u>]	ax-ex	empt status: 🚺 501(c)(3) 🚺 501(c) () (insert no.) 🗌 4947(a)(1) c	or 527	lf "No," attach a	list. See instructions
_	Vebs			H(c) Group exemption	
		f organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other	L Year (of formation: 2013 N	I State of legal domicile: CO
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: REAL			
anc		OF LIFE THROUGH RESEARCH, EDUCATIONAL SER			
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more		
Š	3				<u> </u>
ۍ ه	4	Number of independent voting members of the governing body (Part VI, line 1b)			
ies	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			9 9
tivit	6	Total number of volunteers (estimate if necessary)			0.
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	D	Net unrelated business taxable income from Form 990-T, Part I, line 11			Current Year
	8	Contributions and grants (Part VIII, line 1h)		418,320.	903,324.
ane	9			0.	0.
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		81.	63.
Ве	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		186,801.	140,334.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		605,202.	1,043,721.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		455,379.	399,991.
Ise		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 18, 95	70.		
щ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		376,915.	404,141.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		832,294.	804,132.
	19	Revenue less expenses. Subtract line 18 from line 12		-227,092.	239,589.
or				ginning of Current Year	End of Year
Assets Balanc	20	Total assets (Part X, line 16)		425,524.	744,322.
t As: d B	21	Total liabilities (Part X, line 26)		30,214.	109,423.
Plan	22	Net assets or fund balances. Subtract line 21 from line 20		395,310.	634,899.
Pa	nrt 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	Signature of officer			Date	
•	MICHELLE BENNETT-FUNNELL,	TREASURER			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN
Paid	CALVIN SHANNON	CALVIN SHANNON	10/29	/24 self-employed	P01428981
Preparer	Firm's name BGM CPA LLC			Firm's EIN **-	***2826
Use Only	Firm's address 7900 INTERNATIONA	L DR, STE 800			
	BLOOMINGTON, MN 5	5425-1581		Phone no. 952 -	844-2500
May the I	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes No
LHA For	Paperwork Reduction Act Notice, see the separ	ate instructions. 332001 12-21-23			Form 990 (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Par	1 990 (2023) REALM OF CARING FOUNDATION, INC **-**1348 Page 2 rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: WHY: BECAUSE QUALITY OF LIFE MATTERS
	MISSION: REALM OF CARING IMPROVES QUALITY OF LIFE THROUGH RESEARCH,
	EDUCATIONAL SERVICES, AND ADVOCACY WHILE CREATING GLOBAL COMMUNITY
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
~	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest 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 reported.
4a	(Code:) (Expenses \$739,433.including grants of \$) (Revenue \$140,334.IN 2023, REALM OF CARING CONTINUED ITS MISSION TO AMPLIFY THE VOICES OFTHE COMMUNITY WE SERVE, PROVIDING A PLATFORM FOR INDIVIDUALS TO SHARE
	THEIR PERSONAL STORIES AND ADVOCATE FOR EQUITABLE ACCESS. OUR
	COMMITMENT WAS DEMONSTRATED THROUGH ACTIVE PARTICIPATION IN THE
	COLORADO STATE-APPOINTED SENATE TASK FORCE AND VIGILANT MONITORING OF
	LEGISLATIVE DEVELOPMENTS AT BOTH STATE AND FEDERAL LEVELS.
	TN ADDITION TO OFFERING EDEE EDUCATION AND DEDCONALIZED CUDDOD WE
	IN ADDITION TO OFFERING FREE EDUCATION AND PERSONALIZED SUPPORT, WE ACTIVELY ENGAGED WITH TWO CONFERENCES FOCUSED ON SPECIFIC DISEASE
	NEED-STATES, FURTHERING OUR IMPACT. IN FEBRUARY 2023, WE REACHED A
	SIGNIFICANT MILESTONE BY PUBLISHING OUR 5TH MANUSCRIPT IN A
	PEER-REVIEWED SCIENTIFIC JOURNAL AND GAINED RECOGNITION OF OUR OVERALL
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 739,433.
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 Form 990 (2023)
 REALM OF CARING FOUNDATION, INC

 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	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
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		v	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	X	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			v
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
'	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			
U	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	444	x	
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	~	x
f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<u> </u>
	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			<u> </u>
124	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? 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			v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		x
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19		x
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		X
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 REALM OF CARING FOUNDATION, INC

 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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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? <i>If</i> "Yes," <i>complete</i>			
		25b		х
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	250		
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		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
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		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		х
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		<u></u>
30		38	х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance	00		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 12			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form	990 (2023) REALM OF CARING FOUNDATION, INC t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	**-**1	348	Pa	age 5
Fai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			165	NO
	filed for the calendar year ending with or within the year covered by this return	2a 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	is?	2b	Х	
			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				v
			<u>6a</u>		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution of the state of		0		
7	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the accompisation receive a payment in average of $$75$ mode partly as a contribution and partly for goods and part	viene provided to the power?	70		х
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a 7b		<u>~</u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s roquirod			
C		siequireu	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	sponsoring organization have excess business holdings at any time during the year?	,	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	4		
11	Section 501(c)(12) organizations. Enter:	- I			
а	Gross income from members or shareholders	11a	4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
D	Enter the amount of reserves the organization is required to maintain by the states in which the	404			
~	organization is licensed to issue qualified health plans	13b 13c	-		
	Enter the amount of reserves on hand		14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	~ 0	14a		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
.0	excess parachute payment(s) during the year?		15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	ivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
_	If "Yes," complete Form 6069.				
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 Part VI
 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response
 Page

 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	
Section A. Governing Body and Management	

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	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 relationship	with any other			
	officer, director, trustee, or key employee?		2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the				
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
	Did the organization make any significant changes to its governing documents since the prior Form 99		4		X
	Did the organization become aware during the year of a significant diversion of the organization's asse		5		X
			6		X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or app				
	more members of the governing body?		7a		x
	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto				
			7b		x
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		10		
			0.5	Х	
a	The governing body?		<u>8a</u>	X	
	Each committee with authority to act on behalf of the governing body?		8b		
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac				
<u>) 1</u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue Code.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	pters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t		12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ_e		12.0		
		,	12c	х	
	on Schedule O how this was done		13	X	
	Did the organization have a written whistleblower policy?			X	
	Did the organization have a written document retention and destruction policy?		14	~	
	Did the process for determining compensation of the following persons include a review and approval	by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation's			
	exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $_ extsf{CO}$				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, an	d 990-T (section 501(c)(3))s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.				
		on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor	,	d financ	cial	
	statements available to the public during the tax year.				
	State the name, address, and telephone number of the person who possesses the organization's bool	is and records			
	MICHELLE BENNETT-FUNNELL - 719-460-5738	s and records			
	PO BOX 15224, COLORADO SPRINGS, CO 80935				

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

	OMB No. 1545-0047
	2023
	Open to Public Inspection
Employer	identification number

Name of the organizat	ion
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		REAL	M OF CART	NG FOUNDATION	TNC			*	*-**1348
Pa	rt I			6. (All organizations must		nis part.) S	ee instruction		1940
		ization is not a private found							
1		A church, convention of chu		· • ·	-		I)(A)(i).		
2	\square	A school described in secti					- / - //- /-		
3	\square	A hospital or a cooperative				(b)(1)(A)(ii	ii).		
4	\square	A medical research organiza	•	•				(iii). Enter	the hospital's name,
		city, and state:	·					. ,	
5	\square	An organization operated for	or the benefit of a	college or university owne	d or operat	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov		rnmental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that normal	•					e general i	oublic described in
		section 170(b)(1)(A)(vi). (Co	•		Ũ			0 .	
8		A community trust describe		(b)(1)(A)(vi). (Complete Pa	rt II.)				
9		An agricultural research org			-	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	-			-		-	-
		university:						0	
10		An organization that normal	Illy receives (1) mo	ore than 33 1/3% of its sup	port from c	ontributior	ns, membershi	p fees, and	d gross receipts from
		activities related to its exem	npt functions, sub	ject to certain exceptions;	and (2) no	more than	33 1/3% of its	support f	rom gross investment
		income and unrelated busin	ness taxable incor	me (less section 511 tax) fr	om busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exc	lusively to test for public sa	afety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exc	lusively for the benefit of, to	o perform t	he functio	ns of, or to car	ry out the	purposes of one or
		more publicly supported org	ganizations descr	ibed in section 509(a)(1)	or section	509(a)(2).	See section 5	i09(a)(3). (Check the box on
		lines 12a through 12d that of	describes the typ	e of supporting organizatio	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated	d, supervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to	regularly appoint or elect a	a majority c	of the direc	tors or trustee	es of the su	upporting
		organization. You must c	complete Part IV,	Sections A and B.					
b		Type II. A supporting orga	anization supervis	sed or controlled in connec	tion with it	s supporte	ed organizatior	n(s), by hav	ving
		control or management of	of the supporting o	organization vested in the s	ame perso	ns that co	ntrol or manag	e the supp	ported
		organization(s). You mus	t complete Part	IV, Sections A and C.					
С		Type III functionally integ	grated. A support	rting organization operated	in connect	tion with, a	and functional	y integrate	ed with,
		its supported organizatior	n(s) (see instructio	ons). You must complete	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	y integrated. A su	upporting organization ope	rated in co	nnection w	vith its suppor	ted organiz	zation(s)
		that is not functionally inte	egrated. The orga	anization generally must sa	tisfy a distr	ibution rec	quirement and	an attentiv	/eness
		requirement (see instructi	ions). You must o	complete Part IV, Section	s A and D,	and Part	V.		
е		- 0		a written determination fro			Type I, Type I	I, Type III	
				tionally integrated support	ing organiz	ation.			
f		er the number of supported o	•						
g		vide the following information i) Name of supported	n about the suppo (ii) EIN	(iii) Type of organization	(iv) Is the oro	anization listed	(v) Amount of	monetany	(vi) Amount of other
	,	organization		(described on lines 1-10	in your govern	ng document?	support (see in	•	support (see instructions)
				above (see instructions))	Yes	No			
					+				
Tota	1								

SCHEDULE C	SCHEDULE	C
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Department of the Treasury

Internal Revenue Service

(Form 990)

Political Campaign and Lobbying Activities

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:

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	ne of organization				Emplo	yer identification numb	er
		F CARING FOUNDATI				**-***1348	
Pa	Irt I-A Complete if the org	janization is exempt unde	r section 501(c) o	or is a section 52	27 org	anization.	
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures					
Pa	rt I-B Complete if the org	janization is exempt unde	r section 501(c)(3	3).			
2 3 4a	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section Was a correction made?	incurred by organization manager n 4955 tax, did it file Form 4720 fo	s under section 4955 or this year?		\$ <u>.</u>	Yes I	No No
Pa	rt I-C Complete if the org	janization is exempt unde	r section 501(c), e	except section 5	501(c)	(3).	
2	Enter the amount directly expended Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form	ization's funds contributed to oth a. Add lines 1 and 2. Enter here an	er organizations for sec d on Form 1120-POL,	ction 527	\$ _		No
5	Enter the names, addresses, and en made payments. For each organiza contributions received that were pro- political action committee (PAC). If	mployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a	l) of all section 527 pol from the filing organiza separate political organ	itical organizations to ation's funds. Also en nization, such as a se	o which iter the	the filing organization amount of political	10
	(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organization filing organization funds. If none, ent	on's	(e) Amount of politica contributions received a promptly and directly delivered to a separate political organization. If none, enter -0	nd e

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

Schedule C (Form 990) 2023

LHA 332041 11-06-23

26 2023.05000 REALM OF CARING FOUNDATIO 30567__1

OMB No. 1545-0047

2023 Open to Public Inspection

Schedule C (Form 990) 2023 REA	LM OF CA	RING FOUNDA	TION, INC		***1348 Page 2
Part II-A Complete if the organiza	ation is exer	npt under sectio	n 501(c)(3) and file	d Form 5768 (ele	ection under
section 501(h)).					
A Check if the filing organization be	longs to an affi	liated group (and list i	n Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share of ex	cess lobbying	expenditures).			
B Check if the filing organization ch	ecked box A a	nd "limited control" pr	ovisions apply.		
Limits on I (The term "expenditures	obbying Expe " means amou)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	oublic opinion (arassroots lobbvina)			
b Total lobbying expenditures to influence					
c Total lobbying expenditures (add lines 1a					
e Total exempt purpose expenditures (add		n			
f_Lobbying nontaxable amount. Enter the a		· ·····			
If the amount on line 1e, column (a) or (b) is		bying nontaxable an			
not over \$500,000,		the amount on line 1e			
over \$500,000 but not over \$1,000,000,		00 plus 15% of the exc			
over \$1,000,000 but not over \$1,500,000		00 plus 10% of the exc			
over \$1,500,000 but not over \$17,000,00	<u> </u>	00 plus 5% of the exce			
over \$17,000,000,	\$1,000,				
g Grassroots nontaxable amount (enter 25			-		
h Subtract line 1g from line 1a. If zero or le					
i Subtract line 1f from line 1c. If zero or les					
j If there is an amount other than zero on e					
reporting section 4911 tax for this year?		-			Yes No
	4-Year Av	eraging Period Under	Section 501(h)		
(Some organizations that ma		01(h) election do not ate instructions for li		f the five columns b	elow.
	obbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
<u>c</u> Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

332042 11-06-23

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)).

(2	a)	(k)
Yes	No	Amo	ount
	Х		
X			
X			
	Х		
	Х		
	Х		
	Х		
	Х		
	Х		
			0
	х		-
n 501(c)(5). or sec	tion	
	,,		
		Yes	No
	4		
	2		
ne prior year'	<mark>2</mark> ? 3	tion	
ne prior year n 501(c)(2 2 3 5), or sec		3. is
ne prior year'	2 2 3 5), or sec		3, is
ne prior year on 501(c)("No" OR	2 3 5), or sec (b) Part I		3, is
ne prior year on 501(c)(t "No" OR	2 3 5), or sec (b) Part I		3, is
ne prior year on 501(c)("No" OR	2 3 5), or sec (b) Part I		3, is
ne prior year on 501(c)({ "No" OR 	2 3 5), or sec (b) Part I		3, is
ne prior year on 501(c)(t "No" OR cal	2 3 5), or sec (b) Part I		3, is
ne prior year on 501(c)({ "No" OR cal	2 3 5), or sec (b) Part I 1 2a 2b		3, is
ne prior year on 501(c)({ "No" OR 	2 3 5), or sec (b) Part I 2a 2b 2c 2c		3, is
ne prior year on 501(c)({ "No" OR	2 3 5), or sec (b) Part I 2a 2b 2c 2c		3, is
ne prior year on 501(c)({ "No" OR cal	2 3 5), or sec (b) Part I 2a 2b 2c 2c		3, is
ne prior year on 501(c)({ "No" OR	2 3 5), or sec (b) Part I 2a 2b 2c 3		3, is
ne prior year on 501(c)({ "No" OR cal	2 3 5), or sec (b) Part I 2a 2b 2c 3 4		3, is
ne prior year on 501(c)({ "No" OR cal	2 3 5), or sec (b) Part I 2a 2b 2c 3		3, is
ne prior year on 501(c)({ "No" OR cal	2 3 5), or sec (b) Part I 2a 2b 2c 3 4 5	II-A, line	3, is
ne prior year on 501(c)({ "No" OR cal	2 3 5), or sec (b) Part I 2a 2b 2c 3 4 5	II-A, line	3, is
ne prior year on 501(c)({ "No" OR cal	2 3 5), or sec (b) Part I 2a 2b 2c 3 4 5	II-A, line	3, is
ne prior year on 501(c)({ "No" OR cal	2 3 5), or sec (b) Part I 2a 2b 2c 3 4 5	II-A, line	3, is
ne prior year on 501(c)({ "No" OR cal cal	2 3 5), or sec (b) Part II 1 2a 2b 2c 3 4 5	nd 2 (see	3, is
ne prior year on 501(c)({ "No" OR cal	2 3 5), or sec (b) Part II 1 2a 2b 2c 3 4 5	nd 2 (see	3, is
ne prior year on 501(c)({ "No" OR cal cal	2 3 5), or sec (b) Part II 1 2a 2b 2c 3 4 5	II-A, line	3, is
	Yes	Yes No X X X X X X X X X X X X X X X X X X X	Yes No Amo X X X

PROMOTE CHANGES IN LEGISLATION THAT WOULD BENEFIT THEM.

Schedule C (Form 990) 2023

332043 11-06-23