Form	<b>990-EZ</b>	

# Short Form

OMB No. 1545-0047

2019

Open to Public

# **Return of Organization Exempt From Income Tax**

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

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

Depa Inter	artment o nal Revei	of the Treasury nue Service	► Go to www.irs.gov/Form990EZ for instruction	is and the l	atest informat	ion.		Inspect	lion	
AF	or the	2019 calenda	ar year, or tax year beginning 07/01	, 2019,	, and ending	0	6/30	, 2	0 20	
Bc	heck if ap	pplicable:	C Name of organization			D Employ	/er ident	tification num	ıber	
	Address c	change	REALITIES FOCUS INC				73-1	707043		
<u> </u>	Name cha	ange	Number and street (or P.O. box if mail is not delivered to street addres	ss)	Room/suite	E Telepho	one num	ber		
	nitial retu		2601 S LEMAY AVE STE 7-187				970-599-1765			
	-inal retur Amended	rn/terminated	City or town, state or province, country, and ZIP or foreign postal cod	e	-	F Group	Exemp	otion		
		on pending	FORT COLLINS, CO, 80525-2298			Numb	er 🕨			
G A	ccount	ting Method:	☐ Cash 🔽 Accrual Other (specify) ►		н	Check ►	🗌 if th	ne organizat	ion is <b>not</b>	
ΙV	/ebsite	e: 🕨 📩 make	changenoco.org			required t	o attacl	h Schedule I	В	
JТ	ax-exen			4947(a)(1) o	or 527	(Form 990	), 990-E	Z, or 990-P	F).	
ΚF	orm of	f organization:	Corporation Trust Association	Other						
			7b to line 9 to determine gross receipts. If gross receipts are \$							
_			500,000 or more, file Form 990 instead of Form 990-EZ				\$		32,500	
Pa	art I		e, Expenses, and Changes in Net Assets or Fur		•			,		
			the organization used Schedule O to respond to any						. 🗸	
	1		ons, gifts, grants, and similar amounts received			· ·	1		32,500	
	2	-	ervice revenue including government fees and contracts	S		· ·  _	2		0	
	3		ip dues and assessments			· ·	3		0	
	4	Investment		· · · ·		· ·	4		0	
	5a		unt from sale of assets other than inventory or other basis and sales expenses	. 5a . 5b		0				
	b		0	5c		0				
	c		Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) Gaming and fundraising events:							
	6	-	-	gaming (attach Schedule G if greater than						
Ð	а	\$15,000)								
Revenue	h		me from fundraising events (not including \$		f contributior	0				
eve	D		aising events reported on line 1) (attach Schedule G if	-		15				
£			th gross income and contributions exceeds \$15,000).		1	o				
	с		t expenses from gaming and fundraising events			0				
	d		e or (loss) from gaming and fundraising events (add li		d 6b and su	btract				
		line 6c)					6d		0	
	7a	Gross sale	s of inventory, less returns and allowances	. 7a		0				
	b		of goods sold	. 7b		0				
	с		it or (loss) from sales of inventory (subtract line 7b from	line 7a)			7c		0	
	8		nue (describe in Schedule O)			🗆	8		0	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			. 🕨	9		32,500	
	10	Grants and	similar amounts paid (list in Schedule O)				10		0	
	11	Benefits pa	aid to or for members				11		0	
es	12	Salaries, o	ther compensation, and employee benefits			· · _	12		0	
Expenses	13		al fees and other payments to independent contractors				13		0	
ďx	14	Occupancy, rent, utilities, and maintenance							14,764	
Ш́	15		ublications, postage, and shipping				15		972	
	16		enses (describe in Schedule O) .See Schedule O, Statem				16		17,444	
	17		enses. Add lines 10 through 16				17		33,180	
ts	18		(deficit) for the year (subtract line 17 from line 9)				18		-680	
Net Assets	19		or fund balances at beginning of year (from line 27, r figure reported on prior year's return)				10			
ťΑ	00						19		42,717	
Ne.	20		ges in net assets or fund balances (explain in Schedule				20		0	
	21 Demor		or fund balances at end of year. Combine lines 18 thro	-		. 🕨 🛛	21	orm <b>990-E</b>	42,037	
гor	raper	work neulCt	ion Act Notice, see the separate instructions.	Cat	t. No. 10642I		г г	ULLI DOC-L	(2019)	

Form	990-EZ (2019)					Page <b>2</b>
Pa	rt II Balance Sheets (see the instructions f	or Part II)				:
	Check if the organization used Schedule	O to respond to an	ny question in this I	Part II....		🗹
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			25,818	22	22,449
23	Land and buildings		[	0	23	0
24	Other assets (describe in Schedule O) See Sche	edule O, Statement 3.	[	16,899	24	21,463
25	Total assets			42,717		
26	Total liabilities (describe in Schedule O) See Sc	hedule O, Statement.	4	0	26	1,875
27	Net assets or fund balances (line 27 of column			42,717	27	
Par		<u>, ,</u>	,			
	Check if the organization used Schedule	• •		,		Expenses
Wha		VITA TAX PREPARA	- · ·		``	equired for section
				agram convision		1(c)(3) and 501(c)(4) ganizations; optional for
	ribe the organization's program service accompli- leasured by expenses. In a clear and concise m					iers.)
	ons benefited, and other relevant information for ea					
28	PROVIDE FREE TAX SERVICE, OVER 2630 FEDERA			OVER		
	2000 ADDITIONAL TAX PAYERS ASSISTED WITHOU					
	EDUCATIONAL FINANCIAL COUNSELING TO INCRE					
	(Grants \$ 32,500) If this amount				28	a 31,180
29		includes foreigh gra	into, oneok here .	🕨 🔟	20	a 31,100
23						
	(Create ¢	includes foreign gra	nto chool have	▶ □	00	
20	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	🕨 🗋	29	
30						
		in a boole of familiary and		·····	00	
• •		includes foreign gra			30	<u>a</u>
31	Other program services (describe in Schedule O)					
~~		includes foreign gra			31	
-	Total program service expenses (add lines 28a t				32	
Par					าstrเ	uctions for Part IV)
	Check if the organization used Schedule	O to respond to ar	· ·		•	<u>   </u>
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employ	ee (e	e) Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans, and		other compensation
			(if not paid, enter -0-)	deferred compensation	n	
BON	NIE WEBER	10.00	0		0	0
PRE	SIDENT					
ANN	BLYTHE FAIRFULL	5.00	0		0	0
TRE	ASURER					
ANT	HONY ANDERSON	10.00	0		0	0
BOA	RD MEMBER					
DEB	ORAH JONES	5.00	0		0	0
BOA	RD MEMBER					
ROB	ERTA LACHMAN	2.00	0		0	0
BOA	RD MEMBER					
GEN	E KASPER	1.00	0		0	0
BOA	RD MEMBER					
		-				
					$\top$	
		1				
					+	
		1				
					-	
		1				

Form 99	90-EZ (2019)		Р	age 3
Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	ie	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
00	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <b>&gt;</b> 37a 0	30		~
b	Did the organization file Form 1120-POL for this year?	37b		V
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were	0.10		•
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		V
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 $\blacktriangleright$ 0; section 4912 $\triangleright$ 0; section 4955 $\triangleright$ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
с	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
•	transaction? If "Yes," complete Form 8886-T	40e		V
41	List the states with which a copy of this return is filed $\blacktriangleright$ CO			
42a		70-59	9-176	5
		80525	-2298	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country >	42b		~
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
с	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		V
	If "Yes," enter the name of the foreign country			. —
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	.	►⊔
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		103	140
	completed instead of Form 990-EZ	44a		V
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		~
С	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
45		44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	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," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		V

Form 990-EZ (2019)

orm 99	90-EZ (2019)					F	Page 4
						Yes	No
46	Did the organization engage, directly or in	ndirectly, in political c	ampaign activities on	behalf of or in opposition	on 📃		
	to candidates for public office? If "Yes," of	complete Schedule C	, Part I		46		~
Part	VI Section 501(c)(3) Organization All section 501(c)(3) organization 50 and 51.	-	stions 47–49b and	52, and complete the	tables	for lin	es
	Check if the organization used Sc	hedule O to respond	l to any question in t	his Part VI			. 🗆
						Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par			n in effect during the t			~
48	Is the organization a school as described i	n section 170(b)(1)(A)(i	i)? If "Yes," complete \$	Schedule E	48		~
49a	Did the organization make any transfers t	o an exempt non-cha	ritable related organiz	zation?	49a	1	~
b	If "Yes," was the related organization a se	ection 527 organizatio	on?		49b		
50	Complete this table for the organization's employees) who each received more than						
	(a) Name and title of each employee	<b>(b)</b> Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimat other co		
None							
None							

f Total number of other employees paid over \$100,000 . . . . . ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation			
None						
d	Total number of other independent contractors each receiving	over \$100,000 ►				
52	52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A					

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 Ann Blythe Fairfull, Treasurer			Date			
	Type or print name and title						
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN	
Use Only	Firm's name				Firm's EIN ►		
	Firm's address ►				Phone no.		
May the IRS	discuss this return with the prepar	er shown above? See instructions			🕨 [	🗌 Yes 🗌 No	

SCHEDULE A (Form 990 or 990-EZ)

. . .

(A)

(B)

(C)

(D)

(E) Total

# **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.

2019 **Open to Public** 

OMB No. 1545-0047

	Inspection						
Name	of the organization					Employer identification	n number
REAL	LITIES FOCUS IN	С				73-17	07043
Par	tl Reason	for Public Cha	r <b>ity Status</b> (All	organizations must	complete this p	art.) See instructio	ons.
The c 1 2 3 4 5	<ul> <li>A church, cc</li> <li>A school des</li> <li>A hospital or</li> <li>A medical re hospital's na</li> <li>An organization</li> </ul>	onvention of churcl scribed in <b>section</b> a cooperative hose search organization ame, city, and state tion operated for	nes, or associati <b>170(b)(1)(A)(ii).</b> spital service or on operated in co a: the benefit of a	is: (For lines 1 through on of churches descri (Attach Schedule E (F ganization described i onjunction with a hosp college or university	bed in <b>section 17</b> orm 990 or 990-E n <b>section 170(b)(1</b> pital described in <b>s</b>	0(b)(1)(A)(i). Z).) I)(A)(iii). section 170(b)(1)(A)	
6 7	A federal, sta	tion that normally section 170(b)(1)	nment or govern receives a subs (A)(vi). (Complet		port from a gover		n the general public
8		•		)(1)(A)(vi). (Complete	,		
9				d in <b>section 170(b)(1)</b> iculture (see instructio			
10	receipts fron support from	n activities related n gross investment	to its exempt fu income and un	e than 33 <sup>7</sup> / <sub>3</sub> % of its si nctions—subject to c related business taxal 75. See <b>section 509(</b> a	ertain exceptions, ole income (less se	and (2) no more tha ection 511 tax) from	n 33¹/₃% of its
11	🗌 An organizat	tion organized and	operated exclusion	sively to test for public	safety. See <b>sect</b> i	ion 509(a)(4).	
12	of one or me Check the be	ore publicly suppo ox in lines 12a thro	orted organizatio ugh 12d that des	sively for the benefit o ns described in <b>secti</b> scribes the type of sup	on 509(a)(1) or se	ection 509(a)(2). Se on and complete line	e <b>section 509(a)(3).</b> es 12e, 12f, and 12g.
а	the supp	orted organization	(s) the power to	I, supervised, or contr regularly appoint or e ete Part IV, Sections	lect a majority of t		
b	control o	r management of	the supporting o	sed or controlled in co organization vested in I <b>V, Sections A and C</b> .	the same persons		
С				ting organization oper ons). <b>You must comp</b>			ally integrated with,
d	that is no	ot functionally integ	grated. The orga	pporting organization nization generally must complete Part IV, Sec	st satisfy a distribu	ution requirement an	
е	functiona	ally integrated, or T	ype III non-func	a written determination	oporting organizati		e II, Type III
f		• •	•				
g				ported organization(s).		1	
	(i) Name of support	ed organization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)

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

No

Yes

Part IISupport 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<br/>Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support				1		
Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	( <b>d)</b> 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc. <b>First five years.</b> If the Form 990 is for the organization, check this box and <b>stop he</b>	ne organizatior	n's first, secon	nd, third, fourth	n, or fifth tax y	12 ear as a sectio	
Secti	on C. Computation of Public Suppor	t Percentag	е				
14	Public support percentage for 2019 (line 6	3, column (f) di	ivided by line 1	11, column (f))		14	%
15	Public support percentage from 2018 Sch					15	%
16a	<b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support test</b> — <b>2019.</b> If the organization qua	lifies as a publ	licly supported	organization			🕨 🗆
b	<b>33</b> <sup>1</sup> /3% <b>support test—2018.</b> If the organi this box and <b>stop here.</b> The organization						
17a	<b>10%-facts-and-circumstances test</b> — <b>20</b> 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts facts-and-circ	-and-circumst cumstances" te	ances" test, cleat. The organ	heck this box ization qualifie	and <b>stop here</b>	. Explain in
b	<b>10%-facts-and-circumstances test</b> — <b>20</b> 15 is 10% or more, and if the organizat Explain in Part VI how the organization in supported organization	ntion meets the fac	he "facts-and- ts-and-circum	circumstances stances" test.	" test, check The organizat	this box and ion qualifies as	stop here. s a publicly ►
18	Private foundation. If the organization di instructions						

## 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.)

Secti	on A. Public Support			· •	•		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	13,116	31,603	46,377	31,337	32,501	154,934
2	Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
4	Tax revenues levied for the						
	organization'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	13,116	31,603	46,377	21 227	32,501	154.024
7a	Amounts included on lines 1, 2, and 3	13,110	31,003	40,377	31,337	32,301	154,934
, u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
5	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						154,934
	on B. Total Support						
	dar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	( <b>d)</b> 2018	(e) 2019	<b>(f)</b> Total
9	Amounts from line 6	13,116	31,603	46,377	31,337	32,501	154,934
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	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	<b>Total support.</b> (Add lines 9, 10c, 11,						
	and 12.)	13,116	31,603	46,377	31,337	32,501	154,934
14	First five years. If the Form 990 is for the organization, check this box and stop he						· _
Secti	on C. Computation of Public Suppor			<u></u>			· · F []
15	Public support percentage for 2019 (line 8	0		2 column (f))		15	100 %
16	Public support percentage for 2019 (intel Public support percentage from 2018 Sci					16	100 %
	on D. Computation of Investment In						100 70
17	Investment income percentage for 2019 (		-	y line 13. colur	mn (f)) .	17	0 %
18	Investment income percentage from <b>2018</b>			-		18	0 %
19a	331/3% support tests-2019. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2018. If the organiz						
	line 18 is not more than 331/3%, check this	-	-				
20	Private foundation. If the organization di	d not check a l	oox on line 14,	19a, or 19b, c	heck this box a	and see instruc	tions 🕨 🗌
					Sch	edule A (Form 990	or 990-EZ) 2019

# 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

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

#### Page 5

2

1

Yes No

Yes No

Part	V Supporting Organizations (continued)		Yes	No
11 а	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)		103	
u	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,	-		

#### Section C. Type II Supporting Organizations

supervised, or controlled the supporting organization.

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).

#### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	0		
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. *Answer (a) and (b) below.*
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer (a) and (b) below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

2a

2b

3a

3b

## Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

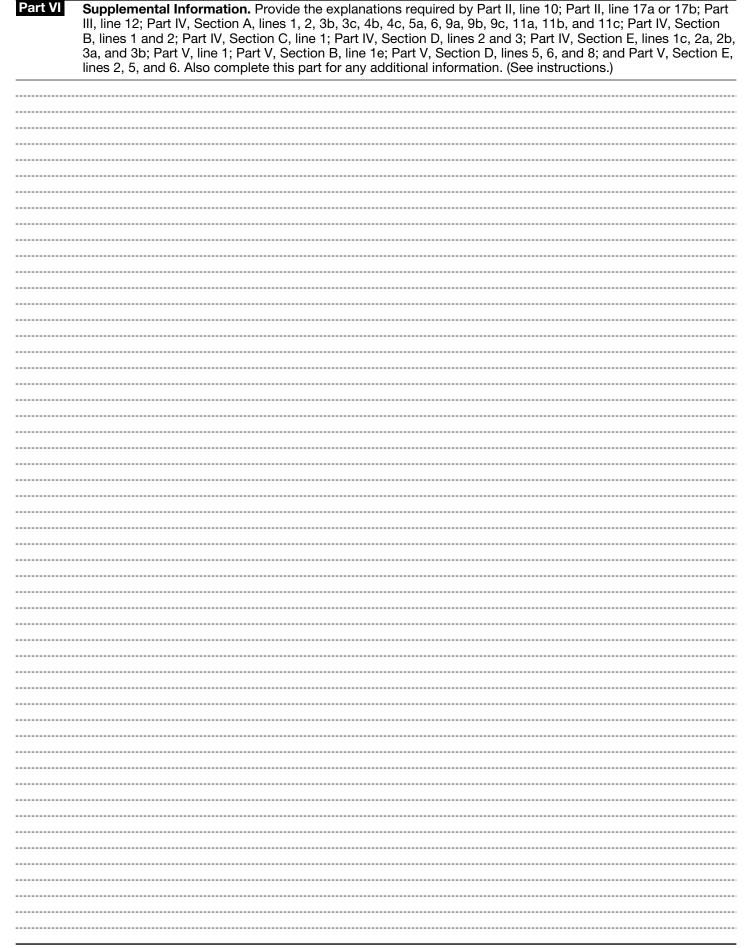
Page
------

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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		
Section 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):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
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		
Section 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		
<b>3</b> 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		
		· · · <b>-</b> · · · · ·	

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

Section			zations (continued)	
	on D—Distributions			Current Year
1	1 Amounts paid to supported organizations to accomplish exempt purposes			
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
	Amounts paid to acquire exempt-use assets	<u>~</u>		
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2019 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015			
	From 2016			
-	From 2017			
	From 2018			
	Total of lines 3a through e			
-	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	<b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
-	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			



### SCHEDULE O (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.

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



Employer identification number

73-1707043

Department of the Treasury Internal Revenue Service Name of the organization

#### **REALITIES FOCUS INC**


Cat. No. 51056K

#### Schedule O, Statement 1

Form: Form 990-EZ (2019)

Page: 1

#### **Reasonable Cause Explanations**

**REALITIES FOCUS INC** 

EIN: 73-1707043

**Header Section** 

#### Explanation

COVID PROTOCOL HAS REQUIRED US TO DO ALL OUR ASSISTANCE REMOTELY.

Schedule O, Statement 2	REALITIES FOCUS INC
Form: Form 990-EZ (2019)	EIN: <b>73-1707043</b>
Page: 1	Part I, Line 16
Other Expenses Struct	ctured Explanation
Description	Amount
LOVELAND VITA CHARGES	2,116
TAX BOOKS	540
INTERNET	25
WEBSITE	15
RECOGNITION	137
AMORTIZATION	9,665
DEPRECIATION	3,667
YEARLY SOFTWARE	1,279
Total:	17,444

Schedule O, Statement 3	REALITIES FOCUS INC
Form: Form 990-EZ (2019)	EIN: <b>73-1707043</b>
Page: 2	Part II, Line 24
Other Assets Structured	Explanation
Description	EOY Amount
accounts receivable	3,863
inventory	17,600
Total:	21,463

Schedule O, Statement 4	REALITIES FOCUS INC
Form: Form 990-EZ (2019)	EIN: <b>73-1707043</b>
Page: 2	Part II, Line 26
Other Liabilities Struct	ured Explanation
Description	EOY Amount
Due to Loveland VITA	1,875
Total:	1.875