EXTENDED TO NOVEMBER 15, 2019

Form 990

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

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.

Open to Public Inspection

	zo to calendar year, or tax year beginning	GIIG	enung		
B Check if applicable	C Name of organization			D Employer ide	entification number
Addre					
Name	Doing business as			94	1-2820673
Initial	The state of the s	vered to street address)	Room/suite	E Telephone nu	ımber
Final	1671 THE ALAMEDA		101		108) 229-9836
termin ated	City or town, state or province, country, and 2	ZIP or foreign postal code		G Gross receipts \$	2,207,043
Ameno	san Jose, ca 95126			H(a) is this a gro	
Application	F Name and address of principal officer: VALI				nates? Yes 🔀 No
pendir	1237 MOODED HITTE DK' 95	AN JOSE, CA 95	120	H(b) Are all subordin	nates included? Yes No
		(insert no.)	or 527	if "No," atta	ach a list. (see instructions)
	e: > WWW.REALOPTIONS.NET				nption number
		ociation Other >	L Year	of formation: 198	32 M State of legal domicile: C
Part I				······	
g 1	Briefly describe the organization's mission or most	significant activities: PROV	IDE CO	NSULTATIO)NS
en 1 .	PROFESSIONAL MEDICAL SERVI				
Ę 2	Check this box 🕨 🔲 if the organization discon			The state of the s	
3	Number of voting members of the governing body (The state of the s		•	
o 4	Number of independent voting members of the gov			·	
<u>s</u> 5	Total number of individuals employed in calendar y				5 4
<u>ا</u> جَ	Total number of volunteers (estimate if necessary) .				
to 7a	Total unrelated business revenue from Part VIII, col				7a 0
<u>`</u> ь	Net unrelated business taxable income from Form 9	190-T, line 38			76 0
			<u> </u>	Prior Year	Current Year
<u>o</u> 8	Contributions and grants (Part VIII, line 1h)			2,274,49	
<i>y</i>	Program service revenue (Part VIII, line 2g)			18,07	
∯ 10	Investment income (Part VIII, column (A), lines 3, 4,				21. 21
⁻ 11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			7,02	6,761
	Total revenue - add lines 8 through 11 (must equal l			2,299,60	
	Grants and similar amounts paid (Part IX, column (A				0. 0
	Benefits paid to or for members (Part IX, column (A)			3 4EE 36	0. 0
	Salaries, other compensation, employee benefits (P			1,455,76	
16a	Professional fundralsing fees (Part IX, column (A), Iir	ne 11e)	20		0.
ў. В	Total fundraising expenses (Part IX, column (D), line			1 000 25	040 050
17	Other expenses (Part IX, column (A), lines 11a-11d,			1,008,35	
	Total expenses. Add lines 13-17 (must equal Part IX			2,464,11	
1.9	Revenue less expenses. Subtract line 18 from line 1	2		-164,50	
Salances Sal				ginning of Current Y	Year End of Year
2년 2년	, , , , , , , , , , , , , , , , , , , ,			1,281,73	
(관)	, , , , , , , , , , , , , , , , , , , ,			87,97	
	Net assets or fund balances. Subtract line 21 from I Signature Block	ine 20		1,193,75	0.1 900,537
	g Signature Block Itles of perjury, I declare that I have examined this return, i	nalidia saasmaaniin sahadula	a and ababama	ata and to the back	of my knowledge and ballet it is
-	t, and complete. Declaration of preparer (other than officer			•	
inas, comec	- and complete: Decialation of preparer (other than uniter	Lis based on an information of wi	nen hishaisi	lias any knowledge.	
Sign	Signature of officer			Date	######################################
Here	VALERIE HILL, EXEC DIRE	CTOR			
(icie	Type of print name and title	.0101			
		Preparer's signature	Į D	ate Chec	ck X PTIN
Paid	HENRY BURNETT	Toberer s'aidiminté		Ĭ.	employed P01267433
reparer	Firm's name BURNETT ACCOUNTIN	G AND TAX SERV	ICE	Firm's EIN	
Jse Only	Firm's address 1238 SUSAN WAY	- AMIN TIM OUNTY.		11-1111 2 1111	
	SUNNYVALE, CA 940	87		Phone ho	(408)737-9318
May the IF	S discuss this return with the preparer shown above			Tritone no.	X Yes N

31604001	737717	8

	1990 (2018) REAL OPTIONS 94-2820673 Page 2
Pa	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:
٠.	WE COMMIT TO EMPOWERING AND EQUIPPING WOMEN AND MEN TO CHOOSE LIFE FOR
	THEIR UNBORN CHILDREN THROUGH THE LOVE OF JESUS CHRIST IN ACCORDANCE
	WITH HIS WORD REGARDING THE SANCTITY OF HUMAN LIFE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
٥	
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as 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 \$ 1,627,657. including grants of \$) (Revenue \$ 36,350.)
	STAFF OVERSEES A NETWORK OF VOLUNTEERS AT FOUR MEDICAL CLINICS THAT
	PROVIDE SERVICES TO WOMEN & MEN WHO ARE FACING PREGNANCY DECISIONS.
	SERVICES INCLUDE PREGNANCY TESTS, LAY COUNSELING ON PREGNANCY OPTIONS,
	STD TESTING AND TREATMENT, LIMITED OBSTETRICAL ULTRASOUNDS, PRENATAL
	CARE, THROUGH THE SECOND TRIMESTER, AND ABORTION PILL REVERSAL
	TREATMENT.
4b	(Code:) (Expenses \$ Including grants of \$) (Revenue \$)
	POST-ABORTION SUPPORT GROUPS & RETREATS CARRY-TO-TERM SUPPORT, ADOPTION
	POST-ABORTION SUPPORT GROUPS & RETREATS CARRY-TO-TERM SUPPORT, ADOPTION SUPPORT, FIRST & SECOND TRIMESTER PRE-NATAL CARE, MATERNITY AND BABY
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48	POST-ABORTION SUPPORT GROUPS & RETREATS CARRY-TO-TERM SUPPORT, ADOPTION SUPPORT, FIRST & SECOND TRIMESTER PRE-NATAL CARE, MATERNITY AND BABY CLOTHING & SUPPLIES, CHILDBIRTH AND PARENTING CLASSES, REFERRALS FOR SERVICES SUCH AS HOUSING, LEGAL, & SOCIAL SERVICES, ETC. Code:) (Expenses \$
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Form 990 (2018) REAL OPTIONS
Part IV Checklist of Required Schedules

31604001

REAL OPTIONS

			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.	
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	 _	125	
3		ا ا		X
	public office? If "Yes," complete Schedule C, Part I	3	-	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_ ا		
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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.	ļ	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8.		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	İ	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or 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, VIII, 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,		Patricion	188000000000
-	Part VI	11a	x	
	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
U				X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116		
¢	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 167 If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
q	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	١		v
	Part X, line 167 If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
Ť	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		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
þ	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	12ь		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ь	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		Yester certical	· · · · · · · · · · · · · · · · · · ·
	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 fundralsing services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
202	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?	$\overline{}$		
	· ·	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		1	v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	- 1	X

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REAL OPTIONS

Page 4

	rt IV Checklist of Required Schedules (continued)		
			Y
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	
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	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		1
,	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	- 1	
	Schedulë K. If "No," go to line 25a	24a	
h	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	, <u>2.70</u>	+
•		24c	
	any tax-exempt bonds? Did the organization act as an *on behalf of* issuer for bonds outstanding at any time during the year?	240	_
		24d	+
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	╀
Þ	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete		
	Schedule L, Part I	25ь	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"		1
	complete Schedule L, Part II	26	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		Τ
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	İ	
	of any of these persons? If "Yes," complete Schedule L, Part III	27	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		
	instructions for applicable filling thresholds, conditions, and exceptions):		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	
			⊢
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	┼
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		
	director, trustee, or direct or Indirect owner? If "Yes," complete Schedule L, Part IV	28c	-
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		İ
	contributions? If "Yes," complete Schedule M	30	ļ
31	Did the organization liquidate, terminate, or dissolve and cease operations?		
	ff "Yes," complete Schedule N, Part I	31	<u> </u>
32	ff "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		
	Schedule N, Part II	32	:
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	l
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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	
	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?	1000	
Z-10388	If "Yes," complete Schedule R, Part V, line 2	36	10(5)(8)
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization.	30	
••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31	
30	Note. All Form 990 filers are required to complete Schedule O		v
Par	Note: All Form 950 hiers are required to complete schedule 0	38	Х
	Check if Schedule O contains a response or note to enviloe in this Part V		
	Check if Schedule O contains a response or note to any line in this Part V		
		- Carriera	Ye
	Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable	<u>/</u>	
	17 1)	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1609-966-000	

	990 (2018) REAL OPTIONS		94-2820	6/3	P	age 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)					
		r i		basisisas	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				1	
	filed for the calendar year ending with or within the year covered by this return	2a	41			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2ь	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
3а.	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
	If "Yes," has it filed a Form 990 T for this year? If "No" to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial			. 4a		X
b	If "Yes," enter the name of the foreign country:		,			
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	P200.000.000	X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to			"		
υa	any contributions that were not tax deductible as charitable contributions?			6a		Х
3	If "Yes," did the organization include with every solicitation an express statement that such contributions			- 00	├─	
			•	6ь		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			30		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ndago neos	ided to the enver?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	 	-23
				70	├	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			_		X
	to file Form 8282?	1 1		7c		Δ.
	If "Yes," indicate the number of Forms 8282 filed during the year	•				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		Form 1098-C?	7h	000000000000000000000000000000000000000	20,020,000,000
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				
	sponsoring organization have excess business holdings at any time during the year?	*********	*********	8	1000000000	200200000
9	Sponsoring organizations maintaining donor advised funds.					
a	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:					
a	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	105				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
þ	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
Ь	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.					
o-cosso b	Enter the amount of reserves the organization is required to maintain by the states in which the	eld Redering Colors	eren outstaat et een verken.			
	organization is licensed to issue qualified health plans	13ь				
¢	Enter the amount of reserves on hand					
	entral and the second of the s			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Scheduk			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15.		X
	If "Yes," see instructions and file Form 4720, Schedule N.	************	-+ y 4 • 4		***	\$2889
	······································			processor and the	40 TO PROPERTY.	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t încome?)	16		X

31604001 737717 87 REAL OPTIONS 94-2820673 Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See Instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Νo 1a. Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Х 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X. more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8ь Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's malling address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue 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 chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in 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 X X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х în Schedule O how this was done 12¢ 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 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? The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed ▶CA

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request ___ Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records

VALERIE HILL - 408-229-9836 1671 THE ALAMEDA SUITE 101, SAN JOSE,

REAL OPTIONS

94-2820673 Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

88

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.

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

(A) Name and Title	(B) Average hours per	(dio	(C) Position (do not check more than one box, unless person is both an officer end a director/trustee)				one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional frustee.	Officer	T	PS/SEQ		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) LARRY BONALDI	1.00	x						0.	0.	· O
DIRECTOR	40.00	A	 	⊬	₩	╀	⊢	U. è	υ.	0 .
(2) VALERIE HILL	40.00							חב אבם	^	· ~
EXEC DIRECTOR/CEO	2.00	Х			\vdash	┼	┼	86,463.	0.	0.
(3) JOHN REED	2.00	X		x	'			0.	0.	0
VICE CHAIRMAN	1.00	_			\vdash	┢	╀	U.	<u> </u>	0.
(4) BARRY RODENBERG CHAIRMAN-PRAYER	1.00	X						0.	0	0.
(5) PETER PINTER	2.00			 	╁	\vdash	┢		· · · · · · · · · · · · · · · · · · ·	
CHAIRMAN	2.00	X		X				0.	0.	0.
(6) JOHN JACOBSEN	1.00				H		\vdash			V. •
DIRECTOR		Х						0.	o .	0.
(7) TOM PETERSON	1.00						┢			
TREASURER		X		X				0	0.	0.
(8) DEANNA WILLIAMSON	1.00				\Box		-			
SECRETARY		Х		Х				0.	0.	0.
							Г			
Изміра краві за нестоло нестолори праві за нестолорі нестолорі праві за від нестолорі.	Co Michiga Cara Anna a cara cara cara cara cara	neat.	2-1000	e de de production	35.000	7/5/15/20	50(10)	es en el proceso de cerción en esta de esta de enciones en el proceso de	enomente de la Companya de la Companya de la Companya de la Companya de la Companya de la Companya de la Compa	anka kendek kela arke da majak da adalah melebuhan kenda da bada da 1908 ke 1903 d
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832007 12-31-18

	compensation from the organization			,
			Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5.		X
Baa	tion B. Independent Contractors			

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address NONE	(B) Description of services	(C) Compensation
25 4 G/S			
•			
2	Total number of independent contractors (including but not limited to those lists \$100,000 of compensation from the organization 0	d above) who received more than	

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	it V	Check if Schedule O control		or note to one li	no fortble Bort VIII			
		Check if Schedule O contr	ains a response	or note to any ii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Giffs, Grants and Other Similar Amounts	1 a	Federated campaigns						
Gra	1	Membership dues						
Its.	l .	Fundralsing events		431,168.	4			
<u>.</u>	1	d Related organizations			-			
Sin		Government grants (contribut		<u> </u>	-			
草草	1	All other contributions, gifts, grant similar amounts not included abov		739,525.				
# D	,	Noncash contributions included in lines						
Se	•	1 Total. Add lines 1a-1f			2,170,693.			
				Business Code	2			
9	2 a	PROFESSIONAL SE	RVICES	611600	22,505.			
E Z	l 1	OTHER INCOME		611600	7,063.	7,063.		
S E	0							
Program Service Revenue	١ ،							
P		All other program service rever						
	l .	Total. Add lines 2a-2f			29,568.			
	3	Investment income (including)			1			
		other similar amounts)			21.	21.		
	4	Income from investment of tax	exempt bond p	proceeds				
	5	Royalties		T				
			(i) Real 6,761.	(ii) Personal				
		Gross rents	0,701.		-			
		Eess: rental expenses	6,761.		-			
		Net rental income or (loss)			6,761.	6,761.		
		Gross amount from sales of	(i) Securitles	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
	•	and sales expenses						
		Gain or (loss)						
ω.		Net gain or (loss)						
		including $\$$ 431,1		_				
Other Revenu		contributions reported on line						
er.		Part IV, line 18		0.				
章		Less: direct expenses		0.				
		 Net income or (loss) from fund Gross income from gaming act 	=	>	0.			
	9 a	Part IV, line 19						
	ь	Less: direct expenses						
100,40,50		: Net income or (loss) from gami				the same of the sa		
	10 a	Gross sales of inventory, less r]				
		and allowances						
		Less: cost of goods sold						
		Net income or (loss) from sales Miscellaneous Revenue		Business Code				
	11 a					porter and the second s		
	b							
	,c							
	d	All other revenue	and the second second	<u> </u>			000000000000000000000000000000000000000	
		Total. Add lines 11a 11d			2 207 042	36 350	c	
لــــــ	12	Total revenue. See instructions			Z,ZU/,U43.	36,350.	0.	0.

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Form 990 (2018) Part IX Statement of Functional Expenses Section 501(c)/3) and 501(c)/4) organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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				
	Compensation of current officers, directors,				
	trustees, and key employees	86,463.	60,523.	19,020.	6,920.
6	Compensation not included above, to disqualified	• • • • • • • • • • • • • • • • • • • •			·
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,260,204.	855,258.	223,471.	181,475.
8					-2-1-1-0
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	103,133.	70,128.	18,566.	14,439.
	the state of the s	112,063.	76,202.	20,171.	15,690.
10	Payroll taxes	1,2,000	10/202	20,111.	13,050
11	Fees for services (non-employees):	23,993.		21,871.	ים דים י
a		43,333.		4110/T.	2,122.
b	Legal	0.750		2 750	
C		2,750.		2,750.	
d	Lobbying	***************************************			
e					
f	Investment management fees				
9	The state of the s				
	column (A) amount, list line 11g expenses on Sch O.)	5,966.	4,609.	749.	608.
12	Advertising and promotion	300,047.	138,814.		161,233.
13	Office expenses	35,173.	34,345.	828.	
14	Information technology	29,930.	20,180.	5,596.	4,154.
15	Royalties				
16	Occupancy	375,145.	255,099.	67,526.	52,520.
17	Travel	8,308.	8,308.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	39,814.	28,817.	6,186.	4,811.
23	Insurance	17,495.	11,899.	3,148.	2,448.
24	Other expenses, Itemize expenses not covered				
54032B	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				www.com.np (State
	amount, list line 24e expenses on Schedule O:)				
а	DUES, FEES, OTHER CHARG	46,895.	0.	46,895.	0.
Ь	EQUIPMENT-SMALL	16,685.	16,685.	0.	0.
c	SUPPLIES	16,547.	16,547.	0.	0.
ď	PRINTING	13,499.	13,499.	0.	0.
_	All other expenses	17,011.	16,744.	267.	~ .
25	Total functional expenses. Add lines 1 through 24e	2,511,121	1,627,657.	437,044.	446,420.
<u>~</u>	Joint costs. Complete this line only if the organization	_,,	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		/
-,-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	isisasian sampaign and informability sulfatefitts).				

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		Check if Schedule O contains a response or not	e to any	me ir ulis raft A	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing				1.	225 216
	2	Savings and temporary cash investments		2	225,216.		
	3	Pledges and grants receivable, net	400 -40	3	100 710		
	4	Accounts receivable, net	139,716.	4	139,716.		
	5	Loans and other receivables from current and fo trustees, key employees, and highest compensa Part II of Schedule L	ited emp	oloyees. Complete		5	
	6	Loans and other receivables from other disqualit					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
Ľ.		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				.7	
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1200	9	27,483.
	10a	Land, buildings, and equipment: cost or other					
		basis, Complete Part VI of Schedule D	10a	1,365,431	<u>.</u>		
	Ь	Less: accumulated depreciation	10b	748,645	656,630.	10c	616,786.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intang ble assets		14			
	15	Other assets. See Part IV, line 11			13,394.	15	15,888.
	16	Total assets. Add lines 1 through 15 (must equa			1,281,731	16	1,025,089.
	17	Accounts payable and accrued expenses		·	2,713.	17	-3,148.
	18	Grants payable				18	
	19	Deferred revenue		************************		19	
	20	Tax-exempt bond liabilities			<u> </u>	20	
	21	Escrow or custodial account liability. Complete F	art.IV of	Schedule D		21	
S	22	Loans and other payables to current and former					
Ħ		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated			-	24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines			05 360	_	67 700
		Schedule D				25	67,700. 64,552
	26	Total liabilities. Add lines 17 through 25			01,213.	26	04,004.
en.		Organizations that follow SFAS 117 (ASC 958)		nere 🖊 🔼 and			
čě	27	complete lines 27 through 29, and lines 33 and			983,758.	27	950,537.
llan	27 28	Unrestricted net assets Temporarily restricted net assets				28	930,337.
ത്	29				10 000	29	10,000.
Fund Balances		Organizations that do not follow SFAS 117 (AS	SC 958),	check here 🕨 🔲	10,000	-5	10,000.
Net Assets or		and complete lines 30 through 34.		•			
ets	30	Capital stock or trust principal, or current funds				30	
Ass .	31	Paid-in or capital surplus, or land, building, or equ			,	31	
et	32	Retained earnings, endowment, accumulated inc				32	
~	33	Total net assets or fund balances			1,193,758.	33	960,537.
	34	Total liabilities and net assets/fund balances			1,281,731.	34	1,025,089.

737717 94-2820673 Page 12 REAL OPTIONS Form 990 (2018) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 2,207,043. Total revenue (must equal Part VIII, column (A), line 12) 2,511,121. Total expenses (must equal Part IX, column (A), line 25) 2 2 -304,078. Revenue less expenses. Subtract line 2 from line 1 3 1,193,758. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 <u> 1998 - Nicola De Carallet de</u> Investment expenses 7 70,857. 8 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 960,537. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990: ___ Cash If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? X 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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 in Schedule O and describe any steps taken to undergo such audits

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SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number

	REAL	L OPTIONS					94-2820673
art I	Reason for Public	Charity Status (All organizations must c	omplete ti	is part.) S	ee instructions.	
ə orga	nization is not a private foun	dation because it is:	(For lines 1 through 12,	check only	one box.		
	A church, convention of cl	hurches, or association	on of churches describe	d in secti	on 170(b)(1)(A)(i).	
. \square	A school described in sec					7.7	
	A hospital or a cooperative					iii).	
	A medical research organi	· · · · -	•				er the hospital's name,
	city, and state:		• • • • • • • • • • • • • • • • • • • •	• •			**
; <u> </u>	An organization operated	for the benefit of a co	llege or university owne	d or opera	ted by a c	overnmental unit descr	ibed in
	section 170(b)(1)(A)(iv). (a di albaila		,• ,•,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	n
	A federal, state, or local go		mantal unit described in	cartion 1	70/61/41/A	169	
X	An organization that norm						al nublic described in
	section 170(b)(1)(A)(vi). (0		interpart of its support	nonna go	of Hillottic	a milit of troth the deliers	ar poblic described in
	A community trust describ		MMAMMIL (Complete De	+ in s			
					ed le ecèl	unation with a land area	et policas
	An agricultural research or						'
	or university or a non-land	grant college or agric	culture (see instructions)	. Criter the	name, cir	y, and state of the colle	de ot
L!	university:	-W	- 41 00 4 /052 15 W				
· L	An organization that norm						
	activities related to its exe	-					
	income and unrelated bus		(less section 511 tax) fr	om busine	esses acqi	ifred by the organization	n after June 30, 1975.
	See section 509(a)(2). (Co						
.	An organization organized					•	
	An organization organized						•
	more publicly supported o			-			Check the box in
_	lines 12a through 12d that	describes the type of	of supporting organization	n and cor	nplete line	s 12e, 12f, and 12g.	
а 上		anization operated, s	supervised, or controlled	by its sup	ported on	ganization(s), typically b	y giving
	the supported organizat	ion(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustees of the	supporting
	organization. You must	complete Part IV, Se	ections A and B.				
ь 📖	Type II. A supporting or	ganization supervised	or controlled in connec	tion with i	ls support	ed organization(s), by h	aving
	control or management	of the supporting org	anization vested in the s	same pers	ons that c	ontrol or manage the su	pported
	organization(s). You mus	st complete Part IV,	Sections A and C.				
_ د	Type III functionally into	egrated. A supportin	g organization operated	in connec	tion with,	and functionally integra	ted with,
	its supported organization	on(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.	
d 🗀	Type III non-functionali	y integrated. A supp	orting organization oper	rated in co	nnection (with its supported organ	nization(s)
	that is not functionally in	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an atten	itiveness
	requirement (see instruc	tions). You must con	nplete Part IV, Sections	s A and D	and Part	V.	
e [Check this box if the org	anization received a	written determination fro	om the IRS	that it is a	a Type I, Type II, Type II	ı
	functionally integrated, o	r Type III non-functio	nally integrated support	ing organi	zation.		
f Ent	er the number of supported	organizations		. 7 4 4 - 'F . e' 1 e e + - 1 4			
	vide the following informatio	n about the supporte	ed organization(s).				
	i) Name of supported	(ii) EIN	(iii) Type of organization	(lv) is the organic in your govern	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
- percent states	organization	A THE STORY OF A SECURITY AND SECURITY OF A	 (described on lines 1-10/ above (see instructions)) 	Yes	No	support (see instructions)	support (see instructions)
				1			
				•			
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]					
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al							

94-2820673 Page 2

David	Support Schodule for	Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	anthorraction of	Organizations Described in occions 11 o(b)(1)(A)(iv) and 17 o(b)(1)(A)(v)

(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.)

	ction A. Public Support endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	(a) 2014	(6) 2015	(0) 2016	(0) 20.17	<u>(e) 2016</u>	(i) (Otal
1	· · · · · · · · · · · · · · · · · · ·						
	membership fees received. (Do not	2394726.	1571664.	1900820	2274497.	2170693	10312400.
÷	include any "unusual grants.")	2334120	1371004.	1,900020	2214451.	2.170095	10215400.
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						İ
	the organization without charge						
	Total. Add lines 1 through 3	2394726.	1571664.	1900820	2274497.	21/0693.	10312400.
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:						10312400.
	ction B. Total Support						
Cale	ındar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	2394726.	1571664.	1900820.	2274497.	2170693.	10312400.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	3,872.	11,176.	10,131.	25,111.	29,250.	79,540.
9	Net income from unrelated business						
•	activities, whether or not the			İ			
	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	The state of the s						10391940.
		ata /eaa inatruatir	noci	-		12	20032310
	First five years. If the Form 990 is for						
	organization, check this box and stop						>
Sec	ction C. Computation of Publi	c Support Per	rcentage				
	Public support percentage for 2018 (li			olumn (fi)		14	99.23 %
	Public support percentage from 2017					15	94.68 %
	33 1/3% support test - 2018. If the o						
	stop here. The organization qualifies :						
b	33 1/3% support test - 2017. If the o						
5-105E	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fact	and the second s					
	meets the "facts-and-circumstances"				and the second second		
ь	10% -facts-and-circumstances test	Annual Control of the					31363.1161.115
_	more, and if the organization meets th					5.0	
				A 27 TO T			
	organization meets the "facts and circ	umstances" test.	The organization o	ualifies as a public	ly supported orga	nization	>

Schedule A (Form 990 or 990-EZ) 2018 REAL OPTIONS

00-000000000000000000000000000000000000		anizations Described in Section 509(a)(2	٠.
COST III	Support Schodula for thro	anizatione Heccrinen in Section Silvializ	1
60 666 - 1 50 555 1 7 1551 1	Support Confedence for Orga	anizations bescribed in decitor ovolunz	

(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.)

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Se	ction A. Public Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1							
	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	ļ					
	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			İ		İ	
	the organization without charge				į		
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						· .
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				į		
c	Add lines 7a and 7b						
	Public support. (Subtractline 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
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	Total support. (Add tines 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 sectio	n 501(c)(3) organiza	ation,
	check this box and stop here						>
	tion C. Computation of Publ					[
	Public support percentage for 2018 (I					15	%
	Public support percentage from 2017		_	***************************************		1.6	%
	tion D. Computation of Inves						
17	Investment income percentage for 20	18 (line 10c, colum	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2018. If the						7 is not
	more than 33 1/3%, check this box as	ndst op here. The i	organization qualit	ies as a publicly s	supported organiza	tion	
þ	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a t	box ол line 14, 19а	a, or 19b, check th	nis box and see in:	structions	>
83202	3 10-11-18				Sch	edule A (Form 990	or 990-EZ) 2018

Schedule A (Form 990 or 990 EZ) 2018 REAL OPTIONS

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.)

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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?
- 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.
- 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).
- 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.)

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Sche	dule A (Form 990 or 990 EZ) 2018 REAL OPTIONS	94-2820673 Pag	je 5
	Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		
	below, the governing body of a supported organization?	11a	
ь	A family member of a person described in (a) above?	116	
c	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	
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		
	controlled the organization's activities. If the organization had more than one supported organization,		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	980000
.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		361
	the supported organization(s).		
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		2000
	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	2	
J	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	kaaaasa
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 yeatsee in	structions).	
a	The organization satisfied the Activities Test. Complete line 2 below.		
ь	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 en	tity (see instructions).	
2	Activities Test. Answer (a) and (b) below.	Yes	Νo
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
-Sacasa	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	000000
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.	2b	eggerere
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.	3a	888888
Б	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	

Schedule A (Form 990 or 990-EZ) 2018 REAL OPTIONS

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must o	complete S	Sections A through E.	¥
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital galn	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		V
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	10		
ď	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-functions	ally integra	ted Type III supporting orga	inization (see
	instructions\			•

Sche	dule A (Form 990 or 990-EZ) 2018 REAL OPTIONS		<u> </u>	4-2820673 Page 7
Pai	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempted	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	s		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7_	Total annual distributions. Add lines 1 through 6.	• · · · · · · · · · · · · · · · · · · ·		
8	Distributions to attentive supported organizations to which t	ne organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	(i)	(ii)	(iii)
Serti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
3CCI	BUT - Nighting Augustana läss Marinerional	Exocos Distributions	Pre-2018	Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
ь	From 2014			
¢	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
<u>. i</u>	Carryover from 2013 not applied (see instructions)			
j_	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
6	than zero, explain in Part VI. See instructions. Remaining underdistributions for 2018. Subtract lines 3h			
٠	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015	***************************************		
c	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A	Form 990 or 990 EZ) 2018 REAL OPTIONS	94-2820673 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; P Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See Instructions.)	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part V, ditional information.
		
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Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545 0047

2018

Employer identification number

	REAL OPTIONS	94-2820673
Organization type (chec	:k orie):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private fo	pundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private found	ation
	501(c)(3) taxable private foundation	
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contri any one contributor. Complete Parts I and II. See instructions for determinin	
Special Rules		
sections 509(a) any one contrib	tion described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990 EZ), Part lutor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2 EZ, line 1. Complete Parts I and II.	II, line 13, 16a, or 16b, and that received from
For an organiza	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that	
year, total contr	ibutions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, I ruelty to children or animals. Complete Parts I (entering "N/A" in column (b) i	literary, or educational purposes, or for the
year, total contr prevention of or II, and III.	ibutions of more than \$1,000 exclusively for religious, charitable, scientific, I	literary, or educational purposes, or for the instead of the contributor name and address), treceived from any one contributor, during the
year, total control prevention of cr II, and III. For an organizat year, contribution is checked, enter purpose. Don't control	ributions of more than \$1,000 exclusively for religious, charitable, scientific, I uselfy to children or animals. Complete Parts I (entering "N/A" in column (b) is tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that one exclusively for religious, charitable, etc., purposes, but no such contributer here the total contributions that were received during the year for an exclusional exclusion of the parts unless the General Rule applies to this organizate.	literary, or educational purposes, or for the instead of the contributor name and address), treceived from any one contributor, during the utions totaled more than \$1,000. If this box usively religious, charitable, etc.,
year, total control prevention of or II, and III. For an organizat year, contribution is checked, enter	ributions of more than \$1,000 exclusively for religious, charitable, scientific, I uselfy to children or animals. Complete Parts I (entering "N/A" in column (b) i tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that one exclusively for religious, charitable, etc., purposes, but no such contributer here the total contributions that were received during the year for an exclusively.	literary, or educational purposes, or for the instead of the contributor name and address), treceived from any one contributor, during the utions totaled more than \$1,000. If this box usively religious, charitable, etc.,
year, total control prevention of or II, and III. For an organizations charitation purpose. Don't or religious, charitations.	ributions of more than \$1,000 exclusively for religious, charitable, scientific, I ruelty to children or animals. Complete Parts I (entering "N/A" in column (b) is tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that ons exclusively for religious, charitable, etc., purposes, but no such contributer here the total contributions that were received during the year for an exclusively expected any of the parts unless the General Rule applies to this organizate table, etc., contributions totaling \$5,000 or more during the year	Ilterary, or educational purposes, or for the instead of the contributor name and address), treceived from any one contributor, during the tions totaled more than \$1,000. If this box usively religious, charitable, etc., tion because it received nonexclusively Schedule B (Form 990, 990-EZ, or 990-PF),
year, total control prevention of or II, and III. For an organization purpose. Don't or religious, charita Caution: An organization but it must answer "No"	ributions of more than \$1,000 exclusively for religious, charitable, scientific, I ruelty to children or animals. Complete Parts I (entering "N/A" in column (b) in the children or animals. Complete Parts I (entering "N/A" in column (b) in the children or animals. Complete Parts I (entering "N/A" in column (b) in the children or animals. Complete any of the parts unless the General Rule applies to this organization, etc., contributions totaling \$5,000 or more during the year	Ilterary, or educational purposes, or for the instead of the contributor name and address), treceived from any one contributor, during the tions totaled more than \$1,000. If this box usively religious, charitable, etc., tion because it received nonexclusively Schedule B (Form 990, 990-EZ, or 990-PF),

A 1 17	_	<i></i>	~~~	222	~~~ ~~	100 4 10
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	5-
Name of organization	Employer identification number
REAL OPTIONS	94-2820673

Part I	Contributors (see instructions). Use duplicate copies of Part i if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DORCAS AND PROMOD HAQUE 13780 SARATOGA AVE. SARATOGA, CA 95070	\$ 300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2;	MARK AND KAREN MCLAUGHLIN 14810 SOBEY ROAD SARAGOGA, CA 95070	\$ 126,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JOAN BRADDI 15387 ROBIN ANNE LANE MONTE SERRANO, CA 95030	\$ 55,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THE VALLEY FOUNDATION 999 W. TAYLOR #A SAN JOSE, CA 95126	\$. <u>55,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)_ Total contributions	(d) Type of contribution
<u>5</u>	JERRY AND VALERIE HILL 1237 WOODED HILLS DR SAN JOSE, CA 95120	\$77,455.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name address and ZID + 4	(c)	(d)
NU.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.

823452 11-08-18

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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Schedule B	3 (Form 990, 990-E	Z, or 990-PF) (2018)		Page 3
Name of or				Employer identification number
REAL C	OPTIONS			94-2820673
Part II	Noncash Pro	perty (see instructions). Use duplicate copie	es of Part II if additional space is need	ed.
(a) No. from Part I		(b) Description of noncash property given	(c) FMV (or estima (See instruction	
(a) No. from Part I		(b) Description of noncash property given	(c) FMV (or estima (See instruction	
			\$	
(a) No. from Part I		(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
			\$	
(a) No. from Part I		(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
			\$	
(a) No. from Part i		(b) Description of noncash property given	(c) FMV (or estimat (See instructions	

823453 11-08-18

(a)

No.

from

Part I

(c)

FMV (or estimate)

(See instructions.)

\$

(b)

Description of noncash property given

(d)

Date received

Schedule E Name of or	ganization			Employer identification number			
				0.4.00000000			
Part III	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious.) through (e) and the following line charitable, etc., contributions of \$1,000	entry For organizations				
(a) No. from	Use duplicate copies of Part III if additional						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
_		(e) Transfer of	gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee			
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
Part I							
		(e) Transfer of	gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
	(e) Transfer of gift						
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	insferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	-assessed (d) Des	cription of how gift is held			
		(e) Transfer of	gift				
_	Transferee's name, address, ar	nd ZIP + 4:	Relationship of tra	ensferor to transferee			

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

REAL OPTIONS

Employer identification number 94-2820673

Pa	art I Organizations Maintaining Donor Advise	· · · · · · · · · · · · · · · · · · ·	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, IIn		
		(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 v		
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		-
	for charitable purposes and not for the benefit of the donor o		
8-8	impermissible private benefit?		
	ift It Conservation Easements. Complete if the org		t IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or el		
	Protection of natural habitat	Preservation of a certified	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of a	hora companied
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
þ			
С			
a			
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the org	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		<u></u>
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, i	nandling of violations, and enforcing conserv	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl		
•	> \$.	ing of violations, and emorcing conservation	easements during the year
-8	Does each conservation easement reported on line 2(d) above	r cations the regularments of position 170/b//4	IVDVA
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	o accoments in its revenue and evenue etc.	toment and balance check and
Ĭ	include, if applicable, the text of the footnote to the organization		
	conservation easements.	on a financial state fields that describes the f	organization s accounting for
Pai	rt III Organizations Maintaining Collections of	Art. Historical Treasures, or Othe	r Similar Assets
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC		and balance sheet works of art.
540588	historical treasures, or other similar assets held for public exhi		
	the text of the footnote to its financial statements that describ		· · · · · · · · · · · · · · · · · · ·
b	If the organization elected, as permitted under SFAS 116 (ASC	2,958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edi		
	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 treat	sures, or other similar assets for financial gain	n, provide
	the following amounts required to be reported under SFAS 11	The state of the s	*
а	Revenue included on Form 990, Part VIII, line 1		► \$
b	Assets included in Form 990, Part X		> \$
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2018

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	edule D (Form 990) 2018 REAL OI							94-28			
Pa	rt III Organizations Maintaining	Collections of A	rt, His	torical Tr	reasures,	or Othe	r Simila	ar Asse	ts(conti	nued)	
3	Using the organization's acquisition, access	sion, and other recor	ds, chec	k any of the	following the	at are a si	gnificant	use of its	collectio	n iten	ns
	(check all that apply):										
a	Public exhibition	•	d	Loan or exc	change progr	ramis					
b	Scholarly research	`.	e	Other							
c	Preservation for future generations										
4	Provide a description of the organization's of	collections and expla	in how t	hey further t	the organizat	ion's exer	npt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit										
· Turnos suc	to be sold to raise funds rather than to be n	naintained as part of	the orga	nization's c	ollection?				Yes	. 🗀	□ No
Pa	rt IV Escrow and Custodial Arrar reported an amount on Form 990, Pa	igements. Compl art X, line 21.	ete if the	organizatio	on answered	"Yes" on	Form 990	, Part IV,	line 9, or	•	
.1a	is the organization an agent, trustee, custoo	dian or other interme	diary for	contribution	ns or other as	ssets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowina	table:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1-1,1,1			
									Amoun	ŧ.	- · · · · · · · · · · · · · · · · · · ·
c	Beginning balance						1c			·	
d	Additions during the year	*1********					1d				.,
е	Distributions during the year					£	1e				
f	Ending balance	*****					1f				
2a		orm 990, Part X, line	21, for	escrow or c	ustodial acco	ount liabili	ty?		Yes		No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	xplanatio	on has been	provided on	Part XIII		******]
Pa	rt V Endowment Funds. Complete	if the organization ar	nswered	"Yes" on Fo	orm 990, Parl	t IV, line 1	0.				
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance				. "						
þ	Contributions										
C.											
d	Grants or scholarships							···			
e	Other expenditures for facilities										
	and programs										
f.	Administrative expenses										
g	End of year balance						•				
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1	g, column (a)) held as:				•		
a	Board designated or quasi-endowment		%	·.							
Ь	Permanent endowment	%									
Ć	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	t are held a	nd administe	red for the	e organiza	ation	_		
	bys									Yes	No
	(i) unrelated organizations	*************************			يكريد ترد و يدوغ د تاء			•••-	3a(i)		
	(ii) related organizations		- • • • • • • • • • • • • • • • • • • •					-,	3a(ii)		
þ	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	ed on S	chedule R?		*********			3ь		
4	Describe in Part XIII the intended uses of the	organization's endo	wment f	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere			, line 11a. S	ee Form 990	, Part X, li	ne 10.				
	Description of property	(a) Cost or of		(b) Cost	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		cumulated	1 '	(d) Book	value	•
aetaete - co		basis (investn		basis (other)	depr	eciation				
	Eand		ura havisszáráró (f		unistratura de de de de de de de de de de de de de				vocane (IAR-148A)	A 2 A 2 S A 2 A 2 A 2 A 2 A 2 A 2 A 2 A	erite de la dela
ь	Buildings			92	4,420.	3.	54,73	6.	569	,68	B4.
	Leasehold improvements										
	Equipment										
	Other				1,011.		93,90		47	,10	<u> </u>
otal.	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part .	X, colum	in (B), line 10	0c.)			>	616	78	36.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 REAL OPTION	is	9	4-2820673 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	and-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			***************************************
(A)			
(B)			
(C)			
(D)			
<u>(E)</u>			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-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"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)	- 463		
Total. (Column (b) must equal Form 990, Part X; col. (B) lin	e 10.)	······	
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line	25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) ACCRUED COMPENSATION		67,700.	
	bendaren esterritariak barriarriak bendetarri	<u> </u>	Company of the Company of the Company
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)►	67,700.	
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financial statement	s that reports the
organization's liability for uncertain tax positions under	FIN 48 (ASC 740). Check	here if the text of the footnote has bee	en provided in Part XIII

Schedule D (Form 990) 2018

	-	tatements With Reve	ide per netari.
	Complete if the organization answered "Yes" on Form 990, Part IV,	• • • • • • • • • • • • • • • • • • • •	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
ě	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	***************************************	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	***************************	.,,,,,,,,,,
		4a	
а	Investment expenses not included on Form 990; Part VIII, line 7b		
þ	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		
Pai	TXII Reconciliation of Expenses per Audited Financial S	•	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, I		
1	Total expenses and losses per audited financial statements	**************************	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments		
Ğ	Other losses		
ď	Other (Describe in Part XIII.)		
	Add lines 2a through 2d		
3	Subtract line 2e from line 1	• • • • • • • • • • • • • • • • • • • •	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b		
5	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line):	18.)	5
Par Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 15 and 25;	5
Par Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.	18.) 4; Part IV, lines 15 and 25;	5
Par Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 15 and 25;	5
Par Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 15 and 25;	5
Par Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 15 and 25;	5
Par Providences	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	18.) 14; Part IV, lines 1b and 2b; any additional information.	Part V, line 4; Part X, line 2; Part)
Par Providences	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 14; Part IV, lines 1b and 2b; any additional information.	Part V, line 4; Part X, line 2; Part)
Par Providences	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	18.) 14; Part IV, lines 1b and 2b; any additional information.	Part V, line 4; Part X, line 2; Part)
Par Providences	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	18.) 14; Part IV, lines 1b and 2b; any additional information.	Part V, line 4; Part X, line 2; Part)
Par Providences	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	18.) 14; Part IV, lines 1b and 2b; any additional information.	Part V, line 4; Part X, line 2; Part)

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

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.

Inspection

Internal Revenue Service Name of the organization Employer identification number REAL OPTIONS 94-2820673 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 e Solicitation of non-government grants Internet and email solicitations b 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. (v) Amount paid (iii) Did fundralse: (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) nuncraiser
have custody
or control of
contributions? (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.

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Schedule G (Form 990 or 990-EZ) 2018

		lle G (Form 990 or 990 EZ) 2018 REAL OI				-2820673 Page 2
	art	Fundraising Events. Complete if the of fundraising event contributions and g				
		of randalong event contributions and g	(a) Event #1 DINNERS OF VISION (event type)	(b) Event #2 WALK FOR LIFE/TREE OF (event type)	(c) Other events NONE (total number)	(d) Total events: (add col. (a) through
Revenue	1	Gross receipts			,	431,168.
	2	Less: Contributions	252,216.	178,952.		431,168.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
70	5	Noncash prizes	····			
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8,	Entertainment				
	10	Other direct expenses Direct expense summary. Add lines 4 throug			>	
	11	Net income summary. Subtract line 10 from	ine 3, column (d)			
P	irt	Gaming. Complete if the organization	answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than	
	Γ-	\$15,000 on Form 990 EZ, line 6a	T	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prìzes				
Expenses	3	Noncash.prizes				
Direct	4	Rent/facility costs	:			
	5	Other direct expenses				
	6	Voluntéer labor	Yes % No	Yes% [Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)	· · · · · · · · · · · · · · · · · · ·	>	
į	8	Net garning income summary. Subtract line 7	from line 1, column (d)		······	
а	ls t	er the state(s) in which the organization condi- ne organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No
		re any of the organization's gaming licenses re /es,* explain:		rminated during the tax y	ear?	Yes No

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Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 REAL OPTIONS	94-2	820)673	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 o	ther entity formed			
to administer charitable gaming?			Yes	No.
13 Indicate the percentage of gaming activity conducted in:				
a The organization's facility		13a		96
b An outside facility			1	%
14 Enter the name and address of the person who prepares the organization's gaming/special even				
Name ►				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives g	aming revenue?		Yes	☐ No
b 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 Gárning manager information:				
Name ►				
Name >				
Gaming manager compensation 🕨 \$				
Description of continue provided				
Description of services provided .				
				···
Director/officer Employee Independent contractor				
17 Mandatory distributions:				
a is the organization required under state law to make charitable distributions from the gaming pr	oceeds to			
retain the state gaming license?	******************************		Yes	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt org				
organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b,	columns (iii) and (v); and Par	lll lir	oce O	9b 10b
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instri			iou o ;	
	na artara da esta esta esta en esta en esta en arta de la como esta esta esta en esta en esta en esta en esta e	00-m-1880	www.	
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Part IV Sunnler	or 990 EZ) REAL OPTIC nental Information (continued)	<u></u>		94-2820673
recus Supplei	пентан интогнацон (солипива)	<u>'</u>		
				
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sana maganaran arang mana mana		ergra-m-statistics (1965) et al. (1966) et al. (1966) et al. (1966) et al. (1966) et al. (1966) et al. (1966)	ti i farti e e ta teritere teta en resta non tirba de esta trabate de esta esta en re	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

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

Open to Public

OMB No. 1545-0047

Name of the organization REAL OPTIONS	Employer identification number 94-2820673
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION	MISSION:
AND FAMILIES FACING PREGNANCY DECISIONS.	
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND FAMILIES FACING PREGNANCY DECISIONS. FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: ADDES MEDICAL SERVICES FOR STD TESTING AND ALBORTION PILL REVERSAL TREATMENT. FORM 990, PART VI, SECTION B, LINE 11B: BOARD PERFORMS DETAILED REVIEW WITH THE DIRECTOR. FORM 990, PART VI, SECTION B, LINE 12C: ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES MUST READ THE POLICY AND COMPLY IN ANY TRANSACTION THAT INVOLVES A CONFLICT OF INTEREST.	
FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:	
ADDES MEDICAL SERVICES FOR STD TESTING AND ALBORTION I	PILL REVERSAL
TREATMENT.	
BOARD PERFORMS DETAILED REVIEW WITH THE DIRECTOR.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES MUST READ T	THE POLICY AND COMPLY
IN ANY TRANSACTION THAT INVOLVES A CONFLICT OF INTERES	5T.
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832211 -10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

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31604001	2018 DEPRECIATION AN

CORM 95	FORM 990 PAGE 10			ŀ	ļ		066				:	:		;
Asset No.	Description	Date Acquired	Method	<u>.</u>	S S S	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreclation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
56	PREVIOUSLY DEPR ASSETS	12/31/05	75	5.00	H Y II 7	5,216.				5,216.	5,216.		0	5,216.
ĽS.	OPFICE FURNITURE = 2007	12/36/01	SI	7,00	MG 17	3,500.		•		3,500.	3,500.		0.	3,500
53	SERVER	01/12/00	SL	5,00	HY1.7	1,734.				1,734.	1,734.		0	1,734.
Ç W	LAP TOP	11/03/09	18	2005	11817	502.				502.	502.		0.	502.
61	TELEPHONE SYSTEM	09/18/00	3.	7.00	HYI 7	3,433.				3,433.	3,433.		0.	3,433.
¥	62 COMPUTER EQUIPMENT	08/24/09 SL			HWITZ	988.				988.	988.		Ċ	, 48 ti
65	FAUCETS/CABINETS-REPLACEMENT S	05/17/10	S	5,00	HY1.7	1,720.				1,720.	1,720.		0.	1,720.
	ž E		200DB S	0000004		5,197.				5. E8.	5, 197.		r.i	5,137
8 69 60	ULTRA SOUND ULTRA SOUND	04/28/11 200DB Q4/G1/12 200DB	200DB 5 200DB 5	5,00	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	27,296.				27,296.	27,296. 102,887		, c	27,296.
70	2-acer computers exam hoom upgrade	10/11/12 200B 05/29/12 200B	200DB 5	5.00	HWL7	1,128.				 2000000000000000000000000000000000000	1,005.		0.	1,005.
72	ESJ SIGN	21/60/80	200DB 7		HY1.7	3,352.				352	2,055.		299.	2,354,
74	HP 5 PC 8 £ 2 PHINTERS Ameriprise furniture	02/01/13 2000B 5.00 12/01/13 2000B 7.00	200DB 5		MQ17	B,717.				1,000	7.543.		120.	7,763
75	enea purniture	11/01/13 200DB	200DB 7	AMMONIANIA	T.	2,910.				. 6	1,574		n n	1,828
76	76 SAMSONG TV	12/01/13 20 12/01/13 SE	ago	5.00 MG	MQ1.7	790.				790.	560.		76.	636.
828111 04-01-18	-01-18					(n) - Asset disposed	Pase	¥	*	14.70		in the second	100 L	100 mg

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2018 DEPRECIATION AND AMORTIZATION REPORT

	Ending Accumulated Depreciation	481.	1,	2,278.		10,311.	19,622.	175,171.	1,300.	432.	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone
	Current Year Deduction	69.	216.	434,	70. 88.	1,746.	995.	14,711.	295.	119.	ulization Deduc
	Current Sec 179 Expense										mercial Revita
	Beginning Accumulated Depreciation	412.	1,060.	1,844.	315.	8,565.	18,627.	160,460.	1,005.	313.	Bonus, Com
	Basis For Depreciation	623.	1,974.	4,325.		15,957.	38,789. 828.	573,742. 2.277	2,565.	622.	ITC, Salvage,
	Reduction In Basis										
	Section 179 Expense										
990	Bus. Excl										posed
	Unadjusted Cost Or Basis	623.	1,974.	4,325. £7,184.	108	15,957.	38,789. 828.	573,742. 2,277.	2,565.	622, 2 ,124.	(D) - Asset disposed
	O o = >	MQ17	MQ1.7	MQ1.7	MQ1.7	MQ17	NOM1.7	MM17 HYE7	HYL7 RYE7	HYL 7 HYL 7	
	Life	5.00	5.00	7.00	7.00	5.00	39.00 7.00	39.00	5,00	5,00	N
	Method	200DB	Z000B	200DB 200DB	200DB 200DB	200DB		SL 20cob	200DB 200DB	2000B	33.2
	Date Acquired	03/17/14	12/17/14	12/17/14	10/22/14 200DB 11/24/14 200DB	12/11/14	06/17/14 01/45/14	2/31/14	2/09/15 0/30/15	01/22/16	
FORM 990 PAGE 10	Description	WIRELESS HEADSET-EDU CEG TV & INSTALL	PROJECTOR	CUBICLES & INSTALL HP PC & PRINTER 1	MT VIEW FILING CABINET CSJ:REFRIGERATOR	CSJ-TELEPHONE SYSTEM MT VIEW SIGNS	MT VIEW-LEASEHOLD IMP. MT VIEW-WALL LANDS	CSJ-Leasehold ind. 2015 office equip	2 COMPUTERS 1.	PC-AMAZON APPLE, COMPUTER, WITH INSTALL	
FORM 95	Asset No.	80 81	82	84	86 86	83 8 6	90 116	92	94	96	828111 04:01-18 [°]

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2018 DEPRECIATION AND AMORTIZATION REPORT

	Ending Accumulated Depreciation	1,893.	538.	155,036.	748,645.				ion, GO Zone
	Current Year Deduction	628.	152.	0.	39,814.				* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone
	Current Sec 179 Expense								nercial Revita
	Beginning Accumulated Depreciation	1,265.	386.	155,036. 136.	708,831.				Bonus, Comr
	Basis For Depreciation	3,273.	793.	155,036.	1,365,431.				ITC, Salvage,
	* Reduction In Basis								*
	Section 179 Expense								
990	Bus % Excl								osed
	Unadjusted Cost Or Basis	3,273.	793.	155,036.	1,365,431.				(D) - Asset disposed
Ì	No.c.	HY1.7 HY1.7	HY1.7 HY1.7	HXI.7 HXI.7					5
	Life	5.00	***************************************	000000000000000000000000000000000000000					m
	Method	200DB 200DB	200DB 200DB	20008					m. E
	Date Acquired	08/21/16 200DB	02/09/16	07/01/16 200DB 5.00 07/01/17 200DB 5.00					
FORM 990 PAGE 10	Description	UNION CITY PRINTER WITH INSTALL.	PILE CABINET UFTRA SCUND	MERGER ASSETS OPFICE EQUIP	* TOTAL 990 PAGE 10 DEPR		ton et al.		it e gjenereti i ke egenerit gjeneret e se kritis e ke kr
FORM 9	Asset No.	0	100 ‡01	102				BZ-PAVOY-FIRE	5.;