

Click on the question-mark icons to display help windows. The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you.

OMB No. 1545-1150

Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

**2018**

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

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

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2018 calendar year, or tax year beginning** , 2018, and ending , 20

|   |  |  |  |
|---|--|--|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input checked="" type="checkbox"/> Application pending | <b>C Name of organization</b> <input checked="" type="checkbox"/><br>VIRACITY CORPORATION  |  | <b>D Employer identification number</b> <input checked="" type="checkbox"/><br>464824404 |
|   | Number and street (or P.O. box, if mail is not delivered to street address) <input checked="" type="checkbox"/> Room/suite<br>848 N RAINBOW BLVD |  | <b>E Telephone number</b><br>5618197580  |
|   | City or town, state or province, country, and ZIP or foreign postal code<br>LAS VEGAS, NEVADA, 89107   |  | <b>F Group Exemption Number</b> ▶ <input checked="" type="checkbox"/>                    |
|   | <b>G Accounting Method:</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶                          |  |  |

**I Website:** ▶

**J Tax-exempt status** (check only one) –  501(c)(3)  501(c) ( 4 ) ◀ (insert no.)  4947(a)(1) or  527

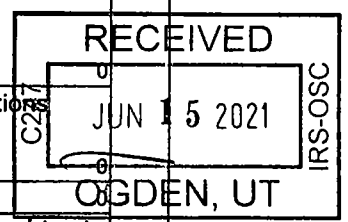
**H Check** ▶  if the organization is not required to attach Schedule B  (Form 990, 990-EZ, or 990-PF).

**K Form of organization:**  Corporation  Trust  Association  Other

**L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts.** If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ 1510.00

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)   
 Check if the organization used Schedule O to respond to any question in this Part I . . . . .

|                                     |    | Revenue  |    | Expenses   |  | Net Assets |  |
|-------------------------------------|----|--|----|------------|--|------------|--|
| <input checked="" type="checkbox"/> | 1  | Contributions, gifts, grants, and similar amounts received . . . . .   | 1  | 0          |  |            |  |
| <input checked="" type="checkbox"/> | 2  | Program service revenue including government fees and contracts . . . . .  | 2  | 1510.00    |  |            |  |
| <input checked="" type="checkbox"/> | 3  | Membership dues and assessments . . . . .  | 3  | 0          |  |            |  |
| <input checked="" type="checkbox"/> | 4  | Investment income . . . . .  | 4  | 0          |  |            |  |
|                                     | 5a | Gross amount from sale of assets other than inventory . . . . .  | 5a | 0          |  |            |  |
|                                     | 5b | Less: cost or other basis and sales expenses . . . . .   | 5b | 0          |  |            |  |
|                                     | 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .  | 5c | 0          |  |            |  |
|                                     | 6  | Gaming and fundraising events:   |    |            |  |            |  |
|                                     | a  | Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .  | 6a | 0          |  |            |  |
|                                     | b  | Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . . | 6b | 0          |  |            |  |
|                                     | c  | Less: direct expenses from gaming and fundraising events . . . . .   | 6c | 0          |  |            |  |
|                                     | d  | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .   | 6d | 0          |  |            |  |
|                                     | 7a | Gross sales of inventory, less returns and allowances . . . . .  | 7a | 0          |  |            |  |
|                                     | b  | Less: cost of goods sold . . . . .   | 7b | 0          |  |            |  |
|                                     | c  | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .   | 7c | 0          |  |            |  |
|                                     | 8  | Other revenue (describe in Schedule O) . . . . .   | 8  | 0          |  |            |  |
|                                     | 9  | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶  | 9  | 1510.00    |  |            |  |
|                                     | 10 | Grants and similar amounts paid (list in Schedule O) . . . . .   | 10 | 0          |  |            |  |
|                                     | 11 | Benefits paid to or for members . . . . .  | 11 | 0          |  |            |  |
|                                     | 12 | Salaries, other compensation, and employee benefits <input checked="" type="checkbox"/> . . . . .  | 12 | 0          |  |            |  |
|                                     | 13 | Professional fees and other payments to independent contractors <input checked="" type="checkbox"/> . . . . .  | 13 | 918.50     |  |            |  |
|                                     | 14 | Occupancy, rent, utilities, and maintenance . . . . .  | 14 | 2281.23    |  |            |  |
|                                     | 15 | Printing, publications, postage, and shipping . . . . .  | 15 | 137.70     |  |            |  |
|                                     | 16 | Other expenses (describe in Schedule O) <input checked="" type="checkbox"/> . . . . .  | 16 | 4705.16    |  |            |  |
|                                     | 17 | <b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶   | 17 | 8042.59    |  |            |  |
|                                     | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .  | 18 | (6532.59)  |  |            |  |
|                                     | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .   | 19 | (11807.64) |  |            |  |
|                                     | 20 | Other changes in net assets or fund balances (explain in Schedule O) . . . . .   | 20 | 0          |  |            |  |
|                                     | 21 | <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . . ▶   | 21 | (18340.23) |  |            |  |



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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2018) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, and tax shelter transactions. Includes fields for amounts and yes/no responses.

|  |                          |                                     |
|--|--------------------------|-------------------------------------|
|  | Yes                      | No                                  |
| <b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

|  |                          |                                     |
|--|--------------------------|-------------------------------------|
|  | Yes                      | No                                  |
| <b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . . | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| NONE                                |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |

**f** Total number of other employees paid over \$100,000 . . . . . ► NONE


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

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ► NONE

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ►  Yes  No

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

|                  |   |                     |
|------------------|---|---------------------|
| <b>Sign Here</b> | Sign  of officer<br>MICHE'LE COKER<br>Type or print name and title | Date<br>30 AUG 2020 |
|------------------|---|---------------------|

|                               |                            |                      |      |   |      |
|-------------------------------|----------------------------|----------------------|------|---|------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
|                               | Firm's name ►              | Firm's EIN ►         |      | Phone no.                                       |      |
|                               | Firm's address ►           |                      |      |   |      |

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ►  Yes  No

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**VIRACITY CORPORATION**

Employer identification number

**15 OTHER EXPENSES: BANK FEES, TRAVEL EXPENSES, REGISTRATION VEHICLES, AUTO INSURANCE, REAL ESTATE INSURANCE**

**24 OTHER ASSETS: VEHICLES**

**26 TOTAL LIABILITIES: LOANS FOR PROPERTY PURCHASE**

