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)

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.

2021
Open to Public Inspection

A B	For the	e 2021 calendar year, or tax year beginning , and ending		D Employe	er identification number
Ē	Address o				Table Holling
Ē	Name cha	Doing business as		46-4	044090
<u> </u>	ว์	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephon	ne number
누	Initial retur			301-	605-7813
Ļ	terminated				2 E20 126
L	Amended		T	G Gross rec	ceipls 2,538,126
	Application	pending ROBERT SCHEER	H(a) is this a gr	roup return for	subordinates? Yes X N
		13105 CHESTNUT OAK DRIVE	H(b) Are all sul	bordinates inc	luded? Yes N
		GAITHERSBURG MD 20878			See instructions
1	Tax-exem				
J	Wabsite:		H(c) Group exe	mption numbe	er >
K	Form of a	rganization: X Corporation Trust Association Other ▶ L N	ear of formation 2	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED	M State of legal domicile: M
	Part I	Summary			
	1 B	riefly describe the organization's mission or most significant activities:			
e		riefly describe the organization's mission or most significant activities: THE MISSION OF THE ORGANIZATION IS TO PROVIDE SUPPORT	TO CHILDR	EN ENT	ERING
anc	1	FOSTER CARE SYSTEM. COMFORT CASES PROVIDES CASES FILLE	WITH NE	W ESSE	NTIAL
er.	1	AND COMFORT ITEMS FOR YOUTH.			and the state of t
Governance	2 C	heck this box ▶ if the organization discontinued its operations or disposed of more than 25	% of its net as:	sets.	
ంక	3 N	umber of voting members of the governing body (Part VI, line 1a)		3	8
Activities	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		4	8
ĕ	5 To	otal number of individuals employed in calendar year 2021 (Part V, line 2a)	********	5	8
Act	6 To	otal number of volunteers (estimate if necessary)		6	100
	7a To	otal unrelated business revenue from Part VIII, column (C), line 12	* * * * * * * * * * * * * * * * * * * *	. 7a	0
	b No	et unrelated business taxable income from Form 990-T, Part I, line 11	4.436.6.636.6.436.636.6.6	. 7b	0
		entributions and grants (Dect VIII line 4b)	Prior Yea		Current Year
ě	0 D	ontributions and grants (Part VIII, line 1h)	2,809	, 666	2,396,117
Revenue	10 lp	rogram service revenue (Part VIII, line 2g) vestment income (Part VIII, column (A), lines 3, 4, and 7d)		6,659	14,489
8	11 01	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,330	38,224
	12 To	otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,808		2,448,830
-		rants and similar amounts paid (Part IX, column (A), lines 1–3)	2,000	,,,,,,,,	10,000
	14 Be	profite poid to or for marsham (Ded (V. selven (A) line 4)			10,000
(n			272	,669	360,056
xpenses	16a Pr	alaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) ofessional fundraising fees (Part IX, column (A), line 11e) tal fundraising expenses (Part IX, column (D), line 25) ▶ 3,135		,,,,,,	0
ě	b To	otal fundraising expenses (Part IX. column (D), line 25) 3.135			
Δ	17 Ot	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,236	.119	2,630,851
	18 To	tal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,508		3,000,907
	19 Re	evenue less expenses. Subtract line 18 from line 12	1,299		-552,077
d Balances			Beginning of Curr		End of Year
Salar	20 To	tal assets (Part X, line 16)	2,122		1,618,705
nd A	21 To	tal liabilities (Part X, line 26)		,690	0
<u>~</u> 2		t assets or fund balances. Subtract line 21 from line 20	2,093	,423	1,618,705
	art II	Signature Block			
Un	der penali	ties of perjury, I declare that I have examined this return, including accompanying schedules and statement and complete. Declaration of preparate (other than officer) is based on all information of which preparer ha	ts, and to the bea	st of my kno	owledge and belief, it is
	e, conect,	and complete. Declaration of prepared other than officer) is based on all information of which preparer ha	as any knowledge	a.	70. 4-5
Cia.		Standard of the Control of the Contr		,	7-8 22
Sign	15 91954	Signature of officer		Date	
Her	e	ROBERT SCHEER CEO Type or print name and title			
	-		In		T I am
Paid			Date	Check	L if PTIN
Prep	200	YAN CRABBS, CPA RYAN CRABBS, CPA RYAN CRABBS, CPA RYAN CRABBS, CPA RYAN CRABBS, CPA RYAN CRABBS, CPA		22 self-emp	
Use		DELEON & STANG, CPAS AND ADVISORS	Fin	m's EIN 🕨	52-1373858
	· 1	100 LAKEFOREST BLVD STE 650 GAITHERSBURG, MD 20877-2609			201_040_000=
Mav		discuss this return with the preparer shown above? See instructions		опр по.	301-948-9825
					X Yes No

		S, INC.	46-4044090	Page
		n Service Accomplishm		-
	Check if Schedule O co	ontains a response or not	e to any line in this Part III	
COMFORT THE YOU	JTH ENTERING T	UNDED ON A MISS THE FOSTER CARE	ION TO PROVIDE COMFO SYSTEM. COMFORT CA: RT ITEMS FOR YOUTH.	ORT AND SUPPORT TO SES PROVIDES CASES
2 Did the ora	anization undertake any sig	nificant program convince during	the year which were not listed on the	
prior Form			gine year which were not listed on the	Yes X No
3 Did the orga	anization cease conducting,	or make significant changes in	how it conducts, any program	
services?		**************************************	·	Yes X No
	scribe these changes on So			_
expenses, S	Section 501(c)(3) and 501(c		n of its three largest program services, a to report the amount of grants and alloc orted.	
YOUTH E TRASH B HOMES. IN FOST COMFORT	NTERING THE FOR AGE TO PACK UP COMFORT CASES ER CARE. SINCE CASES TO YOU'	OSTER CARE SYSTI THEIR BELONGING PROVIDES THE ES E INCEPTION COMI TH IN FOSTER CAN	EM. TYPICALLY, CHILD SS WHEN THEY ARE REM SSENTIALS FOR A CHIL FORT CASES HAS PROVI RE.	MOVED FROM THEIR D'S FIRST FEW DAYS

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			grants of \$	(Revenue \$
N/A	n services (Describe on Sc		grants of \$) (Revenue \$	(Revenue \$

Part IV Checklist of Required Schedules

			Yes	No
1	or the state of th		\ \	
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	↑ ^	+
•	candidates for public office? If "Ves." complete Schedule C. Bot I	١,		v
4		3	-	X
•	plantian in offert during the tay year? If "You " complete Schoolule C. Dad II	١,		x
5		4	-	
_	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	1	x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	***	1	+ A
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Von " complete Schodule D. Bort 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	1	x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	(Flata)		 • • •
	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	1.00A		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	***		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	***		
	VII, 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, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
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			
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	. 16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	. 17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
46	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?			
00	If "Yes," complete Schedule G, Part III	. 19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21		X

Checklist of Required Schedules (continued)

		46	Yes	No
22	The state of the s			
21	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	-
23	b and the state of the about comparisation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		١.,	
24	***************************************	23	X	-
27	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	1		
	through 24d and complete Schodulo K. If "No." on to line 35c			
	b Did the organization Invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		X
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b	-	+-
	to defence any toy average hands			1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		┼
25	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		-
	transaction with a discussified assessment to the contract of	25-		x
1	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		├ ^
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			1
	If "Yes " complete Schedule I Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	construct ZV		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L.,	22.20		
	Part IV, Instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	X	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	*****		
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
25-	or IV, and Part V, line 1	34	_	<u>X</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	_	
30	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	1 1		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	-	<u>X</u>
٠.	and that is treated as a partnership for fodoral income tax purposes? If "You " correlate Sabadule B. Bad M.			10
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	37	-	<u>X</u>
	19? Note: All Form 990 filers are required to complete Schedule O.		v l	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	_
	Check if Schedule O contains a response or note to any line in this Part V			П
	The state of the s		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		168	140
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	x	
DAA		10	200	$\overline{}$

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 8	Yes N	
b If at least one is reported on line 2a, did the organization file all required deviat employment tax returns? Note: If the sum of lines a and 2a is greater than 250, you may be required to e-file. See instructions. 3a Dd the organization have unrelated tusiness gross income of \$1,000 or more during the year? 3b D If Yes, Than \$1 filed a Farm 990-T for this year? If Yio' to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? In a fire financial account? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? In the organization and the foreign country 5b If Yes, "enter the name of the foreign country 5c If Yes," other the name of the foreign country 5c If Yes In the seep and the organization file of the organization and the whole the seep and the organization and the organization and the seep and the organization file of the organization and the seep and the organization in the seep and the organization and the organization in the seep and the organization and the organization in the way solicitation an express statement that such contributions or gifts were not tax deductible? 6c D organization necks any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible? 6c D organization recove a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7c D organizations that may receive deductible contributions under section 170(c). 8 Diff Yes," indicate the number of Forms 2822 filed during the year 9 Diff the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 1a Diff the organization received a contribution of qualified intellectual poppers, did the porganization file and payment of the pay		
Mote: If the sum of ines 1a and 2a is greater than 250, you may be required to e-file. See instructions. 3 Did the organization have unrelated business poss income of \$1.000 or more during the year? 5 If "Yes," has it filed a form 990-T for this year? If "No" to live 3b, provide an explanation on Schedule O. 3 Did A At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country [9] to a prohibited tax shellor transaction, securities account, or other financial accounts; (FBAR). 5 See instructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts; (FBAR). 5 See instructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts; (FBAR). 5 Was the organization a party to a prohibited tax shellor transaction at any time during the tax year? 5 Did any taxable party notify the organization file form 8886-17? 5 Did any taxable party only the organization file form 8886-17? 5 Did any taxable party only the organization file form 8886-17? 5 Did any taxable party contributions that were not tax deductible as charitable contributions? 6 Dif Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible and the organization state and the such as the such		
Mote: If the sum of ines 1a and 2a is greater than 250, you may be required to e-file. See instructions. 3 Did the organization have unrelated business poss sonce of \$1,000 or more during the year? 5 If "Yes," has it filed a Form 990-T for this year? If "No" to the 3b, provide an explanation on Schedule O. 4 All any time during the calendar year, dit the organization have an interest in, or a signature or other authority over, a financial account in a foreign country [such as a bank account, securities account, or other financial account)? 4 If "Yes," enter the name of the foreign country [such as a bank account, securities account, or other financial accounts (FBAR). 5 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5 See instructions of the greater in the see in the seed of the seed of the organization that it was or is a party to a prohibited at whether transaction? 5 Did any taxable party notify the organization file Form 8898.7? 5 Did any taxable party notify the organization file Form 8898 are subject to the organization solicit any contributions that were not tax deductible as charitable contributions. 6 Dif the organization solicit any contributions that were not tax deductible as charitable contributions. 6 Did the organization shall may receive deductible contributions under section 170(c). 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization shall may receive deductible contributions and services provided? 9 Did the organization neolid as payment in excess of \$75 made party as a contribution of any organization shall the organization foreign and payment in excess of \$75 made party as a contribution of any organization shall be departed in	X	2b
b If "Yes," has it field a Form 99.C-T for this year" If "Wor to line 30, provide an explanation on Schedule O A At any time during the calendar year, dit the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). If "Yes," other the name of the foreign country See instructions for fising requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for fising requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for fising requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for fising requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for fising requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions of Financial Accounts (FBAR). See instructions for fising requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for fising requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for fising requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for fising requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instruction for fising requirements for fising for fising for fising for fising for fising for fising fisi		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (excite as a bank account, secutities account, or other financial accountry? 5a bif "Yes", enter the name of the foreign country ▶ 5be instructions for filing requirements for FinCEN form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization party to a prohibitod tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibitod tax shelter transaction? 5c If "Yes" oil in line Sa or 5b, did the organization filing it was or is a party to a prohibitod tax shelter transaction? 5c Does the organization bave annual gross receipts that are normally greater than \$100,000 and did the organization solici any contributions in 6c foreign than the organization solicit any contributions on gifts were not tax deductible as chariable as chari	X	3a
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a fannatia account in a foreign country (such as a bank account, securities account, or other financial account)? b if "Yes," enter the name of the foreign country ▶ See instructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line Sa or 5b, did the organization firs form 8885-7. 5c Does the organization have annual gross receipts that are normally greater than \$10,000 and did the organization beaution inclined with every solicitation an express statement that such contributions or giffs were not tax deductible? 6a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7b Did the organization and the payor? 7c Did the organization onetic year ortherwise dispose of tangible personal property for which it was required to file form 8282? Rid during the year for the year for the payment of the payment		3b
b If Yes," enter the name of the foreign country Ps. See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? 5c Did bores the organization have annual gross receipts that are normally greater from \$100,000, and did the organization shell and promised that are normally greater from \$100,000, and did the organization shell and promised with every solicitation an express statement that such contributions or giffs were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a Did the organization notify the donor of the value of the goods or services provided? 7 b If Yes," did the organization notify the donor of the value of the goods or services provided? 7 b If Yes, indicate the number of Forms 8282 filed during the year 7 c Did the organization selected any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 c Did the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 g If the organization received a contribution of cars, bosts, airplanes, or other vehicles, did the organization file a Form 1996-C? 7 h If the organization may are shorted form the year organization file a Form 1996-C? 7 h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxetle distributions under section 4966? 9 a Sponsoring organization maintaining donor advised funds. 9 b Did the sponsoring organization maintaining donor advised funds. 10 b Did the sponsoring organization maintaining do		
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Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	X	14a
Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		14b

If "Yes," see instructions and file Form 4720, Schedule N.	X	15
, , , , , , , , , , , , , , , , , , , ,		
6 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	X	16
If "Yes," complete Form 4720, Schedule O.	T-	
7 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in		
activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17
If "Yes," complete Form 6069.		530

Form 990 (2021) COMFORT CASES, INC. 46-4044090 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management No Yes 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 on Schedule O. Enter the number of voting members included on line 1a, above, who are Independent 8 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X Each committee with authority to act on behalf of the governing body? X 86 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O ... 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Did the organization have local chapters, branches, or affiliates? 10a X 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a Ь Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a х 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? X 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MD 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 X Another's website X Upon request Other (explain on Schedule O) Describe on 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.

ROCKVILLE

ROBERT SCHEER

15825 SHADY GROVE RD

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

MD 20850

17

13

14

15

Part VIII Statement of Revenue

		Check	if Scl	hedule O cor	itains	a resp	onse or not	te to any line in th	is Part VIII		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıtsı	tt ·	a Federated can	npaign	S	1a						
irai	9	b Membership d									
	Ĕ	c Fundraising ev				 		7			
ij.	2	d Related organ			1d			1			
9	Ē	e Government grants		1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1e		79,25	5			
Suc	S	f All other contributions	s, gifts, g	ranls,	10						
Ť	Je.			ded above	1f	2	2,316,861	L			
倉	ಠ	g Nancash contribution			4		1 125 602			ľ	
Contributions, Gifts, Grants	2						L,135,682				
<u>o</u>	101	h Total. Add line	s 1a-1	U				2,396,117			
	١.						Business Cod	le			
<u>8</u>	2	211	* * * * * * *	**********							
Program Service	ay .	b	++++++								
E	Ven	C					1)				
da	F.	d									
P 3	3	e									
		f All other progra									
_	-	g Total. Add line:									
	3	3 Investment income (including dividends,			ds, inte	rest, an	d				
		other similar an					W212121	14,489			14,489
	4	Income from inv	vestme	ent of tax-exemp	t bond	proceed	is 🕨				
	5	Royalties	200000			*****					
	1			(í) Real		(ii) Personal				
	68	Gross rents	6a								
	l t	Less: rental expenses	6b								
	0	Rental inc. or (loss)	6c								
	۱ ۵	Net rental incon	ne or (loss)			•				
	7a	Gross amount from	Γ,	(I) Securities		T	(ii) Other				
		sales of assets other than inventory	7a				``				
a	Ь	Less: cost or other				1					
Other Revenue	~	basis and sales exps.	7b						The state of the s	1	
Š	ے ا	Gain or (loss)	7c					1	1		
Ē	1	` '	_								
the		Net gain or (loss Gross income from				*****	****				
0	Da			ising events							
		(not including \$									
		of contributions rep					105 500				
	١.	1c). See Part IV, lin	1e 18 .		8a		126,520				
		Less: direct exp			8b		89,296				
		Net income or (I			events	*****		37,224			
	9a	Gross income from									
ı		activities. See Pa			9a						
		Less: direct expe			9b						
ı		Net income or (le			ities						
	10a	Gross sales of in	rventor	y, less							
		returns and allow	vances		10a						
	Ь	Less: cost of good	ods sol	d	10b						
		Net income or (lo			ntory .		againata 🕨				
							Business Code				
a	11a	MISCELLANEO	US II	NCOME			900099	1,000	1,000		
Revenue	b	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			******	entrickeli.			=,000		
eve	С										
œ		All other revenue				saturaca.					
1		Total. Add lines						1,000			
		Total revenue. S					b	2,448,830	1,000		14 400
		Total Toveriue.	200 III	MINOROLIS	*****	*****	current P	2,210,030	1,000	0	14,489

Part IX Statement of Functional Expenses

Se	ction 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respon	nplete all columns. All otherse or note to any line in the	<i>er organizations must com</i> nis Part IX	plete column (A).	
Do	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1				garratar anpariada	United at the second
	and domestic governments. See Part IV, line 21				
2	-53.553.53.55.				
	individuals. See Part IV, line 22	10,000	10,000		
3	_		,		
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	173,436	173,436		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(8)				
7	Other salaries and wages	155,590	155,590		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	31,030	31,030		
11	Fees for services (nonemployees):				
а					
b		16,127	15,321	806	
C	Accounting	18,200	17,290	910	
d					
e	3				
f	Investment management fees				
g	, , , , , , , , , , , , , , , , , , , ,	100 701	170 651		
	(A) amount, list line 11g expenses on Schedule O.)	182,791	173,651	9,140	
12	Advertising and promotion	27,481	27,481	10 710	
13	Office expenses	88,211	77,499	10,712	
14	Information technology	18,875	17,931	944	
15 16	Royalties	34,319	24 210		
17	Occupancy Travel	58,055	34,319		
18	Payments of travel or entertainment expenses	36,033	58,055		
10					
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
20	Interest				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23		38,084		38,084	
24	Insurance Other expenses. Itemize expenses not covered	30,004		30,004	
•	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	CASE DONATIONS	2,066,089	2,066,089		
b	SUBSCRIPTIONS AND DUES	38,408	19,588	18,820	
c	OTHER EXPENSES	26,966		26,966	
d	UTILITIES	6,993	6,993	20,000	
	All other expenses	10,252	6,160	957	3,135
	Total functional expenses. Add lines 1 through 24e	3,000,907	2,890,433	107,339	3,135
6	Joint costs. Complete this line only if the				0/200
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ if				
	following SOP 98-2 (ASC 958-720)				

	Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
1	Cash—non-interest-bearing	Beginning of year		End of year
		474,094 35,109		701,874
3	The state of the s	33,109	-	51,440
4			3	
5			4	
"	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family reaches of any of these		5	
6	17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-	
. '	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ASSETS			7	
8 B		1,275,966	8	406,667
9	Prepaid expenses and deferred charges	520	9	520
10	a Land, buildings, and equipment: cost or other		-	52.
	basis. Complete Part VI of Schedule D 10a		1	
	Less: accumulated depreciation 10b		10c	
11	Investments—publicly traded securities	334,224	11	455,998
12	Investments—other securities. See Part IV, line 11		12	100/000
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	2,200	15	2,200
16	Total assets. Add lines 1 through 15 (must equal line 33)	2,122,113	16	1,618,705
17	Accounts payable and accrued expenses	5,690	17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director,			
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties	23,000	24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
1	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	28,690	26	0
	Organizations that follow FASB ASC 958, check here ▶ X			
1	and complete lines 27, 28, 32, and 33.			
27 28	Net assets without donor restrictions	2,093,423	27	1,618,705
28	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here ▶		28	
1	Organizations that do not follow FASB ASC 958, check here ▶			
1	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	2,093,423	32	1,618,705
33	Total liabilities and net assets/fund balances	2,122,113	33	1,618,705

Form **990** (2021)

Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part XII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3	P	art XI Reconciliation of Net Assets						
1 Total expenses (must equal Part VII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 7000,907 3 Revenue less expenses. Subtract line 2 from line 1 3 -552,077 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2,093,423 5 Net unrealized gains (losses) on investments 5 77,359 6 Donated services and use of facilities 6 Investment expenses 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 7 Part XII Financial Statements and Reporting 7 Check if Schedule O contains a response or note to any line in this Part XII 7 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 1 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, or both: 2 Separate basis, consolidated basis, or both: 3 Separate basis Consolidated basis Both consolidated and separate basis 6 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: 3 Separate basis Consolidated basis, or both: 3 Separate basis Consolidated basis or both: 4 Separate basis Consolidated basis or both: 5 Separate basis Consolidated basis or both: 6 Separate basis Consolidated basis or both: 7 Separate basis Consolidated basis or both: 8 Separate basis Consolidated basis or both: 9 Separate ba	_	Check if Schedule O contains a response or note to any line in this Part XI				\Box		
2 Total expenses (must equal Part IX, column (A), line 25) 2 3,000,907 3 Revenue less expenses. Subtract line 2 from line 1 3 -552,077 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2,093,423 5 Net unrealized gains (losses) on investments 5 77,355 6 Donated services and use of facilities 6 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Investment expenses 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 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? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and separate basis c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis f the organization changed either its oversight process or selection process during the tax year, explain on 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 organiza	1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,4	48,	830		
3	2	Total expenses (must equal Part IX, column (A), line 25)	2	3,0	00,	907		
A Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Prior period adjustments Prior Prior beriod adjustments Prior Prior b	3	Revenue less expenses. Subtract line 2 from line 1						
5 Net unrealized gains (tosses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule C) 9 Other changes in net assets or fund balances (explain on Schedule C) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (BI) 10 In, 618, 705 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accual Other 1 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 1 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? 2b X 1f "Yes", check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X 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 X If the organization changed either its oversight process or selection process during the tax year, explain on 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? 3a X b If "Yes," idd the organization undergo the required audit or audits? If the organization did not undergo the	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,0	93,	423		
5 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (8)) 10 Infancial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2 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. I Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2 X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: X Separate basis Consolidated basis. Both consolidated and separate basis C if "Yes," check a tox below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis. Both consolidated and separate basis C if Tyes" 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? If the organization changed either its oversight process or selection process during the tax year, explain on 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	5	Net unrealized gains (losses) on investments	5		77,	359		
Prior period adjustments Prior period Prior period adjustments Prior period adjustments Prior period Prior period Prior period Prior period adjustments Prior period Prio	6	Donated services and use of facilities	6					
Prior period adjustments Other changes in net assets or fund balances (explain on Schedule C) Other changes in net assets or fund balances (explain on Schedule C) Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:	7	Investment expenses	7					
9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1,618,705 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	8	Prior period adjustments	8					
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 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? 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: X Separate basis Consolidated basis Both consolidated and separate basis 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? If the organization changed either its oversight process or selection process during the tax year, explain on 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	9	Other changes in net assets or fund balances (explain on Schedule O)	9					
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other		32, column (B))	10	1,6	18,	705		
Accounting method used to prepare the Form 990:	Pa	art XII Financial Statements and Reporting		•		72===A1		
Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XII						
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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		If the organization changed either its oversight process or selection process during the tax year, explain on	*********					
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								
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	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Single Audit Act and OMR Circular A 1322		3a		X		
	b							
				3b				

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

2021

Open to Bubi

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

COMFORT CASES, INC.

Employer identification number 46-4044090

_P	art	l Rea	son for Public Charity	Status. (All organization	ns must	complet	e this part.) See instruct	ions.					
The	orga			se it is: (For lines 1 through 12									
1				ssociation of churches described									
2				ribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3				cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4			edical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
	_		city, and state:										
5	П	-	*****************	of a college or university owner	d or oper	ated by a c	rovernmental unit described in						
	ш		'0(b)(1)(A)(iv). (Complete Pa		a or opare	atou by a s	governmentar time described in						
6	П			governmental unit described in	section	170/b)/1)/ <i>/</i>	7/(4)						
7	Н			substantial part of its support t				ia.					
•	ш		section 170(b)(1)(A)(vi). (nom a go	ACH HINCHTA	t drift or from the general publi	ic .					
8	П			170(b)(1)(A)(vi). (Complete Pa	ort II.)								
9	П			scribed in section 170(b)(1)(A)		ated in con	iunction with a land-grant colla	370					
	ш	or university	or a non-land-grant college	of agriculture (see instructions)	. Enter the	ncomicon e name ci	ty and state of the college or	ge					
		university:	gram sonege	or egreeners (see mendeners)		o marrio, or	is, and state of the conlege of						
10	X	An organiza	ition that normally receives (1) more than 33 1/3% of its sup	port from	contribution	ons, membership fees, and gro	nss					
		receipts from	n activities related to its exer	npt functions, subject to certain	exception	ns; and (2)	no more than 331/3% of its						
		support from	n gross investment income a	nd unrelated business taxable	income (le	ess section	511 tax) from businesses						
				30, 1975. See section 509(a)(2			•						
11	Н			exclusively to test for public sa									
12	Ш	An organiza	tion organized and operated	exclusively for the benefit of, to	perform (the function	ns of, or to carry out the purpo	oses of					
		one or more	publicly supported organiza	tions described in section 509	(a)(1) or s	ection 50	9(a)(2). See section 509(a)(3)	. Check					
				scribes the type of supporting of			_						
	a	lype i. /	A supporting organization op	erated, supervised, or controlle	d by its s	upported o	organization(s), typically by giv	ing					
		me supp	onted organization(s) the pol	wer to regularly appoint or elect complete Part IV, Sections A a	a majorit	y of the di	rectors or trustees of the						
	ь					M							
	•			pervised or controlled in connecting organization vested in the									
				Part IV, Sections A and C.	same per	zona mar	control of manage the support	lea					
	c	_		supporting organization operate	d in conn	action with	and functionally integrated w	itte					
	- 1	its suppo	orted organization(s) (see in	structions). You must complete	Part IV,	Sections	A. D. and E.	//U1,					
	ď [d. A supporting organization op-				on(s)					
		that is no	ot functionally integrated. The	e organization generally must s	atisfy a d	istribution i	requirement and an attentiven	ess					
		requirem	ent (see instructions). You i	nust complete Part IV, Sectio	ns A and	D, and Pa	art V.						
	e [Check th	is box if the organization rec	eived a written determination fro	om the IR	S that it is	a Type I, Type II, Type III						
				n-functionally integrated support	rting orga	nization.		4					
			mber of supported organizat					anar I					
				ne supported organization(s).	т								
(1)		of supported	(Ii) EIN	(iii) Type of organization	(Iv) Is the	organization	(v) Amount of monetary	(vi) Amauni					
	oiga	riizaliuri		(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support					
				(220 Man 2220 Man	Yes	No	mandenona)	instructions	5)				
(A)					100	1.00							
- ",													
В)					1								
٠,													
C)					-								
C)													
D)													
D)													
- '													
E)													

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ection A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10						
13	Gross receipts from related activities, etc. (see instructions)				12	
13	First 5 years. If the Form 990 is for the org						\$ FE
Sec	organization, check this box and stop here tion C. Computation of Public Su	oport Percent	tane			*****	
4	Public support percentage for 2021 (line 6,	column (f) divided	Lby line 11 relumn	(6)		144	
5	Public support percentage from 2020 Sched	Iule A Part II line	a 1/1	' ('))	g	14	%
6a	33 1/3% support test—2021. If the organiz	ation did not cher	ok the boy on line 1	3 and line 14 is 3	2 1/20/ or mars o	hock this	%
	box and stop here. The organization qualifie						▶ □
b	33 1/3% support test—2020. If the organize				5 is 33 1/3% or mo	re check	
	this box and stop here. The organization qu						▶ □
7a	10%-facts-and-circumstances test—2021.				a. or 16b. and line	14 is	\$10000 BC008.80000
	10% or more, and if the organization meets						
	Part VI how the organization meets the fact						
	organization						▶ □
b	10%-facts-and-circumstances test—2020.	. If the organization	on did not check a l	oox on line 13, 16a	a, 16b, or 17a, and	line	*********
	15 is 10% or more, and if the organization n						
	in Part VI how the organization meets the fa						
	organization						▶ □
3	Private foundation. If the organization did n	ot check a box o	n line 13, 16a, 16b	17a, or 17b, ched	k this box and see		**************************************
	instructions						▶ □
							1777337555

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support				20040000	-	
Cale	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,474,902	1,752,597	2,144,743	2,809,666	2,354,085	10,535,893
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	114,866	217,932	133,768	5,330	80,256	552,152
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,589,668	1,970,529	2,278,511	2,814,996	2,434,341	11,088,045
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				ı		
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						11,088,045
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	1,589,668	1,970,529	2,278,511	2,814,996	2,434,341	11,088,045
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	151	3,223	15,756	8,621	14,489	42,240
Ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	151	3,223	15,756	8,621	14,489	42,240
11	Net income from unrelated business activities not included on 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.)						
	Total support. (Add lines 9, 10c, 11,						-
	and 12.)	1,589,819	1,973,752	2,294,267	2,823,617	2,448,830	11,130,285
4	First 5 years. If the Form 990 is for the org	anization's first, sec	cond, third, fourth,	or fifth tax year as	a section 501(c)(3	3)	
	organization, check this box and stop here						
	ion C. Computation of Public Su						
5	Public support percentage for 2021 (line 8,	column (f), divided	by line 13, column	(f))	*******	15	99.62 %
6 Soct	Public support percentage from 2020 Sched	lule A, Part III, line	15	******	40.000.000.000.000.000.000	16	99.58 %
7	ion D. Computation of Investmen	t income Perc	entage				
7 8 Ir	Investment income percentage for 2021 (lin	e 10c, column (f), c	r 4 				%
	evestment income percentage from 2020 Sc			150500,000	******		%
3 4	33 1/3% support tests—2021. If the organi	zation did not checi	k the box on line 1	4, and line 15 is m	ore than 33 1/3%,	and line	, [y]
b :	17 is not more than 33 1/3%, check this box	and stop nere. If	re organization qua	aimes as a publicly	supported organi	zation	▶ X
	33 1/3% support tests—2020. If the organing ine 18 is not more than 33 1/3%, check this	hov and step bes	n a box on line 14	or line 19a, and lin	le 16 is more than	33 1/3%, and	. □
0 1	Private foundation. If the organization did r	not check a hov on	s. The Organization line 14 10s or 10	i quaimes as a pui	unciy supported or	ganization	
	Trate Tourisation. If the Organization did f	ior client a box on	mie 14, 19a, or 19	D, CHECK THIS DOX	and see instruction	IS	******

Part IV **Supporting Organizations**

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

Section A. All	Supporting	Organizations
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- 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.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c 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).
- 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?
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on 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 line 10b below.
- Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

		-4044090		Page
_Pa	art IV Supporting Organizations (continued)			T No
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
í	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			1
	11c below, the governing body of a supported organization?	11a		
ŧ	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of			
	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			
				ľ
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one s			1
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amo supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported	1_		
	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.			
ect	ion C. Type II Supporting Organizations	2		L
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
Ct	ion D. All Type III Supporting Organizations			
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	ſ.	Yes	No
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
	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		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have	2		
	a significant voice in the organization's investment policies and in directing the use of the organization's	1 1		
	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		
cti	on E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstructions).		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	y (see instructions).		
	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		- 1	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, 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		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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? If "Yes" or "No," provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Vee" describe in Part VI the role played by the organization in this recent	1 41	- 1	

_				
_	art V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganizat	tions	
•	Check here if the organization satisfied the Integral Part Test as a qualifying trust on			
	instructions. All other Type III non-functionally integrated supporting organizations of	nust comp	ete Sections A through	<u> </u>
Se	ction A – Adjusted Net Income		(A) Prior Year	(B) Current Year
-	W 100 9070 V		(71) THOI TOU	(optional)
	Net short-term capital gain	1		
2		2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5		5		
6	A separate harman in biographic of golderion			
	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		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
	a Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	c Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3		3		
4	Cash deemed held for exempt use. Enter 0.015 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	Tatan according to the control of th	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 0.85 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-functionally interested			

Schedule A (Form 990) 2021

(see instructions).

_ Pa	art v Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	ations (continued)	
Se	ction D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo	oses		
2	Amounts paid to perform activity that directly furthers exempt purpose			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supp	ported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required-provide del	tails in Part VI)		
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 the organizations	ation is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	/iii
	tion E - Distribution Allocations (see instructions)	Excess Distributions	(יי) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021	-		
	From 2016			
ŀ	From 2017	•		
	From 2018			
	From 2019			
	From 2020			
•	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	TOTAL OF THE PROPERTY OF THE P			
	Applied to 2021 distributable amount			
-	Carryover from 2016 not applied (see instructions)			
_1	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
b	Excess from 2018			
	Excess from 2019			
	Excess from 2020	4		
	Excess from 2021			
<u> </u>	ENGGO HUIII EUET			schodulo A (Form 000) 2024

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Name of the organization

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

Schedule B (Form 990) (2021)

Employer identification number

COL	MFORT CASES,	INC.	46-4044090				
Organi	zation type (check one):					
Filers (of:	Section:					
Form 9	90 or 990-EZ	X 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 9	90-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	only a section 501(c)(7),	vered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule	3. See				
General	Rule						
		g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5 roperty) from any one contributor. Complete Parts I and II. See instructions for determinibutions.					
Special	Rules						
,	egulations under section 16b, and that received f	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% support test on 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13 from any one contributor, during the year, total contributions of the greater of (1) \$5,000 on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	, 16a, or				
c li	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
d d	ontributor, during the y ontributions totaled mor uring the year for an ex General Rule applies to	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any ear, contributions exclusively for religious, charitable, etc., purposes, but no such the than \$1,000. If this box is checked, enter here the total contributions that were received religious, charitable, etc., purpose. Don't complete any of the parts unless the this organization because it received nonexclusively religious, charitable, etc., contributioning the year	ved e utions				
must ans	wer "No" on Part IV, lin	n't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form e 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-he filing requirements of Schedule B (Form 990).					

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

Name of organization

COMFORT CASES, INC.

Employer identification number 46-4044090

Part	Contributors (see instructions). Use duplicate copies of I	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ARCHIMEDES ADVISORS LLC 1523 PROVIDENCE RD TOWSON MD 21286	\$ 15,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ANDREA & ROGER MONAGHAN 3006 APPOMATTOX TRACE LANE POWHATAN VA 23139	\$ 5,150	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	MARCENA LOVE 1175 PELHAM RD WINNETKA IL 60093	\$ 5,000	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
4	THE AHRENS FAMILY FOUNDATION 416 LEGENDS PARK CIR FRANKLIN TN 37069	\$5,000	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
5	MARK & DONNA ROSS 173 SHADOW BROOK DRIVE WARWICK RI 02886	\$ 5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ALEXA RENEHAN 14814 KELLEY FARM DRIVE GERMANTOWN MD 20874	\$5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

COMFORT CASES, INC.

Employer Identification number 46-4044090

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
7	CAPITAL ONE SERVICES LLC 1750 TYSONS BLVD MCCLEAN VA 22102	\$ 5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
. 8	LUNCH WITH A PURPOSE 13 SCONSET CT REHOBOTH BEACH DE 19971	\$ 6,200	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a)	(b)	(c)	(d)					
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution					
9	ELAINE LINDY 309 OLD YORK ROAD SUITE 211 JENKINTOWN PA 19046	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a)	(b)	(c)	(d)					
No. 10	Name, address, and ZIP + 4 GREATER WASHINGTON COMMUNITY FOUNDATION 1325 G STREET NW SUITE 480 WASHINGTON DC 20005	Total contributions \$ 20,000	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					
11.	20/30 BENEVOLENT FUND PO BOX 933 SACRAMENTO CA 95812	\$ 12,000	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
12.	IT'S A NEW 10. LLC 6942 NW 7TH AVE MIAMI FL 33150	\$5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)					

Name of organization

COMFORT CASES, INC.

Employer identification number 46-4044090

Part I	Contributors (see instructions). Use duplicate copies of I	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	SAYDAM PROPERTIES GROUP 1818 18TH ST. NW WASHINGTON DC 20009	\$ 5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 STIFEL-NICOLAUS	Total contributions	Type of contribution
14	WASHINGTON DC 1776 I STREET 9TH FLOOR WASHINGTON DC 20006	\$ 5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
15	KPMG - WASHINGTON 17615 SHORES DRIVE POOLESVILLE MD 20837	Fotal contributions \$ 10,000	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
16	THE GREATER BALTIMORE BOARD OF REALTORS CHARITABLE FOUNDATION 1954 GREENSPRING DRIVE SUITE 100 TIMONIUM MD 21093	s7, 49 5	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
17	THE DECK FOUNDATION 4938 HAMPDEN LN BOX 314 BETHESDA MD 20814	\$ 25,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
18	DAVE THOMAS FOUNDATION FOR ADOPTION 4900 TUTTLE CROSSING BLVD DUBLIN OH 43016	\$ 5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

COMFORT CASES, INC.

Employer Identification number 46-4044090

Part I	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
19	ALARM.COM INCORPORATED 8281 GREENSBORO DRIVE SUITE 100 TYSONS VA 22102	\$ 5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4 THE ALISANN AND TERRY COLLINS	Total contributions	Type of contribution				
. 20	FOUNDATION PO BOX 7295 ARLINGTON VA 22207	\$ 10,000	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				
21	RSM US FOUNDATION 801 NICOLLETT MALL SUITE 1200 MINNEAPOLIS MN 55402	\$5,000	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				
22	A BETTER WORLD FUND 119 WEST 72ND STREET NEW YORK NY 10023	\$ 5,000	Person X				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
23	BERNSTEIN MANAGEMENT GROUP 2095 CHAIN BRIDGE ROAD 2ND FLOOR VIENNA VA 22182	\$5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
24	STAMPIN UP! INC 12907 SOUTH 3600 WEST RIVERTON UT 84065	s14,820	Person Payroll Noncash (Complete Part II for noncash contributions.)				

COMFORT CASES, INC.

Employer identification number 46-4044090

PAGE 5 OF 5

Part	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	LYNN UNIVERSITY 3601 N MILITARY TRAIL BOCA RATON FL 33431	\$ 19,500	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	ANTHEM BLUE CROSS 3075 VANDERCAR WAY CINCINNATI OH 45209	\$ 25,000	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
27	COLOR STREET FOUNDATION 61 KULLER ROAD CLIFTON NJ 07011	\$ 10,000	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
* 10000000	* ************************************	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	* ************************************	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
#345550.B		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Inlemal 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 Employer identification number COMFORT CASES, INC. 46-4044090 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Sch	edule D (Form 990) 2021 COMFORT	CASES,	INC.			46-4044	090				Page 2
Р	art III Organizations Maintaining	Collection	ns of	Art, Historical T	reasures	, or Other Sin	nilar A	ssets	(conti	nuec	1)
3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other	records	, check any of the fo	llowing that	make significant u	ise of it	s			
a	Public exhibition		a \square i	oan or exchange pro	ooram						
b			e H	Other	-grunn						
c	Preservation for future generations						*****				
4	Provide a description of the organization's co	ollections and	explain	how they further the	organizatio	n's exempt purpas	e in Pa	ц			
	XIII.		•	,				•			
5	During the year, did the organization solicit of	or receive don	nations o	of art, historical treasu	res, or othe	er similar					
	assets to be sold to raise funds rather than t									es [☐ No
P	art IV Escrow and Custodial Ar										
	Complete if the organization 990, Part X, line 21.	answered	"Yes"	on Form 990, Pa	rt IV, line	9, or reported	an an	nount o	n For	m	
1a	Is the organization an agent, trustee, custodi	ian or other in	ntermedia	ary for contributions of	r other ass	ets not					
	included on Form 990, Part X?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							□ v	es [No
b	If "Yes," explain the arrangement in Part XIII	and complete	the foll	owing table:					_		
									Amou	nt	
C	Beginning balance			a			1c				
d	Additions during the year			S			1d				
e	Distributions during the year					- Salan Salandas	1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part	X, line	21, for escrow or cus	todial accor	unt liability?	avassa nosv	POSSESSIVATE	$\prod \gamma$	es	No
	If "Yes," explain the arrangement in Part XIII.										7
Pa	irt V Endowment Funds.										
	Complete if the organization	answered	"Yes"	on Form 990, Pa	rt IV, line	10.					
	<u> </u>	(a) Current ye	ar	(b) Prior year	(c) Two y	ears back (d) T	hree year	s back	(e) Fo	ur years	back
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and		9								
	losses										
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 curre	ent year end b	palance	(line 1g, column (a))	held as:						
а	Board designated or quasi-endowment	%									
b	Permanent endowment ▶ %										
C	Term endowment ▶ %										
	The percentages on lines 2a, 2b, and 2c should	uld equal 100°	%.								
3а	Are there endowment funds not in the posses	sion of the or	ganizatio	on that are held and	administere	d for the					
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(II) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as	require	d on Schedule R?		***************************************		*******	3b		
	Describe in Part XIII the intended uses of the					THE PERSONAL PROPERTY.					
Par	t VI Land, Buildings, and Equip	oment.									
	Complete if the organization	answered "	Yes" o	n Form 990, Par	IV, line	11a. See Form	990,	Part X.	line 1	0.	
	Description of property		r other bas			(c) Accumulate			(d) Book		
		(inves	stment)	(other)	depreciation					
1a	Land										
b	Buildings										
C	Leasehold improvements										
	Equipment										
e	Other										

▶

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

	Complete if the organization answered "Yes" on			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	
(1) Financial			Cost or end-of-year marke	t value
(2) Closely h	derivatives			
(2) Olber (3) Other	neld equity interests			
(B)				
(C)				
(D)				
(E)				
(F)	······································			
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col. (8) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line	11c. See Form 990, Part X	line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuatio	
			Cost or end-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	047 V 02 13 X023V 100 0283 753F			
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered "Yes" on F	orm 000 Dart IV line	44d Con Farm 000 Dad V	Bas de
	(a) Description	omi 990, Part IV, line	1 Id. See Form 990, Part X,	
(1)	(a) Description			(b) Book value
(2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
2007	(b) must equal Form 990, Part X, col. (B) line 15.)		>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on F	orm 990 Part IV line	11e or 11f See Form 990 i	Part X
	line 25.	01111 000, 1 011 14, 11110	110 01 111. 000 1 0111 000, 1	ait X,
	(a) Description of liability			(b) Book value
1) Federal i	ncome taxes			(-,
2)				
3)				
1)				
5)				
5)				
')				
3)				
))				
	(b) must equal Form 990, Part X, col. (B) line 25.)			
tal. (Column	(b) Hida dada Torre 330, Far A. Col. Ibi line 23.1			
	Incertain tax positions. In Part XIII, provide the text of the footn	ote to the organization's fin-	ancial statements that reports the	

P	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	r Return.	
1		1	2,526,189
2			
а	N 4	359	
b			
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е		2e	77,359
3	Subtract line 2e from line 1	3	2,448,830
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	The state of the s		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,448,830
Pa	art XII Reconciliation of Expenses per Audited Financial Statements With Expenses	oer Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	3,000,907
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b			
¢	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,000,907
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
D	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	2 000 005
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.	. 5	3,000,907
		4.5.434.0	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines	4; Part X, line	9
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. ART X - FIN 48 FOOTNOTE		
EF	RI A - FIN 46 FOOTNOIL		
TH	IF OPCANIZATION IS EVENDED FROM INCOME MAYES INDER SECULOR	T E01 (0)	\ (2\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	HE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION	1 DOT (C	(3) OF THE
TN	NTERNAL REVENUE CODE AND APPLICABLE INCOME TAX REGULATION		UE DICMBION
	TELEVISION CODE AND REFLICABLE INCOME TAX REGULATION	D OF T	HE DISTRICT
OH	COLUMBIA. NO PROVISION FOR INCOME TAXES HAS BEEN ESTAR	TTOURD	AC MUD
	CONOCETA. NO PROVIDION FOR INCOME TAKES HAS BEEN ESTAP	PITOHED	, AS THE
OR	RGANIZATION HAS NO UNRELATED BUSINESS ACTIVITY. THE ORGA	NITONOTO	M UNC
, ; .	The Organization and California and	741754170	ZN RAS
DE	TERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH	PEOUT	PE ACCRITAT
	The result of th	KEQUI.	ACCROAL
OR	DISCLOSURE.		
TH	E ORGANIZATION'S TAX FILINGS ARE SUBJECT TO AUDIT BY VAL	TOTIS T	AYTNG
16777			MING.
AU	THORITIES, GENERALLY FOR THREE YEARS AFTER FILING, HENCE	מאיר	

OR	GANIZATION'S TAX RETURNS FOR THE YEARS 2017 AND ONWARD A	RE OPEN	TO OT I

EX	AMINATION.		

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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.lrs.gov/Form990 for instructions and the latest information.

2021

Open to Public

Employer Identification number Name of the organization COMFORT CASES, INC. 46-4044090 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or 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. (iil) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (I) Name and address of individual (Iv) Gross receipts (or retained by) (or retained by) custody or (II) Activity or entity (fundraiser) from activity fundraiser listed in organization control of col. (I) contributions? Yes No 1 3 5 7 10 Total 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.

Schedule G (Form 990) 2021 COMFORT CASES, INC. 46-4044090 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events GALA NONE (add col. (a) through (event type) (event type) (total number) cal. (c)) Revenue 1 Gross receipts 126,520 126,520 2 Less: Contributions 3 Gross income (line 1 minus 126,520 126,520 line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Expenses 7 Food and beverages 8 Entertainment 89,296 89,296 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 89,296 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull labs/instant (d) Total gaming (add Revenue (c) Other gaming col. (a) through col. (c)) bingo/progressive bingo 1 Gross revenue. 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts garning activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Sch	edule G (Form 990) 2021		CASES,	INC.	46-4044090			Р	age 3
11	Does the organization con-	duct gaming activ	ities with none	nembers?		VACCOUNTY N		Yes	No
12	Is the organization a granto	or, beneficiary or t	rustee of a tru	st, or a member of a partnership of	or other entity				
	formed to administer charit	able gaming?				DA STAN	\Box ,	Yes	No
13	Indicate the percentage of						_		_
а	The organization's facility					13a			%
b	An outside facility			······		13b			%
14	Enter the name and address	s of the person v	vho prepares	the organization's gaming/special e	events books and	100			
	records:	·	. ,	J					
	Name •		*****						
	Address >					******	or exercise.		
15a				om whom the organization receives				,	_
	revenue?						∐ Y	es [No
b	If "Yes," enter the amount of	of gaming revenue	received by	the organization > \$	and the				
	amount of gaming revenue	retained by the th	ird party	\$					
С	If "Yes," enter name and ad	dress of the third	party:						
	Name •			355					
6	Gaming manager information								
	Name Name		********		STATESTAN SALESSAN STANSON SALESAN A SARASA	101111			
	Gaming manager compensi	ation ▶ \$		********					
	Description of services prov	ided ▶,							
	Director/officer	Employee		Independent contractor					
7	Mandatory distributions:								
	-	undar stata law te	a maka sharite	able distributions from the gaming					
						r	Э.	г	٦
h	Enter the amount of distribut	iona roquired und	las stata lavo t	be distributed to other exempt or				es	No
					rganizations or				
	spent in the organization's o				Part I, line 2b, columns (iii) a	-d (.).			
ı aı					provide any additional inforn				
	See instruction		, 100, 10, 2	ind 170, as applicable. Also	provide any additional inform	nation.			
_	See manuchur	15.							_
		***********							****
							on an east	****	(8.55.0)
						5111151151	9555555	1.101.00	010000
			*******						0400400

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200.000.0	***********			************				ontainen	21.22
		era exercise con con		**************		******	*****		****
							million for	120-00-04	041700027

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

INC

COMFORT CASES,

Governments, and Individuals in the United States Complete If the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

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

Open to Public Inspection OMB No. 1545-0047 2021

Employer identification number

	COMPORT CASES, INC.						46	46-4044090	
Part I General Information on Grants and Assistance	on Grants and A	Assistance						0005505	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	ds to substantiate the	amount of the g	grants or ass	istance, the grantees'	eligibility for the grant	s or assistance, an	īd		
ige	procedures for monitor	oring the use of	grant funds	in the United States.				Yes	ž X
Part II Grants and Other Assistance to Domestic Organi Part IV, line 21, for any recipient that received more t	ssistance to Don	nestic Organ ceived more	iizations than \$5,00	and Domestic Go	izations and Domestic Governments. Complete if the organization han \$5,000. Part II can be duplicated if additional space is needed.	plete if the organional space is r	anization answe	izations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, han \$5,000. Part II can be duplicated if additional space is needed.	1 990,
1 (a) Name and address of organization or government	nization	(p) EIN		(d) Amount of cash grant	(e) Amount of	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant	rant
(1)			Composide			Oneti		SOLDIES DO	
(2)									
(3)									
(4)									
(5)									
(6)									
(2)									
(8)									
(6)									
	3) and government org	janizations listed	in the line 1 table	1 table				A	1
3 Enter total number of other organizations listed in the line 1 table	one listed in the line 1	table							

Schedule I (Form 990) (2021)

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

Page 2

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

COMFORT CASES, INC.

Employer Identification number 46-4044090

Tas Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, Jine 1a, Complete Part III to provide any relevant Information regarding these litens. First-date or Charler travel	_P	Part I Questions Regarding Compensation			
Sept. Part VII, Section A, line 1a, Complete Part III to provide any relevant information regarding these litens.				Yes	No
First-class or charter travel Travel for companions Payments for business use of personal use Payments for business use of personal residence Payments for business use of personal use Payments for business use of personal residence Payments for business use of personal residence Payments for business use of personal use Payments for business use of personal residence Payments for business used to establish the compensation of the companies Payments for business Payments on the arganization Payments Pay	18	1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	n		
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Travel for companions			al use		
Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (auch as maid, chauffeur, chef)		H I			
b if any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the Items checked on line 1a7 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Due to explain in Part III. Compensation committee		H H			
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explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the Items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee	ŀ	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
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related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee	3				
Compensation committee Written employment contract Compensation survey or study Approval by the board or compensation committee Approval by the board or receive payment from a supplemental nonqualified retirement plan? Approval by the board or receive payment from a supplemental nonqualified retirement plan? Approval by the part till. Approval by the board or receive payment from a supplemental nonqualified retirement plan? Approval by the board or receive payment from a supplemental nonqualified retirement plan? Approval by the board or payment payment payment payment on the receive payment			1		
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Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified refirement plan? c Participate in or receive payment from an equity-based compensation arrangement? db X ff "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? ff "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.					
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If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		- · · · · · · · · · · · · · · · · · · ·			
If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	а	a The organization?	6a		
If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	b	b Any related organization?	6b		<u>X</u>
payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		If "Yes" on line 6a or 6b, describe in Part III.			
payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	7	For persons listed on Form 990, Part VII. Section A. line 1a. did the organization provide any nonfixed			
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			7		X
to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	8	Were any amounts reported on Form 990. Part VIII. paid or accrued pursuant to a contract that was subject	ALLEGO AND		-
in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_				
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			R		X
		····-·································	***************************************	\dashv	
	9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
			9		

46-4044090 COMFORT CASES, INC. Supplemental Information Schedule J (Form 990) 2021 Part III

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

DAA

Schedule J (Form 990) 2021

SCHEDULE L

(Form 990)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

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

Open To Public Inspection

realise of the org	COMFORT	CASES, INC.							40440		HOH HU	IIIDEI		
Part I	Excess Benefit		(section 501	(c)(3), section	501	c)(4), and section 5							
	Complete if the organ													
				onship between disc								(d)	Carre	cted?
1	(a) Name of disqualified pe	rson		organization	1			(c) Description of tr	ransactio	on		Yes	5	No
(1)														
(2)														
(3)														
(4)														
(5)														
(6)												\perp	丄	
	the amount of tax incurre													
3 Enter t	section 4958the amount of tax, if any,	on line 2, above,	reimbursed b	by the organiza	ition	1111. 1134.		· NOOTAHEMATAMATAMATAMATAMATAMATAMATAMATAMATAMAT		=				
Part II	Loans to and/or	From Interes	ted Deser										_	_
raitii	Complete if the organ				+ \/	lino	38a or Form 00	0 Part IV line 26:	or if t	ho				
	organization reported					11116	308 01 1 01111 99	o, rait iv, line 20,	Qr II t	i ie				
	(a) Name of interested person		(b) Relationship	(c) Purpose of	(d)	Loan	(e) Original	(f) Balance due	(g) In	delault?	(h) A	pproved	(i) V	Vritten
			with organization	loan		r from org.?	principal amount					oard or mittee?	agree	ment?
						From			Yes	No	Yes	No	Yes	No
					T									
(1)										1				
(2)														
(3)														
(4)					_									
(5)					-	_			_		_			
VACO							1							
(6)					-				-		-	-		_
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otal						- CPS -	> \$	-1						
Part III	Grants or Assist													
	Complete if the organ	zation answered	"Yes" on Forr	m 990, Part IV,					_			_		_
	(a) Name of interested person	on		hip between interes nd the organization	ted	(c) Ar	nount of assistance	(d) Type of assistance		(8)	Purpose	of assi	slance	
(1)														
(2)														
(3)														
(4)														
(5)														
6)														
7)									_					
8)					- 1		1		1					

(9)

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0074

2021

Open To Public Inspection

COMFORT CASES, INC.

Employer identification number 46-4044090

11 Securities — Partnership, LLC, or trust interests 12 Securities — Miscellaneous			
Check if applicable items contributions or items contribution or items contributed amounts reparted on Form 990, Part VIII, line 1g nancash contribution amounts 1 Art — Works of art 2 Art — Historical treasures 3 Art — Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities — Publicly traded 10 Securities — Partnership, LLC, or trust interests 12 Securities — Miscellaneous 13 Qualified conservation			
1 Art — Works of art 2 Art — Historical treasures 3 Art — Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities — Publicly traded 10 Securities — Partnership, LLC, or trust interests 11 Qualified conservation			
1 Art — Works of art 2 Art — Historical treasures 3 Art — Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities — Publicly traded 10 Securities — Closely held stock 11 Securities — Partnership, LLC, or trust interests 12 Securities — Miscellaneous 13 Qualified conservation			
2 Art — Historical treasures 3 Art — Fractional interests 4 Books and publications 5 Clothing and household goods		_	
3 Art — Fractional interests 4 Books and publications 5 Clothing and household goods			
4 Books and publications 5 Clothing and household goods			
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goods X 1,135,682 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities — Publicly traded 10 Securities — Closely held stock 11 Securities — Partnership, LLC, or trust interests 12 Securities — Miscellaneous 13 Qualified conservation		-	_
Cars and other vehicles Boats and planes Intellectual property Securities — Publicly traded Securities — Closely held stock Securities — Partnership, LLC, or trust interests Securities — Miscellaneous Qualified conservation			
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or trust interests 12 Securities — Miscellaneous 13 Qualified conservation			
12 Securities — Miscellaneous 13 Qualified conservation			
13 Qualified conservation			
structures			
14 Qualified conservation		_	_
contribution — Other			
15 Real estate — Residential			
16 Real estate — Commercial			
17 Real estate — Other			_
18 Collectibles			_
19 Food inventory			
20 Drugs and medical supplies			_
21 Taxidermy		_	
22 Historical artifacts			
23 Scientific specimens			_
24 Archeological artifacts		_	
25 Other ►()			
26 Other ▶()			
27 Other ▶()		_	
28 Other ▶()			_
9 Number of Forms 8283 received by the organization during the tax year for contributions for			_
which the organization completed Form 8283, Part V, Donee Acknowledgement			
this the digatestation completed that the poster relations against the contract of the contrac	Ye	s	No
Oa During the year, did the organization receive by contribution any property reported in Part I, lines 1 through	+	+	-10
28, that it must hold for at least three years from the date of the initial contribution, and which isn't required		-	
to be used for exempt purposes for the entire holding period?	_	1	x
b If "Yes," describe the arrangement in Part II.	-	+	41
1 Does the organization have a gift acceptance policy that requires the review of any nonstandard		-	
contributions?	.	1	x
contributions? 2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash	<u>'</u>	+	
1	_		X
contributions? b If "Yes," describe in Part II.	a	+	_
3 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,			
describe in Part II.			

.

SCHEDULE O (Form 990)

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.

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Employer identification number

COMFORT CASES, INC. 46-4044090 FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 BOARD DESIGNATES THREE MEMBERS TO REVIEW THE FORM 990 AND RECOMMEND APPROVAL FOR FILING TO THE BOARD. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE GOVERNING DOCUMENTS AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE THE PUBLIC UPON REQUEST.

Form **990**

Name

Two Year Comparison Report

2020 & 2021

For calendar year 2021, or tax year beginning

ending

Taxpayer Identification Number

COMFORT CASES, INC.

46-4044090

_	20.	MFORT CASES, INC.			46-40	044090
				2020	2021	Differences
	1.	. Contributions, gifts, grants	1.	2,809,666	2,316,861	-492,805
	2.	Membership dues and assessments	2.			
	3.	Government contributions and grants	3.		79,256	79,256
n e	4.	Program service revenue	4.			
	5.	Investment income	5.	8,621	14,489	5,868
>	6.	Proceeds from tax exempt bonds	6.			
2	7.	Net gain or (loss) from sale of assets other than inventory	7.	-15,280		15,280
	8.	Net income or (loss) from fundraising events	8.		37,224	37,224
	9.	Net income or (loss) from gaming	9.			
	10.	Net gain or (loss) on sales of inventory	10.			
	11.	Other revenue	11.	5,330	1,000	-4,330
	12.	Total revenue. Add lines 1 through 11	12.	2,808,337	2,448,830	-359,507
	13.	Grants and similar amounts paid	13.		10,000	10,000
	14.	Benefits paid to or for members	14.			
2	15.	Compensation of officers, directors, trustees, etc.	15.	117,828	173,436	55,608
S)		Salarles, other compensation, and employee benefits	16.	154,841	186,620	31,779
9	17.	Professional fundraising fees	17.			
д.	18.	Other professional fees	18.	165,135	217,118	51,983
ш	19.	Occupancy, rent, utilities, and maintenance	19.	30,555	34,319	3,764
	20.	Depreciation and Depletion	20.			
		Other expenses	21.	1,040,429	2,379,414	1,338,985
	22.	Total expenses. Add lines 13 through 21	22.	1,508,788	3,000,907	1,492,119
	23.	Excess or (Deficit). Subtract line 22 from line 12	23.	1,299,549	-552,077	-1,851,626
	24.	Total exempt revenue	24.	2,808,337	2,448,830	-359,507
	25.	Total unrelated revenue	25.			· · · · · · · · · · · · · · · · · · ·
5	26.	Total excludable revenue	26.	-1,329	15,489	16,818
IIIOrination	27.	Total assets	27.	2,122,113	1,618,705	-503,408
5	28.	Total liabilities	28.	28,690		-28,690
	29.	Retained earnings	29.	2,093,423	1,618,705	-474,718
	30.	Number of voting members of governing body	30.	10	8	•
		Number of independent voting members of governing body	31.	9	8	
		Number of employees	32.	13	8	
		Number of volunteers	33.	100	100	

Form 990		Tax R	Tax Return History			2021
Name COMFORT C	CASES, INC.				Employer 46-4	Employer Identification Number 46-4044090
	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants	1,474,802	1,752,597	2,144,743	2,809,666	2,396,117	4
Program service revenue						
Capital gain or loss			1,402	-15,280		
Investment income		3,223	15,756	8,621	14.489	
Fundraising revenue (income/loss)	58,715	125,939	5,251			
Gaming revenue (income/loss)	4		1	1 1		
Other revenue		- ,	23,	5,	1,000	
Total revenue	1,534,236	1,881,880	2,190,700	2,808,337	2,448,830	
Grants and similar amounts paid					10,000	
Benefits paid to or for members						
Compensation of officers, etc.	- 1	43,750	61,250	117,828	173,436	
Other compensation	~	124,262	237,315	154,841	186,620	
Professional fees	94,715	182,178	233,385	165,135	217,118	
Occupancy costs	25,824	29,474	26,859	30,555		
Depreciation and depletion						
Other expenses		1,089,545		1,040,429	2,379,414	
Total expenses	767,353	1,469,209		1,508,788	1 .	
Excess or (Deficit)	766,883	412,671	-646,817	1,299,549	1 6.1	
Total exempt revenue	1,534,236	1,881,880	2,190,700	2,808,337	2.448.830	
Total unrelated revenue						
Total excludable revenue	719	3,344	40,706	-1,329	15,489	
Total Assets	972,419	ó	801,945		1,618,705	
Total Liabilities		31,275	- 4	28,690		
Net Fund Balances	972,419	1,365,694	758,994	2,093,423	1.618.705	

COMF4090 Comfort Cases, Inc.

46-4044090

Federal Statements

9/8/2022 7:24 PM

FYE: 12/31/2021

Taxable Interest on Investments

Description						
	Amount	Unrelated Business		Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST INCOME					2 2 3	
	\$ 14,489		14			
TOTAL	\$ 14,489					

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Federal Statements

COMF4090 Comfort Cases, Inc. 46-4044090

FYE: 12/31/2021

	(Non-employee)
	Service
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Form 990 E	200

	Total	Program	Management &	Fund
Description	Expense	Service	General	Raising
FORTIC RELATIONS CONTRACTORS	\$ 78,363 9,400	\$ 74,445	\$ 3,918	٧٠-
BUSINESS DEVELOPMENT VOLUNTEER COORDINATOR	25,775	24,486	1,289	
TOTAL		\$ 173,651	5,463	8
	Form 990, Part IX, Line 24	ine 24e - All Other Expenses		
Description	Total	Program Service	Management &	Fund
REPAIRS & MAINTENANCE FUNDRAISING BANK SEDVITCE CHARGES	\$ 6,160	\$ 6,160	\$	Kalsing \$
TOTAL	\$ 10,252	\$ 6,160	\$ 957	\$ 3,135

COMF4090 Comfort Cases, Inc.

46-4044090 FYE: 12/31/2021

Federal Statements

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Other Direct Fundraising or Gaming Expenses

Description	Amount	
OTHER	\$	23,618
DEPOSITS		8,000
TOTAL	\$	31,618