** PUBLIC DISCLOSURE COPY **

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.

Department of the Treasury Internal Revenue Service

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

		2023 calendar year, or tax year beginning	and en	ndina		
			allu el	iding	D. Emmlesses ister	atification much as
a B C	heck if				ב Employer ider	ntification number
	Addre:	COMFORT ZONE CAMP, INC.				
	Name chang	Doing business as			54-191	<u>5517 </u>
	Initial return	Number and street (or P.O. box if mail is not deli	vered to street address) Ro	oom/suite	E Telephone nun	nber
	Final return/	6606 WEST BROAD STREET	4(01	804-37	7-3430
	termin ated	City or town, state or province, country, and Z	IP or foreign postal code		G Gross receipts \$	3,370,114.
	Ameno return	RICHMOND, VA 23230	-		H(a) Is this a grou	ıp return
	Applic tion	F Name and address of principal officer: DINI	IE B. HUGHES		for subordina	ates? Yes X No
	pendir	9 SAME AS C ABOVE			H(b) Are all subordina	tes included? Yes No
<u> </u>	ax-exe	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1) or	527	If "No," attac	ch a list. See instructions
	Vebsit				H(c) Group exem	ption number
		organization,	ociation Other	L Year o	of formation: 199	8 M State of legal domicile: VA
Pa	rt I	Summary				
•	1	Briefly describe the organization's mission or most s	significant activities: COMFOR	RT ZOI	NE PROVIDE	S GRIEVING
nce		<u>CHILDREN WITH A VOICE, A P</u>	LACE AND A COMMU	NITY	IN WHICH '	ro heal,
Governance	2	Check this box if the organization discon	assets.			
ove	3	Number of voting members of the governing body (I			<u>3</u> 15	
Ğ	4	Number of independent voting members of the government			4 15	
Se Se	5	Total number of individuals employed in calendar ye	ear 2023 (Part V, line 2a)			5 17
Ζţ	6	Total number of volunteers (estimate if necessary)				6 1500
Activities &	7 a	Total unrelated business revenue from Part VIII, colu	ımn (C), line 12			7a 0.
_	b	Net unrelated business taxable income from Form 9	90-T, Part I, line 11			7b 0.
					Prior Year	Current Year
Ф	8	Contributions and grants (Part VIII, line 1h)			1,158,00	
Revenue	9	Program service revenue (Part VIII, line 2g)			855,909	
ě	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		12,399	
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		488,859	280,415.
	12	Total revenue - add lines 8 through 11 (must equal F	Part VIII, column (A), line 12)		2,515,17	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.
	14	Benefits paid to or for members (Part IX, column (A)	, line 4)			0.
es	15	Salaries, other compensation, employee benefits (P	art IX, column (A), lines 5-10)		1,022,15	
Expenses	16a	Salaries, other compensation, employee benefits (P Professional fundraising fees (Part IX, column (A), lir Total fundraising expenses (Part IX, column (D), line	ne 11e)			0.
ğ					1 126 66	1 201 456
ш		Other expenses (Part IX, column (A), lines 11a-11d,			1,136,669	
		Total expenses. Add lines 13-17 (must equal Part IX			2,158,825	
	19	Revenue less expenses. Subtract line 18 from line 1	2		356,349	
Net Assets or Fund Balances				веб	ginning of Current Ye	
sset 3ala	20				2,899,00	
et A	21				294,394	
	rt II	Net assets or fund balances. Subtract line 21 from l Signature Block	ne 20		2,004,01.	1. 3,034,292.
		Ities of perjury, I declare that I have examined this return, i	naluding accompanying achadulas as	nd atatama	nto and to the heat o	f my knowledge and balisf it is
		t, and complete. Declaration of preparer (other than officer				i illy knowledge and belief, it is
uue,	COLLEC	t, and complete. Declaration of preparer (other than officer) is based on all illiorniation of which	ii preparer i	lias ally kilowieuge.	
C:	_	Signature of officer			I Date	
Sign		LYNNE B. HUGHES, CEO				
Her	8	Type or print name and title				
			Preparer's signature	I D	oate Check	PTIN
Paid		JAYME MIKA	i ropardi o orginaturd	ا ا	if	
Prep			HURST, GARY & SH	BEVVE		
Use		Firm's address 4401 DOMINION BLVD		AV C	FIIIII S EIN	<u>74 1031404</u>
036	Unity	GLEN ALLEN, VA 230			Phone no.	(804) 747-0000
May	the I	RS discuss this return with the preparer shown abov			j Filolië 110.	X Yes No
Mav	the II	RS discuss this return with the preparer shown abov	e? See instructions			A Yes No

Form 990 (2023)

Form 990 (2023) COMFORT ZONE CAMP, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٦,
	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	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	Х	
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		х
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		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	- "		_ -
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	_ 		
10		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		-23
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
۵.	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_		17
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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

Form	990 (2023) COMFORT ZONE CAMP, INC. 54-191	6517	Р	age 4
	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
	Schedule J	23	X	
24 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 through 24d and complete	04-		x
L	Schedule K. If "No," go to line 25a	24a 24b		
		240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes." <i>complete</i>			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
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	37	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
-	Part V, line 1	34		х
	ı aı. v, IIII ı	 57	 	

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2
35b
35a X
35b 35b
35b
36 Section 501(c)(3) organization 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2
36 X
36 X
36 X
37 X
38 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI
37 X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?
Note: All Form 990 filers are required to complete Schedule O
38 X

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V

	Check if Schedule O contains a response of hote to any line in this Fart v					
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	3			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming			
	(gambling) winnings to prize winners?			1c	Х	

332004 12-21-23

Form **990** (2023)

Form 990		54-1916517	Page 5
Part V	Statements Regarding Other IRS Filings and Tax Compliance (continued)		
			Yes No

			Yes	No						
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 2a2									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
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 (such as a bank account, securities account, or other financial account)?	4a		<u> </u>						
b	If "Yes," enter the name of the foreign country									
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		37						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		$\frac{x}{x}$						
b	, , , , , , , , , , , , , , , , , , , ,									
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	70 70 70 70 70 70 70 70 70 70 70 70 70 7			Х						
	any contributions that were not tax deductible as charitable contributions?	6a								
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ch								
7	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	7-	Х							
a h	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? If "Yes," did the organization potify the dopor of the yalue of the goods or services provided?	7a 7b	X							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10	- 41							
С	to file Form 8282?	7c		х						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.									
а	a Did the sponsoring organization make any taxable distributions under section 4966?									
b										
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	_								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4								
11	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders 11a	-								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	-								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a								
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	isa								
h	Enter the amount of reserves the organization is required to maintain by the states in which the									
J	organization is licensed to issue qualified health plans									
c	Enter the amount of reserves on hand	1								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	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?	15		X						
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

Form **990** (2023)

Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 15 **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. 15 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a 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 b 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: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 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 Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 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? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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 X Own website 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. State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 804-377-3430

Form **990** (2023)

6606 WEST BROAD STREET, 401, RICHMOND

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) LYNNE HUGHES CEO	40.00	х		х				155,713.	0.	169,436.
(2) KAREN BOUCHARD	1.00									•
DIRECTOR		Х						0.	0.	0.
(3) CARLISSE DAVIS	1.00									
DIRECTOR		Х						0.	0.	0.
(4) GINGER DRYSDALE	1.00									
DIRECTOR		Х						0.	0.	0.
(5) ROB FINK	1.00									
DIRECTOR		Х						0.	0.	0.
(6) ELAINE HANEY	1.00									
DIRECTOR		Х						0.	0.	0.
(7) JOE HARROLD	1.00	<u> </u>								
DIRECTOR		Х						0.	0.	0.
(8) PATRICK NUNN	1.00									
DIRECTOR		Х						0.	0.	0.
(9) CHRIS PELLEGRINO	1.00	1							_	_
DIRECTOR		Х						0.	0.	0.
(10) KELLY PLAGEMAN	1.00	1								
DIRECTOR		Х						0.	0.	0.
(11) MATT TOGNA	1.00	ļ								_
DIRECTOR	1 00	Х						0.	0.	0.
(12) MARTY WILSON	1.00	ļ								•
DIRECTOR	1 00	Х						0.	0.	0.
(13) SAHMON ZOUGHI	1.00	∤							_	•
DIRECTOR	1 00	Х						0.	0.	0.
(14) CRAIG HEAH	1.00	٠,,		х					_	0
SECRETARY AND TREASURER	1 00	Х		Λ				0.	0.	0.
(15) DEREK MOHAR VICE CHAIR	1.00	Х		х				0.	0.	0.
(16) MITCH DECTER	1.00	^	\vdash	Δ	\vdash			· ·	U •	.
CHAIR	1.00	х		х				0.	0.	0.
			\vdash	-22	\vdash				<u></u>	<u></u>
		1								
		1						L	[

Form 990 (2023)

Part VII Section A. Officers, Directors, (A)	(B)	JiOye	ees,	and (C		gnes	ι U	(D)		Т	(F)	
(A) Name and title	Average			Posi	ition			(D) Reportable	(E) Reportable		(F) Estima	ted
warne and title	hours per	(do not check more than one box, unless person is both an					an	compensation	compensation		amoun	
	week	offic				r/trust		from	from related		othe	
	(list any	ector						the	organizations	- 1	compens	
	hours for related	or di	ee.			sated		organization	(W-2/1099-MISC	/	from t	
	organizations	rustee	l trust		99	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		organiza and rela	
	below	Individual trustee or director	Institutional trustee	_	Key employee	st cor	ъ	1000 (420)			organiza	
	line)	Indivi	Instit	Officer	Кеу е	Highest compensated employee	Former					
										_		
		-										
										+		
		1										
										+		
										\perp		
		4										
										+		
		1										
										+		
										\perp		
1b Subtotal								155,713.			169,4	
c Total from continuation sheets to P								0.).	1.60	0.
d Total (add lines 1b and 1c)								155,713.).	169,4	130.
2 Total number of individuals (including compensation from the organization	but not limited to th	ose	liste	a ab	ove) wn	o re	eceived more than \$100,	υυυ οτ reportable			1
compensation from the organization											Yes	No
3 Did the organization list any former o	fficer, director, trust	ee. k	ev e	ngle	ove	e. or	hia	hest compensated empl	ovee on			
line 1a? If "Yes," complete Schedule	, ,	,	,	•	,	,	٠		•		3	Х
4 For any individual listed on line 1a, is												
and related organizations greater than	s \$150,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual		L	4 X	
5 Did any person listed on line 1a receive	e or accrue comper	nsatio	on fr	om a	any	unre	late	ed organization or individ				
rendered to the organization? If "Yes.	" complete Schedule	e J fo	or su	ıch r	oers	on .					5	X
Section B. Independent Contractors	ot components dies	lon -	nd	+	n4	204-	O 41-	not received many than A	100 000 of	2024:	n from	
1 Complete this table for your five higher the organization. Report compensation										ısatıC	וווטווו ווע	
the organization. Report compensation		Jai C	ııuıı	ig wi	itire	<i>J</i> 1 VV11	<u> </u>	(B)	Cai.		(C)	
Name and bus	•	NC	NE	3				Description of s	ervices	Co	mpensati	on
							_					
							\dashv					
							\dashv					
							1					
2 Total number of independent contract	tors (including but no	ot lin	nited	l to t	_		ted	above) who received mo	ore than			
\$100,000 of compensation from the c	rganization				()						
										F	orm 990	(2023

Form 990 (2023) COMFORT
Part VIII Statement of Revenue

			Check if Schedule O c	ontains a	a respon	se d	or note to any lin	ne in this Part VIII			
			Officer if Octricadic O c	Oritairis (а гезроп	30 0	or riote to arry iii	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under
											sections 512 - 514
ts ts	1	а	Federated campaigns		1a			-			
ira		b	Membership dues		1b						
Ĕ,º		С	Fundraising events		1c		306,026.				
ij,		d	Related organizations		1d						
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contri		1e		153,953.				
Sig			All other contributions, gifts, g		d		·				
je Ei			similar amounts not included			1 .	762,195.				
흥		~	Noncash contributions included in li		1g \$		60,266.				
non		-		illes la-li	IgηΨ		00,2000	2,222,174.			
Oa		11	Total. Add lines 1a-1f				Business Code	2,222,114			
			DADMNIDDGIITD G	A MTD CI				400 000	400 000		
Se	2	а	PARTNERSHIP C	AMPS		_	713990	489,889.	489,889.		
ē Š		b				_					
S		С				_					
ar. eve		d				_					_
Program Service Revenue		е				_					
ቯ		f	All other program service r	evenue							
			Total. Add lines 2a-2f					489,889.			
	3		Investment income (includ								
	_							62,754.			62,754.
	4		Income from investment of					0271020			0277020
					-	-					
	5		Royalties	$\overline{}$	(i) Real		(ii) Personal				
	_				(i) Neai		(II) Fersonal	-			
	6		Gross rents	6a							
		b	Less: rental expenses	6b				-			
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)								
	7	а	Gross amount from sales of	(i)	Securitie	s	(ii) Other				
			assets other than inventory	7a			51,047.				
		b	Less: cost or other basis								
ē			and sales expenses	7b			0.				
Revenue		С		7c			51,047.				
ě			Net gain or (loss)				-	51,047.			51,047.
her F	Ω		Gross income from fundraisin		Г						<u> </u>
ğ	Ü	u		,026							
٦					_						
			contributions reported on			^ -	513,662.				
			Part IV, line 18					-			
							252,284.	261 270			261 270
			Net income or (loss) from f		ľ	S		261,378.			261,378.
	9	а	Gross income from gaming	-							
			Part IV, line 19			9a					
		b	Less: direct expenses		[9b					
		С	Net income or (loss) from (gaming a	ctivities						
	10	а	Gross sales of inventory, le	ess retur	ns						
			and allowances			10a	16,074.				
		b	Less: cost of goods sold		Г	10b	11,551.				
			Net income or (loss) from s		•			4,523.	4,523.		
							Business Code	, , , , ,			
Sn	11	2	MISCELLANEOUS	REW	NIIE		900099	14,514.	14,514.		
eo ne	"			V I		-	, , , , , , , , , , , , , , , , , , , ,	<u> </u>			
llar ⁄en		b				_		+			_
Miscellaneous Revenue		C				_					
Σ			All other revenue					14 514			
		е	Total. Add lines 11a-11d					14,514.	E00 005	_	205 452
	12		Total revenue. See instructio	ns				3,106,279.	508,926.	0.	375,179.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 165,084. 115,559. 19,810. 29,715. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 883,074. 680,478. 2,091. 200,505. Other salaries and wages 7 Pension plan accruals and contributions (include 8,972. 11,683. 2,711. section 401(k) and 403(b) employer contributions) 125,776. 96,059. 1,812. 27,905. Other employee benefits 9 78,014. 59,291. 1,560. 17,163. 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 49,560. 4,666. 35,563. 9,331. column (A), amount, list line 11g expenses on Sch O.) 152,477. 109,789. 400. 42,288. Advertising and promotion 12 Office expenses 13 57,222. 40,055. 5,723. 11,444. Information technology 14 15 Royalties 76,603. 53,622. 15,320. 7,661. 16 Occupancy 157,750. 149,055. 2,350. 6,345. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 14,594. 9,011. 520. 5,063. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 18,139. 12,697. 1,815. 3,627. 23 Other expenses. Itemize expenses not covered 24 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.) 545,810. 545,810. CAMP FACILITIES PROGRAM SUPPLIES 169,780. 166,725. 1,574. 1,481. 39,071. 19,536. 19,535. MERCHANT & BANK FEES $35,\overline{430}$. 754. 33,170. 1,506. POSTAGE & SHIPPING 56,949.65,040. 2,699. 5,392. e All other expenses 2,645,107. 2,192,341. 53,435. 399,331. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the 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)

Form **990** (2023)

Pai	rt X	Balance Sneet		
		Check if Schedule O contains a response or note to any line in this Part X .		
			(A) Beginning of year	(B) End of year
	1	Cash - non-interest-bearing	13,160.	1 3,266
	2	Savings and temporary cash investments		2 2,056,559
	3	Pledges and grants receivable, net		3 98,007
	4	Accounts receivable, net		4
	5	Loans and other receivables from any current or former officer, director,		
		trustee, key employee, creator or founder, substantial contributor, or 35%		
		controlled entity or family member of any of these persons		5
	6	Loans and other receivables from other disqualified persons (as defined		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6
ts	7	Notes and loans receivable, net		7
Assets	8	Inventories for sale or use		8
ğ	9	Prepaid expenses and deferred charges	1 22 622 1	9 2,065
	10a	Land, buildings, and equipment: cost or other		
		basis. Complete Part VI of Schedule D 10a		
	b	Less: accumulated depreciation	1	10c
	11	Investments - publicly traded securities		11
	12	Investments - other securities. See Part IV, line 11		1,015,891
	13	Investments - program-related. See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11		15 521,592
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16 3,697,380
	17	Accounts payable and accrued expenses		95,047
	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
es	22	Loans and other payables to any current or former officer, director,		
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%		
Liabilities		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		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	279 442	F40 041
		of Schedule D		25 548,041
	26	Total liabilities. Add lines 17 through 25	294,394.	26 643,088
S		Organizations that follow FASB ASC 958, check here		
JCe		and complete lines 27, 28, 32, and 33.	2 225 670	2 050 705
alaı	27	Net assets without donor restrictions		27 2,958,785 28 95,507
d B	28	Net assets with donor restrictions	270,941.	28 95,507
'n.		Organizations that do not follow FASB ASC 958, check here		
or F		and complete lines 29 through 33.		
sts	29	Capital stock or trust principal, or current funds		29
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31 3,054,292
ž	32	Total net assets or fund balances		
	33	Total liabilities and net assets/fund balances	2,899,005.	3,697,380

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Employer identification number Name of the organization COMFORT ZONE CAMP, 54-1916517 INC. Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

(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.)

Calendar year (or fiscal year beginning in) 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	(f) Total 7537913.
membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to	
include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to	
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	
ization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to	7537913.
or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to	7537913.
3 The value of services or facilities furnished by a governmental unit to	7537913.
furnished by a governmental unit to	7537913.
	7537913.
the organization without charge	7537913.
and a gammation minious ontargo	7537913.
4 Total. Add lines 1 through 3 726,064. 1397622. 1969763. 1529116. 1915348.	
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,	
	517,716.
	7020197.
Section B. Total Support	
Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023	(f) Total
	7537913.
8 Gross income from interest,	70077201
dividends, payments received on	
securities loans, rents, royalties,	
and income from similar sources 3,531. 2,512. 12,104. 62,754.	80,901.
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.) 5,173. 4,444. 8,441. 14,671. 14,514.	47,243.
	7666057.
	49,432.
	49,434.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and stop here Section C. Computation of Public Support Percentage	
· · · · · · · · · · · · · · · · · · ·	91.58 %
	20 00
	·
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box at	
stop here. The organization qualifies as a publicly supported organization	
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this because of the control	
and stop here. The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or respectively.	•
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization	tion
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10%)% or
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the	
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т	T	T	1	T	1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				-		
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	04(-)(0) - : ::	
14	First 5 years. If the Form 990 is for the	•		•	•		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (fl)		15	%
	Public support percentage from 2022	, (,,	,			16	<u>%</u> %
	ction D. Computation of Inves					, 10	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 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.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined 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.**
- c 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.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	_		
	3c		
	_		
	4a		
	Al-		
	4b		
	4c		
	40		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Ol-		
	9b		
	90		
	9с		
	10a		
	150		
	10b		
_	A /Farm	~ 000	2002

2024 12-21-23 Schedule A (Form 990) 2023

Pai	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			l
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	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 one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			l
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			l
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	_		l
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			l
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			l
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
	Type in cupporting organizations		Yes	Na
4	Were a majority of the examplation's directors or trustees during the tay year also a majority of the directors		res	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			l
	or management of the supporting organization was vested in the same persons that controlled or managed			l
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			l
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			l
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			l
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			l
	significant voice in the organization's investment policies and in directing the use of the organization's			l
	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	ı		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction		
2	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			l
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			l
	those supported organizations and explain how these activities directly furthered their exempt purposes,			l
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Za		
D	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		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	217		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b		

Schedule A	(Form 9	990) 2023

5

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

Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

5

6

Schedule A (Form 990) 2023

e Excess from 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number

COMFORT ZONE CAMP 54-1916517 INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. 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. 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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

COMFORT ZONE CAMP, INC.

54-1916517

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
1		\$\$ <u>51,750.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	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		\$\$2,262.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4	\$ 65,000.	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		\$ 226,725.	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
6		\$61,200 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

COMFORT ZONE CAMP, INC.

54-1916517

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		\$ <u>130,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$50,000.	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
9		\$ 306,000.	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4	\$ 88,500.	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
		\$	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.)

Page 3

Name of organization

Employer identification number

COMFORT ZONE CAMP, INC.

54-1916517

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	194 SHRS MICROSOFT CORP STOCK	-	
		\$\$49,057.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - _ \$	
323/153 12-26	200		Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** COMFORT ZONE CAMP, INC. 54-1916517 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

COMFORT ZONE CAMP, INC.

Employer identification number 54-1916517

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Siı	nilar Funds o	r Ac	cour	nts. Complete if the	
	Giganization anomorou Teo Giri enii eee, i arriv, iir	(a) Donor advi	ised	funds	(b) Fun	ds and other accounts	
1	Total number at end of year	. ,						
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in v		helo	l in donor advise	d fund	ls		
	are the organization's property, subject to the organization's	-					Yes No	
6	Did the organization inform all grantees, donors, and donor a							
	for charitable purposes and not for the benefit of the donor or							
	impermissible private benefit?							
Par	t II Conservation Easements. Complete if the org	ganization answered "\	Yes'	on Form 990, Pa	art IV,	line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	y).					
	Preservation of land for public use (for example, recreated	tion or education)		Preservation of a	a histo	rically	important land area	
	Protection of natural habitat	L		Preservation of a	a certi	fied his	storic structure	
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contr	ribut	ion in the form of	f a cor	nserva		
	day of the tax year.						Held at the End of the Tax Year	
а	Total number of conservation easements					2a		
b	Total acreage restricted by conservation easements					2b		
С	Number of conservation easements on a certified historic stru	ucture included on line	2a			2c		
d	Number of conservation easements included on line 2c acqui							
	on a historic structure listed in the National Register					2d		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	minated by the o	organi	zation	during the tax	
	year							
4	Number of states where property subject to conservation eas							
5	Does the organization have a written policy regarding the per							
	violations, and enforcement of the conservation easements it						Yes No	
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	anc	enforcing conse	rvatio	n ease	ements during the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enfo	rcing conservation	on eas	sement	ts during the year	
_					4) (D) (')			
8	Does each conservation easement reported on line 2d above						□ vaa □ Na	
•	and section 170(h)(4)(B)(ii)?						Yes No	
9	In Part XIII, describe how the organization reports conservation							
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the							
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art, Historical Ti	rea	sures, or Oth	er S	imila	r Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.						
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its re	ever	ue statement an	d bala	ınce st	neet works	
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	on, o	or research in furt	heran	ce of p	oublic	
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that d	lesc	ribes these items				
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rever	nue :	statement and ba	alance	sheet	works of	
	art, historical treasures, or other similar assets held for public	exhibition, education,	, or ı	esearch in furthe	rance	of pul	olic service,	
	provide the following amounts relating to these items.							
	(i) Revenue included on Form 990, Part VIII, line 1						\$	
							\$	
2	If the organization received or held works of art, historical trea							
	the following amounts required to be reported under FASB A							
а	Revenue included on Form 990, Part VIII, line 1						\$	
b	Assets included in Form 990, Part X						\$	

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Schedule D (Form 990) 2023

Par	rt III Organizations Maintaining Co	llections of Ar	t, Histo	orical Tre	asures, or	Other S	imilar	Assets	(contin	nued)	
3	Using the organization's acquisition, accession	n, and other record	s, check	any of the t	following that r	make sign	ificant ι	ise of its			
	collection items (check all that apply).										
а	Public exhibition d Loan or exchange program										
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's coll	ections and explain	n how th	ey further th	ne organization	ı's exempt	purpos	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations	of art, his	storical treas	sures, or other	similar as	sets				
	to be sold to raise funds rather than to be main								Yes		No
Par	rt IV Escrow and Custodial Arrang	ements Comple	te if the	organizatior	n answered "Ye	es" on For	m 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodian	n, or other intermed	diary for	contribution	ns or other asse	ets not inc	luded		_		_
	on Form 990, Part X?							\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the fol	llowing ta	able:							
									Amount	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		_		
2a	Did the organization include an amount on For	m 990, Part X, line	21, for e	scrow or cu	ustodial accour	nt liability?	?	<u> </u>	Yes		No
	If "Yes," explain the arrangement in Part XIII. C										
Par	rt V Endowment Funds Complete if t										
		(a) Current year	(b) P	rior year	(c) Two years	back (d)	Three y	ears back	(e) Four	years	back
	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	nt year end balance	e (line 1g	ı, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment%	, D									
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.									
За	Are there endowment funds not in the possess	sion of the organiza	ation that	t are held ar	nd administere	d for the			_		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)	\longrightarrow	
									3a(ii)	\longrightarrow	
b	If "Yes" on line 3a(ii), are the related organizati	ons listed as requir	red on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the c		wment fu	unds.							
Par	rt VI Land, Buildings, and Equipme				_						
	Complete if the organization answered	"Yes" on Form 990), Part IV	, line 11a. S	See Form 990,	Part X, line	e 10.				
	Description of property	(a) Cost or o			or other	(c) Accı		d	(d) Bool	k value	е
		basis (investr	nent)	basis	(other)	depre	ciation				
	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
Total	I. Add lines 1a through 1e. (Column (d) must ea	ual Form 990 Part	X line 10	oc column	(R))						0.

Schedule D (Form 990) 2023

	E CAMP, INC.	54-	-1916517 Page
Part VII Investments - Other Securities Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1h See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
(1) Financial derivatives	(=, = = = = = = = = = = = = = = = = = =	(2)	
(2) Closely held equity interests			
(3) Other			
(A) INVESTMENTS	1,015,891.	COST	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	1,015,891.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"		1d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) RIGHT OF USE - OPERATING	LEASE ASSET		521,592
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			F01 F00
Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities			521,592
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			F 4 0 0 4 4
(2) OPERATING LEASE LIABILITY			548,041
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

(7) (8) (9)

Pa	rt XI	Reconciliation of Revenue per Audited Financial State	ments With	Revenue per Re	turn	
		Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total r	revenue, gains, and other support per audited financial statements			1	3,611,103.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	nrealized gains (losses) on investments	2a	-11,491.		
b	Donat	ed services and use of facilities	2b	252,480.		
С	Recov	veries of prior year grants	2c			
d	Other	(Describe in Part XIII.)	2d			
е	Add lii	nes 2a through 2d			2e	240,989.
3	Subtra	act line 2e from line 1			3	3,370,114.
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b	-263,835.		
С	Add lii	nes 4a and 4b			4c	-263,835.
5	Total r	revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Stat		<u></u> _	5	3,106,279.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Stat	ements With	ı Expenses per F	Returi	n
		Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total e	expenses and losses per audited financial statements			1	3,161,422.
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donat	ed services and use of facilities	2a	252,480.		
b	Prior y	/ear adjustments	2b			
С	Other	losses	2c			
d	Other	(Describe in Part XIII.)	2d	263,835.		
е	Add lii	nes 2a through 2d			2e	516,315.
3	Subtra	act line 2e from line 1			3	2,645,107.
4	Amou					
	,	nts included on Form 990, Part IX, line 25, but not on line 1:				
а		nts included on Form 990, Part IX, line 25, but not on line 1: ment expenses not included on Form 990, Part VIII, line 7b	4a			
a b	Invest					_
b	Invest Other	ment expenses not included on Form 990, Part VIII, line 7b	4b		4c	0. 2,645,107.

Part XIII Supplemental Information

Provide 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, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION FOLLOWS FASB GUIDANCE FOR HOW UNCERTAIN TAX POSITIONS

SHOULD BE RECOGNIZED, MEASURED, DISCLOSED AND PRESENTED IN THE FINANCIAL

STATEMENTS. THIS REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR

EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE ORGANIZATION'S TAX

RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT"

OF BEING SUSTAINED "WHEN CHALLENGED" OR "WHEN EXAMINED" BY THE APPLICABLE

TAX AUTHORITY. TAX POSITIONS NOT DEEMED TO MEET THE MORE-LIKELY-THAN-NOT

THRESHOLD WOULD BE RECORDED AS A TAX EXPENSE AND LIABILITY IN THE CURRENT

YEAR. MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITION AND CONCLUDED

THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE

ADJUSTMENTS TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF

Schedule D (Form 990) 2023

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization	<u> </u>					Employer ide	ntification number
	ZONE CAMP, INC.					54-1916	
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 rais	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with previduals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Tatal			<u> </u>				
Total List all states in which the organization or licensing.	n is registered or licensed to solicit c		utions	or has been notified	it is	exempt from re	gistration
Of flooribing.							

LHA 332081 09-13-23

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

Schedule G (Form 990) 2023

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

		of fundraising event contributions and gro	ss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					_	(add col. (a) through
				5K RUN	(1.51.51.50.50.51.5.)	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	4	Cross respirts	448,532.	103,380.	267,776.	819,688.
Re	1	Gross receipts	440,332.	103,300.	201,110.	019,000.
	2	Less: Contributions	182,143.	49,990.	73,893.	306,026.
	Ī		,	7		, , , , , , , , , , , , , , , , , , , ,
	3	Gross income (line 1 minus line 2)	266,389.	53,390.	193,883.	513,662.
	4	Cash prizes				
	_	Namasah miinaa				
S	Э	Noncash prizes				
ense	6	Rent/facility costs				
-xpe	Ī					
Direct Expenses	7	Food and beverages				
Dir						
		Entertainment	106 007	10 040	45 200	252 204
		Other direct expenses	196,927.	•	45,309.	252,284. 252,284.
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from lines				261,378.
Pa				990. Part IV. line 19. or r		201,3700
		\$15,000 on Form 990-EZ, line 6a.		, , , , , , , , , , , , , , , , , , , ,		
4			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Birigo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
3eve						
-	1	Gross revenue				
	^	Cook prizes				
ses	2	Cash prizes				
ben	3	Noncash prizes				
Direct Expenses						
irec	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %	Yes % No	
	O	Volunteer labor	NO	I NO	NO	
	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)			
		ter the state(s) in which the organization condu-				
		the organization licensed to conduct gaming ac				Yes No
D	IT "	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax v	ear?	Yes No
		Yes," explain:	· · · · · · · · · · · · · · · · · · ·	-		
	_					
	_					

Schedule G (Form 990) 2023

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Sch	ledule G (Form 990) 2023 COMFORT ZONE CAMP, INC. 54	<u>-1916</u>	517	Page 3
11	Does the organization conduct gaming activities with nonmembers?	. \square	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
12	Indicate the percentage of gaming activity conducted in:	. —		
		120	I	0/
	a The organization's facility			<u>%</u>
	o An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗀	Yes	☐ No
ŀ	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
•	of gaming revenue retained by the third party \$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Name			
	0			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	·			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			п. .
	retain the state gaming license?	Ш	Yes	∟ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I	Part III, Iir	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
				-

Schedule G (Form 990)	COMFO	RT ZONE	CAMP,	INC.	54-1916517	Page 4
Part IV Supplei	COMFO mental Information $_{(c)}$	continued)				
	,					
-						
-						

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.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

COMFORT ZONE CAMP, INC.

 $Employer\ identification\ number \\ 54-1916517$

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	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, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
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	1b		
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?	2		
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, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	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 filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С		4c		Х
	If "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.			
5	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:	_		v
a	The organization?	5a		X
a	Any related organization?	5b		A
_	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:	60		х
	The organization?	6a		X
D	Any related organization?	6b		-21
7	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	7		х
0	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	,		x
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		-21
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		
		. 37	1	ı

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	V-2 and/or 1099-MISe compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LYNNE HUGHES	(i)	155,713.	0.	0.	165,085.	4,351.	325,149.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							1 1/5 200) 2000

Part III Supplemental Information
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.

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

OMB No. 1545-0047

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

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

Open to Public Inspection **Employer identification number**

54-1916517 COMFORT ZONE CAMP, INC. Types of Property Part I (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts Form 990, Part VIII, line 1g items contributed Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 60,266.NYSE Х 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 Other Other 26 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions _____29 for which the organization completed Form 8283, Part V, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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Schedule M (Form 990) 2023

describe in Part II.

Schedule M (Form 990) 2023

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SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

COMFORT ZONE CAMP, INC.

Employer identification number 54-1916517

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GROW AND LEAD MORE FULFILLING LIVES.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE OF THE BOARD HAS THE AUTHORITY TO ACT FOR THE BOARD
BETWEEN REGULAR BOARD MEETINGS, EXCEPT THE COMMITTEE DOES NOT HAVE THE
POWER TO APPROVE THE ANNUAL BUDGET, EMPLOY OR DISCHARGE THE CEO, OR TAKE
OTHER ACTIONS THAT WOULD BE CONTRARY TO LAW. THE EXECUTIVE COMMITTEE MUST
REPORT ITS ACTIONS TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

THE CFO REVIEWS THE DRAFT FORM 990 AND PROVIDES A COPY TO THE BOARD OF

DIRECTORS FOR COMMENTS. AFTER THE COMMENT PERIOD CLOSES AND OUTSTANDING

ITEMS ARE RESOLVED, THE FORM 990 IS FINALIZED AND A COMPLETE COPY IS

DISTRIBUTED TO ALL BOARD MEMBERS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD WILL, AT ITS REGULARLY SCHEDULED MEETINGS OR WHEN ISSUES ARISE,

ADDRESS ANY CONFLICT OF INTERESTS THAT ARE PRESENTED TO THEM. THE BOARD

CHAIR WILL ALSO COMMUNICATE WITH THE CEO OUTSIDE OF THE BOARD MEETING ABOUT

ANY CONCERNS RELATED TO THIS TOPIC. IF A CONFLICT OF INTEREST PRESENTS

ITSELF, THE BOARD WILL OFFER A PLAN ON HOW TO BEST RESOLVE THE ISSUE.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE COMMITTEE OF THE BOARD PERFORMS AN INDEPENDENT REVIEW OF THE

COMPENSATION OF THE CEO.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization COMFORT ZONE CAMP, INC.	Employer identification number 54-1916517
·	
FORM 990, PART VI, SECTION C, LINE 19:	
	cm.
GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUE	5T.