

**Santini Financial  
1631 Christine Ln  
West Chester, PA 19380  
610-429-4984**

November 1, 2022

**CONFIDENTIAL**

RYAN'S CASE FOR SMILES  
295 E. SWEDES FORD ROAD, #396  
WAYNE, PA 19087

Dear Gavin:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your federal and state exempt organization returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of these returns. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your tax returns does not include any procedures designed to discover defalcations and/or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Santini Financial

Accepted By: \_\_\_\_\_

Date: \_\_\_\_\_

## Critical Messages

None

## Electronic Filing

- Signature date is blank on Screen Elf
- Form 8879-TE signature section is incomplete; Signature date, Taxpayer Pin, and ERO PIN are required entries

## Informational Messages

- If Schedule B is required, enter data in View > Contributor/Officer > Contributor Information instead of Screen Income
- Form 8868 for Form 990/990-EZ extension previously printed; verify extended due date in Screen Ext
- Verify that any cash contributions from special events reported in the Direct folder that are subject to Schedule B reporting requirements have been entered in View > Contributor/Officer > Contributor Information
- Contributor GAVIN AND CINDY KERR is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor THE BARTON FOUNDATION is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor JULIA AND JOE FISHER is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor ST JOHNS PRESBYTERIAN CHURCH is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor CHARLES STEWART MOTT FOUNDATION is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor MARK FISHMAN is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor COLONIAL DOWNS GROUP is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor ALICA MEGNA is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor SETHNESS FAMILY FOUNDATION is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor RIN RESTUARANTS is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor REBECCA PECK is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor DOLENTE FOUNDATION is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor LF DRISCOLL COMPANY LLC is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor BALLINGER is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor IMC CHARITABLE FOUNDATION is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor PENN MEDICINE is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor BRIAN COMMUNICATION is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor ST KATHERINE OF SIENNA GRADE SCHOOL is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor AVRUM KANTOR is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor MARYANNE WALSH is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor BLANKROME is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1

**Informational Messages (cont.)**

- Contributor INDEPENDENCE BLUE CROSS is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Form 990, Part X, line 27 end of year net assets without donor restrictions is calculated
- Preparer 'Karen Santini Clemens'

**Missing Data**

	Prior Year Data
<b>Functional Expenses</b>	
<input type="checkbox"/> Tot / PS, accounting fees	94,915
<input type="checkbox"/> Tot / PS, travel	255
<input type="checkbox"/> M/G accounting fees	87,046
<input type="checkbox"/> M/G travel	58
<input type="checkbox"/> M/G office	950
<input type="checkbox"/> F/R office	524
<input type="checkbox"/> Tot / PS, office	4,034
<b>Income with Direct Expenses and Cost of Goods Sold (VIRTUAL WELLNESS)</b>	
<input type="checkbox"/> Gross receipts	12,814
<b>Income with Direct Expenses and Cost of Goods Sold (FILL THE CASE)</b>	
<input type="checkbox"/> Gross receipts	46,041
<input type="checkbox"/> Noncash contributions	19,169
<b>Expenses Directly Related to Income (VIRTUAL WELLNESS)</b>	
<input type="checkbox"/> Sch G, entertainment expense	1,499
<b>Expenses Directly Related to Income (FILL THE CASE)</b>	
<input type="checkbox"/> Noncash prizes	19,142
<input type="checkbox"/> Other direct expenses	1,760
<b>Electronic Filing</b>	
<input type="checkbox"/> Signature date 990	11/04/21
<b>Fundraising or Gaming Activities</b>	
<input type="checkbox"/> In-person	X
<input type="checkbox"/> Non-government grants	X
<input type="checkbox"/> Special fundraising events	X
<b>Non-Cash Contributions</b>	
<input type="checkbox"/> Other - method	FMV
<input type="checkbox"/> Other - contribution desc	CONSULTING
<b>Balance Sheet - Assets</b>	
<input type="checkbox"/> Pledges receivable - EOY	100,000
<b>Balance Sheet - Liabilities and Equity</b>	
<input type="checkbox"/> Without restrictions - EOY	1,354,197

**Tick Data**

Form	Current Value	Prior (Ticked) Value	Difference
<input type="checkbox"/> ✓Form 990	1,077,204	411,999	665,205
<input type="checkbox"/> ✓Form 990	594,483	26,875	567,608

## Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**86-1173750**

### RYAN'S CASE FOR SMILES

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u><b>1,454,197</b></u>
<b>Revenue</b>		
Contributions	<u>1,312,167</u>	
Program service revenue	<u>                    </u>	
Investment income	<u>168</u>	
Capital gain / loss	<u>                    </u>	
Fundraising / Gaming:		
Gross revenue	<u>                    </u>	
Direct expenses	<u>12,032</u>	
Net income	<u>-12,032</u>	
Other income	<u>0</u>	
<b>Total revenue</b>		<u><b>1,300,303</b></u>
<b>Expenses</b>		
Program services	<u>1,103,618</u>	
Management and general	<u>148,176</u>	
Fundraising	<u>115,324</u>	
<b>Total expenses</b>		<u><b>1,367,118</b></u>
<b>Excess / (deficit)</b>		<u><b>-66,815</b></u>
Changes		<u>                    </u>
<b>Net Asset / Fund Balance at End of Year</b>		<u><u><b>1,387,382</b></u></u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>1,300,303</u>
Less:	
Unrealized gains	<u>                    </u>
Donated services	<u>                    </u>
Recoveries	<u>                    </u>
Other	<u>                    </u>
Plus:	
Investment expenses	<u>                    </u>
Other	<u>                    </u>
<b>Total revenue per return</b>	<u><u><b>1,300,303</b></u></u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>1,367,118</u>
Less:	
Donated services	<u>                    </u>
Prior year adjustments	<u>                    </u>
Losses	<u>                    </u>
Other	<u>                    </u>
Plus:	
Investment expenses	<u>                    </u>
Other	<u>                    </u>
<b>Total expenses per return</b>	<u><u><b>1,367,118</b></u></u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>1,465,569</u>	<u>1,412,033</u>	
Liabilities	<u>11,372</u>	<u>24,651</u>	
<b>Net assets</b>	<u><u>1,454,197</u></u>	<u><u>1,387,382</u></u>	<u><u>-66,815</u></u>

#### Miscellaneous Information

Amended return \_\_\_\_\_  
 Return / extended due date 11/15/22  
 Failure to file penalty \_\_\_\_\_

## **Filing Instructions**

### **RYAN'S CASE FOR SMILES**

#### **Form 2848 - Power of Attorney and Declaration of Representative**

**Date Due:** AS SOON AS POSSIBLE

**Mail To:** Internal Revenue Service  
5333 Getwell Road, Stop 8423  
Memphis, TN 38118

**Signature:** The return should be signed and dated by an officer representing the organization.

Form **2848**

(Rev. January 2021)  
Department of the Treasury  
Internal Revenue Service

### Power of Attorney and Declaration of Representative

OMB No. 1545-0150

**For IRS Use Only**

► Go to [www.irs.gov/Form2848](http://www.irs.gov/Form2848) for instructions and the latest information.

Received by:

Name \_\_\_\_\_  
Telephone \_\_\_\_\_  
Function \_\_\_\_\_  
Date     /     /

#### Part I Power of Attorney

**Caution:** A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

#### 1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address  <b>RYAN'S CASE FOR SMILES</b> <b>295 E. SWEDES FORD ROAD, #396</b> <b>WAYNE PA 19087</b>	Taxpayer identification number(s)  <b>86-1173750</b>  Daytime telephone number      Plan number (if applicable)  <b>610-247-1361</b>
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hereby appoints the following representative(s) as attorney(s)-in-fact:

#### 2 Representative(s) must sign and date this form on page 2, Part II.

Name and address <b>KAREN SANTINI CLEMENS</b> <b>1631 Christine Ln</b> <b>West Chester PA 19380-6608</b>  <input type="checkbox"/> <b>Check if to be sent copies of notices and communications</b>	CAF No. <b>0303-67274R</b> PTIN <b>P00365279</b> Telephone No. <b>610-429-4984</b> Fax No. <b>610-429-4986</b> Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address   <input type="checkbox"/> <b>Check if to be sent copies of notices and communications</b>	CAF No. .... PTIN ..... Telephone No. .... Fax No. .... Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address   ( <b>Note:</b> IRS sends notices and communications to only two representatives.)	CAF No. .... PTIN ..... Telephone No. .... Fax No. .... Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address   ( <b>Note:</b> IRS sends notices and communications to only two representatives.)	CAF No. .... PTIN ..... Telephone No. .... Fax No. .... Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

#### 3 Acts authorized (you are required to complete line 3). Except for the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions)

#### 4 Specific use not recorded on the Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See Line 4. Specific Use Not Recorded on CAF in the instructions

**5a Additional acts authorized.** In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information):

Access my IRS records via an Intermediate Service Provider;  
 Authorize disclosure to third parties;       Substitute or add representative(s);       Sign a return;

Other acts authorized: \_\_\_\_\_

**b Specific acts not authorized.** My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.  
List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b): .....

**6 Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this form. If you **do not** want to revoke a prior power of attorney, check here

**YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

**7 Taxpayer declaration and signature.** If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify I have the legal authority to execute this form on behalf of the taxpayer.

**▶ IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.**

	<b>BOARD CHAIR/TREASURE</b>	
Signature	Date	Title (if applicable)
<b>GAVIN KERR</b>		<b>RYAN'S CASE FOR SMILES</b>
Print Name	Print name of taxpayer from line 1 if other than individual	

**Part II Declaration of Representative**

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service;
- I am subject to regulations in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
  - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b Certified Public Accountant—a holder of an active license to practice as a certified public accountant in the jurisdiction shown below.
  - c Enrolled Agent—enrolled as an agent by the IRS per the requirements of Circular 230.
  - d Officer—a bona fide officer of the taxpayer organization.
  - e Full-Time Employee—a full-time employee of the taxpayer.
  - f Family Member—a member of the taxpayer's immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
  - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the IRS is limited by section 10.3(d) of Circular 230).
  - h Unenrolled Return Preparer—Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). See **Special Rules and Requirements for Unenrolled Return Preparers** in the instructions for additional information.
  - k Qualifying Student or Law Graduate—receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student, or law graduate working in a LITC or STCP. See instructions for Part II for additional information and requirements.
  - r Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

**▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.**

**Note:** For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column.

Designation — Insert above letter (a-r).	Licensing jurisdiction (State) or other licensing authority (if applicable).	Bar, license, certification, registration, or enrollment number (if applicable).	Signature	Date
<b>b</b>	<b>PA</b>	<b>CA033706L</b>		<b>11/01/22</b>



**Santini Financial  
1631 Christine Ln  
West Chester, PA 19380  
610-429-4984**

November 1, 2022

**CONFIDENTIAL**

RYAN'S CASE FOR SMILES  
295 E. SWEDESFORD ROAD, #396  
WAYNE, PA 19087

Dear Gavin:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Santini Financial

**Santini Financial  
1631 Christine Ln  
West Chester, PA 19380  
610-429-4984**

November 1, 2022

**CONFIDENTIAL**

RYAN'S CASE FOR SMILES  
295 E. SWEDESFORD ROAD, #396  
WAYNE, PA 19087

For professional services rendered in connection with the preparation of the following tax forms  
for year ending 12/31/21.

Amount due \$ 0.00

## Filing Instructions

### RYAN'S CASE FOR SMILES

#### Exempt Organization Tax Return

**Taxable Year Ended December 31, 2021**

**Date Due:** November 15, 2022

**Remittance:** None is required. Your Form 990 for the tax year ended 12/31/21 shows no balance due.

**Signature:** You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Santini Financial  
1631 Christine Ln  
West Chester, PA 19380

***Important:*** Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

**Other:** Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-TE**

### IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning . . . . . 2021, and ending . . . . . 20 . . . . .

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

# 2021

Department of the Treasury  
Internal Revenue Service

Name of filer

**RYAN'S CASE FOR SMILES**

EIN or SSN

**86-1173750**

Name and title of officer or person subject to tax **GAVIN KERR**  
**BOARD CHAIR/TREASURE**

#### Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>1,300,303</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

#### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize Santini Financial to enter my PIN 98987 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

#### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

23604350585

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Karen Santini Clemens Date 10/26/22

**ERO Must Retain This Form — See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2021)

Form **990**

Department of the Treasury  
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**  
Open to Public Inspection

**A For the 2021 calendar year, or tax year beginning** , and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>RYAN'S CASE FOR SMILES</b>		<b>D</b> Employer identification number <b>86-1173750</b>
	Doing business as		<b>E</b> Telephone number <b>610-247-1361</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>295 E. SWEDESFORD ROAD, #396</b>		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code <b>WAYNE PA 19087</b>		<b>G</b> Gross receipts \$ <b>1,312,335</b>
<b>F</b> Name and address of principal officer: <b>GAVIN KERR 717 GULPH ROAD WAYNE PA 19087</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: ▶ <b>WWW.CASEFORMSMILES.ORG</b>		<b>L</b> Year of formation: <b>2006</b> <b>M</b> State of legal domicile: <b>PA</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>See Schedule O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>8</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>8</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>5</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>5000</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,079,601</b>	<b>1,312,167</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,990</b>	<b>168</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>36,454</b>	<b>-12,032</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,118,045</b>	<b>1,300,303</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>237,960</b>	<b>281,002</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>115,324</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>971,560</b>	<b>1,086,116</b>	
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>1,209,520</b>	<b>1,367,118</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-91,475</b>	<b>-66,815</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,465,569</b>	<b>1,412,033</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>11,372</b>	<b>24,651</b>
		<b>1,454,197</b>	<b>1,387,382</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>GAVIN KERR</b>	Date <b>BOARD CHAIR/TREASURE</b>			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Karen Santini Clemens</b>	Preparer's signature <b>Karen Santini Clemens</b>	Date <b>11/01/22</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00365279</b>
	Firm's name <b>Santini Financial</b>	Firm's EIN ▶ <b>56-2629104</b>			
	Firm's address <b>1631 Christine Ln West Chester, PA 19380</b>	Phone no. <b>610-429-4984</b>			

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

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

**See Schedule O**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **938,220** including grants of \$ ) (Revenue \$ )

**See Schedule O**

**4b** (Code: ) (Expenses \$ **165,398** including grants of \$ ) (Revenue \$ )

The organization provides tools and resources to help siblings and parents cope with the emotional trauma that comes with a life-threatening childhood illness in the family. As many as 80 percent of pediatric patients and their families experience symptoms of traumatic stress after an illness, injury, hospitalization or medical procedure, according to the National Child Traumatic Stress Network. Siblings are usually the forgotten ones. Case for Smiles is focused on offering information about how to deal with traumatic stress for the whole family and developing materials to train child-life specialists to recognize and address symptoms of post-traumatic stress in all family members.

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **1,103,618**

**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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		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		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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		X
c	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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X

**Part 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		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 Schedule J		X
24a	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 Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
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? If "Yes," complete Schedule L, Part I		X
25b			X
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		X
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		X
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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
28a			X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
28b			X
c	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		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
29		X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
34			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			X
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			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
36			X
37	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		X
37			X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	
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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1a			1
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1b			1
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c		X	



Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
<b>2a</b>	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	<b>2a</b>	5		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>		X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	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)?	<b>4a</b>			X
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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?	<b>7a</b>			X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			X
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	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? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>			

**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
<b>1a</b>	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.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<input checked="" type="checkbox"/>	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
<b>7a</b>	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?		<input checked="" type="checkbox"/>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<input checked="" type="checkbox"/>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
<b>9</b>	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.		<input checked="" type="checkbox"/>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	<input checked="" type="checkbox"/>	
<b>10b</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?	<input checked="" type="checkbox"/>	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
<b>11b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13		<input checked="" type="checkbox"/>
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		
<b>13</b>	Did the organization have a written whistleblower policy?		<input checked="" type="checkbox"/>
<b>14</b>	Did the organization have a written document retention and destruction policy?		<input checked="" type="checkbox"/>
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official		<input checked="" type="checkbox"/>
<b>15b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		<input checked="" type="checkbox"/>
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

<b>17</b>	List the states with which a copy of this Form 990 is required to be filed ▶ <b>PA, MD, VA, FL, NJ, NY, WI, MI, CA, OK, OH</b>
<b>18</b>	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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain on Schedule O)
<b>19</b>	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.
<b>20</b>	State the name, address, and telephone number of the person who possesses the organization's books and records ▶ <b>LIZ KOSHGERIAN</b> <b>WAYNE</b> <b>295 E SWEDES FORD ROAD</b> <b>PA 19087</b> <b>917-327-1009</b>

**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 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>(1) CHRISTINE ALBRECHT</b>										
BOARD MEMBER	3.00 0.00	X					0	0	0	
<b>(2) ASHLEY FEUER-EDWARDS</b>										
BOARD MEMEBER	1.00 0.00	X					0	0	0	
<b>(3) KATIE GEARY</b>										
BOARD MEMBER	1.00 0.00	X					0	0	0	
<b>(4) MARCIA GEARY-WOLNICKI</b>										
SECRETARY	1.00 0.00	X		X			0	0	0	
<b>(5) CYNTHIA KERR</b>										
FOUNDER	1.00 0.00	X					0	0	0	
<b>(6) TONI PERGOLIN</b>										
BOARD MEMBER	1.00 0.00	X					0	0	0	
<b>(7) STEVE SHOUMER</b>										
BOARD MEMBER	1.00 0.00	X					0	0	0	
<b>(8) GAVIN KERR</b>										
BOARD CHAIR/TREASURE	3.00 0.00			X			0	0	0	
<b>(9)</b>										
<b>(10)</b>										
<b>(11)</b>										



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	234,963			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,077,204			
	g Noncash contributions included in lines 1a-1f	1g	\$ 594,483			
	<b>h Total.</b> Add lines 1a-1f		<b>1,312,167</b>			
<b>Program Service Revenue</b>	2a Business Code					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f					
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		168	168		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6a				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7a				
	b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)					
8a Gross income from fundraising events (not including \$ 234,963 of contributions reported on line 1c). See Part IV, line 18						
	8a					
	b Less: direct expenses	8b	12,032			
c Net income or (loss) from fundraising events			-12,032		-12,032	
9a Gross income from gaming activities. See Part IV, line 19						
	9a					
	b Less: direct expenses	9b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances						
	10a					
	b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	11a Business Code					
	b					
	c					
	d All other revenue					
	<b>e Total.</b> Add lines 11a-11d					
<b>12 Total revenue.</b> See instructions			<b>1,300,303</b>	<b>168</b>	<b>0</b>	<b>-12,032</b>

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	281,002	152,089	45,041	83,872
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	183			183
13 Office expenses	25,465	15,987	1,671	7,807
14 Information technology	14,887	5,293	5,437	4,157
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	158	158		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,894	16,894		
23 Insurance	2,225		2,225	
24 Other expenses. Itemize expenses not covered 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.)				
a <b>FABRIC AND SEWING SUPPLIE</b>	810,989	810,989		
b <b>CONSULTING SERVICES</b>	170,757	86,699	84,058	
c <b>PRIZES AND AWARDS</b>	17,603	3,200		14,403
d <b>MISCELLANEOUS</b>	9,932	2,030	5,864	2,038
e All other expenses	17,023	10,279	3,880	2,864
25 Total functional expenses. Add lines 1 through 24e	1,367,118	1,103,618	148,176	115,324
26 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing	1,104,148	1	1,206,304
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	100,000	3	
	4	Accounts receivable, net	12,780	4	32,250
	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	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	189,488	8	130,720
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	170,387		
	10b	Less: accumulated depreciation	132,267	10c	38,120
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	4,139	15	4,639
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	1,465,569	16	1,412,033	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	11,372	17	11,748
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		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 of Schedule D		25	12,903
	26	<b>Total liabilities.</b> Add lines 17 through 25	11,372	26	24,651
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/>				
	<b>and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	1,354,197	27	1,387,382
	28	Net assets with donor restrictions	100,000	28	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/>				
	<b>and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30		
31	Retained earnings, endowment, accumulated income, or other funds		31		
32	<b>Total net assets or fund balances</b>	1,454,197	32	1,387,382	
33	<b>Total liabilities and net assets/fund balances</b>	1,465,569	33	1,412,033	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>1,300,303</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>1,367,118</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-66,815</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>1,454,197</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>1,387,382</b>

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		



**SCHEDULE A**  
(Form 990)

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.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

**RYAN'S CASE FOR SMILES**

Employer identification number

**86-1173750**

**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.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  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).**
- 4  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: .....
- 5  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).**
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  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 university: .....
- 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.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  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.
  - f Enter the number of supported organizations
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	880,265	1,264,091	1,392,333	1,079,601	1,312,167	5,928,457
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	880,265	1,264,091	1,392,333	1,079,601	1,312,167	5,928,457
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b> Public support. Subtract line 5 from line 4						5,928,457

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4	880,265	1,264,091	1,392,333	1,079,601	1,312,167	5,928,457
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	44	960	7,605	1,990	168	10,767
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	22,881	20,958	39,205	58,855		141,899
<b>11 Total support.</b> Add lines 7 through 10						6,081,123

**12** Gross receipts from related activities, etc. (see instructions) 12 129,425

**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**

<b>14</b> Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	97.49 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14	<b>15</b>	97.48 %
<b>16a</b> <b>33 1/3% support test—2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float:right">▶ <input checked="" type="checkbox"/></span>		
<b>b</b> <b>33 1/3% support test—2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float:right">▶ <input type="checkbox"/></span>		
<b>17a</b> <b>10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <span style="float:right">▶ <input type="checkbox"/></span>		
<b>b</b> <b>10%-facts-and-circumstances test—2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <span style="float:right">▶ <input type="checkbox"/></span>		
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span style="float:right">▶ <input type="checkbox"/></span>		

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 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**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
4c	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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9b	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? <i>If "Yes," provide detail in Part VI.</i>		
9c	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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** *(continued)*

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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?		
<b>11a</b>			
<b>b</b>	A family member of a person described on line 11a above?		
<b>11b</b>			
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>			

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>			
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>2</b>			

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>			

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

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>			
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>			
<b>3</b>	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>			

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

<b>1</b>	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
<b>2</b>	Activities Test. <i>Answer lines 2a and 2b below.</i>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>2a</b>			
<b>b</b>	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>2b</b>			
<b>3</b>	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>3a</b>			
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>			

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

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

<b>Section A – Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B – Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C – Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Section D – Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	
<b>9</b> Distributable amount for 2021 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016 .....			
<b>b</b> From 2017 .....			
<b>c</b> From 2018 .....			
<b>d</b> From 2019 .....			
<b>e</b> From 2020 .....			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017 .....			
<b>b</b> Excess from 2018 .....			
<b>c</b> Excess from 2019 .....			
<b>d</b> Excess from 2020 .....			
<b>e</b> Excess from 2021 .....			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Part II, Line 10 - Other Income Detail**

BINGO RECEIPTS \$ 141,899



Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2021

Name of the organization

Employer identification number

RYAN'S CASE FOR SMILES

86-1173750

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private 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 that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

**RYAN'S CASE FOR SMILES**

Employer identification number

**86-1173750**

**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	<b>THE HESS FOUNDATION</b> 4 BECKER FARM ROAD ROSELAND NJ 07068	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<b>KOHL'S COMMUNITY WITH HEART PROGRAM</b> PO BOX 5592 ELLENTOWN FL 34222	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

2021

Open to Public Inspection

Name of the organization

Employer identification number

RYAN'S CASE FOR SMILES

86-1173750

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-1b and 2a-2b regarding art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Yes  No

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ ..... %
  - b** Permanent endowment ▶ ..... %
  - c** Term endowment ▶ ..... %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> Unrelated organizations ..... | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations .....  | <b>3a(ii)</b> |    |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....				
<b>e</b> Other .....		<b>170,387</b>	<b>132,267</b>	<b>38,120</b>

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ **38,120**

**Part VII Investments – Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments – Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>Other Liabilities</b>	<b>12,903</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>12,903</b>

2. 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 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

**RYAN'S CASE FOR SMILES**

Employer identification number

**86-1173750**

**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.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>SKY'S THE LIMIT</u> (event type)	<u>VIRTUAL WELLNES</u> (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	212,851	16,347	5,765	234,963
	2	Less: Contributions	212,851	16,347	5,765	234,963
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	1,100			1,100
	7	Food and beverages	7,991			7,991
	8	Entertainment	233			233
	9	Other direct expenses	1,396	1,312		2,708
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					-12,032

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> 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)					

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0074

**2021**

**Open To Public  
Inspection**

- ▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**RYAN'S CASE FOR SMILES**

Employer identification number

**86-1173750**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		572,983	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (LEGAL SERVICES)	X	1	21,500	FMV
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

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 three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization

**RYAN'S CASE FOR SMILES**

Employer identification number

**86-1173750**

**Form 990 - Organization's Mission**

A hospital stay can be a terrifying experience for a child - especially those with cancer and other life-changing illnesses. Recent research indicates 20% of children who are hospitalized with cancer and 30% of their mothers suffer full symptoms of Post-Traumatic Stress Disorder (PTSD).

These rates are comparable to that experienced by U.S. War Veterans serving since the Vietnam War. The good news is trauma can be minimized and outcomes improved through experiences that reduce stress.

Ryan's Case for Smiles (formerly ConKerr Cancer) was founded in 2007 to bring comfort and support to young patients and their families in hospitals around the globe. We started with a simple goal: to create and distribute whimsical pillowcases that give children an emotional boost and remind them that they are not defined by their illness. Today, our programs have expanded to include the children's entire families so they can better navigate and cope with a very difficult experience and avoid long term emotional trauma. To ensure the highest quality care, we have partnered with PTSD experts at the Children's Hospital of Philadelphia and Nemours/Alfred I. duPont Hospital for Children to create valuable web-based information and tools designed for each member of the family's unique experience.

**Form 990, Part III, Line 4a - First Accomplishment**

Ryan's Case for Smiles, (formerly ConKerr Cancer) with 110 chapters nationwide and deliveries to 400 hospitals across North America, is one of the few volunteer organizations solely dedicated to improving the quality

Name of the organization

Employer identification number

RYAN'S CASE FOR SMILES

86-1173750

of life of children and their families as they undergo treatment for life changing illnesses and injuries. While many great non-profits have a primary focus on research, we are dedicated to the mental health and well-being of the child and their family today as they face life changing diagnosis and treatments. We believe supporting the child's emotional needs can be as important as providing medical care. Research has shown that improved mental health facilitates physical healing and prevents future stress-related issues. Kids need to feel better to heal better.

Ryan's Case for Smiles helps by providing over 220,000 bright cheerful pillowcases to children in treatment each year that give an emotional boost and remind them that they are not defined by their illness. We also host hospital sewing days to break up the monotony of treatment and allow the patients to have a little control over an environment where they have few choices. Finally, we are developing one of the first initiatives to address pediatric medical post-traumatic stress and help children's entire families better cope and avoid long term emotional trauma.

Form 990, Part VI, Line 2 - Related Party Information Among Officers

GAVIN KERR

BOARD CHAIR.TREASURER

CINDY KERR

FOUNDER

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

FORM 990 REVIEWED BY SELECT MEMBERS OF THE BOARD FOR ACCURACY PRIOR TO FILING.

Name of the organization

Employer identification number

**RYAN'S CASE FOR SMILES**

**86-1173750**

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**

**GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.**

Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2021**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

Attachment Sequence No. **179**

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return

Identifying number  
**86-1173750**

**RYAN'S CASE FOR SMILES**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,050,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,620,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	<b>1,050,000</b>
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	<b>0</b>
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	<b>1,080</b>
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	<b>0</b>
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	<b>0</b>
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	<b>1,080</b>

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>16,894</b>

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>16,894</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2021)



86-1173750

**Federal Asset Report**

FYE: 12/31/2021

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Prior MACRS:</b>									
1	SEWING MACHINE	10/30/07	300		X	0	5 HY 200DB	300	0
2	serger	2/10/08	300		X X	0	7 HY 200DB	300	0
3	SEWING MACHINE	11/14/08	240		X X	0	7 HY 200DB	240	0
4	SEWING MACHINE	12/05/08	240		X X	0	7 HY 200DB	240	0
			<u>1,080</u>			<u>0</u>		<u>1,080</u>	<u>0</u>
<b>Other Depreciation:</b>									
5	SEWING MACHINES	1/15/09	2,061			2,061	7 MO S/L	2,061	0
6	SEWING MACHINES	4/15/09	916			916	7 MO S/L	916	0
7	SEWING MACHINES	6/15/09	916			916	7 MO S/L	916	0
8	SEWING MACHINES	8/15/09	388			388	7 MO S/L	388	0
9	SEWING MACHINES	9/15/09	732			732	7 MO S/L	732	0
10	SEWING MACHINES (10)	10/01/11	2,500			2,500	7 MO S/L	2,500	0
11	SEWING MACHING	2/01/11	229			229	7 MO S/L	229	0
12	SEWING MACHINES (2)	2/01/11	410			410	7 MO S/L	410	0
13	SEWING MACHINES (3)	5/01/11	666			666	7 MO S/L	666	0
14	SERGERS (2)	10/01/11	500			500	7 MO S/L	500	0
15	JANOME DC2011 MACHINES (10)	9/01/11	4,990			4,990	7 MO S/L	4,990	0
16	SEWING CABINET - 12	10/01/12	2,500			2,500	7 MO S/L	2,500	0
17	JANOME SEWIST 500 SEWING MACHIN	10/01/12	1,036			1,036	7 MO S/L	1,036	0
18	SERGERS - 10	11/01/12	9,990			9,990	7 MO S/L	9,990	0
19	2 SEWING MACHINES	11/01/12	406			406	7 MO S/L	406	0
20	JUKI SEWING MACHINE	12/01/12	193			193	7 MO S/L	193	0
21	4 SEWING MACHINES/2 SERGERS	6/01/13	615			615	7 MO S/L	615	0
22	3 SERGERS	6/01/13	2,997			2,997	7 MO S/L	2,997	0
23	1 SERGER	6/01/13	999			999	7 MO S/L	999	0
24	BROTHER XL2600I SEWING MACH	8/01/13	101			101	7 MO S/L	101	0
25	BROT3 BROTHER XL2600I SEWING MA	8/01/13	303			303	7 MO S/L	303	0
26	JANOME SEWIST 500 SEW MACH	9/01/13	317			317	7 MO S/L	317	0
27	SERGER	9/01/13	350			350	7 MO S/L	350	0
28	SERGER	10/01/13	300			300	7 MO S/L	300	0
29	SERGER	6/01/13	200			200	7 MO S/L	200	0
30	SERGER	6/01/13	139			139	7 MO S/L	139	0
31	LAPTOP	8/01/14	380			380	5 MO S/L	380	0
32	LAPTOP	9/01/14	1,240			1,240	5 MO S/L	1,240	0
33	LAPTOP	12/01/14	930			930	5 MO S/L	930	0
34	SEWING MACHINE	5/01/14	998			998	7 MO S/L	950	48
35	2 JANOME SEWIST 500	5/01/14	560			560	7 MO S/L	533	27
36	BROTHER SEWING MACHINE	6/01/14	118			118	7 MO S/L	111	7
37	BABYLOCK MOLLY B130A	11/01/14	300			300	7 MO S/L	264	36
38	PERFECT TIMING	12/01/14	1,156			1,156	7 MO S/L	1,005	151
39	10 BABYLOCK SERGERS	7/01/14	25,000			25,000	7 MO S/L	23,214	1,786
40	VIKING JUSKYLOCK S25	1/01/15	1,563			1,563	7 MO S/L	1,340	223
41	20 BABYLOCK SERGERS	9/01/15	30,000			30,000	7 MO S/L	22,857	4,286
42	2 SERGERS/1 SEWING MACHINE	7/15/16	5,533			5,533	7 MO S/L	3,557	790
43	4 BABYLOCK SERGERS	7/15/16	6,000			6,000	7 MO S/L	3,857	857
44	4 BABYLOCK SERGERS/21 SEWING M.	6/15/17	28,775			28,775	7 MO S/L	14,730	4,111
45	10 BABYLOCK SERGERS	12/31/19	32,000			32,000	7 MO S/L	4,571	4,572
	<b>Total Other Depreciation</b>		<u>169,307</u>			<u>169,307</u>		<u>114,293</u>	<u>16,894</u>
	<b>Total ACRS and Other Depreciation</b>		<u>169,307</u>			<u>169,307</u>		<u>114,293</u>	<u>16,894</u>
	<b>Grand Totals</b>		170,387			169,307		115,373	16,894
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>170,387</u>			<u>169,307</u>		<u>115,373</u>	<u>16,894</u>

86-1173750

**PA Asset Report**

FYE: 12/31/2021

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	PA Prior	PA Current	Federal Current	Difference Fed - PA
<b>Prior MACRS:</b>								
1	SEWING MACHINE	10/30/07	300	0	300	0	0	0
2	serger	2/10/08	300	0	300	0	0	0
3	SEWING MACHINE	11/14/08	240	0	240	0	0	0
4	SEWING MACHINE	12/05/08	240	0	240	0	0	0
5	SEWING MACHINES	1/15/09	5,002	5,002	5,002	0	0	0
			<u>6,082</u>	<u>5,002</u>	<u>6,082</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Other Depreciation:</b>								
6	SEWING MACHINES	4/15/09	916	916	916	0	0	0
7	SEWING MACHINES	6/15/09	916	916	916	0	0	0
8	SEWING MACHINES	8/15/09	388	388	388	0	0	0
9	SEWING MACHINES	9/15/09	732	732	732	0	0	0
10	SEWING MACHINES (10)	10/01/11	2,500	2,500	2,500	0	0	0
11	SEWING MACHING	2/01/11	229	229	229	0	0	0
12	SEWING MACHINES (2)	2/01/11	410	410	410	0	0	0
13	SEWING MACHINES (3)	5/01/11	666	666	666	0	0	0
14	SERGERS (2)	10/01/11	500	500	500	0	0	0
15	JANOME DC2011 MACHINES (10)	9/01/11	4,990	4,990	4,990	0	0	0
16	SEWING CABINET - 12	10/01/12	2,500	2,500	2,500	0	0	0
17	JANOME SEWIST 500 SEWING MACHIN	10/01/12	1,036	1,036	1,036	0	0	0
18	SERGERS - 10	11/01/12	9,990	9,990	9,990	0	0	0
19	2 SEWING MACHINES	11/01/12	406	406	406	0	0	0
20	JUKI SEWING MACHINE	12/01/12	193	193	193	0	0	0
21	4 SEWING MACHINES/2 SERGERS	6/01/13	615	615	615	0	0	0
22	3 SERGERS	6/01/13	2,997	2,997	2,997	0	0	0
23	1 SERGER	6/01/13	999	999	999	0	0	0
24	BROTHER XL2600I SEWING MACH	8/01/13	101	101	101	0	0	0
25	BROT3 BROTHER XL2600I SEWING MA	8/01/13	303	303	303	0	0	0
26	JANOME SEWIST 500 SEW MACH	9/01/13	317	317	317	0	0	0
27	SERGER	9/01/13	350	350	350	0	0	0
28	SERGER	10/01/13	300	300	300	0	0	0
29	SERGER	6/01/13	200	200	200	0	0	0
30	SERGER	6/01/13	139	139	139	0	0	0
31	LAPTOP	8/01/14	380	380	380	0	0	0
32	LAPTOP	9/01/14	1,240	1,240	1,240	0	0	0
33	LAPTOP	12/01/14	930	930	930	0	0	0
34	SEWING MACHINE	5/01/14	998	998	950	48	48	0
35	2 JANOME SEWIST 500	5/01/14	560	560	533	27	27	0
36	BROTHER SEWING MACHINE	6/01/14	118	118	111	7	7	0
37	BABYLOCK MOLLY B130A	11/01/14	300	300	264	36	36	0
38	PERFECT TIMING	12/01/14	1,156	1,156	1,005	151	151	0
39	10 BABYLOCK SERGERS	7/01/14	25,000	25,000	23,214	1,786	1,786	0
40	VIKING JUSKYLOCK S25	1/01/15	1,563	1,563	1,340	223	223	0
41	20 BABYLOCK SERGERS	9/01/15	30,000	30,000	22,857	4,286	4,286	0
42	2 SERGERS/1 SEWING MACHINE	7/15/16	5,533	5,533	3,557	790	790	0
43	4 BABYLOCK SERGERS	7/15/16	6,000	6,000	3,857	857	857	0
44	4 BABYLOCK SERGERS/21 SEWING M.	6/15/17	28,775	28,775	14,730	4,111	4,111	0
45	10 BABYLOCK SERGERS	12/31/19	32,000	32,000	4,571	4,572	4,572	0
	<b>Total Other Depreciation</b>		<u>167,246</u>	<u>167,246</u>	<u>112,232</u>	<u>16,894</u>	<u>16,894</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>167,246</u>	<u>167,246</u>	<u>112,232</u>	<u>16,894</u>	<u>16,894</u>	<u>0</u>
	<b>Grand Totals</b>		173,328	172,248	118,314	16,894	16,894	0
	<b>Less: Dispositions</b>		0	0	0	0	0	0
	<b>Less: Start-up/Org Expense</b>		0	0	0	0	0	0
	<b>Net Grand Totals</b>		<u>173,328</u>	<u>172,248</u>	<u>118,314</u>	<u>16,894</u>	<u>16,894</u>	<u>0</u>

86-1173750

**AMT Asset Report**

FYE: 12/31/2021

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Prior MACRS:</b>										
1	SEWING MACHINE	10/30/07	300		X		0	5 HY 150DB	300	0
2	serger	2/10/08	300		X	X	0	7 HY 200DB	300	0
3	SEWING MACHINE	11/14/08	240		X	X	0	7 HY 200DB	240	0
4	SEWING MACHINE	12/05/08	240		X	X	0	7 HY 200DB	240	0
5	SEWING MACHINES	1/15/09	5,002				5,002	5 HY 200DB	5,002	0
31	LAPTOP	8/01/14	380			X	190	5 HY S/L	380	0
			<u>6,462</u>				<u>5,192</u>		<u>6,462</u>	<u>0</u>
<b>Other Depreciation:</b>										
6	SEWING MACHINES	4/15/09	0				0	0 HY	0	0
7	SEWING MACHINES	6/15/09	0				0	0 HY	0	0
8	SEWING MACHINES	8/15/09	0				0	0 HY	0	0
9	SEWING MACHINES	9/15/09	0				0	0 HY	0	0
10	SEWING MACHINES (10)	10/01/11	0				0	0 HY	0	0
11	SEWING MACHING	2/01/11	0				0	0 HY	0	0
12	SEWING MACHINES (2)	2/01/11	0				0	0 HY	0	0
13	SEWING MACHINES (3)	5/01/11	0				0	0 HY	0	0
14	SERGER (2)	10/01/11	0				0	0 HY	0	0
15	JANOME DC2011 MACHINES (10)	9/01/11	0				0	0 HY	0	0
16	SEWING CABINET - 12	10/01/12	0				0	0 HY	0	0
17	JANOME SEWIST 500 SEWING MACH	10/01/12	0				0	0 HY	0	0
18	SERGER - 10	11/01/12	0				0	0 HY	0	0
19	2 SEWING MACHINES	11/01/12	0				0	0 HY	0	0
20	JUKI SEWING MACHINE	12/01/12	0				0	0 HY	0	0
21	4 SEWING MACHINES/2 SERGERS	6/01/13	0				0	0 HY	0	0
22	3 SERGERS	6/01/13	0				0	0 HY	0	0
23	1 SERGER	6/01/13	0				0	0 HY	0	0
24	BROTHER XL2600I SEWING MACH	8/01/13	0				0	0 HY	0	0
25	BROT3 BROTHER XL2600I SEWING M	8/01/13	0				0	0 HY	0	0
26	JANOME SEWIST 500 SEW MACH	9/01/13	0				0	0 HY	0	0
27	SERGER	9/01/13	0				0	0 HY	0	0
28	SERGER	10/01/13	0				0	0 HY	0	0
29	SERGER	6/01/13	0				0	0 HY	0	0
30	SERGER	6/01/13	0				0	0 HY	0	0
32	LAPTOP	9/01/14	0				0	0 HY	0	0
33	LAPTOP	12/01/14	0				0	0 HY	0	0
34	SEWING MACHINE	5/01/14	0				0	0 HY	0	0
35	2 JANOME SEWIST 500	5/01/14	0				0	0 HY	0	0
36	BROTHER SEWING MACHINE	6/01/14	0				0	0 HY	0	0
37	BABYLOCK MOLLY B130A	11/01/14	0				0	0 HY	0	0
38	PERFECT TIMING	12/01/14	0				0	0 HY	0	0
39	10 BABYLOCK SERGERS	7/01/14	0				0	0 HY	0	0
40	VIKING JUSKYLOCK S25	1/01/15	1,563				1,563	7 MO S/L	1,340	223
41	20 BABYLOCK SERGERS	9/01/15	0				0	0 HY	0	0
42	2 SERGERS/1 SEWING MACHINE	7/15/16	0				0	0 HY	0	0
43	4 BABYLOCK SERGERS	7/15/16	0				0	0 HY	0	0
44	4 BABYLOCK SERGERS/21 SEWING M	6/15/17	0				0	0 HY	0	0
45	10 BABYLOCK SERGERS	12/31/19	0				0	0 HY	0	0
	<b>Total Other Depreciation</b>		<u>1,563</u>				<u>1,563</u>		<u>1,340</u>	<u>223</u>
	<b>Total ACRS and Other Depreciation</b>		<u>1,563</u>				<u>1,563</u>		<u>1,340</u>	<u>223</u>
	<b>Grand Totals</b>		8,025				6,755		7,802	223
	<b>Less: Dispositions and Transfers</b>		0				0		0	0
	<b>Net Grand Totals</b>		<u>8,025</u>				<u>6,755</u>		<u>7,802</u>	<u>223</u>

86-1173750

**Bonus Depreciation Report**

FYE: 12/31/2021

**Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
2	serger	2/10/08	300		300	0	0	0
3	SEWING MACHINE	11/14/08	240		240	0	0	0
4	SEWING MACHINE	12/05/08	240		240	0	0	0
<b>Grand Total</b>			<u>780</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

# Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<b><u>MACRS Adjustments:</u></b>						
Page 1	1	1	SEWING MACHINE	0	0	0
Page 1	1	2	serger	0	0	0
Page 1	1	3	SEWING MACHINE	0	0	0
Page 1	1	4	SEWING MACHINE	0	0	0
				<u>0</u>	<u>0</u>	<u>0</u>
				<u>0</u>	<u>0</u>	<u>0</u>

86-1173750

**Future Depreciation Report****FYE: 12/31/22**

FYE: 12/31/2021

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
1	SEWING MACHINE	10/30/07	300	0	0
2	serger	2/10/08	300	0	0
3	SEWING MACHINE	11/14/08	240	0	0
4	SEWING MACHINE	12/05/08	240	0	0
			<u>1,080</u>	<u>0</u>	<u>0</u>
<b>Other Depreciation:</b>					
5	SEWING MACHINES	1/15/09	2,061	0	0
6	SEWING MACHINES	4/15/09	916	0	0
7	SEWING MACHINES	6/15/09	916	0	0
8	SEWING MACHINES	8/15/09	388	0	0
9	SEWING MACHINES	9/15/09	732	0	0
10	SEWING MACHINES (10)	10/01/11	2,500	0	0
11	SEWING MACHING	2/01/11	229	0	0
12	SEWING MACHINES (2)	2/01/11	410	0	0
13	SEWING MACHINES (3)	5/01/11	666	0	0
14	SERGERS (2)	10/01/11	500	0	0
15	JANOME DC2011 MACHINES (10)	9/01/11	4,990	0	0
16	SEWING CABINET - 12	10/01/12	2,500	0	0
17	JANOME SEWIST 500 SEWING MACHINES	10/01/12	1,036	0	0
18	SERGERS - 10	11/01/12	9,990	0	0
19	2 SEWING MACHINES	11/01/12	406	0	0
20	JUKI SEWING MACHINE	12/01/12	193	0	0
21	4 SEWING MACHINES/2 SERGERS	6/01/13	615	0	0
22	3 SERGERS	6/01/13	2,997	0	0
23	1 SERGER	6/01/13	999	0	0
24	BROTHER XL2600I SEWING MACH	8/01/13	101	0	0
25	BROT3 BROTHER XL2600I SEWING MACH	8/01/13	303	0	0
26	JANOME SEWIST 500 SEW MACH	9/01/13	317	0	0
27	SERGER	9/01/13	350	0	0
28	SERGER	10/01/13	300	0	0
29	SERGER	6/01/13	200	0	0
30	SERGER	6/01/13	139	0	0
31	LAPTOP	8/01/14	380	0	0
32	LAPTOP	9/01/14	1,240	0	0
33	LAPTOP	12/01/14	930	0	0
34	SEWING MACHINE	5/01/14	998	0	0
35	2 JANOME SEWIST 500	5/01/14	560	0	0
36	BROTHER SEWING MACHINE	6/01/14	118	0	0
37	BABYLOCK MOLLY B130A	11/01/14	300	0	0
38	PERFECT TIMING	12/01/14	1,156	0	0
39	10 BABYLOCK SERGERS	7/01/14	25,000	0	0
40	VIKING JUSKYLOCK S25	1/01/15	1,563	0	0
41	20 BABYLOCK SERGERS	9/01/15	30,000	2,857	0
42	2 SERGERS/1 SEWING MACHINE	7/15/16	5,533	791	0
43	4 BABYLOCK SERGERS	7/15/16	6,000	857	0
44	4 BABYLOCK SERGERS/21 SEWING MACH	6/15/17	28,775	4,110	0
45	10 BABYLOCK SERGERS	12/31/19	32,000	4,571	0
	<b>Total Other Depreciation</b>		<u>169,307</u>	<u>13,186</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>169,307</u>	<u>13,186</u>	<u>0</u>
	<b>Grand Totals</b>		<u>170,387</u>	<u>13,186</u>	<u>0</u>

Asset	Description	Date In Service	Cost	PA
<b>Prior MACRS:</b>				
1	SEWING MACHINE	10/30/07	300	0
2	serger	2/10/08	300	0
3	SEWING MACHINE	11/14/08	240	0
4	SEWING MACHINE	12/05/08	240	0
			<u>1,080</u>	<u>0</u>
<b>Other Depreciation:</b>				
5	SEWING MACHINES	1/15/09	5,002	0
6	SEWING MACHINES	4/15/09	916	0
7	SEWING MACHINES	6/15/09	916	0
8	SEWING MACHINES	8/15/09	388	0
9	SEWING MACHINES	9/15/09	732	0
10	SEWING MACHINES (10)	10/01/11	2,500	0
11	SEWING MACHING	2/01/11	229	0
12	SEWING MACHINES (2)	2/01/11	410	0
13	SEWING MACHINES (3)	5/01/11	666	0
14	SERGER (2)	10/01/11	500	0
15	JANOME DC2011 MACHINES (10)	9/01/11	4,990	0
16	SEWING CABINET - 12	10/01/12	2,500	0
17	JANOME SEWIST 500 SEWING MACHINES	10/01/12	1,036	0
18	SERGER - 10	11/01/12	9,990	0
19	2 SEWING MACHINES	11/01/12	406	0
20	JUKI SEWING MACHINE	12/01/12	193	0
21	4 SEWING MACHINES/2 SERGERS	6/01/13	615	0
22	3 SERGERS	6/01/13	2,997	0
23	1 SERGER	6/01/13	999	0
24	BROTHER XL2600I SEWING MACH	8/01/13	101	0
25	BROT3 BROTHER XL2600I SEWING MACH	8/01/13	303	0
26	JANOME SEWIST 500 SEW MACH	9/01/13	317	0
27	SERGER	9/01/13	350	0
28	SERGER	10/01/13	300	0
29	SERGER	6/01/13	200	0
30	SERGER	6/01/13	139	0
31	LAPTOP	8/01/14	380	0
32	LAPTOP	9/01/14	1,240	0
33	LAPTOP	12/01/14	930	0
34	SEWING MACHINE	5/01/14	998	0
35	2 JANOME SEWIST 500	5/01/14	560	0
36	BROTHER SEWING MACHINE	6/01/14	118	0
37	BABYLOCK MOLLY B130A	11/01/14	300	0
38	PERFECT TIMING	12/01/14	1,156	0
39	10 BABYLOCK SERGERS	7/01/14	25,000	0
40	VIKING JUSKYLOCK S25	1/01/15	1,563	0
41	20 BABYLOCK SERGERS	9/01/15	30,000	2,857
42	2 SERGERS/1 SEWING MACHINE	7/15/16	5,533	791
43	4 BABYLOCK SERGERS	7/15/16	6,000	857
44	4 BABYLOCK SERGERS/21 SEWING MACH	6/15/17	28,775	4,110
45	10 BABYLOCK SERGERS	12/31/19	32,000	4,571
	<b>Total Other Depreciation</b>		<u>172,248</u>	<u>13,186</u>
	<b>Total ACRS and Other Depreciation</b>		<u>172,248</u>	<u>13,186</u>
	<b>Grand Totals</b>		<u>173,328</u>	<u>13,186</u>

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2021</b>
Description <b>VIRTUAL WELLNESS</b>		

Name <b>RYAN'S CASE FOR SMILES</b>	Taxpayer Identification Number <b>86-1173750</b>
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.		
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.	<b>16,347</b>	
7. <b>Total revenue.</b> Add lines 1 through 6	7.	<b>16,347</b>	
8. Cost of Goods Sold	8.		
9. Employment Expense	9.		
10. Fees for services	10.		
11. Indirect Expense	11.	<b>277</b>	
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		
14. Fundraising Expense	14.	<b>1,312</b>	
15. <b>Total expenses.</b> Add lines 8 through 14	15.	<b>1,589</b>	
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	<b>14,758</b>	

**Expense Details - Indirect Expense:**

Advertising and promotion	<b>183</b>
Office	
Printing/publication/postage	<b>94</b>
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
<b>Total Indirect Expense</b>	<b>277</b>

**Expense Details - Depreciation Expense:**

On investment property	
On non-investment property	
Amortization	
Depletion	
<b>Total Depreciation Expense</b>	

**Expense Details - Exempt Activity Expense:**

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
<b>Total Exempt Activity Expense</b>	

**Expense Details - Fundraising Expense:**

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	<b>1,312</b>
<b>Total Fundraising Expense</b>	<b>1,312</b>

**Expense Details - Cost of Goods Sold:**

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
<b>Total Cost of Goods Sold</b>	

**Expense Details - Employment Expense:**

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
<b>Total Employment Expense</b>	

**Expense Details - Fees for Services:**

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
<b>Total Fees for Services</b>	

**Information is indicated for use on Form 990-T, Schedule A:**

	Schedule A, UBIT Activity Code _____	Seq # _____
<input type="checkbox"/>	Part V, Debt Financing	
<input type="checkbox"/>	Part VI, Controlled Org Income	
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)	
<input type="checkbox"/>	Part VIII, Exploited Activities	
<input type="checkbox"/>	Part IX, Advertising Income	

**Allocation of Expense to Program Service Accomplishments:**

First	
Second	
Third	
All other	



Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2021</b>
Description <b>FILL THE CASE</b>		

Name <b>RYAN'S CASE FOR SMILES</b>	Taxpayer Identification Number <b>86-1173750</b>
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

- 1. Gross receipts or sales ..... 1. \_\_\_\_\_
- 2. Advertising income ..... 2. \_\_\_\_\_
- 3. Circulation income ..... 3. \_\_\_\_\_
- 4. Other income ..... 4. \_\_\_\_\_
- 5. Returns and allowances ..... 5. \_\_\_\_\_
- 6. Contributions received ..... 6. \_\_\_\_\_
- 7. **Total revenue.** Add lines 1 through 6 ..... 7. \_\_\_\_\_
- 8. Cost of Goods Sold ..... 8. \_\_\_\_\_
- 9. Employment Expense ..... 9. \_\_\_\_\_
- 10. Fees for services ..... 10. \_\_\_\_\_
- 11. Indirect Expense ..... 11. \_\_\_\_\_
- 12. Depreciation Expense ..... 12. \_\_\_\_\_
- 13. Exempt Activity Expense ..... 13. \_\_\_\_\_
- 14. Fundraising Expense ..... 14. \_\_\_\_\_
- 15. **Total expenses.** Add lines 8 through 14 15. \_\_\_\_\_
- 16. **Net Income/Loss.** Line 7 minus Line 15 16. \_\_\_\_\_

**Expense Details - Indirect Expense:**

- Advertising and promotion ..... \_\_\_\_\_
- Office ..... \_\_\_\_\_
- Printing/publication/postage ..... \_\_\_\_\_
- Info technology/Maintenance ..... \_\_\_\_\_
- Royalties & License Fees ..... \_\_\_\_\_
- Occupancy/Real Estate Taxes ..... \_\_\_\_\_
- Travel & Repairs ..... \_\_\_\_\_
- Travel/entertainment (officials) ..... \_\_\_\_\_
- Conferences/meetings ..... \_\_\_\_\_
- Interest ..... \_\_\_\_\_
- Insurance ..... \_\_\_\_\_
- Total Indirect Expense** ..... \_\_\_\_\_

**Expense Details - Depreciation Expense:**

- On investment property ..... \_\_\_\_\_
- On non-investment property ..... \_\_\_\_\_
- Amortization ..... \_\_\_\_\_
- Depletion ..... \_\_\_\_\_
- Total Depreciation Expense** ..... \_\_\_\_\_

**Expense Details - Exempt Activity Expense:**

- Repairs and Maintenance ..... \_\_\_\_\_
- Bad debts ..... \_\_\_\_\_
- Taxes/licenses ..... \_\_\_\_\_
- Charitable contributions ..... \_\_\_\_\_
- Dividend recd deductions ..... \_\_\_\_\_
- Readership costs ..... \_\_\_\_\_
- Other expenses ..... \_\_\_\_\_
- Total Exempt Activity Expense** ..... \_\_\_\_\_

**Expense Details - Fundraising Expense:**

- Cash prizes ..... \_\_\_\_\_
- Non-cash prizes ..... \_\_\_\_\_
- Rent and facility costs ..... \_\_\_\_\_
- Food & beverages (Part II only) ..... \_\_\_\_\_
- Entertainment (Part II only) ..... \_\_\_\_\_
- Other direct expenses ..... \_\_\_\_\_
- Total Fundraising Expense** ..... \_\_\_\_\_

**Expense Details - Cost of Goods Sold:**

- Beginning inventory ..... \_\_\_\_\_
- Purchases ..... \_\_\_\_\_
- Labor ..... \_\_\_\_\_
- Section 263A costs ..... \_\_\_\_\_
- Other costs ..... \_\_\_\_\_
- Ending inventory ..... \_\_\_\_\_
- Total Cost of Goods Sold** ..... \_\_\_\_\_

**Expense Details - Employment Expense:**

- Compensation of officers ..... \_\_\_\_\_
- Other salaries and wages ..... \_\_\_\_\_
- Pension plan contributions ..... \_\_\_\_\_
- Other employee benefits ..... \_\_\_\_\_
- Payroll taxes ..... \_\_\_\_\_
- Total Employment Expense** ..... \_\_\_\_\_

**Expense Details - Fees for Services:**

- Management ..... \_\_\_\_\_
- Legal ..... \_\_\_\_\_
- Accounting ..... \_\_\_\_\_
- Lobbying ..... \_\_\_\_\_
- Professional fundraising ..... \_\_\_\_\_
- Investment management ..... \_\_\_\_\_
- Other ..... \_\_\_\_\_
- Total Fees for Services** ..... \_\_\_\_\_

**Allocation of Expense to Program Service Accomplishments:**

- First ..... \_\_\_\_\_
- Second ..... \_\_\_\_\_
- Third ..... \_\_\_\_\_
- All other ..... \_\_\_\_\_

**Information is indicated for use on Form 990-T, Schedule A:**

- Schedule A, UBIT Activity Code \_\_\_\_\_ Seq # \_\_\_\_\_
- Part V, Debt Financing
  - Part VI, Controlled Org Income
  - Part VII, Investments for C(7)(9)(17)
  - Part VIII, Exploited Activities
  - Part IX, Advertising Income

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2021</b>
Description <b>SKY'S THE LIMIT</b>		

Name <b>RYAN'S CASE FOR SMILES</b>	Taxpayer Identification Number <b>86-1173750</b>
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	<b>212,851</b>
7. <b>Total revenue.</b> Add lines 1 through 6	7.	<b>212,851</b>
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	<b>3,343</b>
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	<b>10,720</b>
15. <b>Total expenses.</b> Add lines 8 through 14	15.	<b>14,063</b>
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	<b>198,788</b>

**Expense Details - Indirect Expense:**

Advertising and promotion	
Office	
Printing/publication/postage	<b>2,092</b>
Info technology/Maintenance	<b>1,251</b>
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
<b>Total Indirect Expense</b>	<b>3,343</b>

**Expense Details - Depreciation Expense:**

On investment property	
On non-investment property	
Amortization	
Depletion	
<b>Total Depreciation Expense</b>	

**Expense Details - Exempt Activity Expense:**

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
<b>Total Exempt Activity Expense</b>	

**Expense Details - Fundraising Expense:**

Cash prizes	
Non-cash prizes	
Rent and facility costs	<b>1,100</b>
Food & beverages (Part II only)	<b>7,991</b>
Entertainment (Part II only)	<b>233</b>
Other direct expenses	<b>1,396</b>
<b>Total Fundraising Expense</b>	<b>10,720</b>

**Expense Details - Cost of Goods Sold:**

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
<b>Total Cost of Goods Sold</b>	

**Expense Details - Employment Expense:**

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
<b>Total Employment Expense</b>	

**Expense Details - Fees for Services:**

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
<b>Total Fees for Services</b>	

**Information is indicated for use on Form 990-T, Schedule A:**

Schedule A, UBIT Activity Code		Seq #	
<input type="checkbox"/>	Part V, Debt Financing		
<input type="checkbox"/>	Part VI, Controlled Org Income		
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)		
<input type="checkbox"/>	Part VIII, Exploited Activities		
<input type="checkbox"/>	Part IX, Advertising Income		

**Allocation of Expense to Program Service Accomplishments:**

First	
Second	
Third	
All other	

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2021</b>
Description <b>MAKEUP AND MOCKTAILS</b>		

Name <b>RYAN'S CASE FOR SMILES</b>	Taxpayer Identification Number <b>86-1173750</b>
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	<b>5,765</b>
7. <b>Total revenue.</b> Add lines 1 through 6	7.	<b>5,765</b>
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
15. <b>Total expenses.</b> Add lines 8 through 14	15.	
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	<b>5,765</b>

**Expense Details - Indirect Expense:**

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
<b>Total Indirect Expense</b>	

**Expense Details - Depreciation Expense:**

On investment property	
On non-investment property	
Amortization	
Depletion	
<b>Total Depreciation Expense</b>	

**Expense Details - Exempt Activity Expense:**

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
<b>Total Exempt Activity Expense</b>	

**Expense Details - Fundraising Expense:**

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
<b>Total Fundraising Expense</b>	

**Expense Details - Cost of Goods Sold:**

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
<b>Total Cost of Goods Sold</b>	

**Expense Details - Employment Expense:**

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
<b>Total Employment Expense</b>	

**Expense Details - Fees for Services:**

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
<b>Total Fees for Services</b>	

**Information is indicated for use on Form 990-T, Schedule A:**

Schedule A, UBIT Activity Code		Seq #	
<input type="checkbox"/>	Part V, Debt Financing		
<input type="checkbox"/>	Part VI, Controlled Org Income		
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)		
<input type="checkbox"/>	Part VIII, Exploited Activities		
<input type="checkbox"/>	Part IX, Advertising Income		

**Allocation of Expense to Program Service Accomplishments:**

First	
Second	
Third	
All other	

<b>SCHEDULE G</b> <b>(Form 990 or 990-EZ)</b>	<b>Fundraising Other Events</b>	<b>2021</b>
For calendar year 2021, or tax year beginning _____, and ending _____		

Name **RYAN'S CASE FOR SMILES**

Employer Identification Number  
**86-1173750**

		(a) Other event <u>MAKEUP AND MOCK</u> <small>(event type)</small>	(b) Other event _____ <small>(event type)</small>	(c) Other event _____ <small>(event type)</small>	(d) Total other events <small>(add col. (a) through col. (c))</small>
Revenue	<b>1</b> Gross receipts	<b>5,765</b>			<b>5,765</b>
	<b>2</b> Less: Charitable contributions	<b>5,765</b>			<b>5,765</b>
	<b>3</b> Gross income <small>(line 1 minus line 2)</small>				
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes				
	<b>6</b> Rent/facility costs				
	<b>7</b> Food/beverages				
	<b>8</b> Entertainment				
	<b>9</b> Other expenses				

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2020 &amp; 2021</b>
For calendar year 2021, or tax year beginning _____, ending _____		

Name \_\_\_\_\_ Taxpayer Identification Number \_\_\_\_\_

**RYAN'S CASE FOR SMILES**

**86-1173750**

		2020	2021	Differences
<b>R e v e n u e</b>	1. Contributions, gifts, grants .....	1,079,601	1,312,167	232,566
	2. Membership dues and assessments .....			
	3. Government contributions and grants .....			
	4. Program service revenue .....			
	5. Investment income .....	1,990	168	-1,822
	6. Proceeds from tax exempt bonds .....			
	7. Net gain or (loss) from sale of assets other than inventory .....			
	8. Net income or (loss) from fundraising events .....	36,454	-12,032	-48,486
	9. Net income or (loss) from gaming .....			
	10. Net gain or (loss) on sales of inventory .....			
	11. Other revenue .....			
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>1,118,045</b>	<b>1,300,303</b>	<b>182,258</b>
<b>E x p e n s e s</b>	13. Grants and similar amounts paid .....			
	14. Benefits paid to or for members .....			
	15. Compensation of officers, directors, trustees, etc. ....			
	16. Salaries, other compensation, and employee benefits .....	237,960	281,002	43,042
	17. Professional fundraising fees .....			
	18. Other professional fees .....	181,961		-181,961
	19. Occupancy, rent, utilities, and maintenance .....			
	20. Depreciation and Depletion .....	19,280	16,894	-2,386
	21. Other expenses .....	770,319	1,069,222	298,903
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>1,209,520</b>	<b>1,367,118</b>	<b>157,598</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>-91,475</b>	<b>-66,815</b>	<b>24,660</b>
<b>O t h e r I n f o r m a t i o n</b>	<b>24. Total exempt revenue</b> .....	<b>1,118,045</b>	<b>1,300,303</b>	<b>182,258</b>
	25. Total unrelated revenue .....			
	26. Total excludable revenue .....	38,444	-11,864	-50,308
	27. Total assets .....	1,465,569	1,412,033	-53,536
	28. Total liabilities .....	11,372	24,651	13,279
	29. Retained earnings .....	1,454,197	1,387,382	-66,815
	30. Number of voting members of governing body .....	10	8	
	31. Number of independent voting members of governing body .....	10	8	
	32. Number of employees .....	5	5	
	33. Number of volunteers .....	5000	5000	

Form <b>990</b>	<b>Tax Projection Worksheet</b>	<b>2021 &amp; 2022</b>
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Name **RYAN'S CASE FOR SMILES** Taxpayer Identification Number **86-1173750**

			2021	2022	Differences	
<b>R e v e n u e</b>	1. Contributions, gifts, grants	1.	1,312,167	1,312,167		
	2. Membership dues and assessments	2.				
	3. Government contributions and grants	3.				
	4. Program service revenue	4.				
	5. Investment income	5.	168	168		
	6. Proceeds from tax exempt bonds	6.				
	7. Net gain or (loss) from sale of assets other than inventory	7.				
	8. Net income or (loss) from fundraising events	8.	-12,032	-12,032		
	9. Net income or (loss) from gaming	9.				
	10. Net gain or (loss) on sales of inventory	10.				
	11. Other revenue	11.				
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>12.</b>		<b>1,300,303</b>	<b>1,300,303</b>	
<b>E x p e n s e s</b>	13. Grants and similar amounts paid	13.				
	14. Benefits paid to or for members	14.				
	15. Compensation of officers, directors, trustees, etc.	15.				
	16. Salaries, other compensation, and employee benefits	16.	281,002	281,002		
	17. Professional fundraising fees	17.				
	18. Other professional fees	18.				
	19. Occupancy, rent, utilities, and maintenance	19.				
	20. Depreciation and Depletion	20.	16,894	16,894		
	21. Other expenses	21.	1,069,222	1,069,222		
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>22.</b>		<b>1,367,118</b>	<b>1,367,118</b>	
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>23.</b>		<b>-66,815</b>	<b>-66,815</b>	
<b>O t h e r</b>	24. Total exempt revenue	24.	1,300,303	1,300,303		
	25. Total unrelated revenue	25.				
	26. Total excludable revenue	26.	-11,864	-11,864		
	27. Total assets	27.	1,412,033	1,412,033		
	28. Total liabilities	28.	24,651	24,651		
	29. Retained earnings	29.	1,387,382	1,387,382		
	30. Number of voting members of governing body	30.	8	8		
	31. Number of independent voting members of governing body	31.	8	8		
	32. Number of employees	32.	5	5		
	33. Number of volunteers	33.	5000	5000		

Form <b>990</b>	<b>Tax Return History</b>	<b>2021</b>
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Name <b>RYAN'S CASE FOR SMILES</b>	Employer Identification Number <b>86-1173750</b>
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	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants .....	880,265	1,264,091	1,392,333	1,079,601	1,312,167	1,312,167
Membership dues .....						
Program service revenue .....						
Capital gain or loss .....						
Investment income .....	44	960	7,605	1,990	168	168
Fundraising revenue (income/loss) .....	45,770	18,534	-53,389	36,454	-12,032	-12,032
Gaming revenue (income/loss) .....	20,182	13,564	18,573			
Other revenue .....						
<b>Total revenue</b> .....	<b>946,261</b>	<b>1,297,149</b>	<b>1,365,122</b>	<b>1,118,045</b>	<b>1,300,303</b>	<b>1,300,303</b>
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....	54,997	17,981				
Other compensation .....	179,145	242,389	272,797	237,960	281,002	281,002
Professional fees .....			15,960	181,961		
Occupancy costs .....						
Depreciation and depletion .....	17,331	18,554	17,209	19,280	16,894	16,894
Other expenses .....	787,224	913,464	761,927	770,319	1,069,222	1,069,222
<b>Total expenses</b> .....	<b>1,038,697</b>	<b>1,192,388</b>	<b>1,067,893</b>	<b>1,209,520</b>	<b>1,367,118</b>	<b>1,367,118</b>
<b>Excess or (Deficit)</b> .....	<b>-92,436</b>	<b>104,761</b>	<b>297,229</b>	<b>-91,475</b>	<b>-66,815</b>	<b>-66,815</b>
<b>Total exempt revenue</b> .....	<b>946,261</b>	<b>1,297,149</b>	<b>1,365,122</b>	<b>1,118,045</b>	<b>1,300,303</b>	<b>1,300,303</b>
Total unrelated revenue .....						
Total excludable revenue .....	20,226	14,524	26,178	38,444	-11,864	-11,864
Total Assets .....	1,153,232	1,253,123	1,557,862	1,465,569	1,412,033	1,412,033
Total Liabilities .....	9,550	4,680	12,190	11,372	24,651	24,651
Net Fund Balances .....	1,143,682	1,248,443	1,545,672	1,454,197	1,387,382	1,387,382

86-1173750

**Federal Statements**

FYE: 12/31/2021

**Form 990, Part IX, Line 24e - All Other Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
STORAGE	\$ 6,817	\$ 4,775	\$ 1,750	\$ 292
SUPPLIES	5,620	3,734	1,241	645
BANK SERVICE CHARGE	2,583		889	1,694
T-SHIRT EXPENSE	989	989		
ENTERTAINMENT	714	481		233
RENTALS AND CATERING	300	300		
Total	<u>\$ 17,023</u>	<u>\$ 10,279</u>	<u>\$ 3,880</u>	<u>\$ 2,864</u>



86-1173750

## Federal Statements

FYE: 12/31/2021

Schedule A, Part II, Line 1(e)

## Description

## Amount

Description	Amount
VARIOUS	\$ 567,608
VARIOUS	97,597
GAVIN AND CINDY KERR Cash Contribution	15,000
THE BARTON FOUNDATION Cash Contribution	12,000
BABYLOCK (TACONY CORP) 10 BABYLOCK SERGERS	
THE HESS FOUNDATION Cash Contribution	100,000
BETH DAHLE CONSULTING	
AMY HENLEY FABRIC	
MARY YOUMANS FABRIC	
JULIA AND JOE FISHER Cash Contribution	20,000
ST JOHNS PRESBYTERIAN CHURCH Cash Contribution	8,000
CHARLES STEWART MOTT FOUNDATION Cash Contribution	5,000
MARK FISHMAN Cash Contribution	5,000
COLONIAL DOWNS GROUP Cash Contribution	5,000
ALICA MEGNA Cash Contribution	7,500
SETHNESS FAMILY FOUNDATION Cash Contribution	5,000
RIN RESTUARANTS Cash Contribution	5,000
REBECCA PECK Cash Contribution	20,000
DOLENTE FOUNDATION Cash Contribution	7,500
LF DRISCOLL COMPANY LLC Cash Contribution	15,000

86-1173750

## Federal Statements

FYE: 12/31/2021

Schedule A, Part II, Line 1(e) (continued)

## Description

## Amount

Description	Amount
BALLINGER	\$
Cash Contribution	5,000
IMC CHARITABLE FOUNDATION	
Cash Contribution	25,000
PENN MEDICINE	
Cash Contribution	25,000
BRIAN COMMUNICATION	
Cash Contribution	15,000
KOHL'S	
Cash Contribution	50,000
ST KATHERINE OF SIENNA GRADE SCHOOL	
Cash Contribution	5,124
AVRUM KANTOR	
1250 YDS FABRIC	5,375
MARYANNE WALSH	
Cash Contribution	5,000
BLANKROME	
LEGAL SERVICES	21,500
INDEPENDENCE BLUE CROSS	
Cash Contribution	25,000
VIRTUAL WELLNESS	
Cash Contribution	16,347
FILL THE CASE	
VARIOUS	
LOREAL	
SKY'S THE LIMIT	
Cash Contribution	212,851
MAKEUP AND MOCKTAILS	
Cash Contribution	5,765
Total	\$ <u>1,312,167</u>

86-1173750

**Federal Statements**

FYE: 12/31/2021

**Schedule A, Part II, Line 10(e)**

Description	Amount
VIRTUAL WELLNESS	\$
FILL THE CASE	
SKY'S THE LIMIT	
MAKEUP AND MOCKTAILS	
Total	\$ <u>0</u>

**Schedule A, Part II, Line 12 - Current year**

Description	Amount
Taxable Interest on Savings and Temporary Cash Investments	\$ <u>168</u>
Total	\$ <u>168</u>

**Federal Statements**

**VIRTUAL WELLNESS**

**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
FUNDRAISER EXPENSES	\$ <u>1,312</u>
Total	\$ <u><u>1,312</u></u>

86-1173750

# Federal Statements

FYE: 12/31/2021

## FILL THE CASE

### Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
BIDPAL	\$
POSTAGE	
Total	\$ <u>0</u>

86-1173750

**Federal Statements**

FYE: 12/31/2021

**SKY'S THE LIMIT****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
DESIGN AND DECORATION	\$ 938
REGULATORY	25
FABRIC/SEWING SUPPLIES	433
Total	\$ <u>1,396</u>