

Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning

, and ending

**THE TOM COUGHLIN JAY FUND
FOUNDATION, INC.****59-3426937****Net Asset / Fund Balance at Beginning of Year****31,061,351****Revenue**Contributions 1,733,956Program service revenue Investment income 17,239Capital gain / loss

Fundraising / Gaming:

Gross revenue 2,809,607Direct expenses 654,172Net income 2,155,435Other income 0**Total revenue****3,906,630****Expenses**Program services 2,885,785Management and general 221,646Fundraising 528,186**Total expenses****3,635,617****Excess / (deficit)****271,013**

Changes

3,774,309**Net Asset / Fund Balance at End of Year****35,106,673****Reconciliation of Revenue**Total revenue per financial statements 3,906,630

Less:

Unrealized gains Donated services Recoveries Other

Plus:

Investment expenses Other **Total revenue per return 3,906,630****Reconciliation of Expenses**Total expenses per financial statements 3,635,617

Less:

Donated services Prior year adjustments Losses Other

Plus:

Investment expenses Other **Total expenses per return 3,635,617****Balance Sheet**

	Beginning	Ending	Differences
Assets	<u>31,377,020</u>	<u>36,071,806</u>	
Liabilities	<u>315,669</u>	<u>965,133</u>	
Net assets	<u>31,061,351</u>	<u>35,106,673</u>	<u>4,045,322</u>

Miscellaneous Information

Amended return

Return / extended due date 11/15/22Failure to file penalty

Form **8453-TE****Tax Exempt Entity Declaration and Signature
for Electronic Filing**

OMB No. 1545-0047

2021Department of the Treasury
Internal Revenue ServiceFor calendar year 2021, or tax year beginning _____, and ending _____
For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP
▶ Go to www.irs.gov/Form8453TE for the latest information.

Name of filer

**THE TOM COUGHLIN JAY FUND
FOUNDATION, INC.**

EIN or SSN

59-3426937**Part I Type of Return and Return Information**

Check the box for the type of return being filed with Form 8453-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 of 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-). 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 ▶ ☒	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>3,906,630</u>
2a Form 990-EZ check here ▶ ☐	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ ☐	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ ☐	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ ☐	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ▶ ☐	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ▶ ☐	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here ▶ ☐	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here ▶ ☐	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here ▶ ☐	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) ..	10b _____

Part II Declaration of Officer or Person Subject to Tax

8 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) 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.

☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that ☒ I am an officer of the above named entity or ☐ I am the 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.

Sign
Here

Signature of officer or person subject to tax

Date

CHIEF EXEC OFFICER

Title, if applicable

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature Linda Forde	Date 6/2/22	Check if also paid preparer ☒	Check if self-employed ☐	ERO's SSN or PTIN P00842017
	Firm's name (or yours if self-employed), address, and ZIP code The Forde Firm LLC 5150 Belfort Rd. B Jacksonv FL 32256	EIN 82-4388106	Phone no. 904-725-5832		

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

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

Form **8453-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 for instructions and the latest information.

OMB No. 1545-0047

2021Open to Public
Inspection**A For the 2021 calendar year, or tax year beginning , and ending****B Check if applicable:**

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organizationTHE TOM COUGHLIN JAY FUND
FOUNDATION, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

POST OFFICE BOX 50798

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

JACKSONVILLE BEACH FL 32240

F Name and address of principal officer:TOM COUGHLIN
Post Office Box 50798
Jacksonville Beach FL 32240-0798**D Employer identification number**

59-3426937

E Telephone number

904-543-2599

G Gross receipts \$ 4,560,802**H(a) Is this a group return for subordinates?** ☐ Yes ☒ No**H(b) Are all subordinates included?** ☐ Yes ☐ No

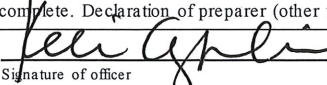
If "No," attach a list. See instructions

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J Website:** TCJAYFUND.ORG**H(c) Group exemption number****K Form of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other**L Year of formation:** 1997**M State of legal domicile:** FL**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO HELP FAMILIES TACKLE CHILDHOOD CANCER BY PROVIDING COMPREHENSIVE FINANCIAL, EMOTIONAL AND PRACTICAL SUPPORT.		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	17
	6 Total number of volunteers (estimate if necessary)	6	0
	Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a
b Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0
8 Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g)		1,617,248	1,733,956
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		593,458	17,239
Expenses	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,588,371	2,155,435
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,799,077	3,906,630
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,522,693	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	946,413	1,051,425
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	528,186	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	269,997	2,584,192
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,739,103	3,635,617
	19 Revenue less expenses. Subtract line 18 from line 12	1,059,974	271,013
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	31,377,020	36,071,806
	22 Net assets or fund balances. Subtract line 21 from line 20	315,669	965,133

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.

Sign Here  **KELI COUGHLIN** **CHIEF EXEC OFFICER**
Signature of officer Date 6/2/22
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Linda Forde	Preparer's signature Linda Forde	Date 06/02/22	Check ☐ if self-employed	PTIN
Firm's name The Forde Firm LLC	Firm's EIN			
Firm's address 5150 Belfort Rd. Bldg 300 Jacksonville, FL 32256	Phone no. 904-725-5832			

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐

1 Briefly describe the organization's mission:

TO ASSIST CHILDREN WITH LEUKEMIA, OTHER CANCERS AND SPECIFIC BONE MARROW FAILURE SYNDROMES BY PROVIDING THEIR FAMILIES EMOTIONAL AND FINANCIAL SUPPORT.

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 \$ **2,838,837** including grants of \$) (Revenue \$)

ASSISTANCE IS PROVIDED TO RELIEVE FINANCIAL BURDENS ASSOCIATED WITH CHILDHOOD CANCER. A FAMILY'S HOUSEHOLD EXPENSES ARE COVERED WHILE THEIR CHILD IS UNDERGOING TREATMENT, AND FOR UP TO SIX MONTHS AFTERWARD. FINANCIAL LITERACY SEMINARS AND ONE-ON-ONE FINANCIAL COACHING ARE OFFERED TO PROVIDE SUPPORT AND TOOLS TO MAKE IT THROUGH THE COSTLY PROCESS FINANCIALLY INTACT. SCHOLARSHIPS ARE OFFERED SO THAT SURVIVORS CAN REACH THEIR ACADEMIC GOALS. FUNERAL EXPENSES ARE COVERED IF FAMILIES NEED HELP. IN 2020, 603 PATIENTS AND THEIR FAMILIES WERE PROVIDED WITH FINANCIAL ASSISTANCE.

4b (Code:) (Expenses \$ **46,948** including grants of \$) (Revenue \$)

EMOTIONAL SUPPORT AND OPPORTUNITIES TO IMPROVE THE QUALITY OF LIFE FOR CHILDHOOD CANCER PATIENTS AND THEIR FAMILIES. SPECIAL PROJECTS, SERVICES, EVENTS AND OPPORTUNITIES ARE OFFERED TO IMPROVE THEIR LONG TERM OUTLOOK. FAMILIES GET A "BREAK FROM CANCER," CONNECT WITH OTHERS WHO UNDERSTAND THEIR JOURNEY, AND HAVE ACCESS TO SUPPORT SERVICES THEY WOULD NOT OTHERWISE RECEIVE. IN 2020, 530 PATIENTS AND THEIR FAMILIES PARTICIPATED IN SPECIAL EVENTS OR OPPORTUNITIES; THE JAY FUND HOSTED 85 EVENTS AND GATHERINGS IN 2020.

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 **2,885,785**

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	2
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	17
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	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?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

	1a	15	1b	14	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b Enter the number of voting members included on line 1a, above, who are independent						
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?					2	X
3 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?					3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?					5	X
6 Did the organization have members or stockholders?					6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?					7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?					7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
a The governing body?					8a	X
b Each committee with authority to act on behalf of the governing body?					8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O					9	X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **u NY, NJ, FL**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 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.

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

KELI COUGHLIN
JACKSONVILLE BEACH

P.O. BOX 50798

FL 32240-0798 904-543-2599

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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			
(1) KELI COUGHLIN	40.00									
CHIEF EXEC OFFICER	0.00	X		X				160,833	0	0
(2) ERNIE BONO	2.00									
VP & SECRETARY	0.00	X		X				0	0	0
(3) GARY CHARTRAND	2.00									
DIRECTOR	0.00	X		X				0	0	0
(4) BRIAN COUGHLIN	2.00									
DIRECTOR	0.00	X		X				0	0	0
(5) TOM COUGHLIN	4.00									
PRESIDENT	0.00	X		X				0	0	0
(6) Susan DuBow	2.00									
DIRECTOR	0.00	X		X				0	0	0
(7) MICHAEL JOYCE	2.00									
MEDICAL DIRECTOR	0.00	X		X				0	0	0
(8) ERNIE BONO, JR	2.00									
DIRECTOR	0.00	X		X				0	0	0
(9) Saundra Jackson	2.00									
DIRECTOR	0.00	X		X				0	0	0
(10) Shelley Kobb	2.00									
DIRECTOR	0.00	X		X				0	0	0
(11) Michael Lewis	2.00									
DIRECTOR	0.00	X		X				0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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			
(12) Anne Cox Mesrobian	2.00									
DIRECTOR	0.00	X		X				0	0	0
(13) SANDY RAMSEY	3.00									
TREASURER	0.00	X		X				0	0	0
(14) Joanne Robertson	2.00									
DIRECTOR	0.00	X		X				0	0	0
1b Subtotal								160,833		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								160,833		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

Part VIII Statement of RevenueCheck 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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,733,956					
	g Noncash contributions included in lines 1a-1f	1g	\$ 80,248					
	h Total. Add lines 1a-1f				u	1,733,956		
Program Service Revenue			Business Code					
	2a							
	b							
	c							
	d							
	e							
	f All other program service revenue							
g Total. Add lines 2a-2f				u				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			u	17,239	17,239		
	4 Income from investment of tax-exempt bond proceeds			u				
	5 Royalties			u				
	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)				u			
	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)				u			
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
		8a	2,809,607					
	b Less: direct expenses	8b	654,172					
	c Net income or (loss) from fundraising events				u	2,155,435		
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				u				
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				u				
Miscellaneous Revenue			Business Code					
	11a							
	b							
	c							
	d All other revenue							
e Total. Add lines 11a-11d				u				
12 Total revenue. See instructions				u	3,906,630	17,239	0	

Form 990 (2021)

THE TOM COUGHLIN JAY FUND**59-3426937**Page **10****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	160,833	73,983	22,517	64,333
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	781,368	293,417	146,905	341,046
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	36,477	14,224	6,559	15,694
10 Payroll taxes	72,747	28,367	13,081	31,299
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.)	-4,660	-2,168	-100	-2,392
12 Advertising and promotion				
13 Office expenses	10,370	4,045	1,864	4,461
14 Information technology				
15 Royalties				
16 Occupancy	50,509	19,696	9,082	21,731
17 Travel	2,862	1,116	515	1,231
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,271	2,055	948	2,268
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	42,234	16,469	7,594	18,171
23 Insurance	15,379	5,997	2,765	6,617
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 Family Support	2,360,852	2,360,852		
b PUBLIC EDUCATION	46,948	46,948		
c MERCHANT FEES	29,736	11,595	5,347	12,794
d LICENSES & DUES	14,164	5,084	2,676	6,404
e All other expenses	10,527	4,105	1,893	4,529
25 Total functional expenses. Add lines 1 through 24e	3,635,617	2,885,785	221,646	528,186
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 ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	57,197	1	83,897
	2 Savings and temporary cash investments	5,652,737	2	3,950,250
	3 Pledges and grants receivable, net	62,284	3	
	4 Accounts receivable, net	17,000	4	205,750
	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		8	
	9 Prepaid expenses and deferred charges	89,692	9	12,495
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 255,484		
	b Less: accumulated depreciation	10b 127,742	10c	127,742
	11 Investments—publicly traded securities	25,316,821	11	31,681,737
	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	17,227	15	9,935
	16 Total assets. Add lines 1 through 15 (must equal line 33)	31,377,020	16	36,071,806
Liabilities	17 Accounts payable and accrued expenses	195,293	17	965,133
	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	120,376	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	
	26 Total liabilities. Add lines 17 through 25	315,669	26	965,133
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here u ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	22,365,977	27	26,411,299
	28 Net assets with donor restrictions	8,695,374	28	8,695,374
	Organizations that do not follow FASB ASC 958, check here u ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	31,061,351	32	35,106,673
	33 Total liabilities and net assets/fund balances	31,377,020	33	36,071,806

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,906,630
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,635,617
3	Revenue less expenses. Subtract line 2 from line 1	3	271,013
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	31,061,351
5	Net unrealized gains (losses) on investments	5	3,774,309
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	35,106,673

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
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: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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.

u Attach to Form 990 or Form 990-EZ.

u 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

THE TOM COUGHLIN JAY FUND
FOUNDATION, INC.

Employer identification number

59-3426937

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)						
Total						

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)	u	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	u	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,614,814	1,675,993	1,440,058	1,617,248	1,733,956	8,082,069
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,535,718	2,416,091	2,969,940	2,442,965	2,826,846	12,191,560
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	3,150,532	4,092,084	4,409,998	4,060,213	4,560,802	20,273,629
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						20,273,629

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	3,150,532	4,092,084	4,409,998	4,060,213	4,560,802	20,273,629
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	436,882	473,758	673,589			1,584,229
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	436,882	473,758	673,589			1,584,229
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	3,587,414	4,565,842	5,083,587	4,060,213	4,560,802	21,857,858
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

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	92.75 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	90.48 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	7 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	10 %

- 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>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c 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>		
b 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <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>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <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>		
b 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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) 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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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.

Section A – Adjusted Net Income		(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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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	Minimum Asset Amount (add line 7 to line 6)	8	

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

7 ☐ Check here if the current year is the organization's first as a non-functionally 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	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2021 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

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

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.)

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**u 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.

u Attach to Form 990.

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

OMB No. 1545-0047

2021Open to Public
Inspection

Name of the organization

**THE TOM COUGHLIN JAY FUND
FOUNDATION, INC.**

Employer identification number

59-3426937**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u

4 Number of states where property subject to conservation easement is located u

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Schedule D (Form 990) 2021

THE TOM COUGHLIN JAY FUND

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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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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
1a Beginning of year balance			18,266,305	19,115,285	16,500,320
b Contributions			19,025	63,960	529,108
c Net investment earnings, gains, and losses			3,645,060	-417,760	2,085,857
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance			21,930,390	18,761,485	19,115,285

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment u %
 b Permanent endowment u %
 c Term endowment u %

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:

- (i) Unrelated organizations
 (ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

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

Schedule D (Form 990) 2021

THE TOM COUGHLIN JAY FUND**59-3426937**Page **3****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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	u	

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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	u	

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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	u

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u

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 ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	3,906,630
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,906,630
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,906,630

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	3,635,617
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,635,617
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,635,617

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIII	Supplemental Information <i>(continued)</i>
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SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

THE TOM COUGHLIN JAY FUND
FOUNDATION, INC.

Employer identification number

59-3426937

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ 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						
Total						

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 CHAMPIONS FOR C (event type)	(b) Event #2 GOLF/AUCTION (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	1,502,822	763,777	543,008	2,809,607
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	1,502,822	763,777	543,008	2,809,607
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	418,479	227,667	8,026	654,172
	10 Direct expense summary. Add lines 4 through 9 in column (d)				654,172
	11 Net income summary. Subtract line 10 from line 3, column (d)				2,155,435

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	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ 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:

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility

13a %

b An outside facility

13b %

- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name u

Address u

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

- b If "Yes," enter the amount of gaming revenue received by the organization u \$ and the amount of gaming revenue retained by the third party u \$

- c If "Yes," enter name and address of the third party:

Name u

Address u

- 16 Gaming manager information:

Name u

Gaming manager compensation u \$

Description of services provided u

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year u \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.****u Attach to Form 990.****u Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021**Open to Public Inspection****THE TOM COUGHLIN JAY FUND
FOUNDATION, INC.**

Employer identification number

59-3426937**Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.☐ First-class or charter travel☐ Travel for companions☐ Tax indemnification and gross-up payments☐ Discretionary spending account☐ Housing allowance or residence for personal use☐ Payments for business use of personal residence☐ Health or social club dues or initiation fees☐ Personal services (such as maid, chauffeur, chef)**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.☐ Compensation committee☐ Independent compensation consultant☐ Form 990 of other organizations☐ Written employment contract☐ Compensation survey or study☐ Approval by the board or compensation committee**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:**a** Receive a severance payment or change-of-control payment?**b** Participate in or receive payment from a supplemental nonqualified retirement plan?**c** Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:**a** The organization?**b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:**a** The organization?**b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b**2****4a****4b****4c****5a****5b****6a****6b****7****8****9****X****X****X****X****X****X****X****X****X**

Schedule J (Form 990) 2021

THE TOM COUGHLIN JAY FUND**59-3426937**Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
KELI COUGHLIN 1 CHIEF EXEC OFFICER	(i)	160,833	0	0	0	0	160,833	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2021

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

**SCHEDULE M
(Form 990)****Noncash Contributions**

OMB No. 1545-0074

2021**Open To Public
Inspection**Department of the Treasury
Internal Revenue Service

- u** Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

FOUNDATION, INC.**59-3426937****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				
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	X	1	80,248	
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 u ()				
26 Other u ()				
27 Other u ()				
28 Other u ()				

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

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?

31		X
----	--	----------

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

32a		X
-----	--	----------

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.

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**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.

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**

Name of the organization

**THE TOM COUGHLIN JAY FUND
FOUNDATION, INC.**

Employer identification number

59-3426937**Form 990, Part I, Line 6****VOLUNTEERS ASSIST IN THE ADMINISTRATIVE OFFICES AND AT SPECIAL EVENTS.****Form 990, Part VI, Line 2 - Related Party Information Among Officers****Keli Coughlin****Tom Coughlin****Exec. Dir.****President****Daughter****Brian Coughlin****Tom Coughlin****Director****President****Son****Form 990, Part VI, Line 11b - Organization's Process to Review Form 990****PRIOR TO FILING, FORM 990 REVIEWED BY EXECUTIVE DIRECTOR AND TREASURER, AND
THEN PRESENTED TO AND APPROVED BY THE FULL BOARD.****Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy****THE ORGANIZATION ANNUALLY CERTIFIES WITH THE STATE OF FLORIDA ITS
COMPLIANCE WITH THE STATE'S CONFLICT OF INTEREST POLICY GUIDELINES.****Form 990, Part VI, Line 15a - Compensation Process for Top Official****EXECUTIVE COMMITTEE PERFORMS A REVIEW OF COMPARABLE DATA AND
CONTEMPORANEOUSLY SUBSTANTIATES THEIR RECOMMENDATION; WHICH IS THEN
SUBMITTED TO THE BOARD FOR APPROVAL.**

Name of the organization	Employer identification number
THE TOM COUGHLIN JAY FUND	59-3426937

Form 990, Part VI, Line 15b - Compensation Process for Officers

THE EXECUTIVE COMMITTEE PERFORMS A REVIEW OF COMPARABLE DATA AND
CONTEMPORANEOUSLY SUBSTANTIATES THEIR RECOMMENDATION; WHICH IS THEN
SUBMITTED TO THE BOARD FOR APPROVAL.

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

UPON REQUEST

Form **4562**Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2021Attachment
Sequence No. **179****THE TOM COUGHLIN JAY FUND
FOUNDATION, INC.**Identifying number
59-3426937

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	1,050,000
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	2,620,000
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	
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 smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

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	42,232

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	0
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 ☐ u ☐		

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	
i Nonresidential real property			39 yrs.	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	Total. 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	42,232
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.

DAA

There are no amounts for Page **2** Form **4562** (2021)

59-3426937

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
Other Depreciation:												
3	Blackboard-Etapestry	7/26/10	2,224				2,224	3	MO	S/L	2,224	0
4	Social Media Development	6/30/12	5,000				5,000	3	MO	S/L	5,000	0
6	Dell Inspiron 15R Notebook	7/23/12	582				582	3	MO	S/L	582	0
7	Dell Inspiron 620ST	1/01/12	623				623	3	MO	S/L	623	0
8	Office Furniture-ED	7/01/14	2,321				2,321	7	MO	S/L	2,155	166
9	Conference Room Chairs	7/01/14	713				713	7	MO	S/L	662	51
12	Mac Computer-Lisa	9/04/15	1,817				1,817	5	MO	S/L	1,817	0
13	Laptop	9/16/15	845				845	5	MO	S/L	845	0
14	Office Chair	1/19/16	179				179	5	MO	S/L	176	3
15	Conference Room Chair	2/10/16	179				179	5	MO	S/L	176	3
16	File Cabinet	3/01/16	421				421	10	MO	S/L	203	43
17	Adobe Software	9/10/16	360				360	3	MO	S/L	360	0
18	Laptop	11/29/16	631				631	3	MO	S/L	631	0
19	Color Printer	12/05/16	321				321	3	MO	S/L	321	0
20	2013 Cadillac Escalade	9/03/17	38,150				38,150	5	MO	S/L	25,433	7,630
21	Small electronic purchases	6/30/17	283				283	3	MO	S/L	283	0
22	Dell Laptop	1/25/17	578				578	3	MO	S/L	578	0
23	Dell Inspiron 15	4/03/17	549				549	3	MO	S/L	549	0
24	Dell Inspiron 13	4/03/17	499				499	3	MO	S/L	499	0
25	Monitor & Mouse Pad	1/07/17	267				267	3	MO	S/L	267	0
27	Desk	4/21/17	140				140	5	MO	S/L	103	28
28	Dell Inspiron13	6/29/17	499				499	3	MO	S/L	499	0
29	Dell Laptop	8/31/17	943				943	3	MO	S/L	943	0
30	Adobe Software	9/10/17	360				360	3	MO	S/L	360	0
31	Camera	10/12/17	463				463	3	MO	S/L	463	0
32	Computer	1/09/17	599				599	3	MO	S/L	599	0
33	Computer	11/15/17	894				894	3	MO	S/L	894	0
34	Telephones-Vonage	5/10/18	1,319				1,319	5	MO	S/L	704	264
35	Light Fixtures	8/27/18	1,000				1,000	15	MO	S/L	156	66
36	Lobby Signs	8/27/18	680				680	15	MO	S/L	106	45
37	Architectural Services	8/27/18	10,000				10,000	15	MO	S/L	1,556	666
38	AV Monitor & Sound System	8/27/18	4,292				4,292	15	MO	S/L	668	286
39	Data Cableing & Network Box	8/27/18	8,968				8,968	15	MO	S/L	1,395	598
40	Lobby Signs	8/27/18	1,091				1,091	15	MO	S/L	170	72
41	Cabnitry & Worksurfaces	8/27/18	11,200				11,200	15	MO	S/L	1,742	747
42	Oracle Business Intelligence System	9/17/18	115,000				115,000	5	MO	S/L	51,750	23,000
43	Office Buildout-Alesch	7/11/18	52,460				52,460	15	MO	S/L	8,743	3,498
44	Keli Office Furniture	11/06/18	2,670				2,670	7	MO	S/L	826	382
45	Board Room Credenza	11/06/18	1,020				1,020	7	MO	S/L	316	146
46	5 Chromebooks	7/22/19	1,268				1,268	3	MO	S/L	599	422
47	Desktop Computer - Keli Coughlin	4/22/20	969				969	3	MO	S/L	215	323
48	Dell Laptop - Rita Malie	9/23/20	956				956	3	MO	S/L	80	318
49	Surface Pros 13	12/01/20	6,500				6,500	3	MO	S/L	181	2,166
50	Computer (Lynn)	8/10/19	752				752	3	MO	S/L	355	251
51	Computer (Wright)	12/07/19	602				602	3	MO	S/L	218	200
52	Mary Jane Laptop and Docking Station	3/01/21	933				933	3	MO	S/L	0	259
53	CCS Presentation Systems	3/22/21	1,367				1,367	5	MO	S/L	0	205
54	Alex Laptop	5/02/21	703				703	3	MO	S/L	0	156
55	Katika Desktop Computer	5/25/21	941				941	3	MO	S/L	0	183
56	Kelly Laptop and docking station	12/14/21	1,969				1,969	3	MO	S/L	0	55
Total Other Depreciation			<u>287,100</u>				<u>287,100</u>				<u>117,025</u>	<u>42,232</u>
Total ACRS and Other Depreciation			<u>287,100</u>				<u>287,100</u>				<u>117,025</u>	<u>42,232</u>
Grand Totals			287,100				287,100				117,025	42,232
Less: Dispositions and Transfers			0				0				0	0
Less: Start-up/Org Expense			0				0				0	0
Net Grand Totals			<u>287,100</u>				<u>287,100</u>				<u>117,025</u>	<u>42,232</u>

59-3426937

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
Other Depreciation:												
3	Blackboard-Etapestry	7/26/10	0				0	0	HY		0	0
4	Social Media Development	6/30/12	0				0	0	HY		0	0
6	Dell Inspiron 15R Notebook	7/23/12	0				0	0	HY		0	0
7	Dell Inspiron 620ST	1/01/12	0				0	0	HY		0	0
8	Office Furniture-ED	7/01/14	0				0	0	HY		0	0
9	Conference Room Chairs	7/01/14	0				0	0	HY		0	0
12	Mac Computer-Lisa	9/04/15	0				0	0	HY		0	0
13	Laptop	9/16/15	0				0	0	HY		0	0
14	Office Chair	1/19/16	0				0	0	HY		0	0
15	Conference Room Chair	2/10/16	0				0	0	HY		0	0
16	File Cabinet	3/01/16	0				0	0	HY		0	0
17	Adobe Software	9/10/16	0				0	0	HY		0	0
18	Laptop	11/29/16	0				0	0	HY		0	0
19	Color Printer	12/05/16	0				0	0	HY		0	0
20	2013 Cadillac Escalade	9/03/17	0				0	0	HY		0	0
21	Small electronic purchases	6/30/17	0				0	0	HY		0	0
22	Dell Laptop	1/25/17	0				0	0	HY		0	0
23	Dell Inspiron 15	4/03/17	0				0	0	HY		0	0
24	Dell Inspiron 13	4/03/17	0				0	0	HY		0	0
25	Monitor & Mouse Pad	1/07/17	0				0	0	HY		0	0
27	Desk	4/21/17	0				0	0	HY		0	0
28	Dell Inspiron13	6/29/17	0				0	0	HY		0	0
29	Dell Laptop	8/31/17	0				0	0	HY		0	0
30	Adobe Software	9/10/17	0				0	0	HY		0	0
31	Camera	10/12/17	0				0	0	HY		0	0
32	Computer	1/09/17	0				0	0	HY		0	0
33	Computer	11/15/17	0				0	0	HY		0	0
34	Telephones-Vonage	5/10/18	0				0	0	HY		0	0
35	Light Fixtures	8/27/18	0				0	0	HY		0	0
36	Lobby Signs	8/27/18	0				0	0	HY		0	0
37	Architectural Services	8/27/18	0				0	0	HY		0	0
38	AV Monitor & Sound System	8/27/18	0				0	0	HY		0	0
39	Data Cableing & Network Box	8/27/18	0				0	0	HY		0	0
40	Lobby Signs	8/27/18	0				0	0	HY		0	0
41	Cabnitry & Worksurfaces	8/27/18	0				0	0	HY		0	0
42	Oracle Business Intelligence System	9/17/18	0				0	0	HY		0	0
43	Office Buildout-Alesch	7/11/18	0				0	0	HY		0	0
44	Keli Office Furniture	11/06/18	0				0	0	HY		0	0
45	Board Room Credenza	11/06/18	0				0	0	HY		0	0
46	5 Chromebooks	7/22/19	0				0	0	HY		0	0
47	Desktop Computer - Keli Coughlin	4/22/20	0				0	0	HY		0	0
48	Dell Laptop - Rita Malie	9/23/20	0				0	0	HY		0	0
49	Surface Pros 13	12/01/20	0				0	0	HY		0	0
50	Computer (Lynn)	8/10/19	0				0	0	HY		0	0
51	Computer (Wright)	12/07/19	0				0	0	HY		0	0
52	Mary Jane Laptop and Docking Station	3/01/21	0				0	0	HY		0	0
53	CCS Presentation Systems	3/22/21	0				0	0	HY		0	0
54	Alex Laptop	5/02/21	0				0	0	HY		0	0
55	Katika Desktop Computer	5/25/21	0				0	0	HY		0	0
56	Kelly Laptop and docking station	12/14/21	0				0	0	HY		0	0
Total Other Depreciation			<u>0</u>				<u>0</u>				<u>0</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>0</u>				<u>0</u>				<u>0</u>	<u>0</u>
Grand Totals			0				0				0	0
Less: Dispositions and Transfers			<u>0</u>				<u>0</u>				<u>0</u>	<u>0</u>
Net Grand Totals			<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>
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There are no assets that meet the criteria of this report

59-3426937

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

FYE: 12/31/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
3	Blackboard-Etapestry	7/26/10	2,224	0	0
4	Social Media Development	6/30/12	5,000	0	0
6	Dell Inspiron 15R Notebook	7/23/12	582	0	0
7	Dell Inspiron 620ST	1/01/12	623	0	0
8	Office Furniture-ED	7/01/14	2,321	0	0
9	Conference Room Chairs	7/01/14	713	0	0
12	Mac Computer-Lisa	9/04/15	1,817	0	0
13	Laptop	9/16/15	845	0	0
14	Office Chair	1/19/16	179	0	0
15	Conference Room Chair	2/10/16	179	0	0
16	File Cabinet	3/01/16	421	42	0
17	Adobe Software	9/10/16	360	0	0
18	Laptop	11/29/61	631	0	0
19	Color Printer	12/05/16	321	0	0
20	2013 Cadillac Escalade	9/03/17	38,150	5,087	0
21	Small electronic purchases	6/30/17	283	0	0
22	Dell Laptop	1/25/17	578	0	0
23	Dell Inspiron 15	4/03/17	549	0	0
24	Dell Inspiron 13	4/03/17	499	0	0
25	Monitor & Mouse Pad	1/07/17	267	0	0
27	Desk	4/21/17	140	9	0
28	Dell Inspiron13	6/29/17	499	0	0
29	Dell Laptop	8/31/17	943	0	0
30	Adobe Software	9/10/17	360	0	0
31	Camera	10/12/17	463	0	0
32	Computer	1/09/17	599	0	0
33	Computer	11/15/17	894	0	0
34	Telephones-Vonage	5/10/18	1,319	263	0
35	Light Fixtures	8/27/18	1,000	67	0
36	Lobby Signs	8/27/18	680	45	0
37	Architectural Services	8/27/18	10,000	667	0
38	AV Monitor & Sound System	8/27/18	4,292	286	0
39	Data Cableing & Network Box	8/27/18	8,968	598	0
40	Lobby Signs	8/27/18	1,091	73	0
41	Cabnetry & Worksurfaces	8/27/18	11,200	747	0
42	Oracle Business Intelligence System	9/17/18	115,000	23,000	0
43	Office Buildout-Alesch	7/11/18	52,460	3,497	0
44	Keli Office Furniture	11/06/18	2,670	381	0
45	Board Room Credenza	11/06/18	1,020	145	0
46	5 Chromebooks	7/22/19	1,268	247	0
47	Desktop Computer - Keli Coughlin	4/22/20	969	323	0
48	Dell Laptop - Rita Malie	9/23/20	956	319	0
49	Surface Pros 13	12/01/20	6,500	2,167	0
50	Computer (Lynn)	8/10/19	752	146	0
51	Computer (Wright)	12/07/19	602	184	0
52	Mary Jane Laptop and Docking Station	3/01/21	933	311	0
53	CCS Presentation Systems	3/22/21	1,367	273	0
54	Alex Laptop	5/02/21	703	234	0
55	Katika Desktop Computer	5/25/21	941	314	0
56	Kelly Laptop and docking station	12/14/21	1,969	656	0
Total Other Depreciation			<u>287,100</u>	<u>40,081</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>287,100</u>	<u>40,081</u>	<u>0</u>
Grand Totals			<u>287,100</u>	<u>40,081</u>	<u>0</u>

SCHEDULE G (Form 990 or 990-EZ)		Fundraising Other Events			2021
		For calendar year 2021, or tax year beginning , and ending			
Name THE TOM COUGHLIN JAY FUND FOUNDATION, INC.					Employer Identification Number 59-3426937
Revenue		(a) Other event OTHER (event type)	(b) Other event WINE GALA (event type)	(c) Other event (event type)	(d) Total other events (add col. (a) through col. (c))
	1 Gross receipts	500,808	42,200		543,008
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	500,808	42,200		543,008
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	7,173	853		8,026

Form 990	Two Year Comparison Report		2020 & 2021
For calendar year 2021, or tax year beginning , ending			
Name THE TOM COUGHLIN JAY FUND FOUNDATION, INC.			Taxpayer Identification Number 59-3426937

			2020	2021	Differences
Revenue	1. Contributions, gifts, grants	1.	1,617,248	1,733,956	116,708
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
	4. Program service revenue	4.			
	5. Investment income	5.	593,458	17,239	-576,219
	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.	1,588,371	2,155,435	567,064
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.			
	12. Total revenue. Add lines 1 through 11	12.	3,799,077	3,906,630	107,553
Expenses	13. Grants and similar amounts paid	13.	1,522,693		-1,522,693
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	148,488	160,833	12,345
	16. Salaries, other compensation, and employee benefits	16.	797,925	890,592	92,667
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	8,100	-4,660	-12,760
	19. Occupancy, rent, utilities, and maintenance	19.	9,609	50,509	40,900
	20. Depreciation and Depletion	20.	40,683	42,234	1,551
	21. Other expenses	21.	211,605	2,496,109	2,284,504
	22. Total expenses. Add lines 13 through 21	22.	2,739,103	3,635,617	896,514
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	1,059,974	271,013	-788,961
Other Information	24. Total exempt revenue	24.	3,799,077	3,906,630	107,553
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	593,458	17,239	-576,219
	27. Total assets	27.	31,377,020	36,071,806	4,694,786
	28. Total liabilities	28.	315,669	965,133	649,464
	29. Retained earnings	29.	31,061,351	35,106,673	4,045,322
	30. Number of voting members of governing body	30.	15	15	
	31. Number of independent voting members of governing body	31.	14	14	
	32. Number of employees	32.	13	17	
	33. Number of volunteers	33.	200		

Form 990	Tax Return History	2021
Name THE TOM COUGHLIN JAY FUND FOUNDATION, INC.		Employer Identification Number 59-3426937

	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants	1,614,814	1,675,993	1,440,058	1,617,248	1,733,956	
Membership dues						
Program service revenue						
Capital gain or loss						
Investment income	992,634	376,654	901,273	593,458	17,239	
Fundraising revenue (income/loss)	1,535,718	1,827,968	1,463,331	1,588,371	2,155,435	
Gaming revenue (income/loss)						
Other revenue						
Total revenue	4,143,166	3,880,615	3,804,662	3,799,077	3,906,630	
Grants and similar amounts paid	1,426,183	1,494,016	1,619,904	1,522,693		
Benefits paid to or for members						
Compensation of officers, etc.	141,000	144,208	144,197	148,488	160,833	
Other compensation	443,735	596,885	687,753	797,925	890,592	
Professional fees	23,657	11,874	25,664	8,100	-4,660	
Occupancy costs	20,839	29,762	11,308	9,609	50,509	
Depreciation and depletion	5,497	20,108	41,520	40,683	42,234	
Other expenses	150,230	176,331	263,943	211,605	2,496,109	
Total expenses	2,211,141	2,473,184	2,794,289	2,739,103	3,635,617	
Excess or (Deficit)	1,932,025	1,407,431	1,010,373	1,059,974	271,013	
Total exempt revenue	4,143,166	3,880,615	3,804,662	3,799,077	3,906,630	
Total unrelated revenue						
Total excludable revenue	992,634	376,654	901,273	593,458	17,239	
Total Assets	22,972,409	23,049,943	27,500,598	31,377,020	36,071,806	
Total Liabilities	171,370	123,313	248,382	315,669	965,133	
Net Fund Balances	22,801,039	22,926,630	27,252,216	31,061,351	35,106,673	

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
Interest Income	\$ 17,239					
Total	\$ 17,239					

59-3426937

Federal Statements

FYE: 12/31/2021

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROFESSIONAL FEES	\$ -4,660	\$ -2,168	\$ -100	\$ -2,392
Total	\$ -4,660	\$ -2,168	\$ -100	\$ -2,392

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Other miscellaneous	\$ 10,527	\$ 4,105	\$ 1,893	\$ 4,529
Total	\$ 10,527	\$ 4,105	\$ 1,893	\$ 4,529

59-3426937

Federal Statements

FYE: 12/31/2021

Schedule A, Part III, Line 1(e)

Description	Amount
CONTRIBUTIONS	\$ 1,653,708
CONTRIBUTIONS	
CONTRIBUTIONS	80,248
Total	<u>\$ 1,733,956</u>

Schedule A, Part III, Line 2(e)

Description	Amount
Interest Income	\$ 17,239
REALIZED GAINS	
INVESTMENT INCOME	
CHAMPIONS FOR CHILDREN	1,502,822
GOLF/AUCTION	763,777
WINE GALA	42,200
OTHER	500,808
Total	<u>\$ 2,826,846</u>

Federal Statements

CHAMPIONS FOR CHILDREN

Other Direct Fundraising or Gaming Expenses

Description	Amount
MERCHANT FEES/MISC	\$
NY	
OTHER	418,479
Total	\$ 418,479

Federal Statements

OTHER

Other Direct Fundraising or Gaming Expenses

Description	Amount
	\$ 7,173
Total	\$ 7,173