Forms 990 / 990-EZ Return Summary

For calendar year 2025, or tax year beginning , and ending

THE TOM COUGHLIN JAY FUND FOUNDATION, INC. **59-3426937**

Net Asset / Fund Balance at Beginning of Year				38,350,891
Revenue				
Contributions		3,415,534		
Program service revenue				
Investment income		4,460,555		
Capital gain / loss		-9,315		
Fundraising / Gaming:				
Gross revenue	3,544,295			
Direct expenses	884,098			
Net income		2,660,197		
Other income		9		
Total revenue			10,526,980	
Expenses				
Program services		5,081,656		
Management and general		412,458		
Fundraising		806,360		
Total expenses			6,300,474	
Excess / (deficit)				4,226,506
Changes				
Net Asset / Fund Balance at End of Year				42,577,397

Reconciliation of Revenue

Total revenue per financial statements	10,526,980
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	10,526,980

Reconciliation of Expenses

Total expenses per financial statements	6,300,474
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	6,300,474

Balance Sheet

	Beginning	Ending	Differences
Assets	39,188,378	43,363,168	
Liabilities	837,487	785,771	
Net assets	38,350,891	42,577,397	4,226,506

Miscellaneous Information

Amended return	
Return / extended due date	11/16/26
Failure to file penalty	

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax-Exempt Entity

For calendar year 2025, or fiscal year beginning . . . . . , 2025, and ending . . . . . , 20 . . . . . .

Do not send to the IRS. Keep for your records.
Go to *www.irs.gov/Form8879TE* for the latest information.

OMB No. 1545-0047

2025

Name of filer: THE TOM COUGHLIN JAY FUND FOUNDATION, INC.

EIN or SSN: 59-3426937

Name and title of officer or person subject to tax: Keli Coughlin
Chief Exec Officer

Part I Type of Return and Return Information

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

1a Form 990 check here	X	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	10,526,980
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 V, 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 and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that: [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2025 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[ ] I authorize _____ (**ERO firm name**) to enter my PIN [ ] (**Enter five numbers, but do not enter all zeros**) as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[X] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date 06/22/26

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 50019054321

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2025 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date 06/22/26

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **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
2025
Open to Public Inspection

A For the 2025 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 organization: THE 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

D Employer identification number: 59-3426937

E Telephone number: 904-543-2599

G Gross receipts$ 11,420,393

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

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. See instructions.

I Tax-exempt status: [X] 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: [X] 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:
THE TOM COUGHLIN JAY FUND FOUNDATION'S MISSION IS TO HELP FAMILIES TACKLE CHILDHOOD CANCER BY PROVIDING 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	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	20
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,651,755	3,415,534
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,508,837	4,451,240
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,817,374	2,660,206
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,977,966	10,526,980
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,007,078	4,068,455
	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)	1,548,746	1,742,585
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) 806,360		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	367,321	489,434
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,923,145	6,300,474
	19	Revenue less expenses. Subtract line 18 from line 12	3,054,821	4,226,506
			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	39,188,378	43,363,168
	21	Total liabilities (Part X, line 26)	837,487	785,771
	22	Net assets or fund balances. Subtract line 21 from line 20	38,350,891	42,577,397

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

Signature of officer | Date

Keli Coughlin Chief Exec Officer
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
David Forde		06/29/26		

Firm's name: The Forde Firm Inc | Firm's EIN:
Firm's address: 4685 Sunbeam Rd Suite 203, Jacksonville, FL 32257-6109 | 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 Accomplishments

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

1 Briefly describe the organization's mission:

The Tom Coughlin Jay Fund Foundation's mission is to help families tackle childhood cancer by providing financial, emotional and practical 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 $ 4,666,953 including grants of$ 3,671,588) (Revenue $)

a.The Jay Fund provides assistance to relieve financial burdens associated with childhood cancer. We cover a family's household expenses while their child is undergoing active treatment and for up to six months afterward. The Jay Fund offers financial literacy seminars and one-on-one financial coaching to help families make it through the treatment process financially intact. We offer scholarships so survivors can reach their academic goals. The Jay Fund also covers funeral expenses if families need help. In 2025, 647 patients and their families were provided with financial assistance.

4b (Code:) (Expenses $ 414,703 including grants of$ 396,867) (Revenue $)

b.Emotional support involves opportunities to improve the quality of life for childhood cancer patients and their families. The Jay Fund offers special projects, services and events, from sibling support and caregiver programs to holiday parties. Families get a break from cancer, connect with others who understand their journey and have access to support services they would otherwise not receive. In 2025, 473 families participated in 112 Jay Fund emotional support opportunities and experiences.

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 5,081,656

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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*	3		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*	4		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*	5		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*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		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	17		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*	18	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*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				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 20			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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 the 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, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 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 ..... [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17		
	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	1b	17		
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 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.

[X] Own website [ ] Another's website [X] 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.

KELI COUGHLIN 5000 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH FL 32082 904-543-2599

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- 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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) Keli Coughlin Chief Exec Officer	40.00 0.00	X		X				227,180	0	0
(2) Kevin Booth Director	0.00 0.00	X						0	0	0
(3) GARY CHARTRAND DIRECTOR	0.00 0.00	X						0	0	0
(4) TOM COUGHLIN PRESIDENT	0.00 0.00	X		X				0	0	0
(5) Brian Coughlin VP	0.00 0.00	X		X				0	0	0
(6) SUSAN DUBOW DIRECTOR	0.00 0.00	X						0	0	0
(7) Dr. SAUNDRA JACKSON DIRECTOR	0.00 0.00	X						0	0	0
(8) MICHAEL JOYCE MEDICAL DIRECTOR	0.00 0.00	X		X				0	0	0
(9) ERNIE BONO, JR DIRECTOR	0.00 0.00	X						0	0	0
(10) Chad Johnson Director	0.00 0.00	X						0	0	0
(11) SHELLY KOBB DIRECTOR	0.00 0.00	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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(12) Tom Kelly										
(12)	0.00									
Director	0.00	X						0	0	0
(13) MICHAEL LEWIS										
(13)	0.00									
DIRECTOR	0.00	X						0	0	0
(14) ANNE COXE MESROBIAN										
(14)	0.00									
DIRECTOR	0.00	X						0	0	0
(15) Mike McGillis										
(15)	0.00									
Director	0.00	X						0	0	0
(16) SANDY RAMSEY										
(16)	0.00									
TREASURER	0.00	X		X				0	0	0
(17) JOANNE ROBERTSON										
(17)	0.00									
DIRECTOR	0.00	X						0	0	0
(18) ERNIE BONO Sr.										
(18)	0.00									
VP & SECRETARY	0.00	X		X				0	0	0
(19)										
1b Subtotal								227,180		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								227,180		

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 **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*	3		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*	4	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*	5		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 **0**

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
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	3,415,534				
	g Noncash contributions included in lines 1a-1f	1g	$ 289,690				
	h Total. Add lines 1a–1f			3,415,534			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a–2f						
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts)			4,460,555	4,460,555		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a					
	b Less: cost or other basis and sales exps.	7b	9,315				
	c Gain or (loss)	7c	-9,315				
	d Net gain or (loss)			-9,315	-9,315		
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	8a	3,544,295				
	b Less: direct expenses	8b	884,098				
	c Net income or (loss) from fundraising events			2,660,197			
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
	11a Rounding			9	9		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a–11d			9			
	12 Total revenue. See instructions			10,526,980	4,451,249	0	0

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	211,500	211,500		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,856,955	3,856,955		
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	227,180	104,503	31,805	90,872
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	1,352,934	622,349	268,417	462,168
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	63,104	29,028	11,990	22,086
10 Payroll taxes	99,367	45,709	18,880	34,778
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.)	9,450	4,347	1,796	3,307
12 Advertising and promotion				
13 Office expenses	53,470	17,460	7,211	28,799
14 Information technology				
15 Royalties				
16 Occupancy	93,436	46,718	18,687	28,031
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	24,680	9,082	3,751	11,847
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,047	11,364	913	1,770
23 Insurance	21,878	10,064	4,157	7,657
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 MERCHANT FEES	127,993	58,877	24,319	44,797
b Other miscellaneous	61,340	28,216	11,655	21,469
c PUBLIC EDUCATION	47,524	17,836	5,718	23,970
d LICENSES & DUES	35,616	7,648	3,159	24,809
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,300,474	5,081,656	412,458	806,360
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 Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,849,323	1	2,501,759
	2	Savings and temporary cash investments		10,414,354	2	11,807,299
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		38,500	4	102,200
	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		171,523	9	195,401
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 152,157			
	b	Less: accumulated depreciation	10b 82,764	87,029	10c	69,393
	11	Investments—publicly traded securities		26,459,105	11	28,659,153
	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		168,544	15	27,963
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		39,188,378	16	43,363,168
Liabilities	17	Accounts payable and accrued expenses		684,793	17	771,850
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		152,694	25	13,921
	26	**Total liabilities.** Add lines 17 through 25		837,487	26	785,771
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		29,545,517	27	33,772,023
	28	Net assets with donor restrictions		8,805,374	28	8,805,374
		Organizations that do not follow FASB ASC 958, check her ☐ 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		38,350,891	32	42,577,397
	33	Total liabilities and net assets/fund balances		39,188,378	33	43,363,168

Part XI Reconciliation of Net Assets

Check 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	10,526,980
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,300,474
3	Revenue less expenses. Subtract line 2 from line 1	3	4,226,506
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	38,350,891
5	Net unrealized gains (losses) on investments	5	
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	42,577,397

Part XII Financial Statements and Reporting

Check 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?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		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	3b		

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2025

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 must generally 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? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(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)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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 2025 (line 6, column (f), divided by line 11, column (f)) **14** %

15 Public support percentage from 2024 Schedule A, Part II, line 14 **15** %

16a **33 1/3% support test — 2025.** 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 — 2024.** 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 — 2025.** 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 — 2024.** 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,733,956	2,376,707	2,307,940	2,651,755	3,415,534	12,485,892
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	2,826,846	2,959,600	7,901,216	7,121,335	8,004,859	28,813,856
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	4,560,802	5,336,307	10,209,156	9,773,090	11,420,393	41,299,748
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.)						41,299,748

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6	4,560,802	5,336,307	10,209,156	9,773,090	11,420,393	41,299,748
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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.)	4,560,802	5,336,307	10,209,156	9,773,090	11,420,393	41,299,748

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 2025 (line 8, column (f), divided by line 13, column (f))	15	100.00 %
16	Public support percentage from 2024 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests — 2025.** 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 — 2024.** 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line *7? If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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 supported organization. *Describe in Part VI how you supported a governmental supported organization (see instructions).*

			Yes	No
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 its supported organization(s)? 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 each of its 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, 3b, and 3c below.*			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in Part VI.*	**3a**		
b	Did the organization direct 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**		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI .*	**3c**		

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 *(explain in detail in Part VI)*:			
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	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in Part VI*)	5	
6	**Total annual distributions.** Add lines 1 through 5.	6	
7	Distributions to attentive supported organizations to which the organization is responsive (*provide details in Part VI*). See instructions.	7	
8	Distributable amount for 2025 from Section C, line 6	8	
9	Line 7 amount divided by line 8 amount	9	

Section E – Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1	Distributable amount for 2025 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required–*explain in Part VI*). See instructions.			
3	Excess distributions carryover, if any, to 2025			
a	From 2020			
b	From 2021			
c	From 2022			
d	From 2023			
e	From 2024			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2025 distributable amount			
i	Carryover from 2020 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2025 from Section D, line 6: $			
a	Applied to underdistributions of prior years			
b	Applied to 2025 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2025, 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 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in Part VI.* See instructions.			
7	**Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2021			
b	Excess from 2022			
c	Excess from 2023			
d	Excess from 2024			
e	Excess from 2025			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B
(Form 990)
(Rev. December 2024))
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization
THE TOM COUGHLIN JAY FUND FOUNDATION, INC.

Employer identification number
59-3426937

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... $ .....

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

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

Schedule B (Form 990) (Rev. 12-2024)

DAA

Name of organization: THE TOM COUGHLIN JAY FUND

Employer identification number: 59-3426937

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LAURENCE AND THRESSA ANDERSON 11453 Rhodolite Ct Las Vegas NV 89135	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	Sean and Amber Anthony 243 Vale Dr St Augustine FL 32095	$ 7,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	BORKOWSKI FAMILY FOUNDATION 1221 1st St S, Apt 7B Jacksonville Beach FL 32250	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	The Boyce Foundation 1 International Place Boston MA 02110	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	Anthony and Jennifer Candelino 1958 Camellia Oaks Ln Jacksonville FL 32217	$ 5,200	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	TOM & JUDY COUGHLIN PO Box 50798 Jacksonville Beach FL 32240	$ 47,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE TOM COUGHLIN JAY FUND

Employer identification number: 59-3426937

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Andree Wildenstein Dormeuil & Roger Dormeuil Foundation 80 Business Park Dr Ste 100 Armonk NY 10504	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	Ray and Kay Eckstein Charitable Tst 4965 Village Square Dr Ste A Paducah KY 42001	$ 160,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9	RANDY & EILEEN EDSALL 7739 WATER STREET FULTON MD 20759	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10	Eisai Inc 200 Metro Blvd Nutley NJ 07110	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11	Tom and Debbie Frankland 5040 Bentgrass Cir Ponte Vedra Beach FL 32082	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12	ALFRED GAUDELLI 25 NEPTUNE AVENUE MADISON CT 06443	$ 5,100	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE TOM COUGHLIN JAY FUND

Employer identification number: 59-3426937

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	BILLIE SUE JENNINGS 154 Beach Ave Atlantic Beach FL 32233	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14	Darren and Samantha Magarro 820 Old Mill Rd Franklin Lakes NJ 07417	$ 5,182	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15	Mother Cabrini Health Foundation 777 3rd Ave Fl 23 New York NY 10017	$ 500,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16	MOUNTAINSTAR CAPITAL 5000 Sawgrass Village Cir Ste 3 Ponte Vedra Beach FL 32082-5042	$ 23,090	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17	Nancy and Edwin Marks Family Fndn 900 3rd Ave, Fl 33 New York NY 10022	$ 30,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18	James and Cathy Peter 357 N Sea Lake Ln Ponte Vedra Beach FL 32082	$ 7,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE TOM COUGHLIN JAY FUND

Employer identification number: 59-3426937

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	TOM AND CHERYL RACKLEY 80 Quadrille Way Ponte Vedra Beach FL 32082	$ 25,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20	Ruth Shugart 704 Black Oak Ct Saint Augustine FL 32086	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21	Alexander Taylor 124 intel ter Belmar NJ 07719	$ 6,218	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22	The Terry Foundation Kathleen Shaw 10151 Deerwood Park Blvd Ste 300 Jacksonville FL 32256	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23	TRAGER FAMILY FOUNDATION INC 4320 Deerwood Lake Pkwy Ste 101-453 Jacksonville FL 32216	$ 25,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24	DELORES BARR WEAVER LEGACY FUND 2525 COLLEGE STREET SUITE 2103 JACKSONVILLE FL 32204	$ 42,900	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE TOM COUGHLIN JAY FUND

Employer identification number: 59-3426937

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	BARRY & LINDA ZEIDWIG 765 QUEENS HARBOR BLVD. JACKSONVILLE FL 32225	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26	GEORGE AND ELLEN WILLIAMS 8164 SEVEN MILE DRIVE PONTE VEDRA FL 32082	$ 50,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27	GEORGE SARES 8031 FORT CAROLINE RD JACKSONVILLE FL 32277	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28	STEVE AND SANDY RAMSEY 12833 HUNTLEY MANOR DR JACKSONVILLE FL 32224	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
29	THE NASCAR FOUNDATION 1 DAYTONA BLVD DAYTONA BEACH FL 32114	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
30	Boar's Head 1819 Main St Sarasota FL 34236-5951	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE TOM COUGHLIN JAY FUND

Employer identification number: 59-3426937

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	Casey Carrigan PO Box 49237 Jacksonville Beach FL 32210-9237	$ 5,200	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
32	Derek Landers 10344 Nakema Dr W Jacksonville FL 32257-6461	$ 92,989	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
33	Gerry Youngeworth 10891 Pembroke Dr Santa Ana CA 92705-2360	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
34	Joe Doyle 209 Settlers Row N Ponte Vedra Beach FL 32082-3941	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
35	John Edgecombe 2916 Christopher Creek Rd N Jacksonville FL 32217-2487	$ 16,119	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
36	John McDonnell 105 Pleasant Ridge Rd Harrison NY 10528-1224	$ 10,200	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE TOM COUGHLIN JAY FUND

Employer identification number: 59-3426937

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	Karen Collins 3850 S Banana River Blvd Cocoa Beach FL 32931-3481	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
38	Leslie Hodnett 320B English Oak Ln Ponte Verdra Beach FL 32082-2848	$ 6,240	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
39	Lisa Price 12830 River Story Way Jacksonville FL 32223-2403	$ 7,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
40	Ponte Vedra Beach Rotary Foundation, PO Box 70 Ponte Vedra Beach FL 32004-0070	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
41	Progressive Air & Mechanical, Inc 6950 Phillips Hwy Ste 35 Jacksonville FL 32216-6086	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
42	Ray Lanzi 413 Big Island Trl Ponte Vedra Beach FL 32081-0705	$ 13,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE TOM COUGHLIN JAY FUND

Employer identification number: 59-3426937

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	The David McShane Charitable Foundation 6784 Paxson Rd New Hope PA 18938	$ 18,750	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
44	The Gerrit and Amy Cole Foundation 501 Silverside Rd Ste 123 Wilminton DE 19809-1377	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
45	The Third Growth Foundation 701 Ponte Vedra Blvd Ponte Vedra Beach FL 32082-2939	$ 5,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
46	The Thompson Smith Foundation (Tom Smith) 300 Birnam Oak Dr Unit 202 Ponte Vedra Beach FL 32082-2897	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
47	Tito's Vodka PO Box 50798 Jacksonville Beach FL 32240	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
48	Todd Hastie 2165 Salt Myrtle Ln Fleming Island FL 32003-7075	$ 18,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE TOM COUGHLIN JAY FUND

Employer identification number: 59-3426937

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	Tom Baenziger (The William V. Campbell Foundation) 305 Churchill Ave Palo Alto CA 94301-3602	$ 100,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
50	Tom Isaacs 14079 Carson Ct Jacksonville FL 32224-0868	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
51	Where the Buffalo Roam, LLC 6480 Vallejo St Oakland CA 94608-1145	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open 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 on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, 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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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 $

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 in 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations?	**3a(i)**		X
(ii) Related organizations?	**3a(ii)**		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	**3b**		

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		152,157	82,764	69,393
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				69,393

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, line 12, col. (B))*		

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, line 13, col. (B))*		

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, line 15, col. (B))*	

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) LEASE LIABILITIES- CURRENT	13,921
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	13,921

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	10,526,980
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	10,526,980
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	10,526,980

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	6,300,474
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	6,300,474
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	6,300,474

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 *(continued)*

SCHEDULE G (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* **for instructions and the latest information.**

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: **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
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of nongovernment grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

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

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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	(iii) Did fundraiser have custody or control of contributions? **Yes**	**No**	**(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
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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		CHAMPIONS FOR C (event type)	GOLF/AUCTION (event type)	2 (total number)	
Revenue	1 Gross receipts	1,386,455	951,699	1,206,141	3,544,295
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	1,386,455	951,699	1,206,141	3,544,295
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	436,193	272,376	175,529	884,098
	10 Direct expense summary. Add lines 4 through 9 in column (d)				884,098
	11 Net income summary. Subtract line 10 from line 3, column (d)				2,660,197

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

Address

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 $ and the amount of gaming revenue retained by the third party $

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

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $

Description of services provided

☐ 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 $

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 I (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: **THE TOM COUGHLIN JAY FUND FOUNDATION, INC.**

Employer identification number 59-3426937

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NEMOURS CHILDRENS CLINIC 807 CHILDRENS WAY JACKSONVILLE FL 32207	59-2039653	3	137,000				IMPROVEMENTS
(2) ART WITH A HEART 841 PRUDENTIAL DRIVE JACKSONVILLE FL 32207	26-1313805	3	27,000				LIFE QUALITY PROG.
(3) CAMP BOGGY CREEK 30500 BRANTLEY BRANCH ROAD EUSTIS FL 32736			25,000				INDIVIDUAL ASSISTANC
(4) MOMCOLOGY 103 WELLWOOD AVENUE ST. JOHNS FL 32259			15,000				EDUCATION AND SUPPOR
(5)							
(6)							
(7)							
(8)							
(9)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 FINANCIAL SUPPORT		3,671,588			
2 SPECIAL EVENTS					
3 SCHOLARSHIPS & EDUCATION	97	185,367			
4 OTHER FAMILY SUPPORT					
5					
6					
7					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE J
(Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: **THE TOM COUGHLIN JAY FUND FOUNDATION, INC.**

Employer identification number **59-3426937**

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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?	5a		X
b	Any related organization?	5b		X
	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?	6a		X
b	Any related organization?	6b		X
	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	7		X
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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				
1 Keli Coughlin Chief Exec Officer	(i)	227,180	0	0	0	0	227,180	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)							

Part III Supplemental Information

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization: **THE TOM COUGHLIN JAY FUND FOUNDATION, INC.**

Employer identification number 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				
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 ( )	X	1	289,690	
26	Other ( )				
27	Other ( )				
28	Other ( )				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	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.			

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)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

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 Exec. Dir. Daughter	Tom Coughlin President
Brian Coughlin Director Son	Tom Coughlin President
Tim Coughlin Investments Son	Tom Coughlin President

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.

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

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

2025

Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
THE TOM COUGHLIN JAY FUND FOUNDATION, INC.	Indirect Depreciation	59-3426937

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	2,500,000
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	4,000,000
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 2024 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 2026. 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	14,046

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 2025	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 ☐		

Section B—Assets Placed in Service During 2025 Tax Year Using the General Depreciation System

(a) Classification of property (see instructions)	(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 50-year property			50 yrs.	MM	S/L	
i Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
j Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C— Assets Placed in Service During 2025 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	
e 50-year			50 yrs.	MM	S/L	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2025)

There are no amounts for Page 3

DAA

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**	**14,046**
23a	For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to interest costs capitalized under section 263A(f)	**23a**	
b	For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to costs capitalized under section 263A other than interest costs capitalized under section 263A(f)	**23b**	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No**

b If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

c Do you own, lease, or charter an aircraft? Check all that apply. See instructions ☐ **Own** ☐ **Lease** ☐ **Charter**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions						**25**		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
27 Property used 50% or less in a qualified business use :								
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21						**28**		
29 Add amounts in column (i), line 26. Enter here and on line 7							**29**	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**don't** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

TOMCOUGH THE TOM COUGHLIN JAY FUND 06/29/2026 10:27 AM

59-3426937

Federal Asset Report

FYE: 12/31/2025

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	7/26/2010	2,224				2,224	3	MO	S/L	2,224	0
	Sold/Scrapped: 1/01/2025											
9	Conference Room Chairs	7/01/2014	713				713	7	MO	S/L	713	0
	Sold/Scrapped: 1/01/2025											
12	Mac Computer-Lisa	9/04/2015	1,817				1,817	5	MO	S/L	1,817	0
	Sold/Scrapped: 1/01/2025											
13	Laptop	9/16/2015	845				845	5	MO	S/L	845	0
	Sold/Scrapped: 1/01/2025											
16	File Cabinet	3/01/2016	421				421	10	MO	S/L	372	0
	Sold/Scrapped: 1/01/2025											
21	Small electrionic purchases	6/30/2017	283				283	3	MO	S/L	283	0
	Sold/Scrapped: 1/01/2025											
22	Dell Laptop	1/25/2017	578				578	3	MO	S/L	578	0
	Sold/Scrapped: 1/01/2025											
23	Dell Inspiron 15	4/03/2017	549				549	3	MO	S/L	549	0
	Sold/Scrapped: 1/01/2025											
24	Dell Inspiron 13	4/03/2017	499				499	3	MO	S/L	499	0
	Sold/Scrapped: 1/01/2025											
25	Monitor & Mouse Pad	1/07/2017	267				267	3	MO	S/L	267	0
27	Desk	4/21/2017	140				140	5	MO	S/L	140	0
	Sold/Scrapped: 1/01/2025											
28	Dell Inspiron13	6/29/2017	499				499	3	MO	S/L	499	0
	Sold/Scrapped: 1/01/2025											
29	Dell Laptop	8/31/2017	943				943	3	MO	S/L	943	0
	Sold/Scrapped: 1/01/2025											
30	Adobe Software	9/10/2017	360				360	3	MO	S/L	360	0
	Sold/Scrapped: 1/01/2025											
31	Camera	10/12/2017	463				463	3	MO	S/L	463	0
	Sold/Scrapped: 1/01/2025											
32	Computer	1/09/2017	599				599	3	MO	S/L	599	0
	Sold/Scrapped: 1/01/2025											
33	Computer	11/15/2017	894				894	3	MO	S/L	894	0
	Sold/Scrapped: 1/01/2025											
35	Light Fixtures	8/27/2018	1,000				1,000	15	MO	S/L	422	67
36	Lobby Signs	8/27/2018	680				680	15	MO	S/L	287	45
37	Architectural Services	8/27/2018	10,000				10,000	15	MO	S/L	4,222	667
38	AV Monitor & Sound System	8/27/2018	4,292				4,292	15	MO	S/L	1,812	286
39	Data Cableing & Network Box	8/27/2018	8,968				8,968	15	MO	S/L	3,786	598
40	Lobby Signs	8/27/2018	1,091				1,091	15	MO	S/L	460	73
41	Cabnitry & Worksurfaces	8/27/2018	11,200				11,200	15	MO	S/L	4,729	747
43	Office Buildout-Alesch	7/11/2018	52,460				52,460	15	MO	S/L	22,733	3,497
44	Keli Office Furniture	11/06/2018	2,670				2,670	7	MO	S/L	2,352	318
45	Board Room Credenza	11/06/2018	1,020				1,020	7	MO	S/L	899	121
46	5 Chromebooks	7/22/2019	1,268				1,268	3	MO	S/L	1,268	0
	Sold/Scrapped: 1/01/2025											
47	Desktop Computer - Keli Coughlin	4/22/2020	969				969	3	MO	S/L	969	0
48	Dell Laptop - Rita Malie	9/23/2020	956				956	3	MO	S/L	956	0
49	Surface Pros 13	12/01/2020	6,500				6,500	3	MO	S/L	6,500	0
50	Computer (Lynn)	8/10/2019	752				752	3	MO	S/L	752	0
51	Computer (Wright)	12/07/2019	602				602	3	MO	S/L	602	0
52	Mary Jane Laptop and Docking Station	3/01/2021	933				933	3	MO	S/L	933	0
53	CCS Presentation Systems	3/22/2021	1,367				1,367	5	MO	S/L	1,025	274
54	Alex Laptop	5/02/2021	703				703	3	MO	S/L	703	0
55	Katika Desktop Computer	5/25/2021	941				941	3	MO	S/L	941	0
	Sold/Scrapped: 1/01/2025											
56	Kelly Laptop and docking station	12/14/2021	1,969				1,969	3	MO	S/L	1,969	0
57	Richard Naylor Laptop	7/13/2022	1,918				1,918	3	MO	S/L	1,598	320
58	Mary Caranovale Laptop	9/29/2022	998				998	3	MO	S/L	749	249
59	Board Room AV Equip	10/21/2022	1,426				1,426	5	MO	S/L	618	285
60	Macintosh Laptop	3/17/2023	4,099				4,099	3	MO	S/L	2,391	1,366
61	OE&S 2nd Floor Office Furniture	8/15/2023	19,038				19,038	7	MO	S/L	3,853	2,720
62	Antique & modern Cabinets 2nd floor	8/15/2023	8,780				8,780	7	MO	S/L	1,777	0
	Sold/Scrapped: 1/01/2025											
63	Carolines Laptop	1/17/2023	1,019				1,019	5	MO	S/L	391	0
	Sold/Scrapped: 1/01/2025											
64	Carolines Laptop	1/27/2023	1,019				1,019	5	MO	S/L	391	203
65	Joyce Computer 2023	3/12/2023	4,406				4,406	5	MO	S/L	1,616	881
66	Julies Laptop	5/23/2023	1,478				1,478	5	MO	S/L	468	296

TOMCOUGH THE TOM COUGHLIN JAY FUND 06/29/2026 10:27 AM

59-3426937

Federal Asset Report

FYE: 12/31/2025

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
67	Meeting Owl Purchase	5/30/2023	2,392				2,392	5	MO	S/L	757	0
	Sold/Scrapped: 1/01/2025											
68	Sue's Laptop	9/27/2023	1,079				1,079	5	MO	S/L	270	216
69	Krli's laptop	3/27/2024	2,572				2,572	5	MO	S/L	386	514
70	Laptop Edye	9/12/2025	1,129				1,129	5	MO	S/L	0	75
71	Laptop Susie	9/12/2025	1,129				1,129	5	MO	S/L	0	75
72	Laptop Rita	9/15/2025	1,129				1,129	5	MO	S/L	0	75
73	Laptop Lenovo 16 Gen8	10/30/2025	1,169				1,169	5	MO	S/L	0	39
74	Laptop	11/13/2025	1,169				1,169	5	MO	S/L	0	39
	Total Other Depreciation		178,384				178,384				85,630	14,046
	Total ACRS and Other Depreciation		178,384				178,384				85,630	14,046
	Grand Totals		178,384				178,384				85,630	14,046
	Less: Dispositions and Transfers		26,227				26,227				16,912	0
	Less: Start-up/Org Expense		0				0				0	0
	Less: Domestic R & E Expense		0				0				0	0
	Net Grand Totals		152,157				152,157				68,718	14,046

TOMCOUGH THE TOM COUGHLIN JAY FUND 06/29/2026 10:27 AM

59-3426937

FL Asset Report

FYE: 12/31/2025

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	FL Prior	FL Current	Federal Current	Difference Fed - FL
Other Depreciation:								
3	Blackboard-Etapestry	7/26/2010	2,224	2,224	2,224	0	0	0
	Sold/Scrapped: 1/01/2025							
9	Conference Room Chairs	7/01/2014	713	713	713	0	0	0
	Sold/Scrapped: 1/01/2025							
12	Mac Computer-Lisa	9/04/2015	1,817	1,817	1,817	0	0	0
	Sold/Scrapped: 1/01/2025							
13	Laptop	9/16/2015	845	845	845	0	0	0
	Sold/Scrapped: 1/01/2025							
16	File Cabinet	3/01/2016	421	421	372	0	0	0
	Sold/Scrapped: 1/01/2025							
21	Small electrionic purchases	6/30/2017	283	283	283	0	0	0
	Sold/Scrapped: 1/01/2025							
22	Dell Laptop	1/25/2017	578	578	578	0	0	0
	Sold/Scrapped: 1/01/2025							
23	Dell Inspiron 15	4/03/2017	549	549	549	0	0	0
	Sold/Scrapped: 1/01/2025							
24	Dell Inspiron 13	4/03/2017	499	499	499	0	0	0
	Sold/Scrapped: 1/01/2025							
25	Monitor & Mouse Pad	1/07/2017	267	267	267	0	0	0
27	Desk	4/21/2017	140	140	140	0	0	0
	Sold/Scrapped: 1/01/2025							
28	Dell Inspiron13	6/29/2017	499	499	499	0	0	0
	Sold/Scrapped: 1/01/2025							
29	Dell Laptop	8/31/2017	943	943	943	0	0	0
	Sold/Scrapped: 1/01/2025							
30	Adobe Software	9/10/2017	360	360	360	0	0	0
	Sold/Scrapped: 1/01/2025							
31	Camera	10/12/2017	463	463	463	0	0	0
	Sold/Scrapped: 1/01/2025							
32	Computer	1/09/2017	599	599	599	0	0	0
	Sold/Scrapped: 1/01/2025							
33	Computer	11/15/2017	894	894	894	0	0	0
	Sold/Scrapped: 1/01/2025							
35	Light Fixtures	8/27/2018	1,000	1,000	422	67	67	0
36	Lobby Signs	8/27/2018	680	680	287	45	45	0
37	Architectural Services	8/27/2018	10,000	10,000	4,222	667	667	0
38	AV Monitor & Sound System	8/27/2018	4,292	4,292	1,812	286	286	0
39	Data Cableing & Network Box	8/27/2018	8,968	8,968	3,786	598	598	0
40	Lobby Signs	8/27/2018	1,091	1,091	460	73	73	0
41	Cabnitry & Worksurfaces	8/27/2018	11,200	11,200	4,729	747	747	0
43	Office Buildout-Alesch	7/11/2018	52,460	52,460	22,733	3,497	3,497	0
44	Keli Office Furniture	11/06/2018	2,670	2,670	2,352	318	318	0
45	Board Room Credenza	11/06/2018	1,020	1,020	899	121	121	0
46	5 Chromebooks	7/22/2019	1,268	1,268	1,268	0	0	0
	Sold/Scrapped: 1/01/2025							
47	Desktop Computer - Keli Coughlin	4/22/2020	969	969	969	0	0	0
48	Dell Laptop - Rita Malie	9/23/2020	956	956	956	0	0	0
49	Surface Pros 13	12/01/2020	6,500	6,500	6,500	0	0	0
50	Computer (Lynn)	8/10/2019	752	752	752	0	0	0
51	Computer (Wright)	12/07/2019	602	602	602	0	0	0
52	Mary Jane Laptop and Docking Station	3/01/2021	933	933	933	0	0	0
53	CCS Presentation Systems	3/22/2021	1,367	1,367	1,025	274	274	0
54	Alex Laptop	5/02/2021	703	703	703	0	0	0
55	Katika Desktop Computer	5/25/2021	941	941	941	0	0	0
	Sold/Scrapped: 1/01/2025							
56	Kelly Laptop and docking station	12/14/2021	1,969	1,969	1,969	0	0	0
57	Richard Naylor Laptop	7/13/2022	1,918	1,918	1,598	320	320	0
58	Mary Caranovale Laptop	9/29/2022	998	998	749	249	249	0
59	Board Room AV Equip	10/21/2022	1,426	1,426	618	285	285	0
60	Macintosh Laptop	3/17/2023	4,099	4,099	2,391	1,366	1,366	0
61	OE&S 2nd Floor Office Furniture	8/15/2023	19,038	19,038	3,853	2,720	2,720	0
62	Antique & modern Cabinets 2nd floor	8/15/2023	8,780	8,780	1,777	0	0	0
	Sold/Scrapped: 1/01/2025							
63	Carolines Laptop	1/17/2023	1,019	1,019	391	0	0	0
	Sold/Scrapped: 1/01/2025							
64	Carolines Laptop	1/27/2023	1,019	1,019	391	203	203	0
65	Joyce Computer 2023	3/12/2023	4,406	4,406	1,616	881	881	0
66	Julies Laptop	5/23/2023	1,478	1,478	468	296	296	0

TOMCOUGH THE TOM COUGHLIN JAY FUND 06/29/2026 10:27 AM

59-3426937

FL Asset Report

FYE: 12/31/2025

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	FL Prior	FL Current	Federal Current	Difference Fed - FL
67	Meeting Owl Purchase	5/30/2023	2,392	2,392	757	0	0	0
	Sold/Scrapped: 1/01/2025							
68	Sue's Laptop	9/27/2023	1,079	1,079	270	216	216	0
69	Krli's laptop	3/27/2024	2,572	2,572	386	514	514	0
70	Laptop Edye	9/12/2025	1,129	1,129	0	75	75	0
71	Laptop Susie	9/12/2025	1,129	1,129	0	75	75	0
72	Laptop Rita	9/15/2025	1,129	1,129	0	75	75	0
73	Laptop Lenovo 16 Gen8	10/30/2025	1,169	1,169	0	39	39	0
74	Laptop	11/13/2025	1,169	1,169	0	39	39	0
	Total Other Depreciation		178,384	178,384	85,630	14,046	14,046	0
	Total ACRS and Other Depreciation		178,384	178,384	85,630	14,046	14,046	0
	Grand Totals		178,384	178,384	85,630	14,046	14,046	0
	Less: Dispositions		26,227	26,227	16,912	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Less: Domestic R & E Expense		0	0	0	0	0	0
	Net Grand Totals		152,157	152,157	68,718	14,046	14,046	0

TOMCOUGH THE TOM COUGHLIN JAY FUND 06/29/2026 10:27 AM

59-3426937

AMT Asset Report

FYE: 12/31/2025

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	7/26/2010	0				0	0	HY		0	0
	Sold/Scrapped: 1/01/2025											
9	Conference Room Chairs	7/01/2014	0				0	0	HY		0	0
	Sold/Scrapped: 1/01/2025											
12	Mac Computer-Lisa	9/04/2015	0				0	0	HY		0	0
	Sold/Scrapped: 1/01/2025											
13	Laptop	9/16/2015	0				0	0	HY		0	0
	Sold/Scrapped: 1/01/2025											
16	File Cabinet	3/01/2016	0				0	0	HY		0	0
	Sold/Scrapped: 1/01/2025											
21	Small electrionic purchases	6/30/2017	0				0	0	HY		0	0
	Sold/Scrapped: 1/01/2025											
22	Dell Laptop	1/25/2017	0				0	0	HY		0	0
	Sold/Scrapped: 1/01/2025											
23	Dell Inspiron 15	4/03/2017	0				0	0	HY		0	0
	Sold/Scrapped: 1/01/2025											
24	Dell Inspiron 13	4/03/2017	0				0	0	HY		0	0
	Sold/Scrapped: 1/01/2025											
25	Monitor & Mouse Pad	1/07/2017	0				0	0	HY		0	0
27	Desk	4/21/2017	0				0	0	HY		0	0
	Sold/Scrapped: 1/01/2025											
28	Dell Inspiron13	6/29/2017	0				0	0	HY		0	0
	Sold/Scrapped: 1/01/2025											
29	Dell Laptop	8/31/2017	0				0	0	HY		0	0
	Sold/Scrapped: 1/01/2025											
30	Adobe Software	9/10/2017	0				0	0	HY		0	0
	Sold/Scrapped: 1/01/2025											
31	Camera	10/12/2017	0				0	0	HY		0	0
	Sold/Scrapped: 1/01/2025											
32	Computer	1/09/2017	0				0	0	HY		0	0
	Sold/Scrapped: 1/01/2025											
33	Computer	11/15/2017	0				0	0	HY		0	0
	Sold/Scrapped: 1/01/2025											
35	Light Fixtures	8/27/2018	0				0	0	HY		0	0
36	Lobby Signs	8/27/2018	0				0	0	HY		0	0
37	Architectural Services	8/27/2018	0				0	0	HY		0	0
38	AV Monitor & Sound System	8/27/2018	0				0	0	HY		0	0
39	Data Cableing & Network Box	8/27/2018	0				0	0	HY		0	0
40	Lobby Signs	8/27/2018	0				0	0	HY		0	0
41	Cabnitry & Worksurfaces	8/27/2018	0				0	0	HY		0	0
43	Office Buildout-Alesch	7/11/2018	0				0	0	HY		0	0
44	Keli Office Furniture	11/06/2018	0				0	0	HY		0	0
45	Board Room Credenza	11/06/2018	0				0	0	HY		0	0
46	5 Chromebooks	7/22/2019	0				0	0	HY		0	0
	Sold/Scrapped: 1/01/2025											
47	Desktop Computer - Keli Coughlin	4/22/2020	0				0	0	HY		0	0
48	Dell Laptop - Rita Malie	9/23/2020	0				0	0	HY		0	0
49	Surface Pros 13	12/01/2020	0				0	0	HY		0	0
50	Computer (Lynn)	8/10/2019	0				0	0	HY		0	0
51	Computer (Wright)	12/07/2019	0				0	0	HY		0	0
52	Mary Jane Laptop and Docking Station	3/01/2021	0				0	0	HY		0	0
53	CCS Presentation Systems	3/22/2021	0				0	0	HY		0	0
54	Alex Laptop	5/02/2021	0				0	0	HY		0	0
55	Katika Desktop Computer	5/25/2021	0				0	0	HY		0	0
	Sold/Scrapped: 1/01/2025											
56	Kelly Laptop and docking station	12/14/2021	0				0	0	HY		0	0
57	Richard Naylor Laptop	7/13/2022	0				0	0	HY		0	0
58	Mary Caranovale Laptop	9/29/2022	0				0	0	HY		0	0
59	Board Room AV Equip	10/21/2022	0				0	0	HY		0	0
60	Macintosh Laptop	3/17/2023	0				0	0	HY		0	0
61	OE&S 2nd Floor Office Furniture	8/15/2023	0				0	0	HY		0	0
62	Antique & modern Cabinets 2nd floor	8/15/2023	0				0	0	HY		0	0
	Sold/Scrapped: 1/01/2025											
63	Carolines Laptop	1/17/2023	0				0	0	HY		0	0
	Sold/Scrapped: 1/01/2025											
64	Carolines Laptop	1/27/2023	0				0	0	HY		0	0
65	Joyce Computer 2023	3/12/2023	0				0	0	HY		0	0
66	Julies Laptop	5/23/2023	0				0	0	HY		0	0

TOMCOUGH THE TOM COUGHLIN JAY FUND 06/29/2026 10:27 AM

59-3426937

AMT Asset Report

FYE: 12/31/2025

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
67	Meeting Owl Purchase	5/30/2023	0				0	0	HY		0	0
	Sold/Scrapped: 1/01/2025											
68	Sue's Laptop	9/27/2023	0				0	0	HY		0	0
69	Krli's laptop	3/27/2024	0				0	0	HY		0	0
70	Laptop Edye	9/12/2025	0				0	0	HY		0	0
71	Laptop Susie	9/12/2025	0				0	0	HY		0	0
72	Laptop Rita	9/15/2025	0				0	0	HY		0	0
73	Laptop Lenovo 16 Gen8	10/30/2025	0				0	0	HY		0	0
74	Laptop	11/13/2025	0				0	0	HY		0	0
	Total Other Depreciation		0				0				0	0
	Total ACRS and Other Depreciation		0				0				0	0
	Grand Totals		0				0				0	0
	Less: Dispositions and Transfers		0				0				0	0
	Net Grand Totals		0				0				0	0

TOMCOUGH THE TOM COUGHLIN JAY FUND 06/29/2026 10:27 AM

59-3426937

Depreciation Adjustment Report

FYE: 12/31/2025

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report

TOMCOUGH THE TOM COUGHLIN JAY FUND 06/29/2026 10:27 AM

59-3426937

Future Depreciation Report FYE: 12/31/2026

FYE: 12/31/2025

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
25	Monitor & Mouse Pad	1/07/2017	267	0	0
35	Light Fixtures	8/27/2018	1,000	67	0
36	Lobby Signs	8/27/2018	680	46	0
37	Architectural Services	8/27/2018	10,000	667	0
38	AV Monitor & Sound System	8/27/2018	4,292	286	0
39	Data Cableing & Network Box	8/27/2018	8,968	598	0
40	Lobby Signs	8/27/2018	1,091	73	0
41	Cabnitry & Worksurfaces	8/27/2018	11,200	746	0
43	Office Buildout-Alesch	7/11/2018	52,460	3,497	0
44	Keli Office Furniture	11/06/2018	2,670	0	0
45	Board Room Credenza	11/06/2018	1,020	0	0
47	Desktop Computer - Keli Coughlin	4/22/2020	969	0	0
48	Dell Laptop - Rita Malie	9/23/2020	956	0	0
49	Surface Pros 13	12/01/2020	6,500	0	0
50	Computer (Lynn)	8/10/2019	752	0	0
51	Computer (Wright)	12/07/2019	602	0	0
52	Mary Jane Laptop and Docking Station	3/01/2021	933	0	0
53	CCS Presentation Systems	3/22/2021	1,367	68	0
54	Alex Laptop	5/02/2021	703	0	0
56	Kelly Laptop and docking station	12/14/2021	1,969	0	0
57	Richard Naylor Laptop	7/13/2022	1,918	0	0
58	Mary Caranovale Laptop	9/29/2022	998	0	0
59	Board Room AV Equip	10/21/2022	1,426	285	0
60	Macintosh Laptop	3/17/2023	4,099	342	0
61	OE&S 2nd Floor Office Furniture	8/15/2023	19,038	2,719	0
64	Carolines Laptop	1/27/2023	1,019	204	0
65	Joyce Computer 2023	3/12/2023	4,406	881	0
66	Julies Laptop	5/23/2023	1,478	295	0
68	Sue's Laptop	9/27/2023	1,079	215	0
69	Krli's laptop	3/27/2024	2,572	515	0
70	Laptop Edye	9/12/2025	1,129	226	0
71	Laptop Susie	9/12/2025	1,129	226	0
72	Laptop Rita	9/15/2025	1,129	226	0
73	Laptop Lenovo 16 Gen8	10/30/2025	1,169	234	0
74	Laptop	11/13/2025	1,169	234	0
	Total Other Depreciation		152,157	12,650	0
	Total ACRS and Other Depreciation		152,157	12,650	0
	Grand Totals		152,157	12,650	0

Asset	Description	Date In Service	Cost	FL
Other Depreciation:				
25	Monitor & Mouse Pad	1/07/2017	267	0
35	Light Fixtures	8/27/2018	1,000	67
36	Lobby Signs	8/27/2018	680	46
37	Architectural Services	8/27/2018	10,000	667
38	AV Monitor & Sound System	8/27/2018	4,292	286
39	Data Cableing & Network Box	8/27/2018	8,968	598
40	Lobby Signs	8/27/2018	1,091	73
41	Cabnitry & Worksurfaces	8/27/2018	11,200	746
43	Office Buildout-Alesch	7/11/2018	52,460	3,497
44	Keli Office Furniture	11/06/2018	2,670	0
45	Board Room Credenza	11/06/2018	1,020	0
47	Desktop Computer - Keli Coughlin	4/22/2020	969	0
48	Dell Laptop - Rita Malie	9/23/2020	956	0
49	Surface Pros 13	12/01/2020	6,500	0
50	Computer (Lynn)	8/10/2019	752	0
51	Computer (Wright)	12/07/2019	602	0
52	Mary Jane Laptop and Docking Station	3/01/2021	933	0
53	CCS Presentation Systems	3/22/2021	1,367	68
54	Alex Laptop	5/02/2021	703	0
56	Kelly Laptop and docking station	12/14/2021	1,969	0
57	Richard Naylor Laptop	7/13/2022	1,918	0
58	Mary Caranovale Laptop	9/29/2022	998	0
59	Board Room AV Equip	10/21/2022	1,426	285
60	Macintosh Laptop	3/17/2023	4,099	342
61	OE&S 2nd Floor Office Furniture	8/15/2023	19,038	2,719
64	Carolines Laptop	1/27/2023	1,019	204
65	Joyce Computer 2023	3/12/2023	4,406	881
66	Julies Laptop	5/23/2023	1,478	295
68	Sue's Laptop	9/27/2023	1,079	215
69	Krli's laptop	3/27/2024	2,572	515
70	Laptop Edye	9/12/2025	1,129	226
71	Laptop Susie	9/12/2025	1,129	226
72	Laptop Rita	9/15/2025	1,129	226
73	Laptop Lenovo 16 Gen8	10/30/2025	1,169	234
74	Laptop	11/13/2025	1,169	234
	Total Other Depreciation		152,157	12,650
	Total ACRS and Other Depreciation		152,157	12,650
	Grand Totals		152,157	12,650

SCHEDULE G (Form 990 or 990-EZ)

Fundraising Other Events

For calendar year 2025, or tax year beginning , and ending

2025

Name
THE TOM COUGHLIN JAY FUND FOUNDATION, INC.

Employer Identification Number
59-3426937

		(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))
Revenue	1 Gross receipts	837,120	369,021		1,206,141
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	837,120	369,021		1,206,141
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	61,993	113,536		175,529

Form **990**

Two Year Comparison Report

For calendar year 2025, or tax year beginning , ending

2024 & 2025

Name
THE TOM COUGHLIN JAY FUND FOUNDATION, INC.

Taxpayer Identification Number
59-3426937

			2024	2025	Differences
Revenue	1. Contributions, gifts, grants	1.	2,651,755	3,415,534	763,779
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
	4. Program service revenue	4.			
	5. Investment income	5.	3,508,837	4,460,555	951,718
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.		-9,315	-9,315
	8. Net income or (loss) from fundraising events	8.	2,804,160	2,660,197	-143,963
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	13,214	9	-13,205
	12. **Total revenue.** Add lines 1 through 11	12.	8,977,966	10,526,980	1,549,014
Expenses	13. Grants and similar amounts paid	13.	4,007,078	4,068,455	61,377
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	204,332	227,180	22,848
	16. Salaries, other compensation, and employee benefits	16.	1,344,414	1,515,405	170,991
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	9,000	9,450	450
	19. Occupancy, rent, utilities, and maintenance	19.	79,260	93,436	14,176
	20. Depreciation and Depletion	20.	16,946	14,047	-2,899
	21. Other expenses	21.	262,115	372,501	110,386
	22. **Total expenses.** Add lines 13 through 21	22.	5,923,145	6,300,474	377,329
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	3,054,821	4,226,506	1,171,685
Other Information	24. Total exempt revenue	24.	8,977,966	10,526,980	1,549,014
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	3,522,051	4,451,249	929,198
	27. Total assets	27.	39,188,378	43,363,168	4,174,790
	28. Total liabilities	28.	837,487	785,771	-51,716
	29. Retained earnings	29.	38,350,891	42,577,397	4,226,506
	30. Number of voting members of governing body	30.	16	17	
	31. Number of independent voting members of governing body	31.	16	17	
	32. Number of employees	32.	17	20	
	33. Number of volunteers	33.			

Form **990** | **Tax Return History** | **2025**

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

Employer Identification Number: **59-3426937**

	2021	2022	2023	2024	2025	2026
Contributions, gifts, grants	1,733,956	2,376,707	2,307,940	2,651,755	3,415,534	
Membership dues						
Program service revenue						
Capital gain or loss		-14,474			-9,315	
Investment income	17,239	187,429	4,515,151	3,508,837	4,460,555	
Fundraising revenue (income/loss)	2,155,435	2,087,730	2,513,979	2,804,160	2,660,197	
Gaming revenue (income/loss)						
Other revenue			146,722	13,214	9	
Total revenue	3,906,630	4,637,392	9,483,792	8,977,966	10,526,980	
Grants and similar amounts paid	2,360,852	2,390,108	4,006,316	4,007,078	4,068,455	
Benefits paid to or for members						
Compensation of officers, etc.	160,833	175,714	198,255	204,332	227,180	
Other compensation	890,592	806,113	1,178,886	1,344,414	1,515,405	
Professional fees	-4,660			9,000	9,450	
Occupancy costs	50,509	44,771	77,142	79,260	93,436	
Depreciation and depletion	42,234	39,896	16,222	16,946	14,047	
Other expenses	135,257	314,320	258,309	262,115	372,501	
Total expenses	3,635,617	3,770,922	5,735,130	5,923,145	6,300,474	
Excess or (Deficit)	271,013	866,470	3,748,662	3,054,821	4,226,506	
Total exempt revenue	3,906,630	4,637,392	9,483,792	8,977,966	10,526,980	
Total unrelated revenue						
Total excludable revenue	17,239	172,955	4,661,873	3,522,051	4,451,249	
Total Assets	36,071,806	32,108,419	35,942,320	39,188,378	43,363,168	
Total Liabilities	965,133	561,012	646,251	837,487	785,771	
Net Fund Balances	35,106,673	31,547,407	35,296,069	38,350,891	42,577,397	

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
Interest Income	$ 374,748					
Total	$ 374,748					

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROFESSIONAL FEES	$ 9,450	$ 4,347	$ 1,796	$ 3,307
Total	$ 9,450	$ 4,347	$ 1,796	$ 3,307

Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
CONTRIBUTIONS	$ 3,125,844
CONTRIBUTIONS	
CONTRIBUTIONS	289,690
Total	$ 3,415,534

Schedule A, Part III, Line 2(e)

Description	Amount
Interest Income	$ 374,748
REALIZED GAINS	
INVESTMENT INCOME	4,085,807
Other	
Rounding	9
CHAMPIONS FOR CHILDREN	1,386,455
GOLF/AUCTION	951,699
WINE GALA	369,021
OTHER	837,120
Total	$ 8,004,859

Federal Statements

CHAMPIONS FOR CHILDREN

Other Direct Fundraising or Gaming Expenses

Description	Amount
OTHER	$ 436,193
Total	$ 436,193

Federal Statements

GOLF/AUCTION

Other Direct Fundraising or Gaming Expenses

Description	Amount
Other	$ 272,376
Total	$ 272,376

Federal Statements

WINE GALA

Other Direct Fundraising or Gaming Expenses

Description	Amount
Other	$ 113,536
Total	$ 113,536

Federal Statements

OTHER

Other Direct Fundraising or Gaming Expenses

Description	Amount
other direct expense	$ 1,882
Third party expense	60,113
Rounding	-2
Total	$ 61,993